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Suicide Assessment & Prevention

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37th Annual Jose I. Ricard, MD
Family Medicine & Sports Medicine Conference




Learning Objectives

1. Recognize suicide risk factors and warning signs: Participants will be able to identify key risk factors and warning signs associated with suicidal ideation and behavior, enabling them to recognize patients who may be at risk.

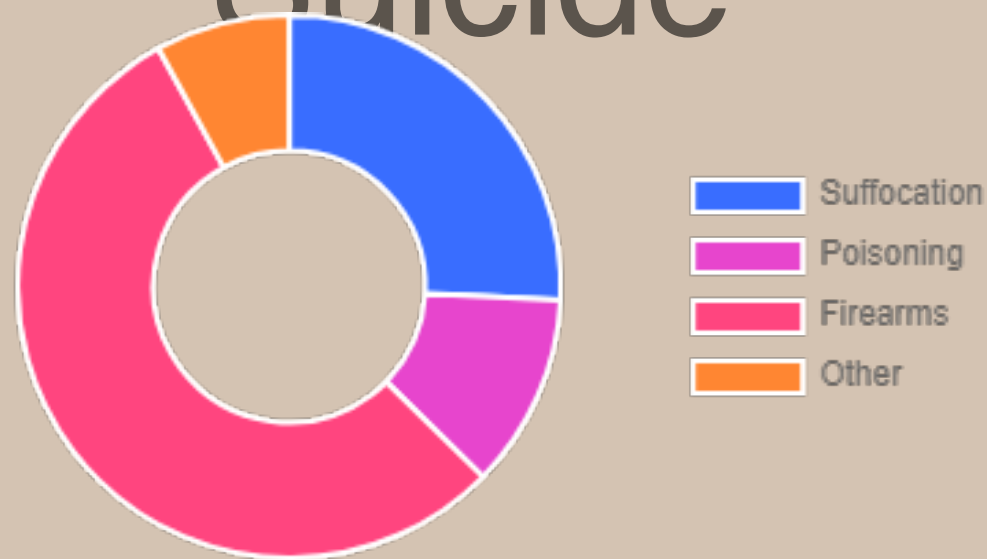
2. Apply effective assessment techniques: Participants will gain skills in conducting assessments of patients at risk for suicide, utilizing evidence-based tools and techniques to gather relevant information and evaluate co-occurring mental health conditions.

3. Implement appropriate prevention strategies and interventions: Participants will develop the ability to implement evidence-based prevention strategies, including safety planning and crisis management.





Statistics on Suicide



- On average, there are 132 people who die by suicide every day.
- Suicide is the 11th leading cause of death in the United States.
- On 2021, firearms accounted for 54.64% of all suicide deaths.
- Suicide rates are higher among adults ages 25 to 34 years and 75 to 84 years.
- In a 2019 study, nearly 30% of individuals had a healthcare visit in the 7 days before suicide, and those who died by suicide averaged 16.7 healthcare visits during the year.
- 300 to 400 physicians die by suicide each year, contributing factors include burnout and compassion fatigue, a sense of inefficacy, and work dissatisfaction.

American Foundation for Suicide Prevention, 2023

Ahmedani et al, 2019

Beradelli, 2022





Over

48,000

people died by
suicide in 2021



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

12.3 million

Seriously thought about suicide

3.5 million

Made a plan for suicide

1.7 million

Attempted suicide

If you or someone you know
is in crisis, please contact the

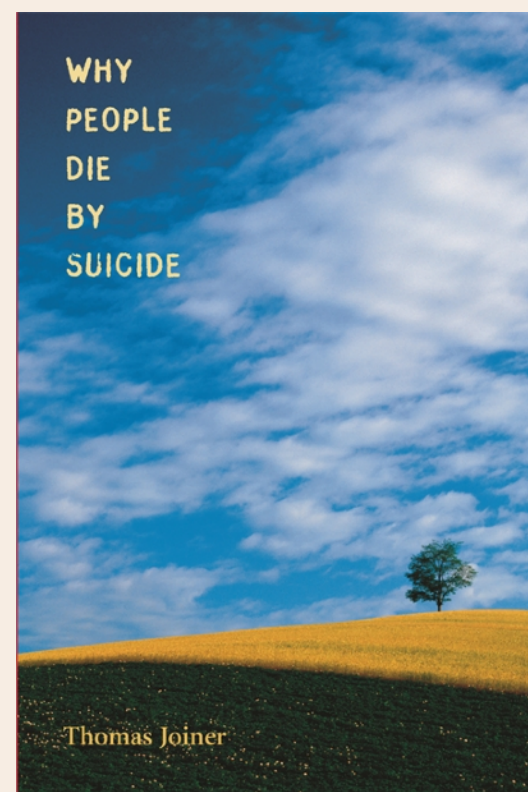
**988 Suicide and
Crisis Lifeline**

- Call or text 988
- Chat at 988lifeline.org





Theoretical Background




Dr. Joiner argues that three main factors contribute to suicidal behavior:

1. Perceived burdensomeness.
2. A sense of thwarted belongingness.
3. Acquired capability for suicide.

When someone feels like a burden, is socially disconnected, and has acquired the capability for self-harm, they become more at risk for suicidal behavior.




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- Severe Anxiety
 - Panic Attacks
 - Depressed Mood
 - Diagnosis of other affective disorder
 - Recent loss of interpersonal relationship
 - Recent abuse of alcohol or illicit substances coupled with feelings of hopelessness, helplessness, worthlessness.
 - Global or partial insomnia
 - Anhedonia
 - Inability to maintain a job

page 6 Recent onset of impulsive behavior

Hall et al.,
1999.

Other Predictors of Suicidal Behavior



Individual Risk Factors

These personal factors contribute to risk:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Relationship Risk Factors

These harmful or hurtful experiences within relationships contribute to risk:

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

These challenging issues within a person's community contribute to risk:

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

Societal Risk Factors

These cultural and environmental factors within the larger society contribute to risk:

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

Risk Factors per CDC





Suicide Risk Factors

Suicidality

- Current suicidal thoughts, plan, and means
- Past suicide attempts

Psychiatric Presentation

- Agitation
- Anger
- Anorexia
- Antisocial personality features
- Anxiety disorder
- Bipolar disorder (especially early in the course of the disorder)
- Borderline personality features
- Depressive symptoms
- Hopelessness
- Schizophrenia
- Self-harm
- Substance misuse

Stressors and Individual Factors

- Health problems
- History of abuse
- Impulsivity
- LGBTQ+ identity
- Recent discharge from inpatient psychiatric treatment
- Relationship instability
- Significant loss of any kind
- Traumatic brain injury






Suicide Risk Assessment

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ASQ: Ask Suicide Screening Questions – Suicide Risk Screening Tool – NIMH Toolkit

- In the past few weeks, have you wished you were dead?
 - In the past few weeks, have you felt that you or your family would be better off if you were dead?
 - In the past week, have you been having thoughts about killing yourself?
 - Have you ever tried to kill yourself?
 - If yes, how?
 - When?
 - Are you having thoughts of killing yourself right now?
- 



Suicide Risk Assessment

Columbia Suicide Risk Severity Scale:

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Life-timePast 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>	High Risk

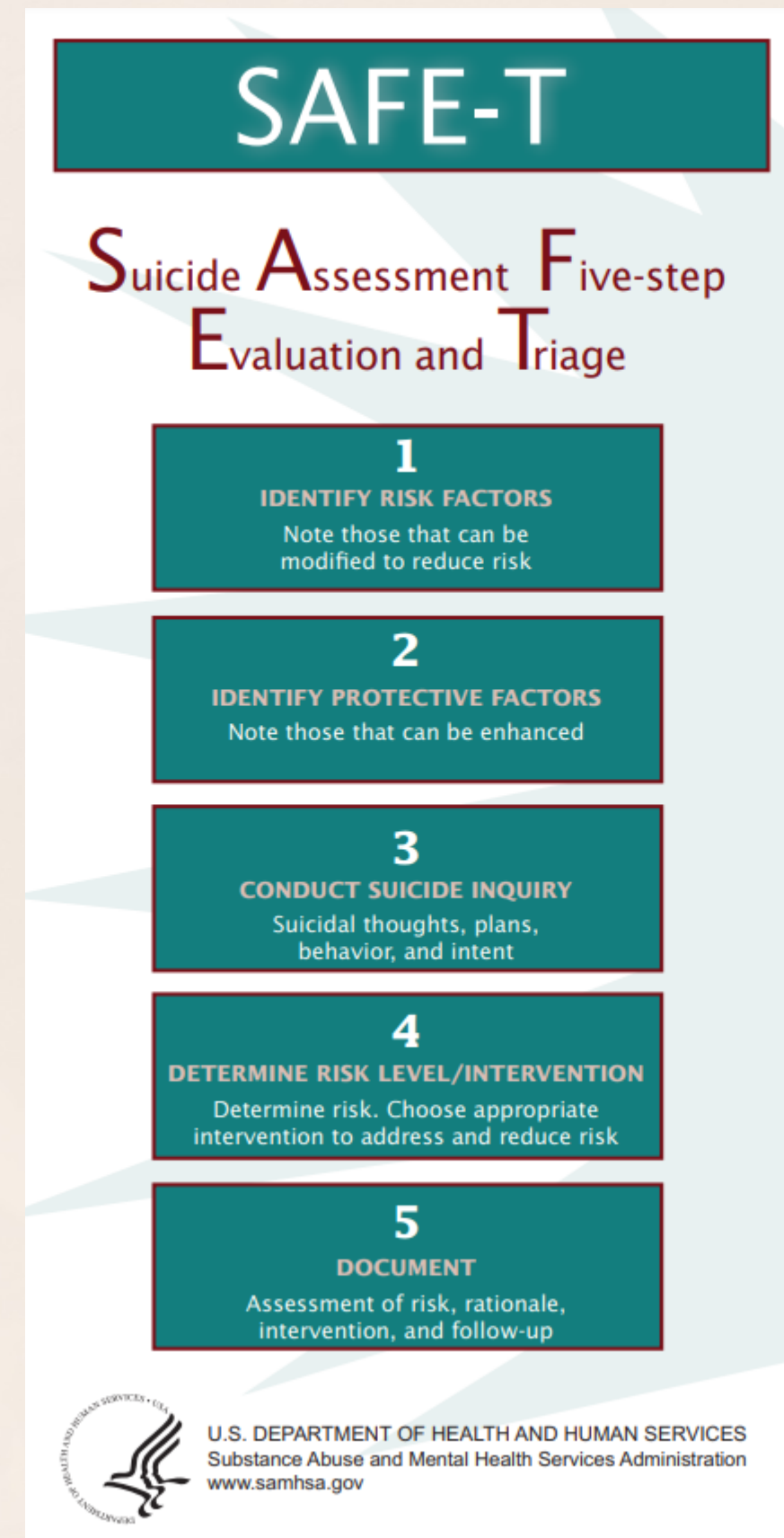





Suicide Risk Assessment

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SAFE-T



US Substance Abuse and Mental Health Services
Administration 2000



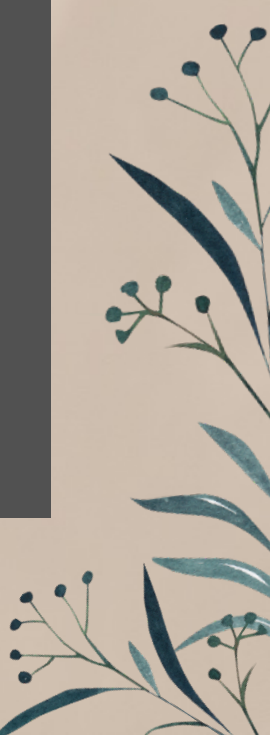


Brief Interventions



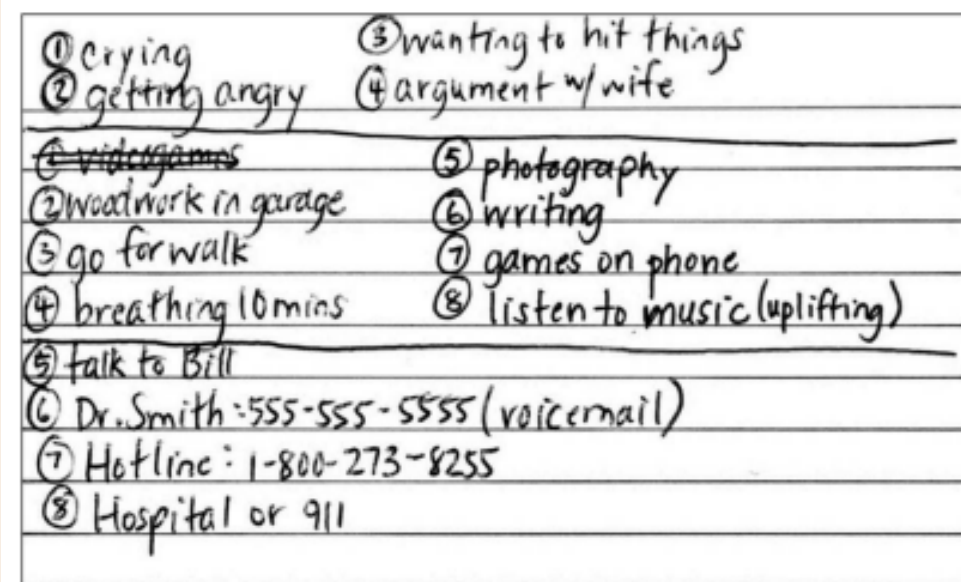
Lethal Means Counseling (LMC):

- Aims to reduce the risk of suicide by engaging the individual and/or family in securing and reducing access to every form of lethal means possible, especially in the home environment.
- Can include items such as firearms, medications (prescribed and OTC), toxic substances like cleaning supplies, and sharp objects.
- The goal is to reduce access to lethal means in moments of acute risk (thinking is less flexible while in crisis).





Brief Interventions



① crying	③ wanting to hit things
② getting angry	④ argument w/ wife
① video games	⑤ photography
② woodwork in garage	⑥ writing
③ go for walk	⑦ games on phone
④ breathing 10 mins	⑧ listen to music (uplifting)
⑤ talk to Bill	
⑥ Dr. Smith: 555-555-5555 (voicemail)	
⑦ Hotline: 1-800-273-8255	
⑧ Hospital or 911	

Nuju et al.,
2021.

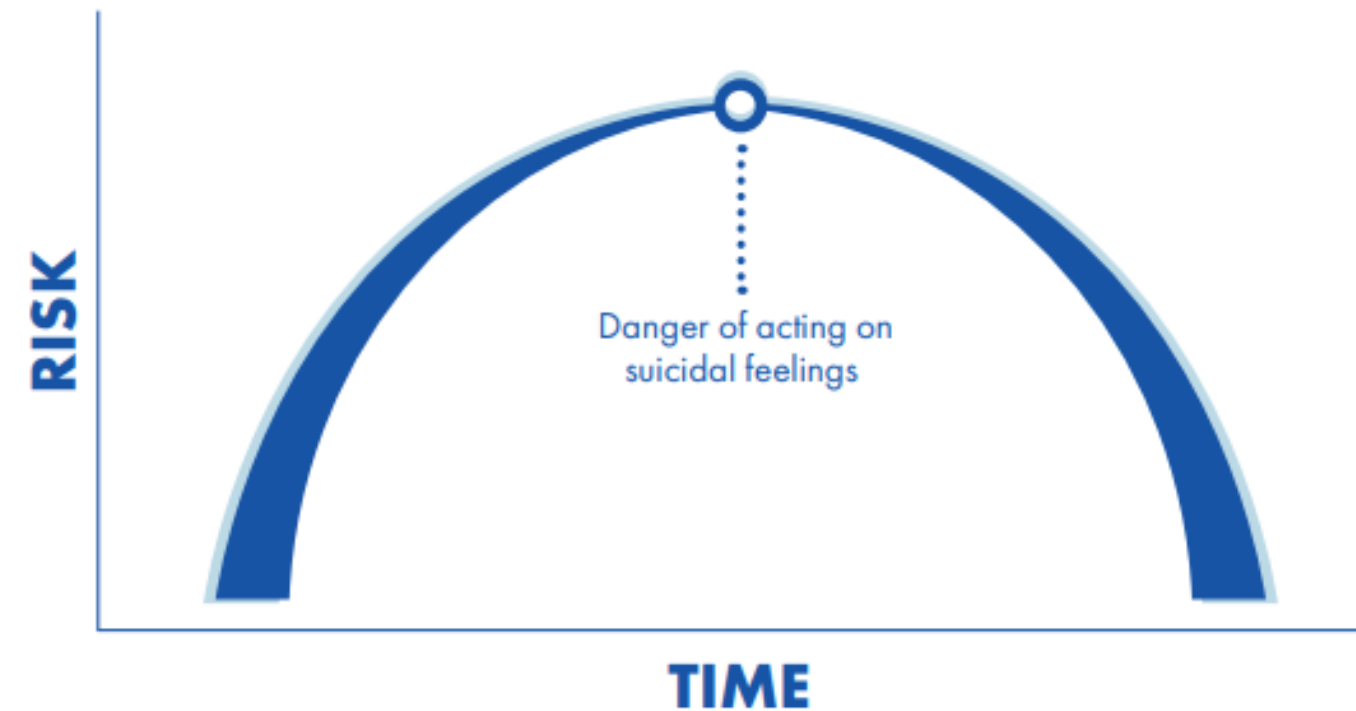
Crisis Response Planning (CRP):

- Intends to help patients cope with intense levels of distress when dealing with problems they perceive will never end or that have no solution.
- Serves as a checklist for patients to follow when feeling overwhelmed.
- Hand written on an index card for convenient access.
 - Personal warning signs – identify individual indicators of an impending emotional crisis and help to recognize when someone is heading towards a crisis;
 - Self-management coping techniques – implement strategies that can help reduce stress levels or provide a distraction during times of intense emotion;
 - Reasons for living – identify things that provide a sense of meaning and purpose in a person's life;
 - Social support – establish a network or people who can provide support or boost one's mood during difficult times; and
 - Professional crisis support – obtain contact information for healthcare providers, crisis hotlines, and emergency services.



Suicide Risk Curve

SUICIDE RISK CURVE



Why is it important to understand the suicide risk curve ?

- People at risk for suicide are likely to experience changes in their level of risk over time; acute suicide risk usually increases and then decreases over a short period of time.
- The goal of safety planning is for people to become more aware of their personal warning signs that a suicidal crisis is beginning or escalating so that they can take action before they are in danger of acting on their suicidal feelings.

The Suicide Risk Curve is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2017, 2021). Individual use of the Suicide Risk Curve form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

- 1. _____
- 2. _____
- 3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

- 1. _____
- 2. _____
- 3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

- 1. Name: _____ Contact: _____
- 2. Name: _____ Contact: _____
- 3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

- 1. Name: _____ Contact: _____
- 2. Name: _____ Contact: _____
- 3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

- 1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
- 2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
- 3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone : _____
- 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

- 1. _____
- 2. _____

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Safety Planning
Intervention
(SPI)



Reasons for



“What are some aspects of your life that make it worth living?”



Questions?





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