Suicide Risk Assessment

Conduct a thorough psychiatric evaluation.

- s/s associated with specific diagnoses
- Specific symptoms which may influence suicide risk
  - aggression, impulsiveness, hopelessness, agitation, psychic anxiety, anhedonia, global insomnia, panic attacks
- Past suicidal behavior including intent
  - Precipitants, timing, intent, consequences, medical severity, involvement of drugs or ETOH, interpersonal aspects, patient’s perception of these attempts
- Past treatment history
  - Including prior hospitalization, prior suicidal ideation, stability of current and past treatment relationships
- Family history
  - Suicide and suicide attempts, hospitalization, mental illness
  - Childhood h/o sexual or physical abuse, ongoing DV
- Current psychosocial situation and nature of crisis
- Psychological strengths and vulnerabilities

Specifically inquire about suicidal thoughts, plans, and behaviors.

- Presence or absence of suicidal ideation
  - Nature, frequency, extent, timing, AND interpersonal, situational, symptomatic context
  - Speak with family members
  - If intoxicated, reassess when sober
- Presence or absence of a suicide plan
  - Specific plans, steps towards enacting, pt’s belief about lethality, conditions for suicide, presence of firearms, intent and lethality

Consider risk factors and protective factors.

- Discuss acute versus chronic risk.

Suicide Risk Assessment


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Suicide Risk Assessment (cuanschutz.edu)
When to do a Suicide Assessment

- Emergency department or crisis evaluation
- Intake evaluation
- Change in observation status or treatment setting
- Abrupt change in clinical presentation
- Lack of improvement or gradual worsening despite treatment
- Anticipation or experience of a significant interpersonal loss or psychosocial stressor
- Onset of a physical illness

Suicide Risk Factors

- **Suicidal thoughts/behaviors**
  - Current or previous suicidal ideas or plans, h/o suicide attempts (including aborted/interrupted), higher lethality of plans or attempts, suicidal intent

- **Psychiatric diagnoses**
  - Particularly: MDD, bipolar, schizophrenia, anorexia nervosa, alcohol use disorder, cluster B personality disorder, comorbidity

- **Physical illness**

- **Psychosocial factors**
  - Recent lack of social support, unemployment, drop in socioeconomic status, poor relationship with family, domestic partner violence*, recent stressful life event

- **Childhood trauma (physical or sexual abuse)**

- **Family History**
  - Family history of suicide (particularly in first-degree relatives)
  - Family history of mental illness, including substance use disorders

- **Psychological features**
  - Hopelessness, psychic pain, severe/unremitting anxiety including panic attacks, shame/humiliation, psychological turmoil, decreased self-esteem, extreme narcissistic vulnerability

- **Behavioral features**
  - Impulsiveness, aggression, agitation

- **Cognitive features**
  - Loss of executive function*, thought constriction (tunnel vision), polarized thinking, closed-mindedness

Suicide Risk Factors (cont.)

- **Demographic features**
  - Male gender, widowed/divorced/single (esp. for men), elderly, adolescent and young adult age groups, white race, gay/lesbian/bisexual orientation*

- **Additional features**
  - Access to firearms, substance intoxication, unstable or poor therapeutic relationship

*associated with increased rate of suicide attempts but no evidence available on suicide rate

✓ Adolescents and young adults are the age groups with the highest numbers of suicide.
✓ The elderly is the age group with the highest proportionate risk of suicide.

Protective Factors

- Children in the home (except for those with postpartum psychosis or mood disorder)
- Sense of responsibility to family
- Pregnancy
- Religiosity
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem-solving skills
- Positive social support
- Positive therapeutic relationship