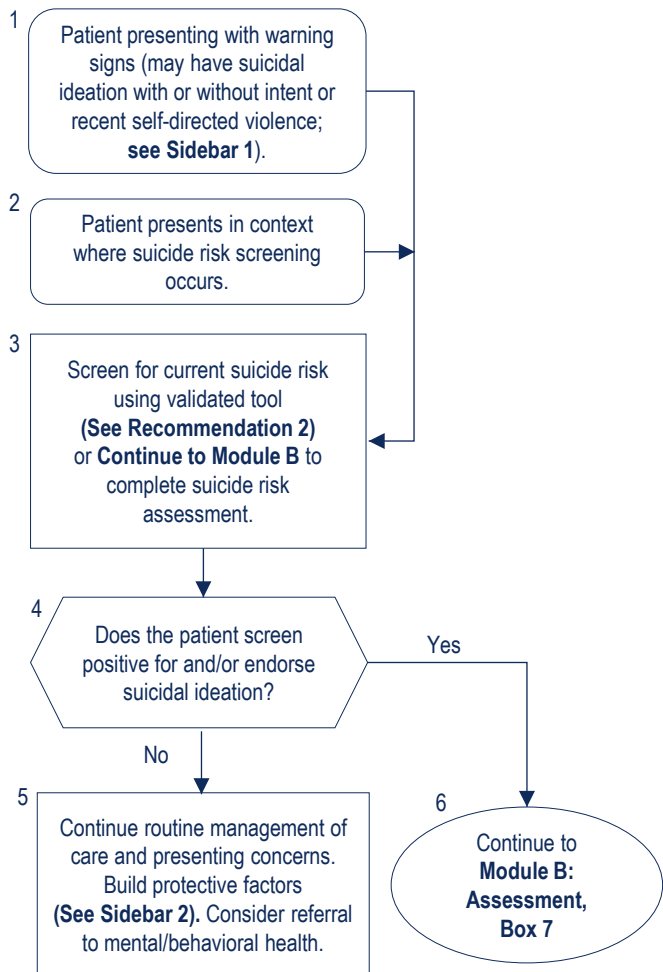


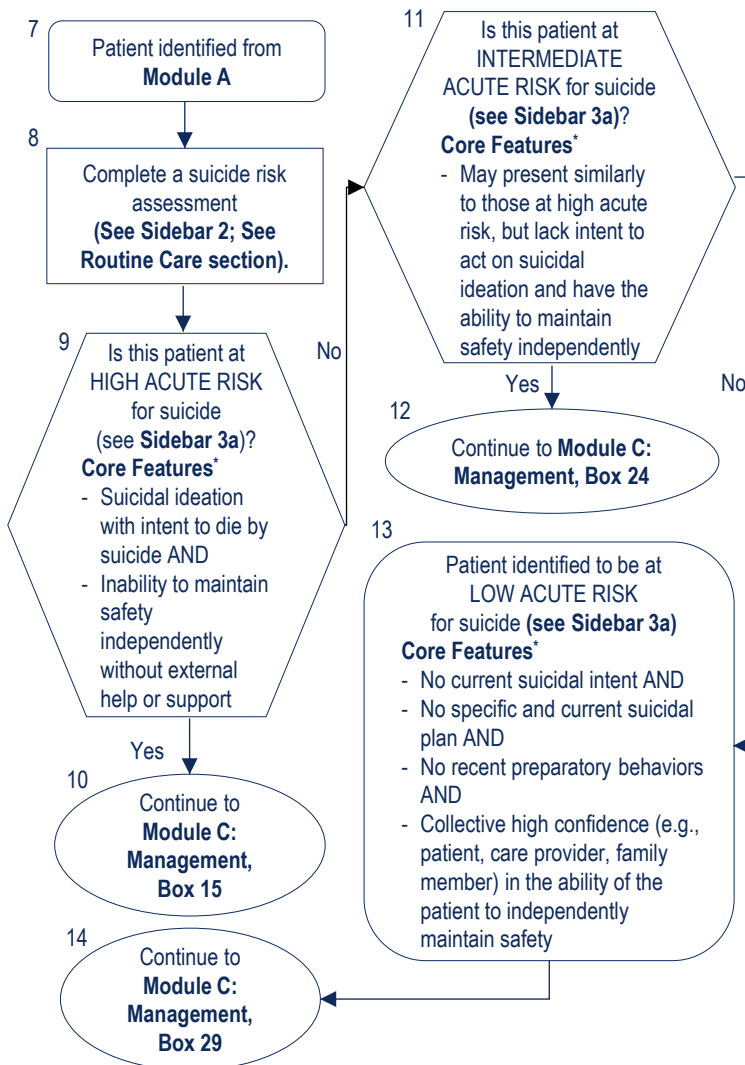
Assessment and Management of Patients at Risk for Suicide



Module A: Identification of Patients at Acute Risk for Suicide



Module B: Comprehensive Suicide Risk Assessment by Provider



Sidebar 1. Suicide Warning Signs

A warning sign is a person-specific thought, feeling, physical sensation, behavior, or any combination of the foregoing that indicates the presence of acute risk. Direct warning signs might include the following.

- **Suicide related communication** (e.g., suicide note, mention of wishing to die); **Preparation for suicide** (e.g., giving items away); **Seeking access or recent use of lethal means**

Indirect warning signs might include the following.

- **Substance use:** uses substances increasingly or excessively; **Hopelessness:** feels that nothing can be done to improve the situation; **Purposelessness:** feels no sense of purpose, no reason for living; **Anger:** exhibits rage, seeks revenge; **Recklessness:** engages impulsively in risky behavior; **Feeling trapped:** experiences feelings of being trapped with no way out; **Social withdrawal:** withdraws from family, friends, society; **Anxiety:** feels agitated or irritable, wants to “jump out of my skin”; **Mood changes:** exhibits dramatic changes in mood, lack of interest in usual activities; **Sleep disturbances:** experiences insomnia, inability to sleep, or sleeping all the time; **Guilt or shame:** expresses overwhelming self-blame or remorse

Sidebar 2. Risk and Protective Factors for Suicide

When performing a suicide risk assessment, we suggest including, but not limited to, the factors (see Recommendation 3 and Table 6 within the full VA/DoD CPG) within the following domains:

- SDV thoughts and behaviors; Current psychiatric conditions and current or past mental/behavioral health treatment; Psychiatric symptoms; Social determinants of health and adverse life events; Availability of lethal means; Physical health conditions; Demographic characteristics

We also suggest including protective factors, such as the following.

- Access to mental/behavioral health care; Sense of connectedness; Problem-solving skills; Sense of spirituality; Mission or purpose; Physical health; Employment; Social and emotional wellbeing

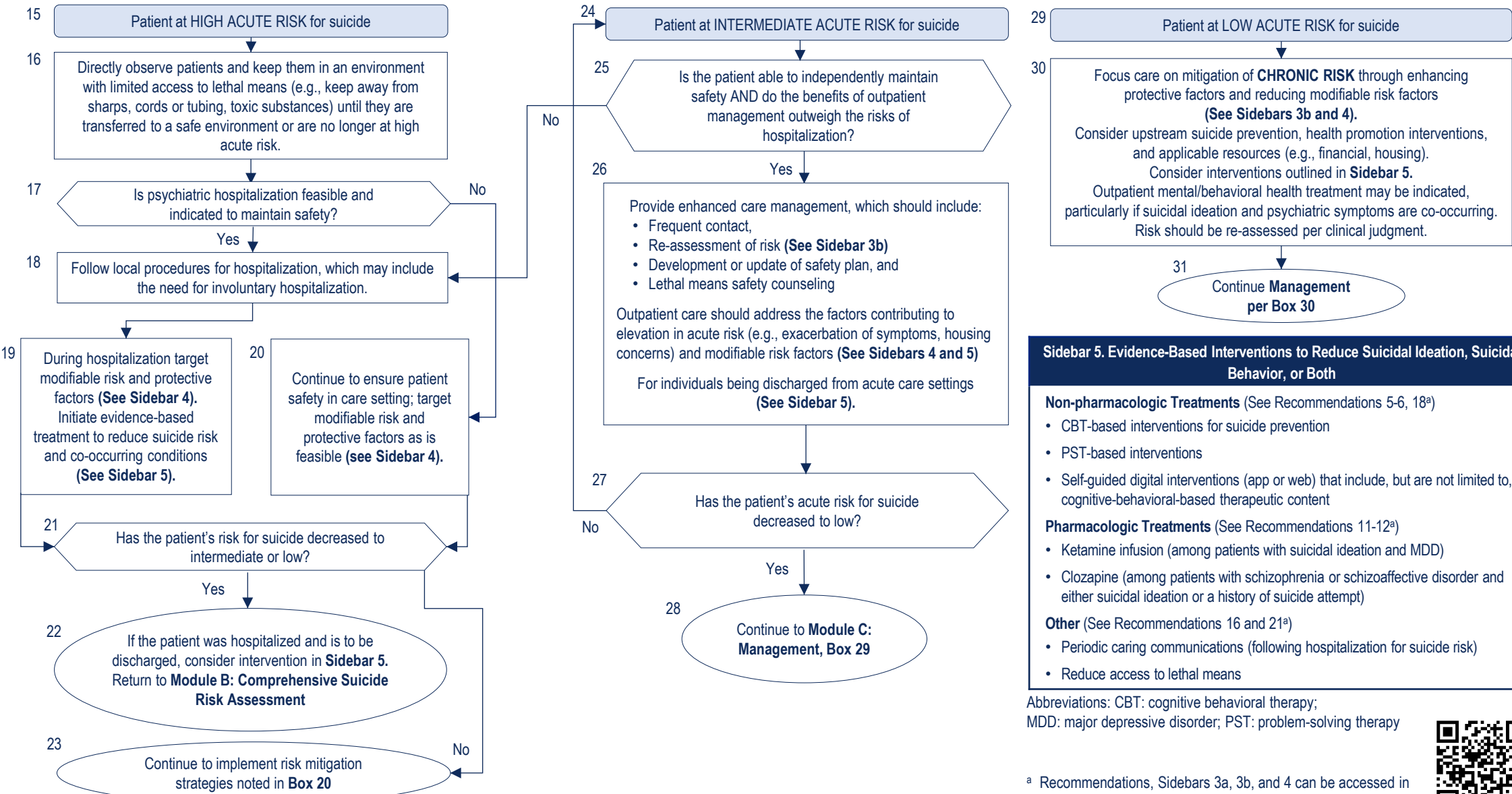
Abbreviations: CPG: clinical practice guideline; SDV: self-directed violence

\*Source: Rocky Mountain MIRECC Therapeutic Risk Management – Risk Stratification Table. The 2024 Suicide Risk CPG’s systematic evidence review did not identify evidence to recommend one risk assessment or stratification tool over another. This tool, which is based on best practices, is included as an example. Available at: <https://www.mirecc.va.gov/visn19/trm/>

Access to the full guideline and additional resources is available at: <https://www.healthquality.va.gov/>.



Module C: Management of Patients at Acute Risk for Suicide



Sidebar 5. Evidence-Based Interventions to Reduce Suicidal Ideation, Suicidal Behavior, or Both

- Non-pharmacologic Treatments** (See Recommendations 5-6, 18<sup>a</sup>)
- CBT-based interventions for suicide prevention
  - PST-based interventions
  - Self-guided digital interventions (app or web) that include, but are not limited to, cognitive-behavioral-based therapeutic content
- Pharmacologic Treatments** (See Recommendations 11-12<sup>a</sup>)
- Ketamine infusion (among patients with suicidal ideation and MDD)
  - Clozapine (among patients with schizophrenia or schizoaffective disorder and either suicidal ideation or a history of suicide attempt)
- Other** (See Recommendations 16 and 21<sup>a</sup>)
- Periodic caring communications (following hospitalization for suicide risk)
  - Reduce access to lethal means

Abbreviations: CBT: cognitive behavioral therapy; MDD: major depressive disorder; PST: problem-solving therapy

<sup>a</sup> Recommendations, Sidebars 3a, 3b, and 4 can be accessed in the full guideline. Available at: <https://www.healthquality.va.gov/>.

