

Suicidal Ideation Risk Assessment

STEPS AND RESOURCES FOR EXPLORING THOUGHTS OF SUICIDE

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Introduction

Suicidal Ideation

Suicidal ideation, or suicidal thoughts, means thinking about planning suicide. Thoughts can range from a quick consideration to a detailed plan. Some people may experience suicidal thoughts once in their lifetime, while others may experience suicidal thoughts on a routine, even daily, basis for a short or long period.

Suicidal thoughts are common, and many experience them when they are under increased levels of stress or experiencing trauma. Most people who experience suicidal thoughts do not end their life, although some may make suicide attempts.

Every community needs access to the best available care in the least restrictive setting. Treatment should focus on reducing the immediate suicide risk and exploring the underlying mental health and/or substance use disorder.

Considerations

A thorough suicidal ideation risk assessment is:

Culturally Sensitive

- Pays attention to cultural barriers and biases, expectations about communication, the role of self-disclosure, perceptions about the problem, causes of suicide, and preferred decision-making approach.
- For example, some cultures would recommend consulting a faith-leader during times of hopelessness, including when experiencing suicidal thoughts. Other cultures may believe that suicide is prohibited and suicidal thoughts is difficult to talk about.

Preventive

- Fully explore buffers and protective factors against suicide. Consider the range of protective factors that may exist for each person (more information in “Protective Factors” section).
- Focus on the protective factors that can be made stronger. For example, if someone’s relationship with a loved one is a protective factor, make concrete plans to have contact with this protective person.
- Identify the protective factors that can be made stronger to increase protection.
- Provide as many minutes as possible for the person to list aloud all the reasons that life is worth living for them.

Explorative

- Get beyond a yes/no checklist.
- Allow a safe space for the person to explore their suicidal desire, capability, and intent.

Fluid

- Understand that suicide risk shifts and changes.

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- Recognize that there are chronic (continuing) and acute (variable) risk factors. This means that some risk factors will always be present and some will come and go.
- The risk assessment should include and reflect input and information from as many sources as possible. Ideally, any person or relationship that can contribute context would be included.

Collaborative & Strengths Based

- Treat the person as capable and knowledgeable about their own mental health.
- Focus on understanding the meaning of suicidal despair from the person's perspective.

Engaging

- Provide a welcoming, compassionate, and non-judgmental reception.
- If someone is talking to you about their suicidal thoughts, you are a trusted person. Respect and honor their vulnerability.
- Provide information, resources, and options in a way that provides hope of assistance. Many people who have survived suicidal thoughts and/or attempts talk about the vital role that hope plays in their healing.

Suicidal Ideation Risk Assessment Steps

Suicidal ideation risk assessment is a process of determining how seriously someone is thinking about and/or planning for a suicide. It involves the following five steps:

1. Identify Risk Factors
2. Identify Protective Factors
3. Conduct Suicide Inquiry
4. Determine Risk Level
5. Determine Intervention

1. Identify Risk Factors

Factors that may increase the risk of suicide:

- **Trauma:** Current and past physical, sexual, or emotional abuse and/or trauma.
- **Triggering Events:** Factors, stressors, or interpersonal triggers, especially those leading to humiliation, shame, despair, or loss.
- **Ideation:** Presence, duration, and severity of thinking about death or ending life. These could be current or from the past.
- **Medical Health:** Current and past medical health concerns or diagnosis, especially a new diagnosis or worsening symptoms.
- **Mental Health:** Current and past mental health concerns or diagnosis, especially with recent discharge from mental health treatment or hospitalization.
- **Chemical Health:** Current and past substance use disorders, especially with recent discharge from substance use disorder treatment or substance-related hospitalization.
- **Substance Use:** Any significant change in pattern of use, or current/past use.
- **Past Suicidal Behavior:** Past suicidal thoughts, attempts, failed attempts, or a family history of suicide.
- **Self-Injurious Behavior:** Current or past injury to self.
- **Trapped:** Feeling of inability to escape current situation. Examples could include domestic violence, financial debt, health condition that feels inescapable, etc.
- **Purposelessness:** Presence, duration and severity of feelings of no reason for living or no sense of purpose.
- **Hopelessness:** Presence, duration, and severity of hopeless feelings.
- **Withdrawal:** Removal from friends, family, and society, isolation, or living alone.
- **Anger:** Rage, uncontrolled anger, or seeking revenge.
- **Recklessness:** Engaging in risky behavior, seemingly without thinking.
- **Mood:** Any significant change from baseline, especially when demonstrating increased anxiety, agitation, lack of self-control, or impulsivity.

Note which risk factors can be modified to reduce risk

- Where are **opportunities for healing**?
- What can be done to **reduce the harms** of the current risk factors?
- What is **movable, modifiable, or changeable** about the current risk factors?

2. Identify Protective Factors

Protective factors buffer individuals from suicidal thoughts and behavior. Protective factors have not been studied as much as risk factors. The National Center for Injury Prevention and Control, Division of Violence Prevention cites the following protective factors:

- **Effective clinical care** for mental, medical, and chemical health.
- **Access to a variety of interventions** and support, at the least restrictive environment.
- **Connectedness** to other people such as family, neighbors, community, and even culture.
- **Support** from ongoing medical, mental and chemical health care relationships.
- **Skills** in problem solving, conflict resolution, coping, and healing.
- **Cultural and religious beliefs** that discourage suicide and support instincts for self-preservation.

Some protective factors are **internal**, such as coping and stress management, spiritual beliefs, frustration tolerance, comfort with ambiguity or change, life satisfaction, and having goals and dreams. Other protective factors are **external**, such as pets, loved ones, positive therapeutic relationships, and resources for healing.

Protective factors are unique to the individual

Use the person's language

Listen to how the person talks about their suicidal thoughts (e.g., ending my life, killing myself) and how they talk about what is needed (e.g., get out of this funk, lift my spirits, find peace, stabilize my mental health). Use the person's language as much as possible.

Ask open-ended questions

To explore the person's protective factors, use open-ended questions such as:

- What are the things that keep you safe?
- When you have thought about killing yourself/ending your life in the past, what has stopped you?
- Who are the people in your life that give you fuel for life, help you feel better, or lift your spirits (e.g., friends, neighbors, co-workers, family members, faith communities, school, social groups)?
- In the past, what activities have helped you turn a corner, lift your spirits, feel more stable (e.g., getting outside, prayer/meditation, yoga/exercise, hobbies, watching a show, go to routine counseling appointments)?
- Survivors of suicide attempts have talked about the traits that have kept them alive. Some examples are being good at problem solving, coping, resolving conflicts, optimism, resiliency, critical thinking, stress management, self-worth, and adaptability. What is one trait that you rely on? What is one trait that you would like to develop more?

Note which protective factors can be enhanced

To increase safety, look for opportunities to increase the frequency, duration, or impact of protective factors. For example:

- It seems like your auntie is a bright spot in your life. What, if anything, can change to have more contact with her?

- I can tell how important gratitude is in your life, but you mentioned you forget about it when you are feeling down. What ideas do you have around gratitude?
- You mentioned being involved with a social group in the past. What kind of support would be most beneficial for you right now?

3. Conduct a Suicide Inquiry

a. Ideation

Frequency, Intensity and Duration

- Have you had thoughts of hurting yourself or others?
- Have you thought about ending your life?

Now, in the Past, and at its Worst

- During the last 48 hours, past month, and worst ever: How much? How intense? Lasting for how long?

b. Plan

Timing, Location, Lethality, Availability/Means

- When you think about killing yourself or ending your life, what do you imagine?
- When? Where? How would you do it? In what way?

Preparatory Acts

- What steps have you taken to prepare to kill yourself, if any?

c. Behavior

Past attempts, aborted attempts, rehearsals

- Have you ever thought about or tried to kill yourself in the past?
- Have you ever taken any actions to rehearse or practice ending your life (e.g., tying noose, loading gun, measuring substance)?

Non-suicidal self-injurious behavior

- Are you having paranoid thoughts? Hallucinations?
- Have you done anything to hurt yourself (e.g., cutting, burning or mutilation)?

d. Intent

Extent to which they expect to carry out the plan and believe the plan to be lethal versus harmful.

- What do you think will happen?
- What things put you at risk of ending your life or killing yourself (reasons to die)?
- What things prevent you from killing yourself and keep you safe (reasons to live)?

Explore ambivalence between reasons to die and reasons to live. Pay attention to how they describe the outcome.

- “I’m dead, it’s over.” indicates a higher risk of suicide death.
- “I think I’d end up in the hospital.” indicates a moderate risk of suicide death.
- “I don’t want to die, I want my suffering to end.” indicates a lower risk of suicide death.

e. Notes

- When working with **youth**, collect information from a parent, guardian or service provider on the youth’s suicidal thoughts, plans, behaviors, and changes in mood, behavior or disposition.
- If the person has thoughts or plans to **harm someone else**, conduct a homicide inquiry using the same questions (replace “hurt or kill yourself” with “hurt or kill someone else”).

4. Determine Risk Level

The risk level is determined with the previous three steps:

1. Risk Factors
2. Protective Factors
3. Suicide Inquiry

Death by Suicide Risk Level

Risk Level	Risk Factors	Protective Factors	Suicide Inquiry	Intervention*
High	Multiple risk factors	Protective factors are not present or not relevant at this time	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Hospital admission generally indicated, suicide precautions (e.g., observation, means reduction)
Moderate	Multiple risk factors	Few protective factors	Suicidal ideation with a plan, but not intent or behavior	Hospital admission may be necessary, develop crisis plan and suicide precautions, give emergency/crisis numbers
Low	Few and/or modifiable risk factors	Strong protective factors	Thoughts of death with no plan, intent or behavior	Outpatient referral, symptom reduction, give emergency/crisis numbers

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*Interventions are based on the scope or role of the person conducting the suicidal ideation risk assessment, available resources and supports, and the agency's policies and procedures.

5. Determine Intervention

The intervention is based on:

- **Scope and role**
 - Is it your role to use clinical judgment to determine the course of action?
 - Do you consult with a supervisor or clinical lead before making decisions?
 - Does your agency have an outside organization to contact during mental health crises?
- **Available resources and referrals**
 - Your region may or may not have lots of mental health and/or chemical health supports.
 - The person experiencing suicidal thoughts may be engaged, or not in medical, mental, or chemical health services.
- **Agency's policies and procedures**
 - Your agency may have a particular code, protocol, policy, or procedure specific to suicidal thoughts or mental health crises.
 - Individual agency responses will differ and may include any or all of the following:
 - Confirm contact information and emergency contacts.
 - Discuss a plan for acting on or enhancing protective factors.
 - Discuss suicide precautions (e.g., observation, means reduction).
 - Assist the person in developing a safety plan.
 - Consider what harm reduction strategies can be used to reduce the harms of drug use (e.g., carry naloxone, have a safety plan for every use, do not use alone, train those around you to use and carry naloxone).
 - Save mental health crisis numbers in phone.
 - Identify current care team members and/or services.
 - Get a Release of Information (ROI) for other care team members or loved ones for additional information.
 - Consult with any/all of current care team members and/or services.
 - Schedule follow-up visits with medical, mental, or chemical health providers.
 - Make referral(s) to additional service(s).
 - Consult with mental health crisis team.
 - Call mobile mental health crisis services.
 - Call 911 and ask the operator if there are mental health specialists available. Make it clear to the police that this is a mental health emergency. Be clear if there are other threats (e.g., physical aggression, weapons) present or if it is a non-life-threatening mental health emergency.

Document

Consult with your agency on documentation requirements, documentation may include

Risk Level & Rationale

- What is the level of risk and how was this decision made? Is risk level low, moderate, or high? How can you tell?
 - E.g., “The person is at low level of risk for suicide evidenced by strong protective factors and modifiable risk factors; person states that ‘I could never do that [end my life] to my sister’. Person is currently experiencing feelings of hopelessness, isolation, and feeling trapped; person states ‘It might get better after my neighbor comes back’. The person has thoughts about death, but no plan, intent or behavior.”

Consultation

- Who was consulted and/or what contact was made with additional people?
 - E.g., “(Person) signed a release of information (ROI) for their neighbor and sister in case of an emergency. In addition, we consulted with the (county) mental health crisis line, they advised an outpatient referral.”

Intervention

- What is being done to address or reduce the current risk such as a scheduled follow-up visit, mental health referral, reviewed crisis line, and developed a safety plan?
 - E.g., “(Person) is already engaged in mental health care at (facility) with (provider); release of information in place and scheduled follow-up visit. Reviewed mental health crisis lines and saved numbers in phone. Discussed harm reduction strategies for substance use. “

Next Steps

- What are the next steps, if any, to ensure the person’s safety? What are you/agency/provider going to do? What is the person going to do?
 - E.g., “(Person) is aware they can return to (agency) at any time during regular office hours for services or to check-in. Person agreed to call sister if/when they are fearful for their own safety in next two days; sister is aware of the plan.”

Resources

- National Suicide Prevention Lifeline 1-800-273-TALK(8255)
- Crisis Text Line: Text MN to 741741
 - Minnesota’s suicide prevention and mental health crisis texting services are now available 24 hours a day, seven days a week. Anyone who texts MN to 741741 will be connected to Crisis Text Line. Crisis Text Line handles 50,000 messages per month and over 20 million messages since 2013 from across the U.S., connecting people to local resources in their community. For callers who are in the most distress, average wait times for a response is only 39 seconds.
- Minnesota Department of Health (MDH) Suicide Prevention [Suicide Prevention \(https://www.health.state.mn.us/communities/suicide/\)](https://www.health.state.mn.us/communities/suicide/)
- Suicide Prevention Lifeline Safety Plan Template [Patient Safety Plan Template \(https://suicidepreventionlifeline.org/wp-content/uploads/2017/09/Brown-StanleySafetyPlanTemplate1.pdf\)](https://suicidepreventionlifeline.org/wp-content/uploads/2017/09/Brown-StanleySafetyPlanTemplate1.pdf)
- US Department of Health & Human Services Substance Abuse and Mental Health Services Administration [Substance Abuse and Mental Health Services Administration \(https://www.samhsa.gov/\)](https://www.samhsa.gov/)

Safety Plan

A safety plan is designed to guide you through a crisis. Keep your plan easily accessible in case you have thoughts of hurting yourself. Learn more at [National Suicide Prevention Lifeline \(www.suicidepreventionlifeline.org\)](http://www.suicidepreventionlifeline.org).

1. **Recognize your personal warning signs:** What thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing? Write these down in your own words.
2. **Use your own coping strategies:** List things that you can do on your own to help you not act on urges to harm yourself.
3. **Contact family members or friends who may help to resolve a crisis:** Make a list of people who are supportive and who you feel you can talk to when under stress.
4. **Contact mental health professionals or agencies:** Make a list of names, numbers and/or locations of clinicians, local emergency rooms, and crisis hotlines. Put the Lifeline number, 1-800-273-8255, into your phone.
5. **Ensure your environment is safe:** Have you thought of ways in which you might harm yourself? Work with a counselor to develop a plan to limit your access to these means.

STD/HIV/TB Section
651-201-5414
www.health.state.mn.us/syringe

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To obtain this information in a different format, call: 651-201-5414.