Assessing and Managing the Suicidal Patient: Keeping the Patient Safe

When Should an Assessment Be Conducted?
♦ At intake on any patient with a mental illness or substance abuse diagnosis
♦ When a patient experiences sadness, low mood, recent loss or hopelessness
♦ At each subsequent session as long as the patient remains at risk
♦ Any time a patient has any other identified potential risk factors.

Each assessment while the patient remains at risk must be documented and include:
♦ Findings
♦ Risk factors
♦ Interventions to contain, manage and mitigate risk.

What Are the Elements for Assessing Suicide?
There are two elements to assess:
♦ Elicitation of suicidal ideation
♦ Identification and weighing of risk factors.

How Do I Assess Ideation and Risk?
At minimum, ask directly for presence and nature of suicidal thoughts.
♦ Determine frequency and circumstances; characterize thoughts as passive (“I would be better off dead”) or active (“I am planning to shoot myself”)
♦ Make use of available assessment tools, such as the Scale for Suicide Ideation (SSI) or Beck Scale for Suicide Ideation (BSS)
♦ Determine if there is current intent or a plan
♦ Ask for plan details, including rehearsals

How Do I Weigh Risk Factors?
Patients are at greater risk for suicide if they:
♦ Have had psychiatric hospitalization within the past year
♦ Are actively psychotic
♦ Have depression and/or substance use disorder
♦ Have had a recent or impending loss
♦ Have a history of impulsive or self-destructive behavior
♦ Have committed violence in the past year
♦ Have access to guns
♦ Have suicidal behavior or have previously attempted suicide
♦ Have a family history of suicide
♦ Are socially isolated
♦ Have a chronic, terminal or painful medical disorder
♦ Are of advanced age
♦ Are newly diagnosed with serious medical problems
♦ Are male age 65 or older

What Are the Top High-Risk Diagnoses for Completed Suicides?
♦ Depression, especially with psychic anxiety, agitation and/or significant insomnia
♦ Bipolar disorder
♦ Alcohol and substance use disorders
♦ Schizophrenia
♦ Borderline personality disorder.

How Do I Manage the Suicidal Patient?
When risk appears severe and imminent, a medical emergency can exist requiring immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action or contact Magellan.

How Do I Weigh Risk Factors?
If risk does not appear severe and imminent:
♦ Mitigate, eliminate risk factors
♦ Strengthen barriers and reasons for not committing suicide
♦ Develop outpatient safety plans, including a family support plan
♦ Establish a therapeutic alliance
♦ Treat underlying disorder or contact Magellan
♦ Address any abuse of substances.
Adolescent

What Are the Elements for Assessing Adolescent Suicide?

♦ Elicitation of suicidal ideation—purpose, isolation, premeditation
♦ Identification and weighing of risk factors—consider subjective factors (expected outcomes) and objective factors (planning activities).

How Do I Assess Ideation and Risk in Adolescent Patients?
(See Adult Tip Sheet)

How Do I Weigh Risk Factors?
Adolescent patients are at greater risk for suicide if they have:

Girls:
♦ Depression and/or substance use disorder
♦ Attempted suicide or self-harm previously

Boys:
♦ Attempted suicide or self-harm previously
♦ Depression and/or substance use disorder
♦ Disruptive behavior
♦ Anger/ aggression

All:
♦ Stressful psychosocial life events
♦ Poor communication with their parents
♦ Poor self-esteem/feelings of inferiority
♦ A family history of suicide
♦ Feelings of incompetence

♦ Feelings of being responsible for negative events (such as parents’ divorce)
♦ A history of physical and/or sexual abuse
♦ A history of and/or current self-mutilation
♦ Isolation from peers; deterioration in appearance/dress
♦ Struggles with gender identity issues
♦ Suicide contagion - suicide in school or peer group.

What Are the Top High-Risk Diagnoses for Completed Suicides?
(See Adult Tip Sheet)

How Do I Manage the Adolescent Suicidal Patient?
When risk appears severe and imminent, a medical emergency can exist requiring immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action or contact Magellan.

If risk does not appear severe or imminent:
♦ Evaluate ideation, intent and plans more frequently
♦ Re-frame the suicide attempt as unsuccessful problem-solving
♦ Enlist parents/family as allies
♦ Educate parents about suicide
♦ Instruct parents to take suicidal statements seriously and limit access to any lethal means.

Please refer to the full clinical practice guideline, Assessing and Managing the Suicidal Patient available online at www.MagellanHealth.com/provider.