

Suicide Risk Assessment

Approach: Start with role-play where you are a suicidal patient, and your med students are interviewing you. Transition this into a discussion of risk and protective factors for suicidality. Finally, if time permits, the optional handout has good data for: 1) Risk by psychiatric disorder 2) impact of age & sex.

Hook: Every physician should be able to perform a basic risk assessment. At minimum, know when to refer to the emergency room. In psychiatry, this is one of our most critical tasks.

1. How do you ask about SI? (opportunity for role play if you so choose)

- a. Openly and non-judgmentally yet directly. "You have been telling me you are feeling hopeless. When some people are hopeless, they have thoughts ending their life, have you had those thoughts?"
- b. Asking about a plan and determining intent
 - i. Buying materials, Access to weapons, Rehearsing (Driving by bridge? Stopping on it?), Writing letters, giving away belonging

2. Risk Factors

- a. **Suicidal thoughts or behaviors:** Ideas, plans, past attempts (BIGGEST predictor - estimated 25% lifetime suicide rate, approx. 40x risk) lethality of plans/attempts
- b. **Psychiatric diagnoses:** MDD, Bipolar (esp. depressed or mixed episodes), Schizophrenia, anorexia, alcohol, substance (esp. sedative), cluster B.
- c. **Physical illness:** CNS diseases (MS, Huntington's, brain/spinal injury, seizure), neoplasm, HIV, pain syndromes
- d. **Genetic:** Family history of completed suicide, family history of mental disorder
- e. **Psychosocial:** Lack of social support (living alone), unemployment, drop in SES, poor family relationship, DV, recent life stressors
- f. **Psychological:** Hopelessness, impulsiveness, shame/humiliation, severe unremitting anxiety, low self-esteem, psychosocial turmoil, aggression
- g. **Demographic:** Male gender, widowed/divorced/single (esp. for men), sexual orientation, elderly, young adult
- h. **Additional:** Substance intoxication (in absence of substance disorder), access to firearms, unstable therapeutic relationship

3. Protective Factors

- a. Social supports
- b. Religious Beliefs
- c. Being responsible for children, other family
- d. Positive therapeutic relationship, positive coping skills, life satisfaction, Future orientation

4. Other considerations

- a. What do you want to know when someone comes in after a suicide attempt?
 - i. What was their intent? What did they think would happen? What was the risk/rescue ratio? Was it impulsive or planned? How do they feel about the attempt now?
- b. Conditional Suicidality: "If I don't get admitted, I'll kill myself"
 - i. Can be difficult to stratify but likely lower risk, more likely personality component and unmet psychosocial needs.