

Suicide Ideations Assessment and Intervention

Highly complex interaction of biologic,
psychological and sociological factors

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Risk Factors for Suicide

- Prior attempts—though, in one study by Dr Ryan C.W. Hall, 67% of the patient in the study reported it was their first attempt
- Substance abuse—decreases inhibition and also accentuates mood changes
- Mood disorders
- Access to lethal weapons

Major Protective Factors

- Effective Mental Health Care
- Connectedness to individual, family, community, and social institutions.
- Problem-solving skills
- Contacts with caregivers

Family History

- Explore family history of mental illness/substance abuse
- Family history of suicide attempts or completed suicides.

Suicide attempt—an impulsive act?

- Although risk factors generally contribute to long term risk, immediate stressors—so called tipping points—may create the final impetus for the suicidal act. Tipping points may include relationship break-ups, financial hardships, legal difficulties, public humiliation or shame, and worsening medical prognosis, among others.

Comprehensive Assessment

- History of presenting illness
- Past history
- Medical history/current medications
- Substance abuse history
- Social history
- Family history

History of Presenting Illness

- How long have current symptoms lasted?
- Any warning signs—threatening suicide, seeking means for suicide, dramatic mood changes, writing a will or putting affairs in order, hopelessness, increasing alcohol or drug use?

Past History

- Has the Individual experienced similar set of symptoms before, and how long did it last?
- Did the Individual receive treatment and what was the response?
- Any prior history of suicide attempts, how serious and what intervention did patient receive?

Medical History

- Acute medical problem and related treatment and ability to produce psychiatric symptoms.
- Individual's understanding of the illness and its implication.
- Prognosis
- Current and most recent medication

Substance Abuse History

- Current use
- Prior Use and treatment history

Social History

- Is the individual in a supportive relationship/ have a supportive network?
- Do they live alone or with a supportive person?
- Explore other social protective and risk factors?
- Don't forget to ask about homicidal thinking.

Family History

- Any Family History of Mental Illness/Substance Abuse?
- Any family history of suicide attempts or completed suicide?

Possible Diagnoses

- 90-95% of the time the following are the diagnoses in suicidal patients:
 - Major Depressive Episode with or without psychosis
 - Bipolar Disorder, usually depressed, mixed with or without psychosis.
 - Schizophrenia
 - Substance Abuse
 - Borderline Personality Disorder

Intervention

- Depending on the Immediate risk interventions can range from involuntary commitment through outpatient commitment to a simple referral to outpatient treatment

Involuntary Commitment Criteria

- Dangerousness to self, others and or inability to function as a result of Mental Illness/Substance Abuse
- Could be inpatient or outpatient
- In outpatient IVC, Individual has to acknowledge the need, have the willingness to access/accept treatment and, in addition, have available support in the community to assist them.

Aggressive Treatment--Individual

- Antipsychotics
- Antidepressants
- Electroconvulsive treatment
- Mood stabilizers
- Combination medication more common than single medication strategy

Treatment/Intervention – Individual/Family

- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Group Therapy
- Increasing Protective factors through learning adaptive coping skills
- Family education /support for family
- Building a supportive network
- Stress reduction strategies-exercise, self reflection