Individualizing Suicide Risk Assessments

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OBJECTIVES

- Review suicide statistics
- Recognize risk factors for suicide
- Explore individualized suicide risk assessment strategies
- Identify appropriate management strategies
What is the current approximate age-adjusted suicide rate in US?
- A. 14/1000
- B. 14/10,000
- C. 14/100,000
- D. 14/1,000,000

How much has the suicide rate in the US increased over the past 20 years?
- A. 0%
- B. 10%
- C. 20%
- D. 30%
According to 2018 CDC data, self-inflicted gunshots accounted for what percentage of suicides?

- A. 10%
- B. 25%
- C. 50%
- D. 75%

What psychiatric disorder is associated with the highest lifetime risk of suicide?

- A. Alcohol dependence
- B. Depression
- C. Schizophrenia
- D. Borderline personality disorder
Antidepressants, anticonvulsants and benzodiazepines have been associated with an increase in suicidal thinking?
- A. True
- B. False

Safety/no harm contracts have been proven to reduce suicides.
- A. True
- B. False
DEFINITIONS

- **Suicidal ideation**
  - Thoughts and/or plans of self-injury with intent for death

- **Suicide gesture**
  - Self-injurious act(s) with intent to lead others to believe one wants to die despite having no intent for death

- **Suicide attempt**
  - Self-injurious act(s) with intent for death

- **Suicide**
  - Death due to intended self-injurious act
Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2019)

Data Courtesy of SAMHSA

12.0 million adults had serious thoughts of suicide

3.5 million adults made suicide plans

1.4 million adults attempted suicide

1.2 million adults made plans and attempted suicide

217,000 adults made no plans and attempted suicide
Past Year Prevalence of Suicidal Thoughts Among U.S. Adults (2019)

Data Courtesy of SAMHSA

<table>
<thead>
<tr>
<th>Sex</th>
<th>0</th>
<th>1</th>
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<tbody>
<tr>
<td>Overall</td>
<td>4.8</td>
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Past Year Prevalence of Suicide Attempts Among U.S. Adults (2019)

Data Courtesy of SAMHSA

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<th>Age</th>
<th>Race/Ethnicity</th>
<th>Percent</th>
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<td>0.7</td>
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<td>0.4</td>
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<tr>
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<td>18–25</td>
<td>1.8</td>
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<td>NH/OP</td>
<td>NH/OP</td>
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<td>2 or More</td>
<td>2 or More</td>
<td>1.5</td>
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</table>
Age-Adjusted Suicide Rates in the United States (1999–2018)

Data Courtesy of CDC

Suicide Rate (per 100,000)

Year


Total Population
Female
Male

4.0
4.0
4.1
4.2
4.2
4.4
4.4
4.5
4.7
4.8
4.9
5.0
5.2
5.4
5.5
5.8
6.0
6.0
6.1
6.2

0
10
20
10.5
10.7
10.8
10.9
11.3
11.8
12.3
12.6
13.3
14.0
17.8
18.2
18.1
18.1
18.5
19.2
20.0
20.2
21.0
22.4
# Leading Cause of Death in the United States (2018)

Data Courtesy of CDC

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<tr>
<th>Select Age Groups</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
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<th>45-54</th>
<th>55-64</th>
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<tr>
<td>1 Unintentional Injury</td>
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<td>Unintentional Injury</td>
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<td>24,014</td>
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<td>596</td>
<td>Suicide</td>
<td>6,211</td>
<td>Suicide</td>
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<tr>
<td>3 Malignant Neoplasms</td>
<td>456</td>
<td>Homicide</td>
<td>4,607</td>
<td>Homicide</td>
<td>5,234</td>
<td>Heart Disease</td>
<td>10,523</td>
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<tr>
<td>4 Congenital Abnormalities</td>
<td>172</td>
<td>Malignant Neoplasms</td>
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<td>Malignant Neoplasms</td>
<td>3,684</td>
<td>Suicide</td>
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<td>5 Homicide</td>
<td>168</td>
<td>Heart Disease</td>
<td>905</td>
<td>Heart Disease</td>
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<td>Homicide</td>
<td>3,304</td>
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<td>6 Heart Disease</td>
<td>101</td>
<td>Congenital Anomalies</td>
<td>354</td>
<td>Liver Disease</td>
<td>3,108</td>
<td>Liver Disease</td>
<td>1,008</td>
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<tr>
<td>7 CLRD</td>
<td>64</td>
<td>Diabetes Mellitus</td>
<td>246</td>
<td>Diabetes Mellitus</td>
<td>837</td>
<td>Diabetes Mellitus</td>
<td>2,282</td>
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<tr>
<td>8 Cerebrovascular</td>
<td>54</td>
<td>Influenza &amp; Pneumonia</td>
<td>200</td>
<td>Cerebrovascular</td>
<td>567</td>
<td>Cerebrovascular</td>
<td>1,704</td>
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<tr>
<td>9 Influenza &amp; Pneumonia</td>
<td>51</td>
<td>HIV</td>
<td>482</td>
<td>Influenza &amp; Pneumonia</td>
<td>956</td>
<td>Septicemia</td>
<td>2,380</td>
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<tr>
<td>10 Benign Neoplasms</td>
<td>30</td>
<td>Complicated Pregnancy</td>
<td>151</td>
<td>Influenza &amp; Pneumonia</td>
<td>457</td>
<td>Septicemia</td>
<td>829</td>
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CLRD: Chronic Lower Respiratory Disease
<table>
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<th>Suicide Method</th>
<th>Number of Deaths</th>
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<tr>
<td>Total</td>
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<tr>
<td>Firearm</td>
<td>24,432</td>
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<tr>
<td>Suffocation</td>
<td>13,840</td>
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<tr>
<td>Poisoning</td>
<td>6,237</td>
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<tr>
<td>Other</td>
<td>3,835</td>
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</tbody>
</table>

Suicide by Method (2018)
Data Courtesy of CDC
Percentage of Suicide Deaths by Method in the United States (2018)

Data Courtesy of CDC

- **Female**
  - Other: 9.3%
  - Suffocation: 29.3%
  - Poisoning: 29.9%
  - Firearm: 31.5%

- **Male**
  - Other: 8.3%
  - Suffocation: 28.3%
  - Poisoning: 55.9%
Suicide Rates by Race (per 100,000; 2018)

Data Courtesy of CDC

Suicide Rates (per 100,000)

<table>
<thead>
<tr>
<th>Female Race/Ethnicity</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>AI</td>
<td>10.5</td>
<td>34.8</td>
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<tr>
<td>Asian/PI</td>
<td>4.1</td>
<td>10.8</td>
</tr>
<tr>
<td>Black</td>
<td>2.9</td>
<td>12.0</td>
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<tr>
<td>White</td>
<td>8.3</td>
<td>30.4</td>
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<tr>
<td>Hispanic*</td>
<td>2.9</td>
<td>12.1</td>
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</tbody>
</table>

*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic
AI = American Indian, PI = Pacific Islander
SUICIDE RISK FACTORS

- Prior suicide attempt
  - Probably strongest single predictor of suicide
  - Approximately 1% die by suicide within one year of index attempt
  - Risk of completion does not significantly decrease as number of failed attempts increase

- Psychiatric symptoms/disorders
  - Another strong predictor of suicide
  - Found in 90% of those attempting suicide
  - Found in 95% of those completing suicide
  - Increased risk of suicide with more severity of illness
  - High risk in those with multiple psychiatric conditions
SUICIDE RISK FACTORS

- Mood disorders
  - Highest lifetime risk of all psychiatric disorders
  - Depressive and mixed phases most often associated with suicide

- Psychotic disorders
  - Command hallucinations increase risk
  - Negative symptoms decrease risk
  - Insight into illness increases risk

- Anxiety disorders
  - Usually comorbid condition

- Personality disorders – borderline & antisocial
  - At least 40% make attempt in lifetime
SUICIDE RISK FACTORS

- Substance use disorders
  - Increases risk independent of other psychiatric conditions
  - Increase risk regardless of gender
  - Common in adolescents and young adults who die by suicide
  - More than 50% use alcohol prior to suicide attempt
  - Alcohol misuse disorders present in 25-50% of those who complete suicide

- Hopelessness
  - Approximately 2 times higher likelihood of attempting & completing suicide
SUICIDE RISK FACTORS

- **Gender**
  - Men approximately 3 times more likely to complete suicide

- **Marital status**
  - Single, divorced, and widowed at least 2 time higher rate of completion than married
  - Domestic partner violence increases risk

- **Sexual orientation**
  - Individual identifying with orientation other than heterosexual with lifetime risk of attempts approximately 4 times higher

- **Occupation**
  - Unemployment and employment in unskilled occupations with higher risk of suicide
  - Highly skilled workers also with increased rate of completion
  - Military service associated with increased rates of attempts and completion
SUICIDE RISK FACTORS

- **Childhood adversity**
  - 2-4 times higher risk of suicide attempts with h/o childhood abuse

- **Family history of suicide**
  - Genetic & environmental effects

- **Rural residence**
  - Higher suicide rates than small and large metropolitan areas

- **Firearm access**
  - Increases risk of completed suicide approximately 3 times
  - Restricting access and reducing ownership reduces risk

- **Media reporting – Werther effect**
  - Report of celebrity suicide will be followed by increase in suicide attempts & completions by same method
SUICIDE RISK FACTORS

- Medical Conditions
  - Chronic pain
  - Cancer
  - CAD
  - COPD
  - CVA
  - Renal failure
- Neurological conditions
  - Epilepsy, MS, Huntington’s, ALS, TBI, spinal cord injuries
- HIV/AIDS
- Disfigurement
SUICIDE RISK FACTORS

- Medications
  - Antidepressants and atypical antipsychotics carry warning of increased the risk of suicidal thoughts and behaviors in patients aged 24 years and younger
  - Several other medications associated with suicidal thinking
    - Acamprosate
    - Anticonvulsants
    - Benzodiazepines
    - Interferon
    - Isotretinoin
    - Naltrexone
PROTECTIVE FACTORS

- Religious beliefs & activities
- Marriage
- Family connectedness
- Social support
- Parenthood
- Pregnancy
- Fear of death
- Healthy coping skills
- Engagement in school/work
- Willing to pursue treatment
WHEN TO INQUIRE ABOUT SUICIDALITY

- Presentation of mental health symptoms
- Presentation of substance misuse/abuse/dependence
- Onset of, change in or worsening of serious medical condition
- Recent or anticipated interpersonal loss or psychosocial stressors
- Known h/o suicide attempt
- Expression of hopelessness and/or suicidal thinking
EXPRESSIONS OF HOPELESSNESS & SUICIDAL THINKING

- I have no purpose in life
- I don’t feel like I’m living
- I want to stop suffering
- I will never be able to get over this
- I have no hope for my future
- I am burdening others
- Others will be better off without me
- No one will miss me
BARRIERS TO PATIENTS DISCLOSING SUICIDAL THINKING

- Fear of hospitalization
- Ashamed of struggle
- Don’t want to be called attention-seeking
- Fear of criticism
- Feel they will be judged/misunderstood
- Don’t want to burden others
- Feel unworthy of support
- Lack safe space to talk about suffering
- Don’t want to be stopped
<table>
<thead>
<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS:</th>
<th>Past month</th>
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<tbody>
<tr>
<td>Ask questions that are in bold and underlined.</td>
<td>YES NO</td>
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<td><strong>Ask Questions 1 and 2</strong></td>
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<tr>
<td>1) Wish to be Dead:</td>
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<tr>
<td>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up?</td>
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<td>Have you wished you were dead or wished you could go to sleep and not wake up?</td>
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<tr>
<td>2) Suicidal Thoughts:</td>
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<tr>
<td>General non-specific thoughts of wanting to end one’s life/commit suicide. “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.”</td>
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<td>Have you had any actual thoughts of killing yourself?</td>
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<td><strong>IF YES to 2, ask questions 3, 4, 5, and 6. IF NO to 2, go directly to question 6.</strong></td>
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<tr>
<td>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</td>
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<tr>
<td>Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it… and I would never go through with it.”</td>
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<tr>
<td>Have you been thinking about how you might do this?</td>
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<td>4) Suicidal Intent (without Specific Plan):</td>
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<td>Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to: “I have the thoughts but I definitely will not do anything about them.”</td>
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<tr>
<td>Have you had these thoughts and had some intention of acting on them?</td>
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<tr>
<td>5) Suicide Intent with Specific Plan:</td>
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<tr>
<td>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</td>
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<tr>
<td>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
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<tr>
<td>6) Suicide Behavior Question</td>
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<tr>
<td>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</td>
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<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
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<tr>
<td><strong>IF YES, ask: Was this within the past 3 months?</strong></td>
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**Response Protocol to C-SSRS Screening** (Linked to last item marked “YES”)

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consultation and Patient Safety Precautions
- Item 4 Behavioral Health Consultation and Patient Safety Precautions
- Item 5 Behavioral Health Consultation and Patient Safety Precautions
- Item 6 Behavioral Health Consultation and Patient Safety Precautions
- Item 7 Behavioral Health Consultation and Patient Safety Precautions

**Disposition:**
- Behavioral Health Referral
- Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Behavioral Health Consultation and Patient Safety Precautions
- Behavioral Health Consultation and Patient Safety Precautions
INQUIRING ABOUT SUICIDAL IDEATION

- Open ended questions
  - Avoid questions leading towards a negative response
- Listen empathetically
- Encourage elaboration
- Be patient – don’t force conversation
INQUIRING ABOUT SUICIDAL THINKING

- Begin with questions exploring feeling about living
  - Have you been considering running away from your problems?
  - Have you been wishing you could disappear?
  - Have you felt life is not worth living?
  - Have you hoped not to wake up?

- Transition to specific questions about suicide
  - Have you had any thoughts about hurting yourself?
  - Have you have any thoughts about killing yourself?
INQUIRING ABOUT SUICIDAL THINKING

- Explore suicidal planning and intent
  - How have you thought about how you would harm/kill yourself?
  - Do you have access to means to harm/kill yourself?
  - Have you thought about where and when you would do this?
  - Are you thinking about harming anyone else before harming yourself?
  - Have you started making any preparations?
  - How likely are you to act on these thoughts?
  - What has stopped you from acting on these thoughts until now?
DETERMINING LEVEL OF CARE

- Goal to ensure safety while encouraging independence
- Use analytic assessment and intuition
- Identify appropriate level of care
  - Inpatient
    - Medical admission
    - Psychiatric admission
      - Voluntary
      - Involuntary
  - Outpatient
    - IOP/PHP
    - Referral for counseling and/or psychiatric treatment
<table>
<thead>
<tr>
<th><strong>Inpatient Stay Indicated</strong></th>
<th><strong>Outpatient LOC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ Specific plan with high lethality</td>
<td>➡️ No plan for suicide</td>
</tr>
<tr>
<td>➡️ Suicidal intent high</td>
<td>➡️ No intent to act on suicidal thoughts</td>
</tr>
<tr>
<td>➡️ Limited social support</td>
<td>➡️ Vague plan with low lethality</td>
</tr>
<tr>
<td>➡️ Current impulsive, agitated and/or psychotic</td>
<td>➡️ No immediate access to firearms</td>
</tr>
<tr>
<td></td>
<td>➡️ Stable and supportive living environment</td>
</tr>
<tr>
<td></td>
<td>➡️ Willingness to involve support(s)</td>
</tr>
<tr>
<td></td>
<td>➡️ Agreeable to engage in treatment</td>
</tr>
</tbody>
</table>
Application for Emergency Admission -  PAGE 1 of 2  in accordance with Section 5122.10 ORC

TO:  The Chief Clinical Officer of  (Facility Name)  (Date)

The undersigned has reason to believe that:

1.  (Name of Person to be Admitted) is a mentally ill person subject to hospitalization by court order under division B of Section 5122.01 of the Revised Code, i.e. this person:

   □ (1) Represents a substantial risk of physical harm to himself as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

   □ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;

   □ (3) Represents a substantial and immediate risk of serious physical impairment or injury to himself as manifested by evidence that he is unable to provide for and is not providing for his basic physical needs because of his mental illness and that appropriate provision for such needs cannot be made immediately available in the community; or

   □ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2.  Represents a substantial risk of physical harm to himself or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff, or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)
DOCUMENTATION

- Note overall assessment of suicide risk
- Summarize most salient risk and protective factors
- Identify plan to address modifiable risk factors
- State rationale for level of care and treatment recommended
SAFETY/NO HARM CONTRACTS

- Requires patient to promise not to self harm and seek help if necessary when experiencing suicidal thoughts
- Never a substitute for suicide risk assessment
- No research to suggest protective effect
- Often provide false sense of security
- Cannot be used in event of litigation to clear blame
What is the current approximate age-adjusted suicide rate in US?

C. 14/100,000

How much has the suicide rate in the US increased over the past 20 years?

D. 30%
According to 2018 CDC data, self-inflicted gunshots accounted for what percentage of suicides?

- C. 50%

What psychiatric disorder is associated with the highest lifetime risk of suicide?

- B. Depression
Antidepressants, anticonvulsants and benzodiazepines have been associated with an increase in suicidal thinking?

- A. True
- B. False
THANK YOU!

ANY QUESTIONS?