Suicide Risk Assessment

Presented to Suicide Prevention Coordinators 8/21/07

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Director of Education
VISN 3 MIRECC

Acknowledgements

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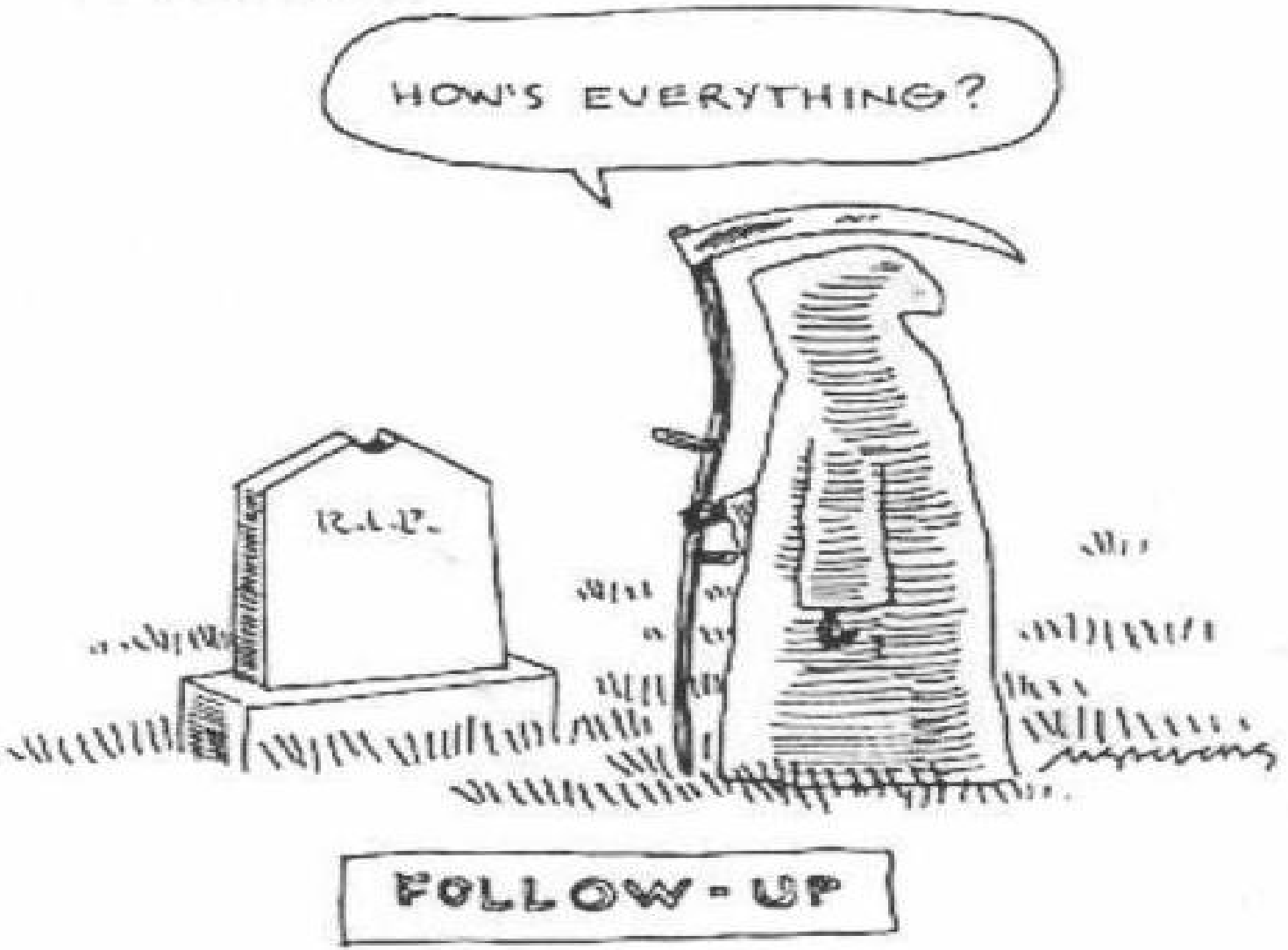
All interpretations and the presentation of this information is my responsibility, as are any inaccuracies.

Thank you.

Undesirable Suicide Assessment



Annual Incidence Estimates: Suicide

- General Population:
  - 1,000,000 worldwide, 30,000 US each year
  - worldwide rates - **10** to **35** per 100,000
  - U.S. rates - **10.8** per 100,000
  - New York – **6.6** per 100,000
  - New Jersey – **6.9** per 100,000
  - Idaho—21.1 per 100,000

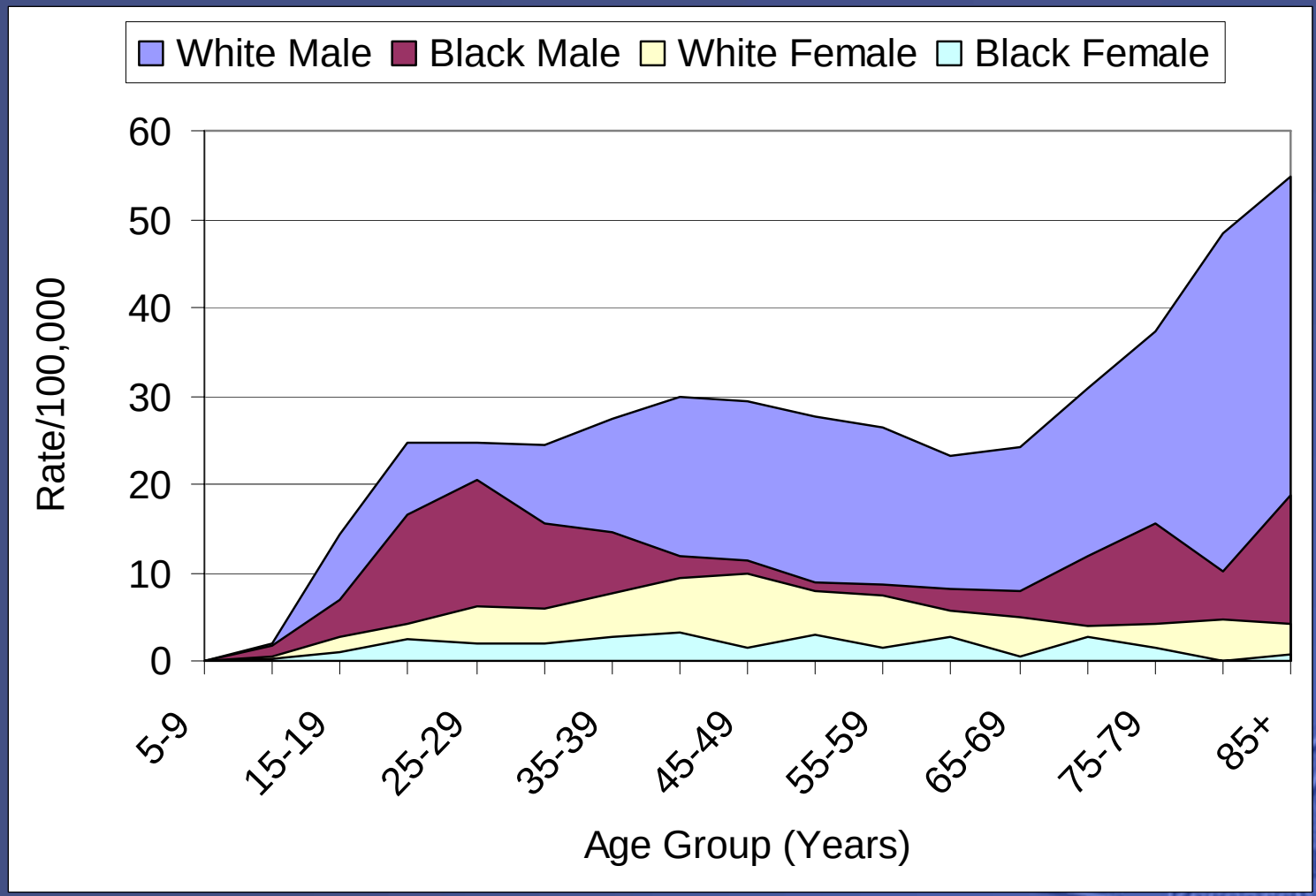
- Clinical Population:
  - VAMC (Philidelphia)
    - <age 65: 83 per 100,000
    - >age 65: 45 per 100,000
  - VA psychiatric inpatients: est 279 per 100,000
  - Previous attempters: est 1,000 per 100,000

Facing the facts…

- Suicide is the 11th leading cause of death in the US, all people, all ages
- Suicide is considered to be the 2nd leading cause of *death* among college students.
- Suicide: 3rd leading cause of death 10-24.
- Suicide: 2nd leading cause of death 24-34.
- Suicide: 4th leading cause of death 35-44.
- Suicide: 5th leading cause of death 45-54
- Suicide: 8th leading cause of death 55-64..
- Suicide is the fourth leading cause of death for adults between the ages of 18 and 65.
- Suicide is highest in white males over 85.

  (48.42/100,000, 2004)

Suicide Rates by Age, Race, and Gender (US, 2002)



Source: National Center for Health Statistics

Note: non-Hispanic ethnicity

Why all Staff (Primary Care) should Care

- 25% of Primary Care pts have Diagnosable MH Disorder
  - 1/2 are undetected, untreated *because*
    - 75% c/o somatic symptoms.
    - TIME
- If Primary Care Provider sees 2000 pts, one could expect:
  - 1 suicide every 2 yrs;
  - 10 serious attempts/yr.,
  - 50 with suicidal ideation.
- IN the VHA patients who suicide have as last contact
  - Outpatient Mental Health: 42%
  - Intpatient Mental Health: 25%
  - Outpatient Primary Care: 25%
- Outpatient Suicides within 1 month of contact: 78%

A Suicide Attempt is any behavior that is

dangerous to oneself

and

is accompanied by the

intent to die

VHA Handbook: Parasuicide

Any suicidal behavior with or without physical injury (i.e. short of death) including the full range of known or reported attempts, gestures and threats

Predictors of suicide attempts differ from predictors of suicide, however,

<u>suicide attempters are at the highest risk for future death by suicide.</u>

We are much better at assessing suicide risk then we are at predicting suicide: and Numeric Scales don't work

Pokorny, A.D, "Prediction of Suicide in Psychiatric Patients", Arch Gen Psych: 1983, 40:249-257

Pokorny, A.D, "Prediction of Suicide in Psychiatric Patients: Report of a prospecitive Study", in Maris, Berman et al editors, *Assessment and Prediction of Suicide (pp 105-29)* Guilford Press, New York. 1992

Pokorny, A.D, "Suicide and Prediction Revisited", Suicide and Life Threatening Behavior: 1993, 23:1-10

Rothberg, JM and Geer-Williams, C, "A comparison and review of Suicide Suicide Prevention Scales", in Maris, Berman et al editors, *Assessment and Prediction of Suicide (pp 105-29)* Guilford Press, New York. 1992

Table 1. *Logistic regression analysis:* *Suicides and Controls*

Risk Factor (%)	Suicides (N = 202)	Control subjects (N = 984)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Psychiatric factors				
DSM-III-R diagnosis in prior month				
Mood disorders	56•4	6•7	18•1*** (12•4, 26•2)	10•9*** (6•5, 18•5)
Substance use disorders	31•2	10•0	4•1*** (2•9, 5•9)	NS
Anxiety disorders	6•9	5•1	NS	NS
Eating disorders	2•5	0•3	8•3** (2•0, 35•0)	NS
Non-affective psychosis	5•9	0•2	31•0*** (6•9, 139•7)	7•3** (1•1, 47•4)
Lifetime history of antisocial behavior	14•9	4•3	3•9*** (2•4, 6•4)	NS
Previous suicide attempts	17•3	1•0	20•4*** (9•9, 42•0)	9•5*** (3•0, 29•7)
Psychiatric hospital admission in prior year	17•3	0•3	68•5*** (20•8, 225•4)	21•9*** (4•8, 99•7)
History of out-patient psychiatric treatment	58•4	16•0	7•4*** (5•3, 10•3)	NS
Sociodemographic and psychological factors				
Male	77•7	48•4	3•7*** (2•6, 5•3)	7•8*** (4•4, 13•6)
No formal educational qualifications	41•6	26•6	2•0*** (1•4, 2•7)	2•1** (1•3, 3•4)
Low income	63•9	35•7	3•2*** (2•3, 4•4)	2•9*** (1•8, 4•6)
Poor parental relationship during childhood	30•7	11•5	3•4*** (2•4, 4•9)	2•3** (1•3, 4•0)
Recent stressful interpersonal life events	69•3	27•5	5•9*** (4•3, 8•3)	2•7*** (1•7, 4•4)
Recent stressful legal life events	16•3	1•2	15•8*** (8•0, 31•2)	5•4*** (2•3, 12•8)

** P < 0•0025; *** P > 0•0025.

Table 2. *Logistic regression analysis:*
Serious Suicide attempts and Controls

Risk Factor (%)	Suicide Attempts (N=275)	Control subjects (N = 984)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Psychiatric factors				
DSM-III-R diagnosis in prior month				
Mood disorders	78•2	6•7	49•8*** (34•1, 72•9)	17•6*** (10•4, 29•6)
Substance use disorders	38•9	10•0	5•8*** (4•2, 7•2)	NS
Anxiety disorders	23•3	5•1	5•7*** (3•8, 8•4)	NS
Eating disorders	7•6	0•3	27•0** (8•0, 91•4)	NS
Lifetime history of antisocial behavior	30•9	4•3	10•0*** (6•7, 15•0)	NS
Previous suicide attempts	23•6	1•0	30•1*** (15•2, 59•6)	14•2*** (4•7, 43•1)
Psychiatric hospital admission in prior year	22•9	0•3	97•2*** (30•2, 312•4)	15•0** (3•2, 71•4)
History of out-patient psychiatric treatment	70•9	16•0	7•4*** (5•3, 10•3)	NS
Sociodemographic and psychological factors				
Age	(Mean age, 30.0 years)	(Mean age, 43.5 years)	n/a	1•04*** (1•02, 10•5)
No formal educational qualifications	53•8	26•6	2•0*** (1•4, 2•7)	3•0*** (1•8, 5•0)
Low income	72•0	35•7	3•2*** (2•3, 4•4)	3•5*** (2•1, 5•8)
Recent stressful interpersonal life events	74•9	27•5	5•9*** (4•3, 8•3)	2•2** (1•3, 3•6)
Recent stressful legal life events	18•9	1•2	15•8*** (8•0, 31•2)	3•6* (1•4, 9•5)
Recent stressful work related life events	38•2	15•5	3•1*** (2•2, 4•3)	2•8** (1•6, 4•8)
Low Social contact	36•4	5•8	9•3*** (6•5, 13•4)	2•8** (1•5, 5•2)

* P < 0•05; ** P < 0•005; *** P < 0•0001; NS P > 0•05.

Table 3. *Logistic regression analysis: Suicides and Serious Suicide Attempts*

Risk Factor (%)	Suicides (N = 202)	Suicide Attempts (N = 275)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Psychiatric factors				
DSM-III-R diagnosis in prior month				
Anxiety disorders	6•9	23•3	4•1*** (2•2, 7•5)	3•5** (1•6, 7•8)
Non-affective psychosis	5•9	1•1	5•7** (1•6, 20•6)	8•5** (2•0, 35•9)
Demographic and psychological factors				
Mean age (years)	36•8	30•0	n/a	1•03*** (1•02, 1•04)
Male	77•7	45•1	4•2*** (2•8, 6•4)	1•9* (1•1, 3•2)
Poor social contact	22•8	36•4	1•9** (1•3, 2•9)	2•0* (1•1, 3•5)

* P < 0•05; ** P < 0•005; *** P < 0•0001.

Mnemonic/Acronym

- **H**istory of Suicide Attempt (family history as well)
- **I**deation (Intent and Plan)
- **S**ymptoms
  - Hopeless, Anxiety, Pain (psychic, physical), Insomnia, Intoxication
- **I**mpulsivity
- **D**isease
- **E**nvironmental and Social
- **A**ccess to Means
- **L**ive (Reasons to…)
  - Loving, Working, Playing, Meaning (Skills)

If You Don't Ask— They Won't Tell

- In one psychological autopsy study only 18% spontaneously told professionals of intentions.

- In a study of suicidal deaths in hospitals:
  - 77% denied intent on last communication
  - 28% had "no suicide contracts" with their caregivers

National Comorbidity Study

Cumulative Probabilities for Transition

Ideation → Plan 34%

Plan → Attempt 72%

Ideation → Unplanned Attempt 26%

Within 1 year of onset of IDEATION:

60% of all planned 1st attempts

90% of all unplanned 1st attempts

Major Depressive Disorder

- **D**epressed Mood
- **A**ppettite (increased or decreased)
- **M**otor (agitation or retardation)
- **E**nergy
- **S**leep (insomnia or hypersomnia)
- **T**hought (concentration, indecisiveness)
- **A**nhedonia (interest)
- **G**uilt (worthlessness)
- **S**uicide

Risk Factors: Psychiatric Illness

• Major Depressive Disorder	**20.4**
• Bipolar Disorder	**15.0**
• Dysthymic Disorder	**12.1**
• Schizophrenia	**8.5**
• Obsessive Compulsive Disorder	**7.8**
• Cluster B Personality	**5.9**
• PTSD	**5.1**

Risk Factors: Medical Illness and Substances

• Sedative Abuse	20.3
• Opioid Abuse	14.0
• Alcohol Abuse	5.9
• AIDS	6.6
• Epilepsy	5.1
• Cannabis Abuse	3.9
• Dementia	3.6
• Spinal Cord Injury	3.5
• TBI	3.1
• Chronic Pain	3.1
• Cigarette Smoking	2-2.5

Other Things That Increase the Risk

White Male	doubles the risk
Live in Nevada	doubles the risk
Live in Finland or Hungary	4x the risk
Have a gun at home	6x the risk
Have a parent who killed Self	6x the risk
White Male & older than 75	7x the risk
Commit a violent crime	7-10x the risk
Addicted to heroin	20x the risk
Untreated Depression	50x the risk
Previous Suicide Attempt	100x the risk

Warning Signs

- People frequently see their doctor
  - Only 50% have seen a psychiatrist
  - 75% saw Primary Care MD within 3 months of completing Suicide
  - 50% within one month
  - 25% within one week

- 75% give clues to the people around them

Warning Signs

Ideation

Substance Abuse

Purposelessness

Anxiety

Trapped

Hopelessness

Withdrawal

Anger

Recklessness

Mood Change

Warning Signs: Talk

- 66% said something to a family member or friend
- Overt (active suicidal ideation)
  - "I want to kill myself"
  - "I am going to kill myself"
- Covert (passive suicidal ideation)
  - "I would be better off dead"
  - "Life has lost its meaning for me"
  - "Its just too much to put up with anymore"
  - "I can't go on any longer"
  - "Nobody needs me anymore"
  - "Maybe a car will hit me"

Warning Signs: Action

- 80% give a clue
  - Buy a gun
  - Stockpile medications
  - Take a sudden interest, or lose interest in religion
  - Take risks
  - Have previous suicide attempt/s
  - Make amends: Thank You's & Good-byes
  - Get affairs in order
  - Make a Will
  - Give away prized possessions
  - Have sudden unexplained recovery from severe depression
  - Spend Money or give gifts or charity that is out of character

Long-term (Diathesis) Risk Factors

- history of suicide attempt
- family history of suicide
- history of Psychiatric Disorder
  - major depression or bipolar disorder
  - schizophrenia/schizoaffective disorder
  - personality disorder (Cluster B)
  - PTSD and TBI
  - history of alcohol or drug abuse
- history of aggressive behavior
- pattern of impulsivity and impulsive behavior
- Demographics: gender, age, ethnicity

Acute Factors

- acute psychic pain
- current depression
- current substance abuse or impulsive overuse
- anxiety, panic, insomnia
- extreme humiliation/disgrace; narcissistic mortification
- hopelessness
- demoralization
- desperation/sense of ‘no way out’
- inability to conceive of alternate solutions
- break-down in communication/loss of contact with significant other (including therapist)

Psychosocial Factors

- Living alone
- Limited social contacts
- Lack of dependents
- Financial hardship
- Legal Troubles
- Loss of contact with significant other (including therapist)
- Developmental Impasses across lifespan
- Interpersonal conflict
  - break-down in communication
- Novel situations that are stressful
- Disgrace

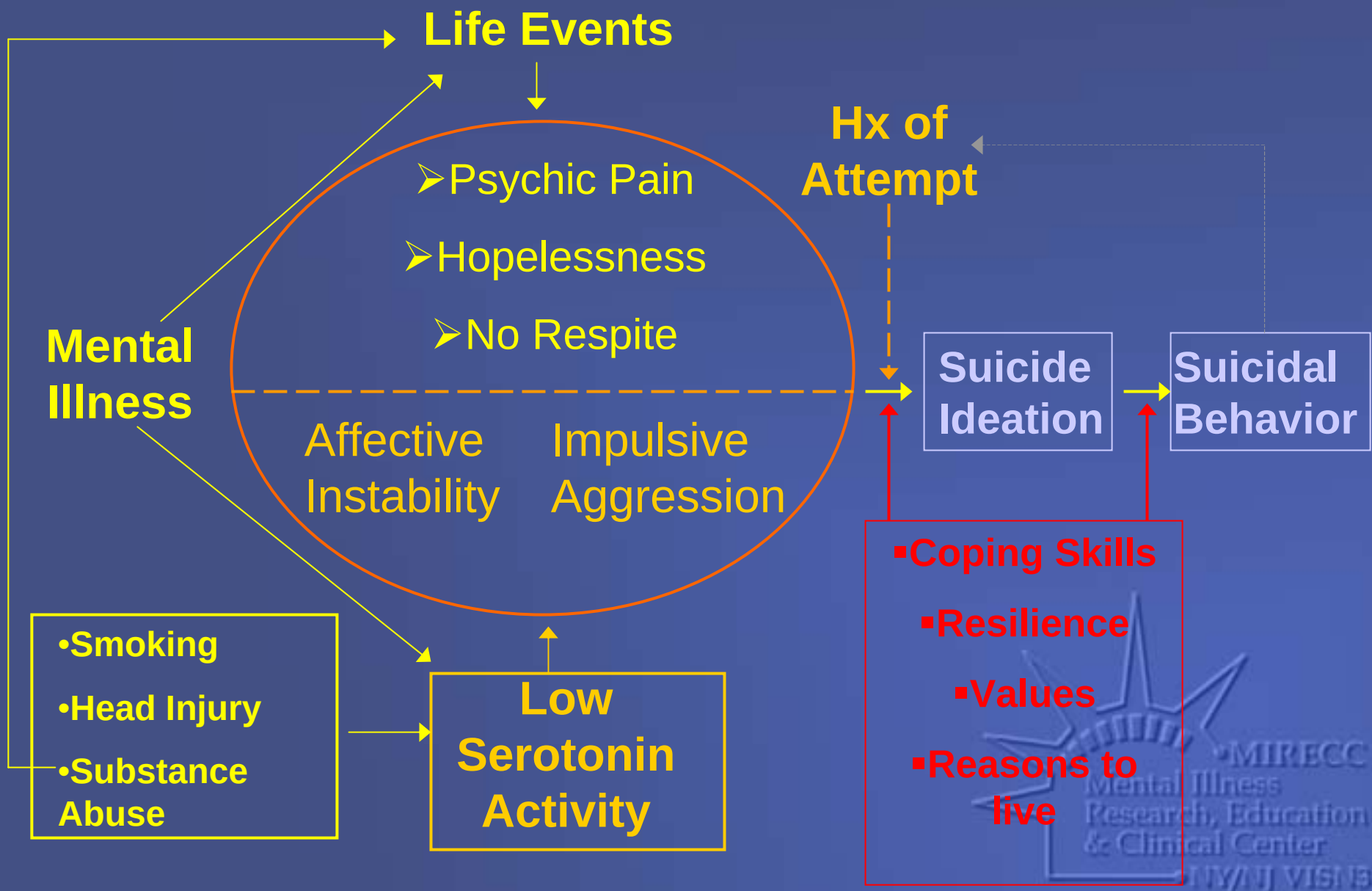
Suicide risk
<u>varies over time</u>
within the life of the individual.

Protective (Mitigating) Factors

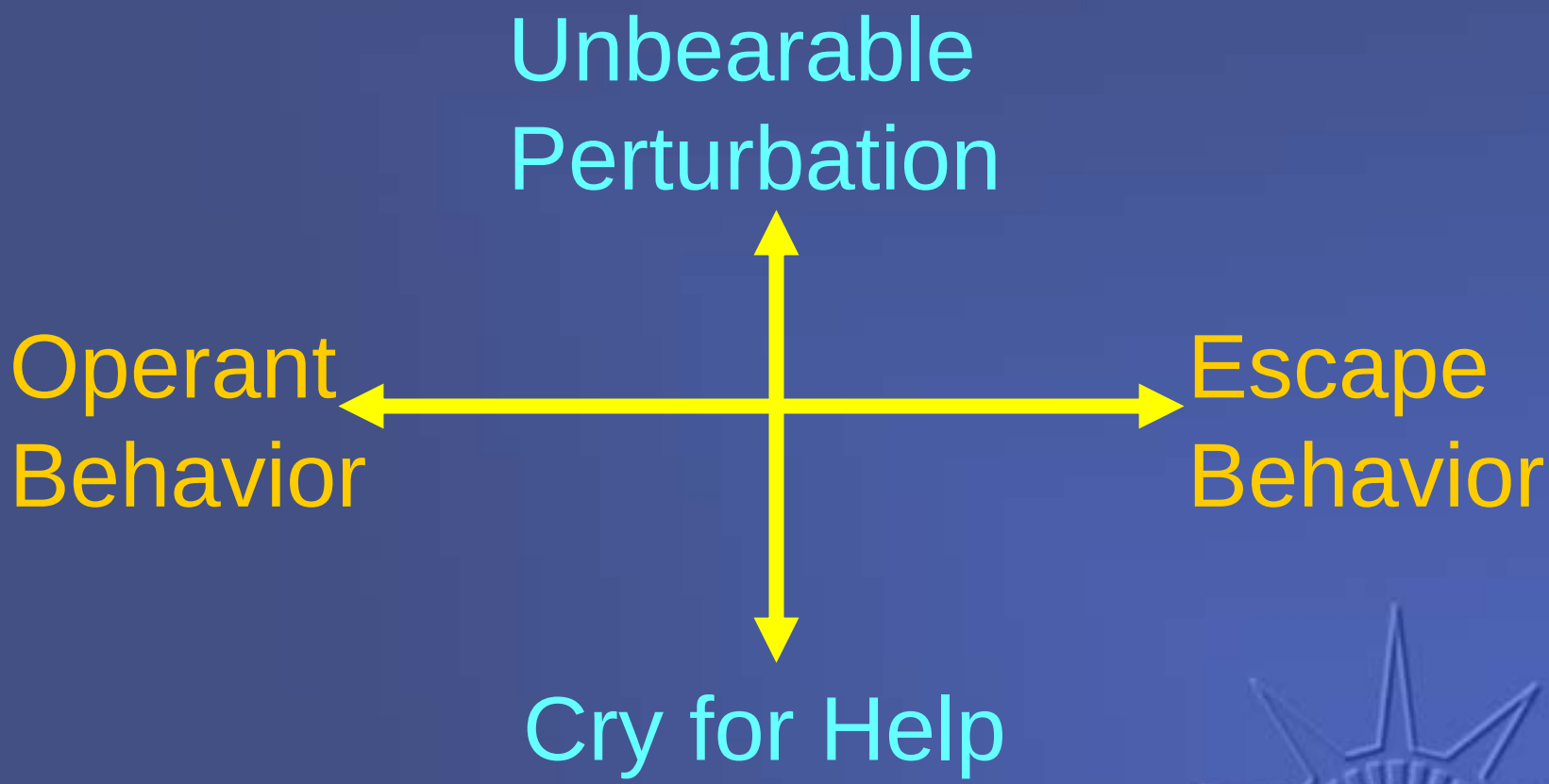
- Nurturing caretaking Role (children, elders, pets)
- Religious Faith
- Interpersonal and connections
- Social Role
- Purpose and meaning in life
- Problem Solving ability
- Resilience
- Persistance
- Coping Skills
- Attitudes towards Suicide
- “Psychic Toughness”

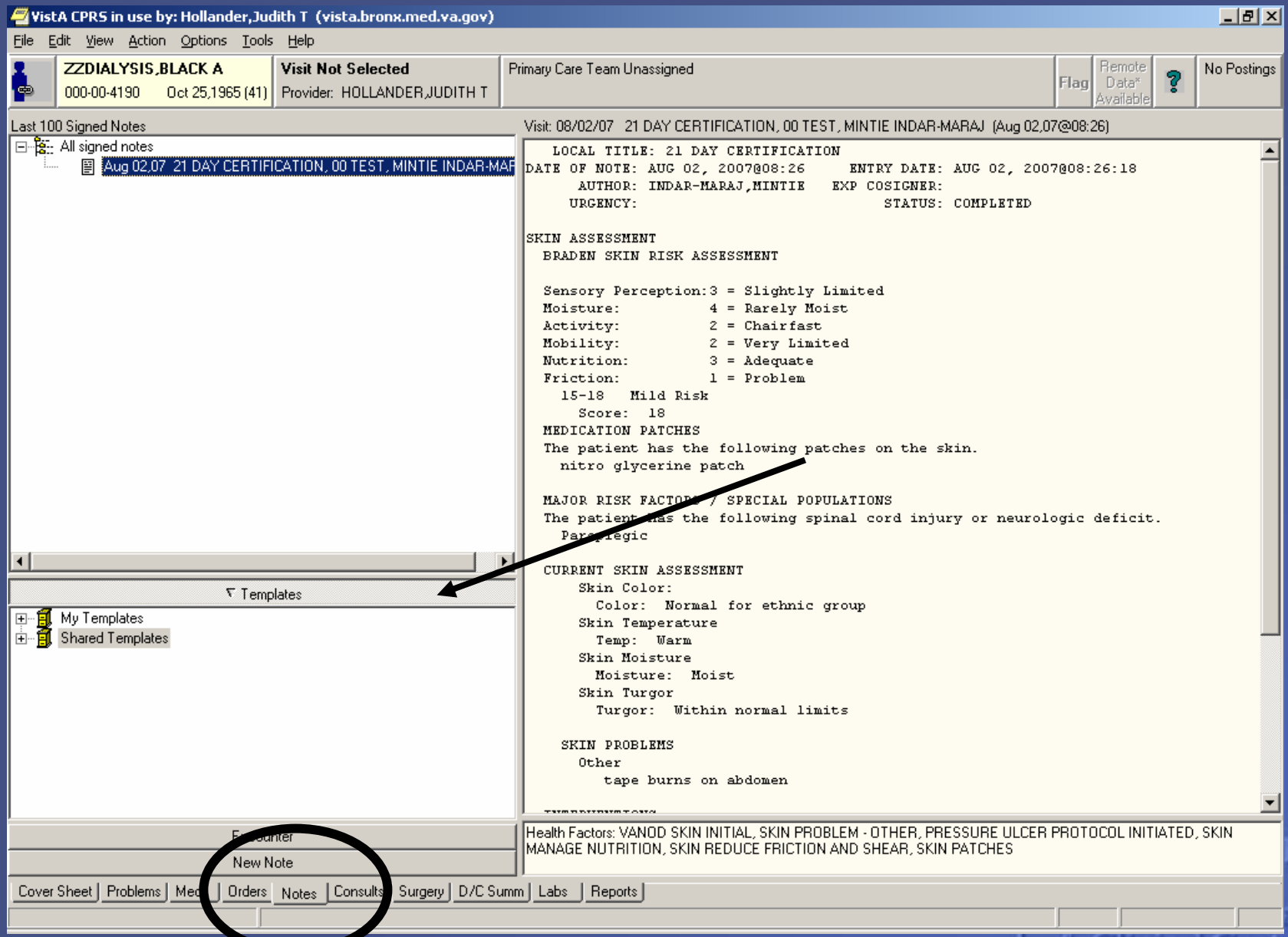
Suicide Fantasies

- Reunion
- Rebirth
- Retaliatory abandonment
- Revenge
- Self-punishment
  - Death Penalty self inflicted
- Atonement
- Escape (pain or rage)
- Identification with dead person
- To be rescued from attempt
- Control
- Expendable Child
- The Wish to Kill, be killed, to die



DDx for Psychological Intervention

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File Edit View Action Options Tools Help
ZZDIALYSIS,BLACK A
000-00-4190 Oct 25,1965 (41)
Visit Not Selected
Provider: HOLLANDER,JUDITH T
Primary Care Team Unassigned
Flag
Remote Data* Available
No Postings
Last 100 Signed Notes
All signed notes
Aug 02,07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MAR
Visit: 08/02/07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MARAJ (Aug 02,07@08:26)
LOCAL TITLE: 21 DAY CERTIFICATION
DATE OF NOTE: AUG 02, 2007@08:26 ENTRY DATE: AUG 02, 2007@08:26:18
AUTHOR: INDAR-MARAJ,MINTIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SKIN ASSESSMENT
BRADEN SKIN RISK ASSESSMENT
Sensory Perception: 3 = Slightly Limited
Moisture: 4 = Rarely Moist
Activity: 2 = Chairfast
Mobility: 2 = Very Limited
Nutrition: 3 = Adequate
Friction: 1 = Problem
15-18 Mild Risk
Score: 18
MEDICATION PATCHES
The patient has the following patches on the skin.
nitro glycerine patch
MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient has the following spinal cord injury or neurologic deficit.
Paraplegic
CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Moist
Skin Turgor
Turgor: Within normal limits
SKIN PROBLEMS
Other
tape burns on abdomen
Templates
My Templates
Shared Templates
New Note
Health Factors: VANOD SKIN INITIAL, SKIN PROBLEM - OTHER, PRESSURE ULCER PROTOCOL INITIATED, SKIN MANAGE NUTRITION, SKIN REDUCE FRICTION AND SHEAR, SKIN PATCHES
Cover Sheet Problems Orders Notes Consults Surgery D/C Summ Labs Reports

Edit View Action Options Tools Help

ZZDIALYSIS,BLACK A	Visit Not Selected	Primary Care Team Unassigned	Flag	Remote Data* Available		No Po
000-00-4190 Oct 25,1965 (41)	Provider: HOLLANDER,JUDITH T					

00 Signed Notes

All signed notes

Aug 02,07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MAF

Templates

Shared Templates

RN SBAR SHIFT NOTE

Advance Directives

Audiology

Blind Rehab

Cancer Staging

Cardiology Templates

Clinical Guidelines

Clinical Reminders

Coumadin

Encounter

New Note

Visit: 08/02/07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MARAJ (Aug 02,07@08:26)

```
   LOCAL TITLE: 21 DAY CERTIFICATION
DATE OF NOTE: AUG 02, 2007@08:26     ENTRY DATE: AUG 02, 2007@08:26:18
      AUTHOR: INDAR-MARAJ,MINTIE   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

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      Other
         tape burns on abdomen
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Health Factors: VANOD SKIN INITIAL, SKIN PROBLEM - OTHER, PRESSURE ULCER PROTOCOL INITIATED, SKIN MANAGE NUTRITION, SKIN REDUCE FRICTION AND SHEAR, SKIN PATCHES

r Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

ZZDIALYSIS,BLACK A
000-00-4190 Oct 25,1965 (41)

Visit Not Selected
Provider: HOLLANDER,JUDITH T

Primary Care Team Unassigned

Flag | Remote Data* Available | ?

No Po

00 Signed Notes

All signed notes

Aug 02,07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MAF

Templates

Mental Health Templates
- AIMS Screen
- Atypical Antipsychotic Risk Assess/Orders
- Dementia--Clin HX Behavioral Changes
- Dementia--Clin HX Course of Illness
- Dementia--Clin HX from Informant #1
- Dementia--Depression Screem
- Dementia--Neuro Exam
- Depression Screens

Encounter

New Note

Visit: 08/02/07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MARAJ (Aug 02,07@08:26)

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00 Signed Notes

All signed notes

Aug 02,07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MAR

Templates

- GERIATRIC PSYCH INITIAL EVALUATION
- MENTAL HEALTH ASSESSMENT FOR TRANSPLANT CANDID
- Mental Status Exam
- Psychiatry Notes Template
- V3 SUICIDE ASSESSMENT
- SUICIDE SCREEN + ASSESSMENT
- PSYCHIATRY SUICIDE REASSESSMENT
- SAS
- Skills Training Group

Encounter

New Note

Visit: 08/02/07 21 DAY CERTIFICATION, 00 TEST, MINTIE INDAR-MARAJ (Aug 02,07@08:26)

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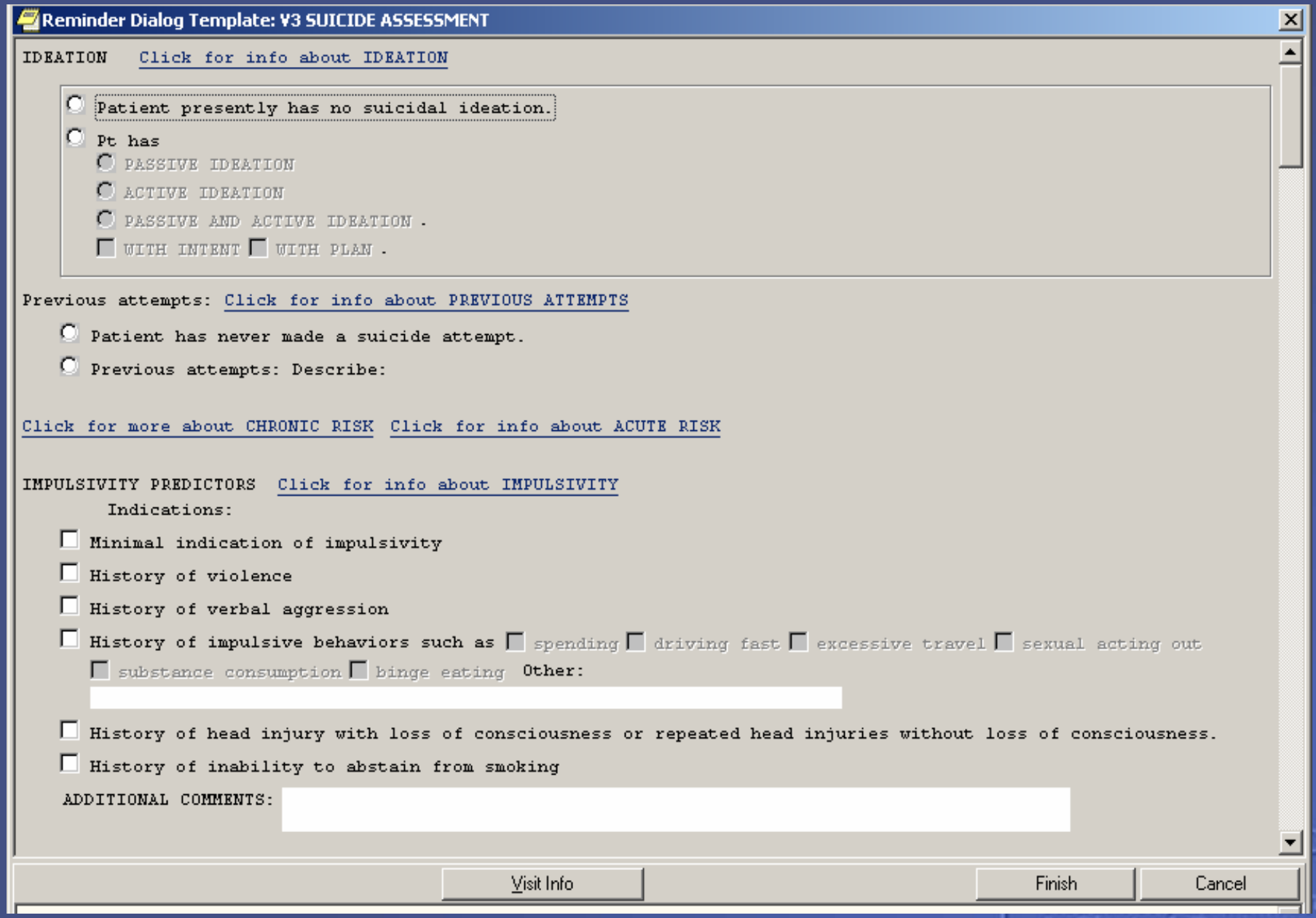

Reminder Dialog Template: V3 SUICIDE ASSESSMENT
IDEATION Click for info about IDEATION
Patient presently has no suicidal ideation.
Pt has
PASSIVE IDEATION
ACTIVE IDEATION
PASSIVE AND ACTIVE IDEATION .
WITH INTENT WITH PLAN .
Previous attempts: Click for info about PREVIOUS ATTEMPTS
Patient has never made a suicide attempt.
Previous attempts: Describe:
Click for more about CHRONIC RISK Click for info about ACUTE RISK
IMPULSIVITY PREDICTORS Click for info about IMPULSIVITY
Indications:
Minimal indication of impulsivity
History of violence
History of verbal aggression
History of impulsive behaviors such as spending driving fast excessive travel sexual acting out
substance consumption binge eating Other:
History of head injury with loss of consciousness or repeated head injuries without loss of consciousness.
History of inability to abstain from smoking
ADDITIONAL COMMENTS:
Visit Info
Finish
Cancel

Reminder Dialog Template: V3 SUICIDE ASSESSMENT

ILLNESS Click for info about ILLNESS

- [ ] NONE
- [ ] Depression
- [ ] PTSD
- [ ] Bipolar Disorder
- [ ] Substance Abuse
- [ ] Alcohol Abuse
- [ ] Psychosis
- [ ] Eating disorder
- [ ] Severe medical illness
- [ ] Cluster B Personality
- [ ] Pain

(Optional to describe any entries on the list above except for Serious Medical Illnesses. For Serious Medical Illnesses, please describe.)

Describe:

CURRENT SYMPTOMS Click of info about ACUTE SYMPTOMS

SEVERE EMOTIONAL DISTRESS

- ( ) Patient DOES complain of severe emotional distress.
- ( ) Patient DOES NOT complain of severe emotional distress.

PSYCHIC ANXIETY

- ( ) Patient DOES endorse severe anxiety.
- ( ) Patient DOES NOT endorse severe anxiety.

PANIC SYMPTOMS

- ( ) Patient DOES describe panic symptoms
- ( ) Patient DOES NOT describe panic symptoms.

HOPELESSNESS AND/OR DEMORALIZATION

- ( ) Patient DOES express hopelessness and/or demoralization.
- ( ) Patient DOES NOT express hopelessness and/or demoralization.

Reminder Dialog Template: V3 SUICIDE ASSESSMENT

INSOMNIA

- ○ Patient DOES complain of insomnia.
- ○ Patient DOES NOT complain of insomnia.

OBSESSIONALITY

- ○ Patient DOES evidence obsessionality.
- ○ Patient DOES NOT evidence obsessionality.

RECENT INTOX

- ○ Patient DOES have recent intoxications.
- ○ Patient DOES NOT have recent intoxications.

HALLUCINATIONS

- ○ Patient DOES endorse hallucinations.
- ○ Patient DOES NOT endorse hallucinations.

PHYSICAL PAIN

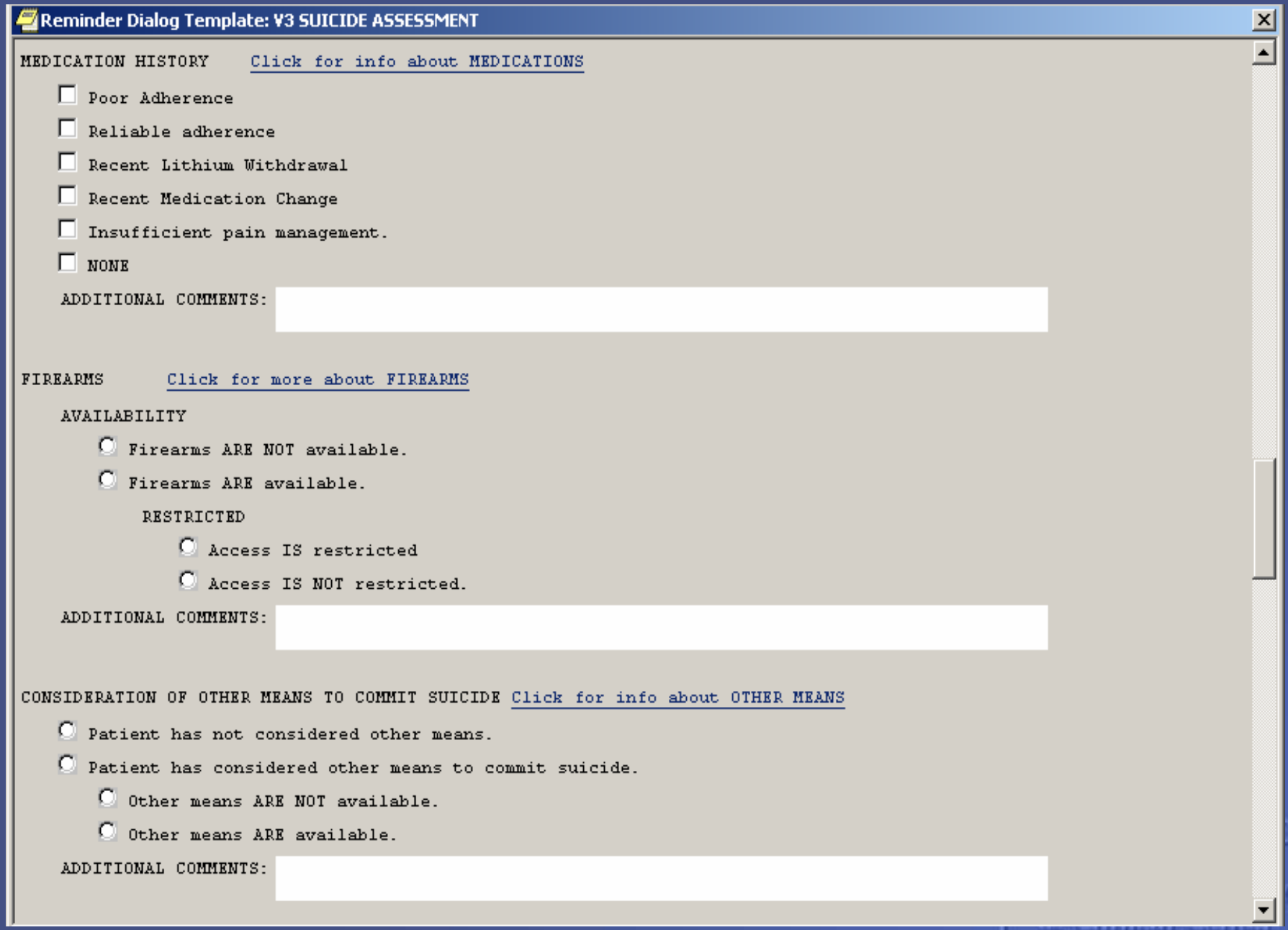
- ○ Patient DOES complain of physical pain.
- ○ Patient DOES NOT complain of physical pain.

ADDITIONAL COMMENTS:

SOCIAL RISKS

- ☐ Poor Social Support
- ☐ Isolation
- ☐ Environmental Change
- ☐ Recent Discharge
- ☐ Recent Loss
- ☐ Acute Life Stressors
- ☐ Family History of Suicide
- ☐ Other
- ☐ None

Describe all that apply.


Reminder Dialog Template: V3 SUICIDE ASSESSMENT
MEDICATION HISTORY Click for info about MEDICATIONS
Poor Adherence
Reliable adherence
Recent Lithium Withdrawal
Recent Medication Change
Insufficient pain management.
NONE
ADDITIONAL COMMENTS:
FIREARMS Click for more about FIREARMS
AVAILABILITY
Firearms ARE NOT available.
Firearms ARE available.
RESTRICTED
Access IS restricted
Access IS NOT restricted.
ADDITIONAL COMMENTS:
CONSIDERATION OF OTHER MEANS TO COMMIT SUICIDE Click for info about OTHER MEANS
Patient has not considered other means.
Patient has considered other means to commit suicide.
Other means ARE NOT available.
Other means ARE available.
ADDITIONAL COMMENTS:

Reminder Dialog Template: V3 SUICIDE ASSESSMENT

MITIGATING CIRCUMSTANCES Click for info about MITIGATING CIRCUMSTANCES

- [ ] Ethical,religious beliefs
- [ ] Hopes and plans for future
- [ ] Beliefs for continued living
- [ ] Explicit reasons for living
- [ ] Dependent others
- [ ] Attitudes (eg Psychic Toughness)
- [ ] Living with others
- [ ] Regular contacts with supports

ADDITIONAL COMMENTS:

CATEGORY OF RISK Click for info about OVERALL RISK

CURRENT ACUTE RISK FACTORS Click for more info about OVERALL ACUTE RISKS

- ( ) No current acute risk factors
- ( ) There are current acute risk factors.

ADDITIONAL COMMENTS:

The next two categories refer predominantly to the long-term or life-long type risk, rather than aspects of more acute suicide risk.

BASELINE RISKS Click for info about BASELINE RISK

- ( ) Baseline increased risk
- ( ) Baseline limited Risk

ADDITIONAL COMMENTS:

Reminder Dialog Template: V3 SUICIDE ASSESSMENT

INTERVENTIONS AND PLAN:

Click for info about INTERVENTION AND PLAN
Click for info about RISK FACTORS ADDRESSED

CONTAINMENT: PLANS FOR MODIFICATION OF ENVIRONMENT

- [ ] Continuation of current treatment plan. No modifications necessary.
- [ ] Change in treatment plan
- [ ] Family/others will increase contact with patient.
- [ ] Family agrees to observe patient
- [ ] Mobilization of other social support (e.g. residence,staff agrees to observe)
- [ ] Removal of means
- [ ] Initiate emergency hold
- [ ] Admit to inpatient care
- [ ] Place patient on 1 to 1.

ADDITIONAL COMMENTS:

ARRANGE CONTINUING CARE:

- [ ] Make sure patient has outpatient follow up scheduled.
- [ ] Referral/consult sent to
- [ ] Patient to be seen within 24 hours
- [ ] Patient given emergency numbers
- [ ] Patient given emergency numbers card

ADDITIONAL COMMENTS:

TREATMENT OF RISK FACTORS:

ACUTE FACTORS ADDRESSED:

- [ ] No change indicated. Current plan is appropriate.
- [ ] N/A
- [ ] Symptoms
- [ ] Environmental Factors
- [ ] Medication Factors

TREATMENT OF UNDERLYING PSYCHIATRIC DISORDERS:

- [ ] Medication Change or Adjustment
- [ ] Psychotherapeutic Changes or Adjustment
- [ ] No change at this time.

- [ ] CONTACT MADE WITH FAMILY/SOCIAL SUPPORT: Describe:

- [ ] Suicide Prevention Coordinator contacted.

PATIENT RESPONSE TO CHANGES:

- ( ) N/A. No change indicated.
- ( ) Positive
- ( ) Negative
- ( ) Neutral

ADDITIONAL COMMENTS:

"Discouraging data on the antidepressant."

What can one do?

- Be alert for the risks factors identified
- Talk to the person empathically in a quiet location showing your concern
- Trust your instincts
- “We are in this together”
- Validate feelings without supporting Suicidal behavior
- Make it very hard for them to reject you and make you unavailable
- Be open to possibilities and problem solving opportunities but expect that some efforts will be rejected

Suicide Prevention Coordinators—

Develop a relationship with your **Local Recovery Coordinator.**

Recovery by enhancing meaning, purpose, functioning and connectedness is a suicide prevention program (but a person has to stay alive to recover from mental illness).

Therapeutic Alliance

- What Hurts?
- How much does it Hurt?
- The Suicide Sequence:
  - I hurt too much
  - I won't put up with this pain
  - I can kill myself
  - I can't put up with this pain
- Mollify the PsychAche
- Avoid the countertransference error:
  - If this was me, I would feel suicidal too

It is precisely the “can’ts”, won’ts”, “have to’s”, “nevers”, “always”, and “onlys” that are to be negotiated in treatment (psychotherapy).

Life is often a choice amongst lousy alternatives; the key to functioning, to wisdom and to life itself is often to choose the least lousy alternative that is practically possible.