

Suicide Risk Assessment and Management in the Medical Hospital

APM Resident Education Curriculum

Ann Schwartz, MD

Assistant Professor

Chief, Consultation Liaison Service, Grady Memorial Hospital

Department of Psychiatry and Behavioral Sciences

Emory University School of Medicine



Academy of Psychosomatic Medicine
The Organization for Consultation and Liaison Psychiatry

1

Suicide

- Definitions
- Epidemiology
- Clinical assessment of suicide risk
- Suicide risk assessment / documentation
- Challenges

2

The psychiatric consultant is frequently asked to evaluate and treat patients in the Medical Hospital who have contemplated, threatened, or attempted suicide.

In this presentation, we will first discuss the definitions of suicide and suicide-related behaviors. We will review the epidemiology of suicide and why epidemiologic data alone are inadequate to predict suicide. Using 2 case examples, we will illustrate the clinical assessment of suicide risk (risk factors) as well as the care of high-risk patients on medical units. Next we will discuss the process of suicide risk assessment or the formal documentation.

Finally, we will look at challenging situations that the consultation psychiatrist may encounter.

Suicide

“The termination of an individual’s life resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this fatal result”

– Durkheim 1857

3

Emile Durkheim was a French sociologist and pioneer in the development of modern sociology and anthropology. Durkheim was the first to classify different types of completed suicides. He defined suicide as “the termination of an individual’s life resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this fatal result.”

Epidemiology

- Suicide is the 11th leading cause of death in the US
 - 30,000 deaths/year
- Accounts for 1 – 2% of all deaths
- Known suicide rate is nearly identical to rate in 1900
 - 10-12/ 100,000/ year
- Firearms most common method (60- 65%)
 - Regional variation
- Hanging second most common for men, drug overdose second most common for women
- For each person that completes suicide, ~8-10 people attempt
- For every completed suicide, ~18-20 attempts are made

4

Suicide is the eleventh leading cause of death in the United States, accounting for nearly 30,000 deaths each year. It accounts for 1 – 2% of the total number of deaths each year. This suicide rate is nearly identical to the rate in 1900.

Use of firearms is the most common method of committing suicide for both men and women, accounting for 60 – 65% of all completed suicides. Hanging is the second most common method used by men, and drug overdose is the second most common method used by women.

For each person that completes suicide, approximately 8 – 10 people attempt. Some individuals make more than one unsuccessful attempt. For every completed suicide, approximately 18 – 20 attempts are made.

Suicide-Related Behaviors

- Potentially self injurious behaviors
 - Suicide
 - Instrumental suicide-related behaviors
- Focus on intent to die
 - “The person intended at some (non-zero) level to kill self...”
 - “The person wished to use the appearance of intending to kill self in order to obtain some other end...”

5

There has been an effort in the past several years to establish a nomenclature for suicidology, with the goal being to facilitate communication and minimize confusion of various terms.

When looking at suicide and suicide-related behaviors, an important distinction must be made in reference to intent. The full spectrum of suicide also includes persons whose behavior is clearly suicide-related, but who have no intention of killing themselves. Such behavior has been referred to as “suicide gesture” or “instrumental suicidal behavior.”

Intent to die specifically refers to the intention to take one’s own life. If there is any level of intent, then this should be considered suicide. For example, if a patient had some slight suicidal intent prior to completion, this would be ruled a suicide. However, if the person wished to use the appearance of intending to kill self in order to obtain some other end (cry for help, etc) and died, this would be ruled an “accidental” death.

Reference:

O’Carroll PW, Berman AL, Maris DW, et al: Beyond the Tower of Babel: a nomenclature for suicidology. *Suicide & Life Threatening Behavior* 1996; 26 (3): 237-252

There are 48 more slides in this lecture.
The complete set is available to APM
members in the [Members' Corner](#).

For information about becoming a member of
APM, please see:

[Member Advantages](#)

and

[How to Join](#)