To Predict and Prevent: Assessment of the Suicidal Patient

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US Suicide Statistics (2013)

• 41,149 deaths
• 1.6% of all deaths
• 2nd leading cause of death at ages 15-45
• 10th leading cause of death at all ages
• 12.6 deaths/100,000 per year

http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf
https://www.afsp.org/understanding-suicide/facts-and-figures

US Suicide Statistics (2013)

<table>
<thead>
<tr>
<th>Group</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12.6</td>
</tr>
<tr>
<td>Female</td>
<td>20.2</td>
</tr>
<tr>
<td>White</td>
<td>5.5</td>
</tr>
<tr>
<td>Black</td>
<td>14.2</td>
</tr>
<tr>
<td>Other</td>
<td>7.4</td>
</tr>
<tr>
<td>Elderly</td>
<td>5.5</td>
</tr>
<tr>
<td>Young</td>
<td>19.1</td>
</tr>
<tr>
<td>Overall</td>
<td>10.0</td>
</tr>
</tbody>
</table>
Relative Risk

Age
- Rate rises with age
- Highest rates among >45 yrs old

Gender
- 4x more male suicides than female
- 3x more female suicide attempts than male

Relative Risk

Profession
- Highest rates in professions that deal with death and violence, and that have access to lethal means
  - Physicians (men & women: 38/100,000)
  - Police officers
  - Military personnel

Methods for Sub-populations

- Firearms most common method for completed suicides for men and women in the U.S. (51%)
- Hanging second most common for men
- Toxic ingestion second most common for women
### Lethality of Means

<table>
<thead>
<tr>
<th>Fatality Rate</th>
<th>Most Lethal</th>
<th>Least Lethal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90% Firearms</td>
<td>&lt;1% Cutting</td>
</tr>
<tr>
<td></td>
<td>70% Falls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50% Hanging</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10% Ingestion</td>
<td></td>
</tr>
</tbody>
</table>

### Previous Attempts and Help Seeking Histories of Victims

- 30-40% of completers have a history of a previous suicide attempt
- 60% of suicide completers communicated their suicidal intentions to others (including to a health care provider)
- Most suicide attempters go on to experience a reduction in suicidality and a return to full function

### Clinical Risk Factors

**Mental/Psychiatric Disorders**

- Depression
- Alcohol/Drug Abuse
- Other Psychiatric Disorder
Depression

• >50% of completers were clinically depressed at the time of suicide
• Nearly 15% of persons with significant mood disorders will die by suicide
• Suicide can occur in all phases of depressive episode, but risk may be highest during early recovery phase

Alcohol and Drug Abuse

• 30% of suicides occur in persons diagnosed with chronic alcoholism
• 2-4% of chronic alcoholics die by suicide
• 30-40% of suicides include positive blood alcohol levels

Other Mental Disorders

• Other mental disorders increase risk by 5-10%
  • Anxiety disorders
  • Borderline and antisocial personality disorders
  • Eating disorders
  • PTSD
  • Schizophrenia
Medical and Psychosocial Risk Factors

- Serious physical illness
- Social isolation/interpersonal loss or conflict
  - More common among non-marrieds (divorced, widowed, single, never-married)
  - For adolescents and young adults: interpersonal conflict, disciplinary action, legal problems often are precipitants

Betz ME, et al. Suicide Life-Threatening Beh 2011;41,384; Kellerman AL, et al. NEJM 1992;327,467

Medical and Psychosocial Risk Factors

- Firearm in the home
  - 3.4-4.8-fold increased risk of completed suicide
  - No difference in prevalence of psychopathology or suicidal ideation
  - No change based on number, type, or storage method


Medical and Psychosocial Risk Factors

- Firearm in the home
  - 10% reduction in firearms led to:
    - 2.5% reduction in all suicides
    - 4.1% reduction in suicides at age 0-19 yrs

Suicidal Indices

Suicidal Ideation

- Passive – no plan or intent
  - “I wish I were dead”
  - “I wish I could just go to sleep and not wake up”
- Active – specific plan and intent to act
  - Intrusive and obsessional vs
  - Researched and thought out plan

Suicide Indices

History

- History of attempts (esp. if highly lethal)
  - Highest predictive value in past 2 months
  - Suicide rehearsals or preparation
    - Counting pills
    - Holding gun
    - Checking out high places

Suicide Indices

Final Arrangements

- Will
- Suicide note
- Good-bye messages
- Giving away possessions
Suicide Indices

Availability of the Means

- Most people have only one of several possible methods or plans in mind
- Ask specific questions about possible methods and their availability
- Assess lethality carefully

Current Mental Status

- Hopelessness or feeling trapped
- Acute agitation
- Intoxication
- Psychosis (especially with command hallucinations or delusions)

Summary of Risk Factors

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Psychiatric</th>
<th>Mental Status</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older</td>
<td>Depression</td>
<td>Suicidal ideation</td>
<td>Medical illness</td>
</tr>
<tr>
<td>White</td>
<td>Substance abuse</td>
<td>Hopeless</td>
<td>Recent losses</td>
</tr>
<tr>
<td>Male</td>
<td>Psychosis</td>
<td>Agitated</td>
<td>Intractable dilemma</td>
</tr>
<tr>
<td>Living alone</td>
<td>Other psychiatric disorders</td>
<td>Command hallucinations or delusions</td>
<td>Prospect of public humiliation</td>
</tr>
<tr>
<td>Not working</td>
<td>Other psychiatric disorders</td>
<td>Plan for lethal means</td>
<td>Availability of lethal means</td>
</tr>
</tbody>
</table>
Clinical Assessments/Interventions

General Principles of Intervention

• Recognize the "cry for help" or the expressed suicidal ideation/intent
• Ask questions in a neutral, objective, straightforward, nonjudgmental manner
• Assess depression, substance abuse, impulsivity, and psychosis
• Ask specifically about availability of firearms

Clinical Assessments/Interventions

General Principles of Intervention

• Do not alienate the patient with dismissal, ridicule, or disbelief
• Do not minimize their perceived problems
• Talk calmly and openly about problems
• Convey a sense of hope; counteract hopelessness

Clinical Assessments/Interventions

General Principles of Intervention

• Always seek corroborative information
  • Family and friends
  • Outpatient mental health providers
• Ask the tough questions that need to be asked
  • “How can you convince me that you won’t try suicide?”
  • “What will keep this from happening again?”
  • “What is different now?”
Clinical Assessments/Interventions

Clinical Decision Making
• Carefully assess protective factors such as:
  • Demographic
  • Family
  • Supportive friends
  • Absence of prior suicide attempts

Clinical Assessments/Interventions

Clinical Decision Making
• Involve family or friends whenever possible
• Convey knowledge that depression (or other treatable condition that is present) is treatable
• Discuss the case with another clinician

Clinical Assessments/Interventions

Consider Hospitalization for:
• A recent, clinically serious attempt
• High level of risk factors
• Absence of established outpatient care
• Discrepancy between the patient’s story and other information
• Psychosis (especially command hallucinations)
Clinical Assessments/Interventions

Consider Outpatient Care If:

• Risk is relatively low
• Stressors can be immediately addressed
• The patient already has a mental health provider
• Other safeguards can be implemented (eg, family support)
• Suicide threats or attempts are repeatedly used to communicate distress or manipulate others

Be Prepared

• Have contact information for the nearest psychiatric emergency service or general emergency room
• Be familiar with civil commitment procedures
• Recognize the limits of patient confidentiality

Myths

• People who talk about suicide won't attempt suicide
• People serious about suicide won’t tell you
• Suicide happens without any warning
• All suicidal persons are "insane"
• Suicide stems from a single mental disorder
• Asking about suicide "plants" the idea in the patient's mind