

WHAT TO PAY ATTENTION TO WHILE CONDUCTING SUICIDE RISK ASSESSMENT?

The purpose of a suicide risk assessment is to:

- Assess the patients' suicide intent
- Assess the seriousness of suicide attempt
- Assess how they feel about the attempt

History

- Past psychiatric history – explore whether a person has been diagnosed or admitted in the past.
- Medical history – important as certain conditions are risk factors for suicide (e.g., experiencing pain).
- History of self-harm – there is a strong link between self-harm and future suicide
- Drug or alcohol history – relevant to self-harm episodes and might elicit impulsive behaviour.
- Family history – experience of suicide in the family, and psychiatric and medical history of family members.
- Social history – explore current living situation, is person living alone, how are their relationships with neighbors, do they have a support network, do they have children, and how are they coping financially.

Social, emotional and cognitive signs

It is important to assess how is the person feeling (depressed, helpless, guilty...).

Be mindful if there are any signs of:

- Withdrawal from friends and family
- Emotional withdrawal
- Cognitive changes: slower thinking, memory loss, lack of concentration, difficulties in making decisions and solving problems

Remember:

The risk of suicide persists even if a depressed person suddenly starts acting more energetic and active.

There are other motivations that influence why some people choose to end their lives (e.g., physical illness, pain, etc.) Not all people who are contemplating or attempting suicide have mental health disorders.

Suicidal thoughts

Ask openly and directly.

97% of previous suicidal clients has a positive or neutral attitude toward suicide discussion

Suicidal plan

- If client has a suicidal plan, explore how specific it is - do they have a specific plan or just an idea, how detailed the plan is?
- Explore the lethality of the chosen method - does the plan involve a gun, pills, razor blade, etc.
- How available are the chosen methods? - did the person take required steps to carry out the plan, do they have access to a gun, pills, etc.
- What is the proximity of social and other types of help? - refer to a current living situation and social support.

Self-control

- If client had previous suicidal thoughts, explore what helped in those situations.
- If there is no self-control, it may be good to hospitalise a person or turn to other types of external control

Remember:

Higher the lethality of previous method, the higher the risk.

Suicide attempt risk

- NONE - no suicidal thoughts or plans.
- LOW - suicidal ideation, but no specific plans.
- MEDIUM - suicidal ideation and general plan present, but self-control maintained. Client has several “reasons to live” and no desire to carry out the plan.
- HIGH - frequent and intense suicidal thoughts, plan is specific and lethal, chosen method available, low social support, self-control is questionable, but client doesn't wish to end their life.
- VEY HIGH - same as high, but client has clear desire to kill themselves.