

Brief Suicide Prevention Interventions



For all patients with suicidal ideation who are being discharged: (1) Provide at least one of the following brief suicide prevention interventions prior to discharge. (2) Include crisis center/hotline information with every brief intervention provided. (3) Involve significant other(s) in the intervention if present.

- » **Brief Patient Education:** Discuss the [condition, risk and protective factors](#), type of treatment and treatment options, medication instructions, home care, lethal means restriction, follow-up recommendations, and signs of a worsening condition and how to respond. Provide verbal and written information on the [nearest crisis hotline](#).
- » **Safety Planning:** Work with the patient to develop a list of coping strategies and resources that he or she can use during or before suicidal crises. Use the Safety Planning resources (paper version or mobile app) provided in the [full guide](#).
- » **Lethal Means Counseling:** Assess whether the patient has access to firearms or other lethal means (e.g., prescription medications), and discuss ways to limit access until the patient is no longer feeling suicidal. Follow the [Lethal Means Counseling Recommendations for Clinicians](#) sheet available from Means Matter.
- » **Rapid Referral:** During the ED visit, schedule an outpatient mental health appointment for the patient within seven days of discharge. If no appointments are available, review additional suggestions in the [full guide](#) and/or refer the patient for a follow-up with a primary care provider.
- » **Caring Contacts:** Follow up with discharged patients via postcards, letters, e-mail or text messages, or phone calls. See sample messages in the [full guide](#). These communications can be automated.

Discharge Planning Checklist

- ✓ Patient involved in planning
- ✓ Follow-up appointment scheduled for a date within one week of discharge
- ✓ Discharge plan reviewed verbally and understood by patient
- ✓ Barriers and solutions discussed
- ✓ Crisis center phone number provided
- ✓ Access to lethal means reviewed and discussed
- ✓ Written instructions and education materials provided, **including what to do if the patient's condition worsens and when to return to the ED**
- ✓ Patient confirms his or her understanding of the patient care plan
- ✓ Relevant health information transmitted to referral providers
- ✓ Patient senses the provider's care and concern

Caring for Adult Patients with Suicide Risk

A Consensus Guide for Emergency Departments



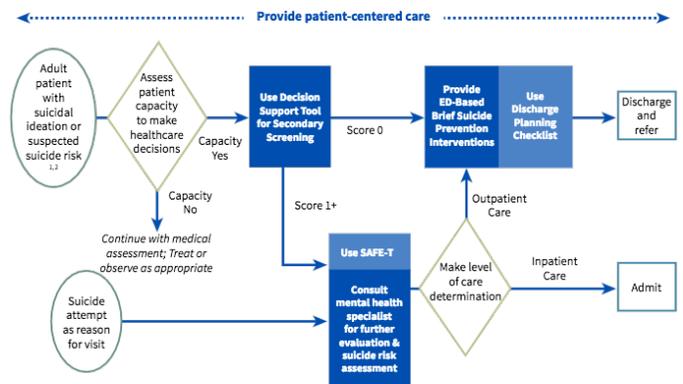
QUICK GUIDE FOR CLINICIANS

This guide assists Emergency Department (ED) health care professionals with decisions about the care and discharge of patients with suicide risk with a focus on improving patient outcomes after discharge. It is a companion resource to the full guide, [Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments](#)

Questions answered by Quick Guide:

- » Can this patient be discharged or is further evaluation needed?
- » How can I intervene while this patient is in the ED?
- » What will make this patient safer after leaving the ED?

Process for Care and Discharge of Patients with Suicide Risk from EDs



¹ Identification of individuals at risk may occur as a result of (1) patient disclosure; (2) reports by family, friends, or other collaterals; (3) individual indicators such as depression, substance use or debilitating illness; or (4) primary screening.
² Consult your ED's policies to determine how medical clearance applies to this diagram.

Decision Support Tool



This tool is a secondary screening that informs disposition decisions for patients with suicidal ideation. Use it with adult patients with decision-making capacity identified as having suicide risk through (1) patient disclosure; (2) family, friend, or other collateral report; (3) patient presentations such as depression, substance use, or debilitating illness; or (4) primary screening.

TRANSITION QUESTION: CONFIRM SUICIDAL IDEATION			
Have you had recent thoughts of killing yourself? Is there other evidence of suicidal thoughts, such as reports from family or friends? (NOTE: Not part of scoring.)		Y	
1	THOUGHTS OF CARRYING OUT A PLAN Recently, have you been thinking about how you might kill yourself? If yes, consider the immediate safety needs of the patient.	Y	N
2	SUICIDE INTENT Do you have any intention of killing yourself?	Y	N
3	PAST SUICIDE ATTEMPT Have you ever tried to kill yourself?	Y	N
4	SIGNIFICANT MENTAL HEALTH CONDITION Have you had treatment for mental health problems? Do you have a mental health issue that affects your ability to do things in life?	Y	N
5	SUBSTANCE USE DISORDER Have you had four or more (female) or five or more (male) drinks on one occasion in the past month or have you used drugs or medication for non-medical reasons in the past month? Has drinking or drug use been a problem for you?	Y	N
6	IRRITABILITY/AGITATION/AGGRESSION Recently, have you been feeling very anxious or agitated? Have you been having conflicts or getting into fights? Is there direct evidence of irritability, agitation, or aggression?	Y	N

Step 1: Inform the patient. Tell patient you will be asking a few questions to help you consider next steps.

Step 2: Review the patient's suicidal ideation. Confirm the patient has suicidal ideation. Ask directly or state your understanding of the nature of his or her suicide risk. This will facilitate a smooth transition to item one (plan).

Step 3: Ask questions regarding items 1 through 6. Example questions are provided. Use an open, nonjudgmental style to encourage honest answers.

Step 4: Review other available information. Use available data (e.g., patient observation, medical records) and consult with available collaterals (e.g. friends, family members, and outpatient providers) to corroborate the patient's report. This step is essential.

Q: Can ED providers share patient health information with others?

A: Yes. For patients with concerning risk factors who minimize or deny suicide risk, it may be life-saving to contact collaterals for corroborating information. First request the patient's permission to contact friends, family, or outpatient treatment providers. If the patient declines to consent after reasonable attempts have been made to request permission, there are circumstances in which collaterals may be contacted without the patient's permission. HIPAA permits such contacts when the clinician, in good faith, believes that the patient may be a danger to self or others.

Step 5: Check the score. A "yes" response is equal to 1. Total the "yes" responses on items 1–6.¹

Score 0. If every item (1–6) is "no," discharge may be appropriate following one or more ED-based brief suicide prevention interventions.² These are described on the next page.

Score ≥1. If the responses to the transition question (i.e. suicidal ideation) **and** any item 1–6 are "yes," consider consulting a mental health specialist during the ED visit for further evaluation, including a comprehensive suicide risk assessment. Be familiar with the type of suicide risk assessment used in the mental health specialist's evaluation. Consider the immediate safety needs of the patient in next steps.

Step 6: Explain next steps. For example: **Score 0.** Say that you are considering discharging him or her to outpatient care and would first like to provide a brief intervention. Ask for the patient's feedback and discuss reservations he or she may have about this plan.

Score ≥1. Say that you would like him or her to see a specialist for further evaluation as part of the ED visit. Explain that the specialist may repeat some questions.

Involve the patient in the decision-making process. Shared decision making lowers patient stress, gives patients a sense of control, and leads to better outcomes. Patients with suicide risk report higher satisfaction when they are involved in decisions about their care.

Risk Assessment



Mental health evaluations provided during the ED visit should include comprehensive suicide risk assessment. The [SAFE-T Guide](#), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), may be used in conjunction with the Decision Support Tool to meet this objective.

¹Suicidal ideation is an unscored item and should not be included in the scoring.

²In settings where a mental health specialist is readily available, consider referring all patients with any suicidal ideation or suspected suicide risk to the mental health specialist for further evaluation, including suicide risk assessment.