



COMPREHENSIVE SUICIDE RISK ASSESSMENT: REDUCING THE RISK OF COMPLETED SUICIDES

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A completed suicide is one of the most dreaded outcomes of the psychiatric illnesses treated in behavioral health. ValueOptions has identified the safety of members and quality of care and services, particularly for high risk behaviors such as suicide attempts, as an area in which additional materials, training and communication may positively impact outcomes. ValueOptions believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Research on this topic provides us with a number of both predictive and associated factors that are commonly present in cases where there is a completed suicide. Predictive factors, if present, they suggest that a completed suicide may occur, and associated factors means they may be present, but do not correlate with prediction of a potential completed suicide. **There is no algorithm or scoring tool which in and of itself can identify level of suicide risk in any consistent manner.** The identification of level of suicide risk is directly dependent on the clinical judgment of the clinician assessing the factors in the context of the person's current biopsychosocial climate and thoughtfully formulating a summary that identifies the potential risk of suicide.

In today's environment, with time pressure, production expectations, and competing requirements, it is a challenge to "see" all of the predictive and associated risk factors for completed suicide in the course of completing an assessment. The factors are scattered across multiple biopsychosocial planes, and the clinician with the final responsibility frequently is unable to examine all of the data in detail prior to making a decision regarding suicide risk. Additionally, documenting suicide risk has, over time, devolved to shorthand documentation of "no suicidal ideation or intent". Unfortunately, this shorthand does not take into account the many additional predictive and associated factors for completed suicide and does not allow a thoughtful clinical formulation with respect to consideration of all of those factors.

In addition to identifying and formulating risk based on all pertinent information, it is also useful to identify what interventions may modify risk of completed suicide. Many risk factors are not modifiable, such as age, but many are potentially modifiable. **It is essential to quality clinical practice to ensure that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease** the risk of completed suicide.

ValueOptions has available for all providers and practitioners a form called the Comprehensive Suicide Risk Assessment for Prevention. This form includes the predictive risk factors for completed suicide in one easy to use assessment tool with space for the clinical documentation of both level of risk and recommended interventions for modifiable risk factors. This tool should be used to assess and reassess suicide risk whenever there is any suspicion that risk may be present. It is particularly useful for inpatient assessment and reassessment. (There is a higher rate of suicides in hospitalized patients and in the initial two weeks post hospitalization.) Providers and practitioners may access this form on the ValueOptions website at http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm or by calling 800-719-603. Additional materials such as patient education booklets are also available.