

Depression Screen: 2-items.

During the past month, have you often been bothered by:

1. Feeling down, depressed, or hopeless?
2. Little interest or pleasure in doing things?

The screen is positive if patient answers "Yes" to either question.

Suicide Screen: "May We Ask..."

The two questions of this screen are shown below with recommended actions.

- 1) "It is a fact that nearly everyone has, at some time, **felt discouraged.**
- Please circle the number below (0, 1, 2, or 3) that best describes how you feel right now:
0. I am not particularly discouraged about the future.
 1. I feel discouraged about the future.
 2. I feel I have nothing to look forward to.
 3. **I feel that the future is hopeless and that things cannot improve.**

- 2) "It is also a fact that many people **have had thoughts of ending their lives.**
- Please circle the number below (0, 1, 2, or 3) that best describes how you feel right now:
0. I don't have any thoughts of killing myself.
 1. **I have thoughts of killing myself, but I would not carry them out.**
 2. **I would like to kill myself.**
 3. **I would kill myself if I had the chance.**

↓ High risk! Ask for elaboration, then act accordingly to assure safety.

Ask for elaboration & probe for suicidal thoughts.

SUICIDE RISK ASSESSMENT BY PRIMARY CARE PROVIDERS¹

- Screening for symptoms of depression, anxiety, psychosis, and signs of substance abuse.
- Asking about suicidal thoughts, plans, or past behaviors (self or family).
- Investigating the presence of medical conditions associated with suicide.
- Searching for physiological or cognitive changes that may increase the risk of suicide.
- Looking for warning signs/behavioral clues and match to known high-risk groups
- Asking about adverse life circumstances.

Akathisia: uncomfortable adverse effect of antipsychotic meds, implicated in suicide. Can be unbearable, like severe anxiety. Unable to sit still. Must have communication between psychiatrist and primary care provider.

Anxiety or panic is related to suicide as much as depression.

Personality Traits that predispose to suicide: hostility, impulsiveness, aggression, social isolation, low self esteem, helplessness, and negativity. Poor adaptation and vulnerability to stress. Stormy relationships, chem dep common.

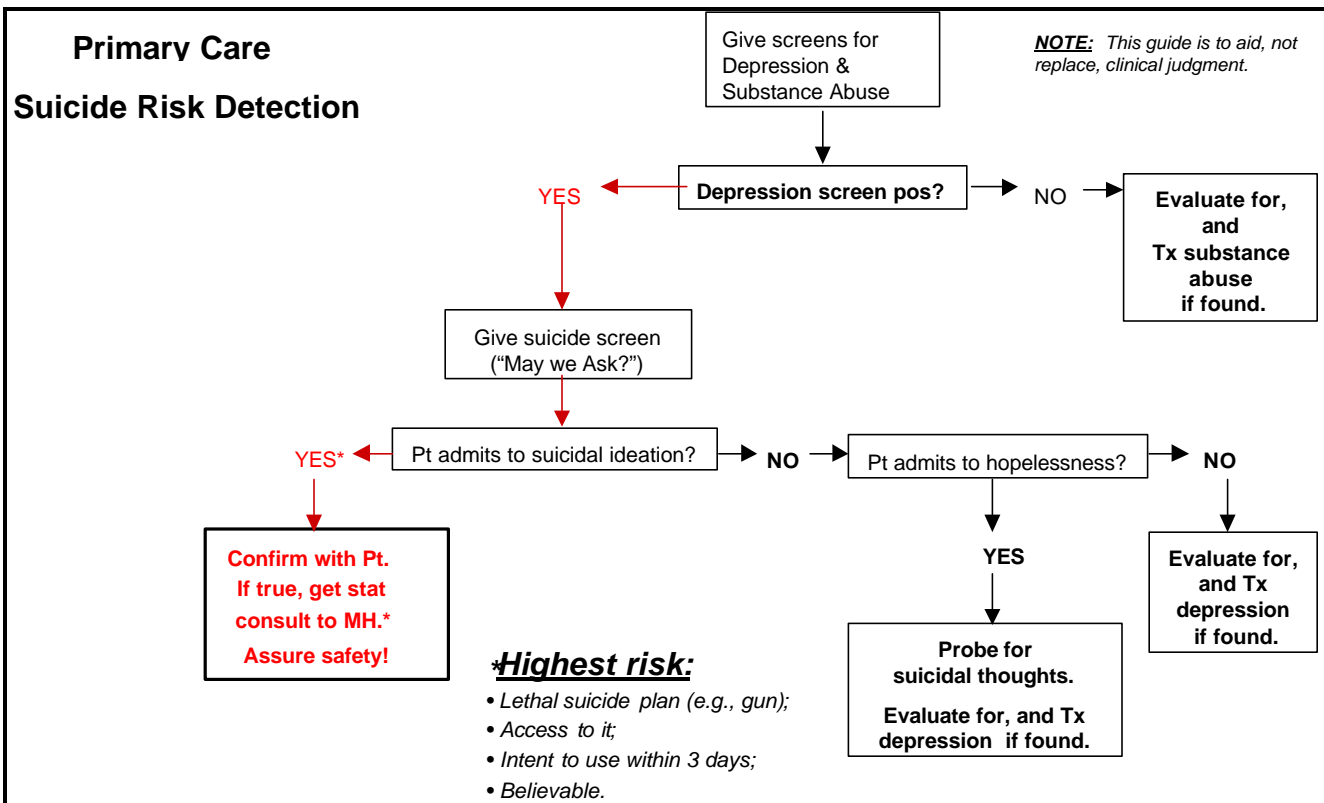
Among elderly, men are at higher suicide risk. Those men who have used action rather than language to cope with emotional stress may be more at risk later in life if their activity is curtailed and if they are unable to discuss depression or suicidal feelings openly.

A form of mood disorder called **masked depression** (Johnston and Walker, 1996) consists of prominent vegetative or **somatic symptoms** of depression in the absence of any awareness of depressed mood.

Risk Mgmt: Courts require: 1) Suicide risk assessment @ standards of care in community (bar being raised by research, etc.);
2) Tx Plan that is consistent with results of the assessment, and assures safety.

Liability prevention → **Documentation, Consultation, Competency.**

¹Adapted from *The Harvard Medical School Guide to Suicide Assessment and Intervention*, Douglas Jacobs (Ed), Jossey-Bass, 1999.
May 2000 Suicide Prevention Training, VAMC, Phoenix AZ



2. If suicidal ideation is present, assess **planning**. Risk is greatest when planning involves:
- r **High specificity** — Detailed, well thought out plan. Pt has probably been thinking about it for a long time.
 - r **Lethal means** — Handgun, hanging, jumping from tall building, etc.
 - r **Access to means** — E.g., owns a gun.
 - r **Rescue prevention** — Plan prevents others from blocking attempt or giving medical aid post-attempt.
 - r **Short timeframe** — Plans to act this week. Specifying any "date of death" increases risk vs. no date.
 - r **Believability** — Given patient's resources, plan is well-conceived, realistic, and genuine.
 - r **Intent is death** — Evidence from verbalizations or actions indicates that patient's wish is to die.

☠ **Evidence of intent/wish to die:** (FACT: 80% of suicidal people give clues before acting)

- r **Termination behavior** (Gives away possessions, prepares will, inappropriate thanks/good-byes, makes amends, severs relationships, signs of preparing for suicide—e.g, buys a gun).
- r **Verbalizations & Veiled suicidal threats:** Overt or covert (e.g., "I can't take this pain much longer"). Sudden/unexplained lifting of depression/anx.

Match to High-Risk Group:

- r **Elderly (>64 y/o) with...**
Depression (often masked with somatization and increased Tx-seeking) + isolated/alooof + serious physical illness + losses + substance abuse + white male + hostility.
- r **Terminally ill with...**
Depression/hopelessness + uncontrolled pain + sees self as burden + exhaustion/weakness + recent loss or bereavement.
- r **Affective Disorder/Depressed, with...**
Hopelessness + anx/panic + anhedonia + insomnia + indecision + poor concentration + acute ETOH + obsessive-compulsive features.
- r **Schizophrenia with...**
Depression + now in early course of illness + good pre-morbid functioning + painful awareness of disease impact.
- r **Alcoholism with...**
Depression + acute disruption of major relationship + abusing 2nd drug.
- r **Impulsive-aggressive Traits with...**
Hx of harm to self/others + substance abuse + mood swings + anger + interpersonal conflicts + lack of long-term caring relationships.

- r **Hx of previous suicide attempt with...**
Current depression + substance abuse + stressor.

Behavioral Clues:

- r Negates or rejects help/alliance.
- r Hostile, alooof, or guarded.
- r Anxiety, panic, mental turmoil.
- r Acute substance abuse (as anxiolytic).

Termination Behavior:

- r Gives away possessions.
- r Prepares will.
- r Inappropriate thanks/good-byes.
- r Makes amends and/or severs relationships.
- r Signs of preparing for suicide, e.g., buys gun.

Impulsive and/or ...:

- r Prone to act, not think; Hx of impulsive aggression.
- ↓ Judgment, insight, reasoning, problem-solving.