

Executive Summary

Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors

The purpose of this document is to introduce PerformCare’s practice guideline for the assessment and treatment of patients with suicidal behaviors. These practice guidelines are meant to provide medical and psychological health providers with useful, quick reference tools for the assessment and treatment of patients with suicidal behaviors. They are intended to extend, not replace, sound clinical judgment. In particular, these adopted guidelines do not supersede the responsibility of the treating clinician to remain current on medications and informed on key regulatory and professional organizations when making important treatment decisions.

PerformCare has adopted the American Psychiatric Association’s “Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors (2003).” The following guide is designed to help providers, practitioners, and interested readers become familiar with key features of the documents and find the sections that will be most useful to them.

This guideline was developed through the completion of a comprehensive literature review. The initial draft of the guideline was completed by the work group, which included psychiatrists with clinical as well as research expertise in suicide and suicidality. Multiple drafts were completed with widespread review. Six organizations and more than 60 individuals submitted significant comments. The final draft was approved by the American Psychiatric Association Assembly and Board of Trustees.

Part A of the document focuses on assessment, treatment, and risk management recommendations. An executive summary of recommendations is provided, followed by assessment of patients with suicidal behaviors. Table 1 lists characteristics evaluated in the psychiatric assessment of patients with suicidal behavior and Table 2 lists circumstances in which a suicide assessment may be indicated clinically. Table 3 lists questions that may be helpful in inquiring about aspects of suicidal thoughts, plans, and behaviors. Table 4 lists factors associated with an increased risk for suicide and Table 5 lists protective factors for suicide. Psychiatric management is explored in Part A, which includes a table listing the guidelines for selecting a treatment setting for patients at risk for suicide or suicidal behaviors. Treatment modalities are also explored, ranging from somatic to psychotherapies. Documenting and risk management are also discussed. Table 9 lists risk management and documentation considerations in the assessment and management of patients at risk for suicide.

Part B of the document focuses on background information and review of available evidence. Table 10 lists suicide rates in the United States by age, gender, and race or ethnicity. Psychiatric assessment techniques are reviewed, including rating scales. The evidence for using certain somatic as well as psychotherapies is also discussed.

Part C of the document focuses on future research needs. It is noted that future research should focus on three categories: neurobiological foundations of suicide, defining factors that affect short-term and longer-term risk for suicide, and the most effective interventions for reducing such risks.