



Suicide Assessment

When to Assess

- First contact with a psychiatric patient
- Any subsequent suicidal behavior
- Increased Suicidal Ideation
- Pertinent clinical change
- Prior to increasing inpatient privileges AND at inpatient discharge.

Setting the Stage

- Conduct the interview in a quiet room, if available
- Sit at eye level and maintain good eye contact
- Avoid guarded body language (i.e. crossed arms)
- Speak in a normal voice and avoid language and tone that could be perceived as condescending, aggressive, or uncaring.

Interview Content

- Ideation: Ask about frequency, intensity, and duration
 - (last 48 hours, 2 months, and ever)
- Plans: Ask about timing, location, lethality, availability, and any preparatory actions
- Behavior: Ask about rehearsals, past attempts, and aborted attempts.
- Intent: Ask about the extent to which the patient expects to carry out a plan and if they expect it to be lethal.
- Patient's Feelings: Explore the patient's feelings about the current situation. Do they have reasons to die? Do they have reasons to live? What drives them to keep living (family? Job? Friends? pet?)? What are their future life goals?

Risk Factors

- Suicidal Behavior: Hx of prior suicide attempts, aborted attempts, or self harm.
- Psychiatric Disorders: Especially mood disorders, psychotic disorders, substance abuse
- Key Symptoms: Anhedonia, impulsivity, hopelessness,, command hallucinations
- Family History: Hx of suicide attempts and/or completions. Psych hospitalizations
- Precipitants / Stressors: Triggering events that lead to humiliation or despair, medical illness, family turmoil, history of abuse, social isolation
- Changes in Treatment: Discharge from a hospital, change in provider or treatment
- Access to Firearms: Knowledge of firearm safety,

Protective Factors

- Internal Factors: Ability to cope with stress (i.e. hobbies and activities), religious beliefs, frustration tolerance
- External Factors: Responsibility to children, family, or pets. Social support. Positive therapeutic relationship with healthcare provider.

Risk Level

- High: Psychiatric disorder with severe symptoms or an acute precipitating event, potentially lethal attempt or persistent ideation with strong intent or rehearsal. Admission generally indicated with suicide precautions
- Moderate: Multiple risk factors with few protective factors. Suicidal ideation with a plan but without intent. Admission may be necessary. Develop a crisis plan with phone numbers



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- Low: Modifiable risk factors with protective factors, thoughts of death without a plan or intent. Admission generally not warranted. Manage with outpatient referral and symptom reduction. Consider developing a crisis plan.
- Risk level and rationale for it
- Treatment plan to address/reduce the current risk
- Firearm instruction if necessary
- Follow Up plan