Suicide Risk Assessment

Risk Factors

- *Demographic:* male sex, advancing age, White or American Indian, single/divorced/widowed, unemployed, low educational level, homelessness, physicians/dentists, military personnel/Veterans
- *Psychiatric:* mood disorders (major depressive disorder, bipolar disorder, dysthymia), schizophrenia and psychoses, panic disorder, PTSD, dysthymia in particular. Past history of psychiatric hospitalization, **past history of suicide attempts**, family history of suicide. All psychiatric disorders except dementia and intellectual disability. Alcohol and substance use disorders (also intoxication and withdrawal)
- *Physical illness: especially chronic pain, cancers of head and neck, breasts and genitals, HIV/AIDS*
- *Psychological:* perceived burdensomeness, lack of sense of belonging, hopelessness, impulsivity, aggressiveness, wish to live greater than wish to die, "unbearability" cognitions, psychic pain
- *Life events:* loss, failure, humiliation, history of neglect, emotional, physical and sexual abuse, history of bullying
- *Social:* lack of social support, lack of close confiding relationships, social alienation, anomie, bereavement by suicide, exposure to suicides in institutions (e.g. schools, colleges) or through media

Interpersonal Theory

- Suicide the end point of **perceived burdensomeness**, **social alienation/lack of belonging**, and activating **capacity to take up lethal means** to end life

Distinguish between Population vs. Individual risk factors

- Public Health vs. Clinical Care
- Demographic factors, medical illnesses, and historical factors help identify at-risk individuals
- BUT *our patients are high risk because they are our patients!*
- We are interested in *why* the patient is suicidal and *what drives* their suicidality (n.b. drivers are not risk factors, and not necessarily mental illness)
- Clinical risk factors including psychomotor agitation, new/worsening insomnia, flashbacks, panic, worsening hopelessness, new or worsening suicidal ideation, intent or plan to commit suicide giving away possessions, saying goodbye to be people, rehearsing attempt, writing a suicide note
- "contracting for safety/no-suicide contracts" do NOT prevent suicide – BUT if patient refuses to contract for safety, they are at increased risk
- Presence of future orientation does NOT mean patient is not acute suicide risk – BUT if lacks future orientation, they are significantly increased risk

Distinguish between static and dynamic factors

- Most interested in those factors we can intervene (e.g. treating psychiatric disorder and medical problems, providing housing, social support, **means prevention**)

Distinguish between acute and chronic risk factors

- Chronic risk factors elevate baseline risk of suicide
- Chronic risk factors lower threshold for suicide in response to acute precipitants
- Chronic risk factors = psychiatric disorder, homelessness, single, unemployment
- Acute risk factors = decompensation of chronic psychiatric disorder, life event (loss/failure/humiliation)

Construct a Narrative Formulation to explain why patient is suicidal and why now

- Identify **Predisposing** factors that elevate baseline risk of suicide (e.g. childhood trauma, family hx suicide) including personality traits (e.g. impulsivity, aggression)
- Identify **Precipitating factors** (bereavement, abandonment, career failure) including emotional drivers (despair, terror, shame, humiliation)
- Identifying **Perpetuating factors** (e.g. ongoing homelessness, lack of close confiding relationships) that need intervention and keep baseline risk chronically elevated
- Identify **Protective factors** (e.g. belief treatment will work, hope for future, engagement in care, reasons for living, religious beliefs forbidding suicide, children, social support, coping skills)
- Develop a **risk management plan** for modifiable factors and signature for future risk