

Suicide Risk Assessment

Overview

**Suicide Risk Assessment**

American Psychiatric Association. Practice Guidelines for the Assessment and Treatment of Patients With Suicidal Behaviors. Internet, Last updated 2003. Cited 12/26/14. Available from: http://psychiatryonline.org/pb/assets/raw/sitewide/practice\_guidelines/guidelines/suicide.pdf

Rachel Davis, MD

Rachel.davis@ucdenver.edu

303-724-8244

www.suicideresponse.com

(password: freud)

Suicide Risk Assessment

**Conduct a thorough psychiatric evaluation.**

* s/s associated with specific diagnoses
* Specific symptoms which may influence suicide risk
* aggression, impulsiveness, hopelessness, agitation, psychic anxiety, anhedonia, global insomnia, panic attacks
* Past suicidal behavior including intent
* Precipitants, timing, intent, consequences, medical severity, involvement of drugs or ETOH, interpersonal aspects, patient’s perception of these attempts
* Past treatment history
* Including prior hospitalization, prior suicidal ideation, stability of current and past treatment relationships
* Family history
* Suicide and suicide attempts, hospitalization, mental illness
* Childhood h/o sexual or physical abuse, ongoing DV
* Current psychosocial situation and nature of crisis
* Psychological strengths and vulnerabilities

**Specifically inquire about suicidal thoughts, plans, and behaviors.**

* Presence or absence of suicidal ideation
* Nature, frequency, extent, timing, AND interpersonal, situational, symptomatic context
* Speak with family members
* If intoxicated, reassess when sober
* Presence or absence of a suicide plan
* Specific plans, steps towards enacting, pt’s belief about lethality, conditions for suicide, presence of firearms, intent and lethality

**Consider risk factors and protective factors.**

* Discuss acute versus chronic risk.

When to do a Suicide Assessment

* Emergency department or crisis evaluation
* Intake evaluation
* Change in observation status or treatment setting
* Abrupt change in clinical presentation
* Lack of improvement or gradual worsening despite treatment
* Anticipation or experience of a significant interpersonal loss or psychosocial stressor
* Onset of a physical illness

Suicide Risk Factors

* **Suicidal thoughts/behaviors**
  + Current or previous suicidal ideas or plans, h/o suicide attempts (including aborted/interrupted), higher lethality of plans or attempts, suicidal intent
* **Psychiatric diagnoses**
  + Particularly: MDD, bipolar, schizophrenia, anorexia nervosa, alcohol use disorder, cluster B personality disorder, comorbidity
* **Physical illness**
* **Psychosocial factors**
  + Recent lack of social support, unemployment, drop in socioeconomic status, poor relationship with family, domestic partner violence\*, recent stressful life event
* **Childhood trauma (physical or sexual abuse)**
* **Family History** 
  + Family history of suicide (particularly in first-degree relatives)
  + Family history of mental illness, including substance use disorders
* **Psychological features**
  + Hopelessness, psychic pain, severe/unremitting anxiety including panic attacks, shame/humiliation, psychological turmoil, decreased self-esteem, extreme narcissistic vulnerability
* **Behavioral features**
  + Impulsiveness, aggression, agitation
* **Cognitive features**
  + Loss of executive function\*, thought constriction (tunnel vision), polarized thinking, closed-mindedness

Suicide Risk Factors (cont.)

* **Demographic features**
  + Male gender, widowed/divorced/single (esp. for men), elderly, adolescent and young adult age groups, white race, gay/lesbian/bisexual orientation\*
* **Additional features**
  + Access to firearms, substance intoxication, unstable or poor therapeutic relationship

\*associated with increased rate of suicide attempts but no evidence available on suicide rate

* Adolescents and young adults are the age groups with the highest numbers of suicide.
* The elderly is the age group with the highest proportionate risk of suicide.

Protective Factors

* Children in the home (except for those with postpartum psychosis or mood disorder)
* Sense of responsibility to family
* Pregnancy
* Religiosity
* Life satisfaction
* Reality testing ability
* Positive coping skills
* Positive problem-solving skills
* Positive social support
* Positive therapeutic relationship