Suicide Prevention Guide



People at risk for suicide can be identified through self-report, family report or a positive response on a depression screening or suicide risk assessment tool. Many factors can contribute to suicide and depression is the most commonly associated health factor.

Risk Factors for Suicide

Risk factors for suicide are the conditions, characteristics, stressors and experiences that increase the likelihood of a suicide attempt. Risk factors can consist of health, environmental and/or historical factors.

Health Factors

Mental health conditions

• Depression, Bipolar Disorder, Substance Use

Medication misuse or abuse

Feelings of hopelessness

Co-morbid medical conditions that significantly limit function, life expectancy or the patient's perception of impact

Chronic health conditions

Chronic or severe pain

Executive functioning impairment

Environmental Factors

- Loss of independence Social isolation
- Bereavement
- **Financial difficulties**
- Significant life events i.e. retirement, divorce, natural disasters Difficulty adjusting to change
- Difficulty adjusting to change
- Prolonged stress
- Access to lethal means

Historical Factors

- Past suicide attempt
- Family history of a completed suicide
- Abuse as a child

Warning Signs

The following warning signs may indicate that a person is considering suicide:

- Talking or posting about killing one's self
- Reporting feelings of helplessness and hopelessness
- Depression
- Report of being a burden to others
- Excessive use of drugs and alcohol
- Giving away possessions
- Isolation
- Rage
- Seeking access to lethal means
- Loss of interest in things once found pleasurable
- Sudden upbeat in mood

Passive Suicidal Ideation

Passive suicidal ideation is a passive desire to die without a plan to end one's life.

Examples:

"I wish I didn't wake up." "If I weren't around everyone would be better off."

Active Suicidal Ideation

Active suicidal ideation is an intent to act with or without a specific plan.

Example (without a specific plan):

"I am going to die, I just haven't decided how I'm going to do it."

Example (with a specific plan):

"I am going to jump in front of the 3:00 p.m. train near my home on Tuesday."

When suicide risk is identified:

- Take the suicide discussion seriously
- Complete a *suicide risk assessment*
- Determine level of care needed (outpatient psychiatry and/or counseling, emergency department)
- Keep the patient safe while awaiting hospital transfer
- If hospitalization is not required, develop a crisis plan
- Obtain consent to engage family, friends and emergency services
- **Complete documentation of the suicide risk assessment** and actions taken, including relevant medical decisions and engagement with family or identified supports
- *Identify the method* connected to the suicide intent and patient's *access to means of harm* (stockpiled medications or firearms)
- Develop a *plan for removal of items* from patient access that are a risk to their safety
- Treat using best practice standards
- Provide the National Suicide Prevention Lifeline, 1-800-273-8255

Protective Factors

Protective factors are mechanisms that aid in assisting individuals in coping with triggers and challenging life events. Protective factors can be internal such as coping strategies, frustration tolerance, and spirituality or external such as social and familial supports, pets, children and therapeutic relationships.

Protective factors alone do not mean that a patient is at a lower risk for suicide and a thorough assessment is highly recommended.

Prevention Factors

Suicide is preventable. Several steps can be taken to increase patient safety:

- Implement routine depression screenings
- Monitor mood and repeat depression screenings on a regular basis for people diagnosed or at risk of depression
- Educate your team to be aware and alert for signs of depression
- Be knowledgeable of factors that contribute to late life depression
- · Provide education on risk and protective factors
- · Share and post the suicide prevention hot line number and suicide prevention apps
- Assess for isolation and loneliness

*≋*Alliant

QUALITY

- · Address chronic pain and sleep deprivation
- Provide behavioral health information and support group information
- Collaborate with community behavioral health services

References

https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml https://afsp.org/about-suicide/risk-factors-and-warning-signs/

https://acl.gov/sites/default/files/programs/2016-11/lssue%20Brief%204%20Preventing%20Suicide.pdf



Alliant Quality's resources are not designed to replace your clinical judgment when responding to suicide safety concerns.

www.alliantquality.org

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No.12SOW-AHSQIN-QIO-TO1-20-155