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Suicide Risk Assessment

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Facts about Suicide

- Suicide is a major public health concern in the United States
  - ❑ 10th leading cause of death
  - ❑ 2nd leading cause of death for young people ages 15 to 24 and for those ages 25 to 34

- 1 in 10 suicides are by people seen in an ED within 2 months of dying. Many were never assessed for suicide risk.
  - ❑ critical to look for evidence of risk in **all** patients

- Joint Commission National Patient Safety Goal calls for hospitals to conduct a risk assessment that identifies specific individual characteristics and environmental features that may increase the risk for suicide and to address safety needs.

- Suicide occurs across ethnic, economic, social and age boundaries

- Suicide is preventable. Knowing the risk factors for suicide and who is at risk can help reduce the suicide rate.

Main Risk Factors for Suicide:

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- Mood Disorders, other mental illness, and/or substance use disorder
- A prior suicide attempt; Family history of suicide
- Trigging events
- Family history of a mental illness or substance use disorder
- Family violence, including physical or sexual abuse
- Access to lethal means; firearms in the home
- Psychiatric hospitalization or Incarceration
- Being exposed to others' suicidal behavior, such as that of family members, peers, or media figures
- Chronic Disease and Disability
- Lack of access to Behavioral Health or Substance Use Treatment

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Protective Factors:

are personal or environmental characteristics that help protect people from suicide.

- Internal:
  - Life skills (including problem solving skills and coping skills, ability to adapt to change
  - Ambivalence for living/dying
  - Core values and beliefs -Cultural, religious, or personal beliefs that discourage suicide
  - Self-esteem and a sense of purpose or meaning in life
- External:
  - Responsibility to children or beloved pets
  - Effective Behavioral Health Services
  - Positive and supportive social relationships and community connections

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Warning Signs/Precipitating Factors

- **Warning signs** are behaviors that indicate that someone may be at immediate risk for suicide.
- **Precipitating** factors are stressful events that can trigger a suicidal crisis in a vulnerable person.
- Examples include:
  - End of a relationship or marriage
  - Death of a loved one
  - An arrest
  - Serious financial problems

SCREENING

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- PATIENT HEALTH QUESTIONNAIRE (PHQ 3 and 9) are being used by all CMC Primary Care Practices to assess risk / level of depression.

The following signs may mean that someone is at risk for suicide. Risk is greater if the behavior is new, or has increased, and if it seems related to a painful event, loss, or change:

- ❑ Talking about wanting to die or kill oneself and/or looking for a way to kill oneself
- ❑ Talking about feeling hopeless or having no reason to live, feeling trapped or being in unbearable pain
- ❑ Talking about being a burden to others
- ❑ Increasing the use of alcohol or drugs
- ❑ Acting anxious or agitated; behaving recklessly
- ❑ Sleeping too little or too much
- ❑ Withdrawing or feeling isolated
- ❑ Showing rage or talking about seeking revenge
- ❑ Displaying extreme mood swings

Specific Questions about… Thoughts, Plans, Behaviors & Intent

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Ideations:

Frequency, intensity, duration in last 48 hrs, past month and worst ever

Plan:

Timing, location, lethality availability and preparatory acts.

Behaviors:

Past attempts, aborted attempts, rehearsals vs. non-suicidal self injurious actions.

Intent:

Extent to which the patient (1)expects to carry out the plan and (2) believes the plan /act to be lethal vs. self-injurious

- Patients may not spontaneously report suicidal ideation, but 70% communicate their intentions to significant others. It is important to ask patients directly and seek collateral information from family members, friends, EMS personnel, police, and others.

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Effective Questions

- ❑ Have you ever thought about death or dying?
- ❑ Have you ever thought that life was not worth living?
- ❑ Have you ever thought about ending your life?
- ❑ Have you ever attempted suicide?
- ❑ Are you currently thinking about ending your life?
- ❑ What are your reasons for wanting to die and your reasons for wanting to live?

How do we Respond to a Positive Suicide Risk Assessment ?

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- Notify provider of need for psychiatric consultation
- Obtain order for suicide precautions
- Implement 1:1 constant observation & document
  - This includes use of bathroom
- Ensure the Environment of care remains safe
  - Assess for objects that pose a risk and remove if possible
- Visitors must be monitored for potentially harmful objects
- Patient must be accompanied by staff trained to maintain a safe environment, during transport
- Refer to EC Suicide Prevention Checklist in policy stat
- Ensure standard of care and treatment for the Psychiatric patient is followed and plan of care reflects suicide risk and interventions
- Refer to Standard of Care & Treatment of the Psychiatric Patient Admitted to CMC in policy stat
- Select appropriate clinical practice guideline(s) and individualize
- Consult with CMC Psychiatric Services
- Insure plan for behavioral health follow-up
- At discharge provide patient with the National Suicide Prevention Hotline Resource

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SYSTEMS MANAGEMENT: IMPLEMENTATION & ACTION FOR CARE EXCELLENCE

- 66% of persons who take their own lives were not receiving treatment for their suicide risk at the time of their death
  - Stigma, cost, distance and lack of service availability impedes access to care
- Suicide risk frequently provokes anxiety, fear and avoidance behaviors in medical personnel
- Employ a direct, non-judgmental, non-condescending, matter-of-fact approach when trying to determine if someone is thinking about harming themselves
- Promoting a culture of shared responsibility and team will mitigate medical personnel's avoidance and anxiety, allowing for all to address suicide risk appropriately

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National Suicide Prevention Hotline Resource

- 1-800-273-TALK (8255)

- www.suicidepreventionlifeline.org