RESOURCES

- Download this card and additional resources at [http://www.sprc.org](http://www.sprc.org)

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**National Suicide Prevention Lifeline**

1-800-273-TALK (8255)

[http://www.sprc.org](http://www.sprc.org)

A Life in the Community for Everyone

[SAMHSA](http://www.samhsa.gov)

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Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

1. **RISK FACTORS**
   - **Suicidal behavior**: history of prior suicide attempts, aborted suicide attempts, or self-injurious behavior
   - **Current/past psychiatric disorders**: especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity)
     Co-morbidity and recent onset of illness increase risk
   - **Key symptoms**: anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
   - **Family history**: of suicide, attempts, or Axis 1 psychiatric disorders requiring hospitalization
   - **Precipitants/Stressors/Interpersonal**: triggering events leading to humiliation, shame, or despair (e.g., loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation
   - **Change in treatment**: discharge from psychiatric hospital, provider or treatment change
   - **Access to firearms**

2. **PROTECTIVE FACTORS**  *Protective factors, even if present, may not counteract significant acute risk*
   - **Internal**: ability to cope with stress, religious beliefs, frustration tolerance
   - **External**: responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. **SUICIDE INQUIRY**  *Specific questioning about thoughts, plans, behaviors, intent*
   - **Ideation**: frequency, intensity, duration—in last 48 hours, past month, and worst ever
   - **Plan**: timing, location, lethality, availability, preparatory acts
   - **Behaviors**: past attempts, aborted attempts, rehearsals (tying noose, loading gun) vs. non-suicidal self injurious actions
   - **Intent**: extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious.
     Explore ambivalence: reasons to die vs. reasons to live
   * For Youths: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition
   * Homicide Inquiry: when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above

4. **RISK LEVEL/INTERVENTION**
   - **Assessment of risk** level is based on clinical judgment, after completing steps 1–3
   - **Reassess** as patient or environmental circumstances change

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>RISK/PROTECTIVE FACTOR</th>
<th>SUICIDALITY</th>
<th>POSSIBLE INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant</td>
<td>Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal</td>
<td>Admission generally indicated unless a significant change reduces risk. Suicide precautions</td>
</tr>
<tr>
<td>Moderate</td>
<td>Multiple risk factors, few protective factors</td>
<td>Suicidal ideation with plan, but no intent or behavior</td>
<td>Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers</td>
</tr>
<tr>
<td>Low</td>
<td>Modifiable risk factors, strong protective factors</td>
<td>Thoughts of death, no plan, intent, or behavior</td>
<td>Outpatient referral, symptom reduction. Give emergency/crisis numbers</td>
</tr>
</tbody>
</table>

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

5. **DOCUMENT** Risk level and rationale; treatment plan to address/reduce current risk (e.g., medication, setting, psychotherapy, E.C.T., contact with significant others, consultation); firearms instructions, if relevant; follow-up plan. For youths, treatment plan should include roles for parent/guardian.