

RESOURCES

- National Suicide Prevention Lifeline: 800-273-TALK
- Military One Source: 800-342-9647
www.MilitaryOneSource.com
- Anonymous, online self-assessments available at:
www.MilitaryMentalHealth.org and
www.AfterDeployment.org
- Defense Centers of Excellence for Psychological Health and TBI Outreach Center: 866-966-1020
- SAFE-T drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors psychiatryonline.org/guidelines.aspx
- Download this card and additional resources at:
www.dcoe.health.mil

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Military One Source
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www.sprc.org



www.mentalhealthscreening.org

Military

SAFE-T

Suicide **A**ssessment **F**ive-step **E**valuation and **T**riage

1

IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk

2

IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3

CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans behavior and intent

4

DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk

5

DOCUMENT

Assessment of risk, rationale, intervention and follow-up

Suicide assessments should be conducted at first contact with any subsequent suicidal behavior, increased ideation or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

1. RISK FACTORS

- ✓ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
- ✓ **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, attention deficit hyperactivity disorder, traumatic brain injury, post-traumatic stress disorder, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity) *Co-morbidity and recent onset of illness increase risk*
- ✓ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations
- ✓ **Family history:** of suicide, attempts or Axis 1 psychiatric disorders requiring hospitalization
- ✓ **Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame or despair (e.g., civil or military legal charges/ investigation, loss of relationship, financial or health status – real or anticipated); ongoing medical illness (esp. central nervous system disorders, pain); intoxication; family turmoil/chaos; history of physical or sexual abuse; social isolation; recent or pending deployment; career setbacks or transitions (retirement, PCS, discharge); lingering battle injuries or combat-related guilt/triggers
- ✓ **Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- ✓ **Access to firearms, explosives or other lethal means/devices/materials**

2. PROTECTIVE FACTORS *Protective factors, even if present, may not counteract significant acute risk*

- ✓ **Internal:** ability to cope with stress, cultural/religious beliefs, frustration tolerance
- ✓ **External:** responsibility to children or beloved pets, positive therapeutic relationships, social supports (e.g., unit cohesion, caring leadership, connection with fellow warriors)

3. SUICIDE INQUIRY* *Specific questioning about thoughts, plans, behaviors, intent*

- ✓ **Ideation:** frequency, intensity, duration – in last 48 hours, past month and worst ever
- ✓ **Plan:** timing, location, lethality, availability, preparatory acts
- ✓ **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun), versus 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 versus self-injurious; Explore ambivalence: reasons to die versus reasons to live

* For military: when indicated, contact command regarding risk factors/warning signs observed by unit and understanding of work environment

* Homicide inquiry: when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation; inquire in four areas listed above

For youths: when indicated, review steps 1-3 with parent/guardian and ask about past and current treatment

4. RISK LEVEL/INTERVENTION *This chart is intended to represent a range of risk levels and interventions, not actual determinations*

RISK LEVEL	RISK / PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric disorders with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

- ✓ **Assessment** of risk level is based on clinical judgment, after completing steps 1-3
- ✓ **Reassess** as patient or environmental circumstances change

5. DOCUMENT *Risk level and rationale; treatment plan to address/reduce current risk (e.g., setting, medication, psychotherapy, electroconvulsive therapy, contact with significant others, consultation); firearm instructions, if relevant; follow-up plan. For youths, treatment plan should include roles for parent/guardian. For military, treatment plan should include roles for command if necessary.*