Suicide Assessment

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Why should we care?

Let’s start with the numbers…

Suicide in the US

- 2nd leading cause of death in individuals 10-34
- 4th leading cause of death in individuals 35-54
- 10th leading cause of death overall

Source: CDC

Not good.

And it's getting worse.

One of the few causes of death in the US that's increasing.

From 1999-2016 the total suicide rate in the US increased 28%

from 10.5 to 13.4 per 100,000.

Source: CDC

In NY, 29% increase in suicide from 1999-2016.

Source: CDC

But why is this **EMS's** problem?

Many of them are our patients.

We are missing their suicidality because they don't fit the stereotypical profile.

8% of ED patients presenting with non-psychiatric complaints had active suicidal ideation.

Undetected by treating ED clinicians

(Boudreaux et al., 2016)

≈20% of individuals who completed suicide were seen in the ER in the month before their death.

Most **not** for psychiatric or substance use.

(Ahmedani et al., 2014)

Over half of individuals who complete suicide have no known mental health issues.

Source: CDC

Our model doesn't
fit reality.

Most EDS do not routinely screen for suicidality, **even** in patients with psychiatric complaints or known risk factors.

(Ting et al., 2012)

So why **NOT** us?

We’re the point of contact.

What I'm going to Cover Today

I. The suicidality progression
II. How to conduct a brief, effective suicide assessment
III. How to communicate the results of your assessment to hospital providers

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I. The suicidality progression

Suicidality tends to follow a standard progression.

If you know the progression
you will know how to ask the
right questions
and gauge risk.

Ideation -> Intent -> Plan -> Attempt

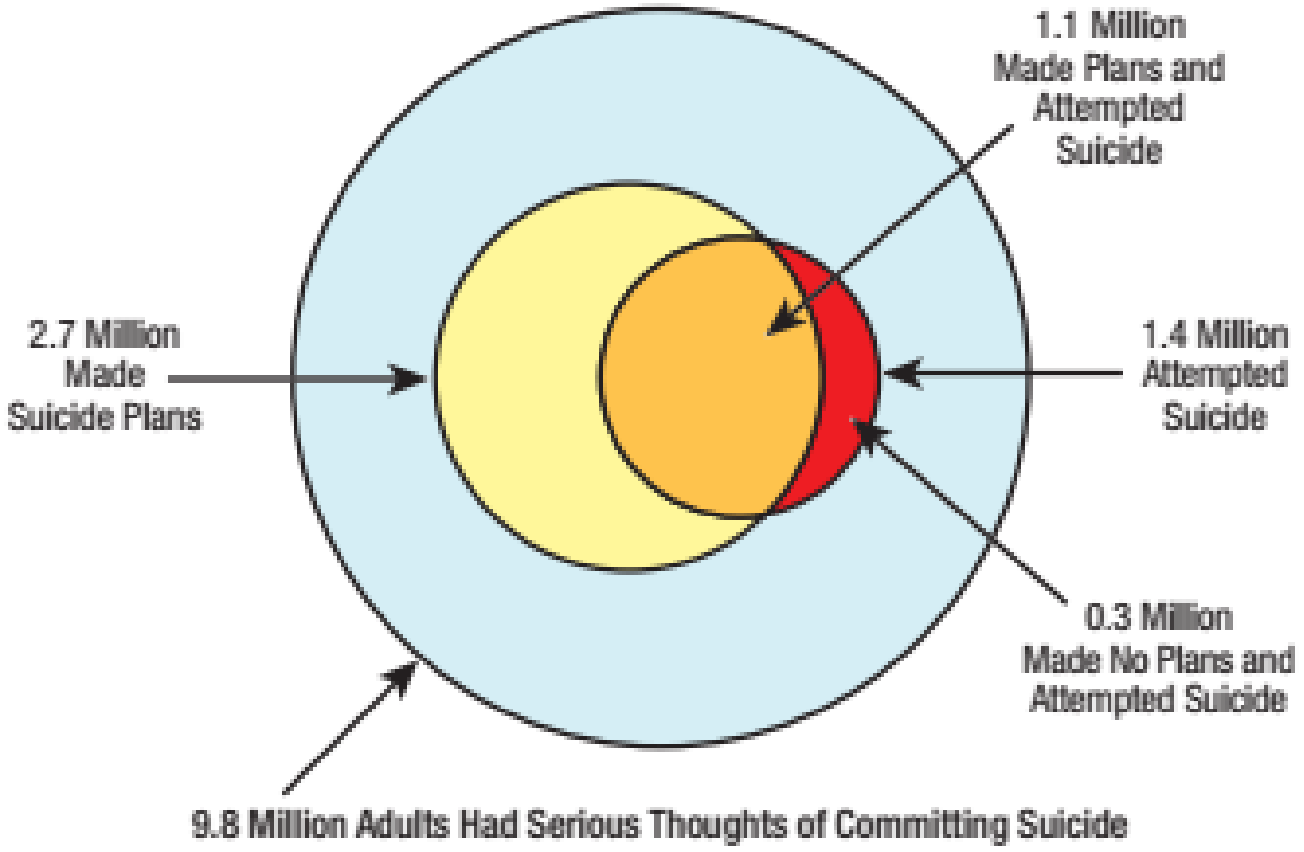
Slowly or quickly

1. Suicidal Ideation

Thoughts of suicide or death

Relatively common

Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: 2015



Source: SAMHSA

Why suicide?

Helplessness

"It's bad and there's nothing
I can do about it."

Hopelessness

"It's bad and it's never going to get better."

Acute Distress

"I can't bear this."

Emotional AND/OR Physical Pain

Anxiety, depression, bipolar, schizophrenia, etc.

but also…

Chronic pain and chronic illness.

and also…

Anything that triggers shame, despair, humiliation.

Much suicidality stays at the level of ideation.

Protective factors.

Protective factors

- Moral/ religious
- Obligations
- Effect on others

2. Intent

Moving from thoughts to plans.

3. Plan

How?

Means and lethality

History of attempts

Alcohol use

Impulsivity

But isn’t this difficult?

No.

II. Suicide Assessment

You have to
ask the questions!

How to broach the topic?

1. Empathize and ask about ideation and history

Use clear language.

2 key questions

- Have you had thoughts of killing yourself?
- Have you ever made a suicide attempt?
  - Within last 6 months

If no, you're done.

If yes…

1. Intent and plan

How?

2. Protective factors

Why not?

3. Alcohol use

Is this a thorough and complete suicide assessment?

No. But it's surprisingly good.

5 simple questions

1. Thoughts of suicide?
2. History of attempt?

<u>If yes,</u>

3. How?
4. Why not?
5. Alcohol use?

III. Communicating Your Assessment

What does the ED treatment team need to know?

What does a mental health professional need to know?

Use 5 questions as a guide

Assessment Results

1. Thoughts of suicide?
2. History of attempt?

<u>If yes,</u>

3. How?
    - Access?
    - Lethality?
4. Why not?
5. Alcohol use?

Bob, 52 YOM, chronic back injury

- Wants to be dead
- No history
- No plan
- Strong religious beliefs about suicide
- Some ETOH

- Wants to be dead
- No history
- "I would take pills."
  - Has pills
- "They'd be better off without me"
- ETOH use

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Use red flag words and phrases.

Remember, we're bad at this in the ED.

You need to bring it to their attention.

What if they don’t listen?

You do what you can.

As I finish up…

What I Covered Today

I. The suicidality progression
II. How to conduct a brief, effective suicide assessment
III. How to communicate the results of your assessment to hospital providers

It’s simple.

5 questions

It’s (kind of) easy.

It’s up to you.

Thank you.

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