



*Behavioral Health Services (BHS)*

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## **QUICK GUIDE**

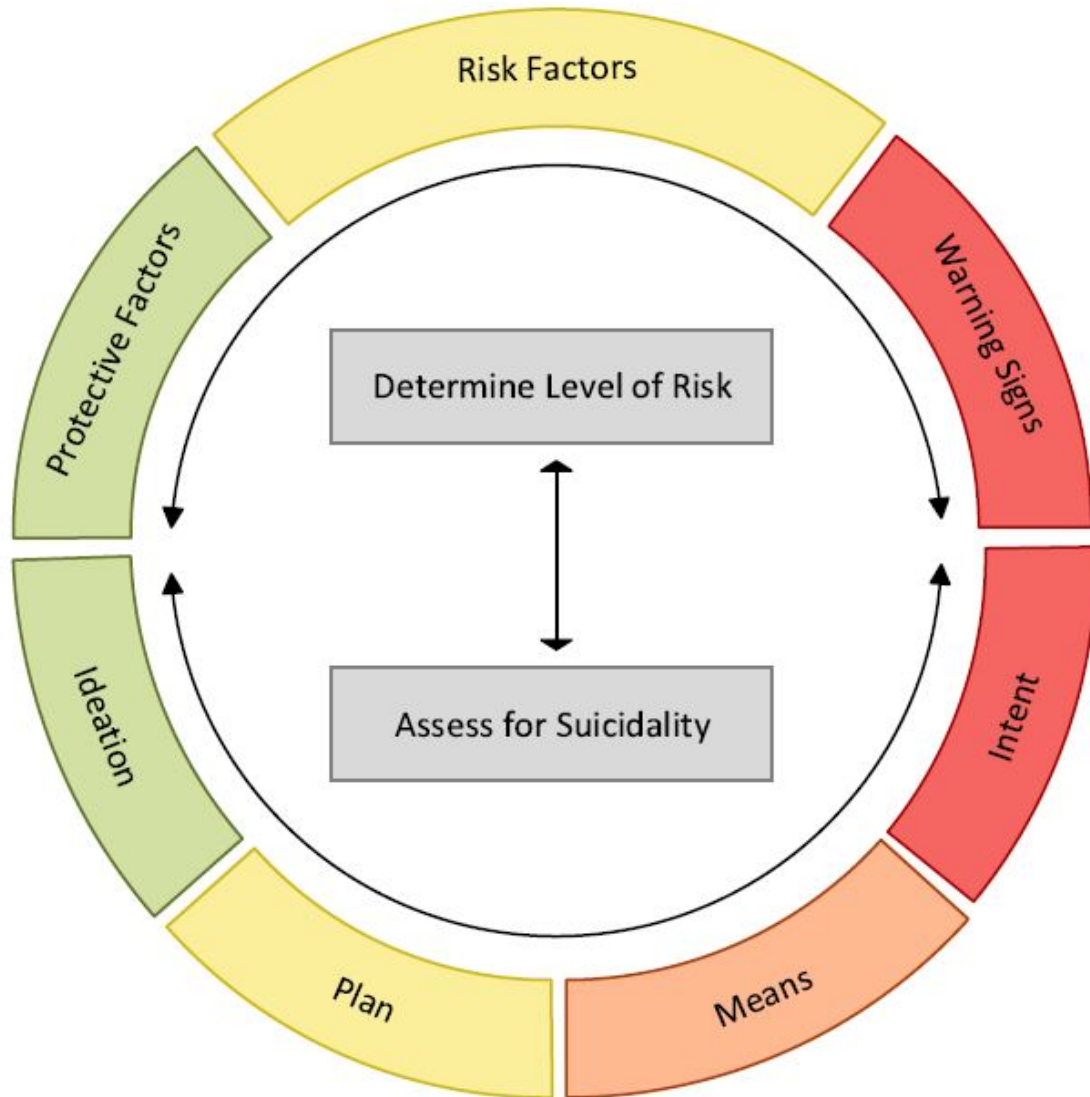
Guidelines for Suicide Assessment and  
Treatment Practice

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2019



# Quick Guide: Suicide Assessment and Treatment Practice



Interventions Based Upon Risk		
<p><b>Low Risk</b></p> <p>Therapeutic Interventions to address ideation and motivation</p> <p>Engagement of support systems</p> <p>Develop a Safety Plan</p> <p>Provide resources, referrals, or linkage to WarmLine, Crisis Hotline, additional outpatient or community supports</p> <p>Ongoing monitoring and assessment</p>	<p><b>Moderate Risk</b></p> <p><b>Low Risk Interventions, and:</b></p> <p>Further assessment regarding access to lethal means and self injurious behaviors</p> <p>Seek consultation regarding risk and treatment options</p> <p>Develop a more comprehensive Safety Plan</p> <p>Linkage to most appropriate, least restrictive treatment option for support</p> <p>Ongoing monitoring and assessment</p>	<p><b>High Risk</b></p> <p><b>Seek consultation regarding risk and treatment options, and:</b></p> <p>Initiate a 5150/5585 evaluation for hospitalization</p> <p>OR</p> <p>Contact appropriate Designated Clinician or Crisis Assessment Team (CAT)</p> <p>Ongoing monitoring and assessment</p>



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## RISK FACTORS

Risk factors are the demographics or more enduring attributes of an individual, and can signal to the clinician to increase awareness of a higher potential for suicidality at some point in time. Note that the level of risk is not solely based on the number of risk factors present, since severity of each variable needs to be taken into account with clinical judgment. These include, but are not limited to:

- **Demographics**
  - Age
  - Gender
  - Ethnicity
  - Sexual Orientation
  - Minority Status
  - Religion
  - Occupation
- **History of suicidality, attempts, or self-injurious behaviors**
- **Recent acute stressors or events, which may include:**
  - Recent life loss or crisis, such as a death or the loss of a relationship or job
- **Trauma or being bullied, current or historical**
- **Experiencing abuse, current or historical**
- **History of Behavioral Health Symptoms, especially:**
  - Depression, Mania, Suicidal Ideation, Impulsivity, Unstable Relationships, and/or Substance Abuse
- **Current or historical impulsivity or aggression**
- **Substance abuse history or recent overdose**
- **Isolation, lack of support, or social withdrawal, which may include:**
  - Few available sources of supportive relationships
- **High-conflict or violent relationships**
- **Availability of lethal means**
- **Serious medical illness**
- **Barriers to health care, such as lack of access to providers or medications**
- **Exposure to suicide, including:**
  - Family history of suicide
  - Personal experience with a family member, friend, or acquaintance ending their life by suicide
  - Suicide cluster exposure
  - Media portrayals of suicide



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## Protective Factors

Protective factors impart a degree of resilience against suicidal behaviors, and can be utilized to help the individual build motivation to protect against acting on suicidal ideations. These protective factors may include, but are not limited to:

- **Reasons for living**
- **Availability of physical and mental health care**
- **Engagement in active treatment**
- **Supportive relationships with health care providers**
- **Safe and supportive school and community environments**
- **Connectedness to individuals, family, community, and social institutions**
- **Sources of continued care after psychiatric hospitalization**
- **Coping and problem-solving skills**
- **Cultural and religious factors**
- **Participating in safe practices to mitigate lethal means of suicide**

<sup>1</sup> American Psychological Association Website: <http://www.apa.org/advocacy/suicide-prevention/>

<sup>2</sup> LPS Clinical Assessment Guidelines: <https://www.cibhs.org/publication/introducing-lps-clinical-assessment-guidelines-involuntarily-detained-individuals>



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## WARNING SIGNS

Warning signs are imminent signals or red flags that indicate a higher likelihood of suicide or suicide behaviors in the immediate future. These include but are not limited to:

- **Current emotional states including mood swings or lability**
- **Current or historical impulsivity or aggression**
- **Current symptom presentation:**
  - emotional distress,
  - hopelessness,
  - anxiety,
  - substance abuse,
  - irritability,
  - agitation,
  - delusions,
  - command hallucinations
- **Change in behavior, which may include:<sup>1</sup>**
  - Inability to concentrate in school, work, or routine tasks
  - Acting out, including violence, outbursts, or fights
  - History of recent escalated risk-taking
  - Isolative behavior that is unusual for this individual
- **Change in sleep patterns (insomnia, often with early waking, or oversleeping, or nightmares), difficulty sleeping<sup>1</sup>**
- **Recent statements about death or suicide, including:**
  - Mention of dying, disappearing, jumping, shooting oneself, or other types of self-harm
- **Recent stressful life events**
- **Decline in mental abilities or functioning displayed at home, work, or school<sup>2</sup>**
  - This may include concentration difficulties
- **General malaise, fatigue, boredom, or irritability**
- **Concurrent physical pain or symptoms**
- **Unusual cheerfulness**
- **Gifting of “prized possessions” or farewell/goodbye letters**
- **Change in personality (sad, withdrawn, irritable, anxious, tired, indecisive, apathetic)<sup>1</sup>**
- **Change in eating habits (loss of appetite and weight, or overeating)<sup>1</sup>**
- **Recent substance abuse, especially a recent overdose requiring medical intervention**