

Special Topics: Suicide Risk

General Facts About Suicide

- Eleventh leading cause of death in the USA (second leading cause of death for people ages 10 to 34 and fifth for people ages 35 to 54)
- Results in more than 48,000 deaths/year
- 1 death every 11 minutes
- One of every 8-10 attempts lead to death
- Average rate is 12.7/100,000
 - when > 65 years old, rate is 19.2/100,000
- Rates increase with social unrest and poor economies

Problems of Prediction

- Predicting the future is problematic
- Most suicidal patients do not die by suicide
- Assessment of suicide risk can be complicated by the physician's emotional reactions
- Awareness of risk factors does not make prediction infallible
- Some individuals effectively hide their true feelings and plans

Risk Factors: Major Depression

- Accounts for 50% of death by suicide
- Risk of suicide increases when psychosis co-exists
- Screening for neurovegetative symptoms is essential

Risk Factors: Alcohol and Substance Use Disorders



- Account for 25% of death by suicide
- Use and/or intoxication may disinhibit depressed patients and facilitate an attempt
- Substance abuse may co-exist with affective illness

Risk Factors: Schizophrenia

- Accounts for 10% of death by suicide
10% of those with schizophrenia die by suicide
- Results in a deadly combination with depression
- Risk increased with delusions, paranoia, or command hallucinations urging self-destruction

Risk Factors: Personality Disorders

- Accounts for 5% of deaths by suicide
 - and the majority of patients we evaluate for suicide risk
- Dysphoric patients frequently attempt suicide
- Impulsivity predisposes to suicide attempts and to death by suicide

Additional Risk Factors

- History of suicide attempts or threats
 - Nearly 50% have made prior attempts
- Male sex
 - Men attempt 3-4 times less often
 - Men die by suicide 2-3 times more often
 - Men tend to use more violent means
- Advancing age
 - Rates rise steadily with age, alienation, & debilitation

Additional Risk Factors

- Marital status
 - Never married > widowed > separated > divorced > married
- Being unemployed and unskilled
- Having chronic illness, pain, or a terminal illness
- Panic disorder
- White (although striking increases in pandemic among Black youth)
- LGBTQIA+

Additional Risk Factors



- Family history of death by suicide
- Recent hospital discharge
- Firearms in the household

Who Needs Evaluation?

- Survivors of a suicide attempt
- Patients who complain of suicidal thoughts
- Patients with other complaints who admit to being suicidal
- Patients who deny being suicidal, but whose actions demonstrate suicidal potential

Why Do People Die By Suicide?

- Murder in the 180th degree (Freud)
- Transition to a better life (Hara-kiri)
- **Release, as from pain and suffering**
- Response to hallucinations and delusions
- Anger, impulse, or to spite others
- Recent loss
- **Feeling helpless or trapped**
- “Rational” suicide

Suicide Assessment

- Take all potentially fatal threats, gestures, and attempts seriously
- Consider the possibility
 - If you don't, you won't make the diagnosis
- Be empathic
 - Try to establish rapport before honing in on the issue of suicide
- Perform a mental status examination

Suicide Assessment

- Ask about suicidal thoughts and intent
- Ask about plans for suicide
 - Is there a detailed plan?
 - Are the means available?
- Determine if there are plans for the future
- Determine, “Why now?”
 - Is there a precipitant?

Suicide Assessment

- Obtain information from friends or family
 - Remember, the suicide assessment is often an emergency evaluation
- Review for the presence of risk factors

Suicide Assessment After an Attempt



- What was the risk?
- What were the chances for rescue?
- Did the person believe the method would work?
 - Was he disappointed he survived?
- Was the attempt impulsive?
- What is different now?

Decision Pathways

- Determine ongoing risk of suicide
 - If suicidal
 - protect and admit
 - If unsure about risk
 - protect, get consultation, and consider hospitalization
 - If not suicidal
 - decide on a reasonable plan that may not require hospitalization

High-Risk Patients

- Psychotic and suicidal
- Greater than 45 years old
- Survivors of a violent attempt
- Those who took precautions to avoid rescue
- Those who refuse help
- Those without social supports

Management Pointers

- Protect the patient
 - Throughout the evaluation and disposition process
- Document decisions in the medical record

Treatment of Suicidal Patients

- Psychopharmacology
- Psychotherapy
 - Strengthen relationships, be flexible, be active, demonstrate concern, listen for symbolic communication, emphasize options
- Social supports
 - Engage the help of others
- Protection
 - Ensure safety of the environment

Know Your Limits

- Work with suicidal patients is stressful
 - Monitor your reactions
 - Monitor the behaviors of others
 - Determine when consultation and support are necessary

Additional resources

- Brief Cognitive Behavioral Therapy for Suicide (BCBT)
- Collaborative Assessment and Management of Suicidality (CAMS) training (<https://cams-care.com/>)
- Columbia Lighthouse Project (<https://cssrs.columbia.edu/>)
- Stanley-Brown Safety Plan (<https://suicidesafetyplan.com/>)
- Counseling on Access to Lethal Means (CALM) training (<https://zerosuicide.edc.org/resources/trainings-courses/CALM-course>)

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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Stanley-Brown
Safety Planning Intervention



BRIDGES TO MENTAL HEALTH