

Conflicts of Interest



- ✦ Trainer for Behavioral Tech, LLC in Seattle
 - ✦ Receive honoraria for providing training
 - ✦ Research Grants from CIHR, PHAC, HSCF

Overview




- ✦ Why is this an important topic
- ✦ Suicide Risk Assessment
- ✦ How useful are risk factors
 - ✦ What are we doing about that
- ✦ So what do we do for assessment
- ✦ Acute Management (role of hospitalization, means reduction)
- ✦ Long-term Management

Suicide




- ✦ More people under the age of 35 die of suicide than of cancer and heart disease combined (Stats Can)
- ✦ Suicide is the 2nd leading cause of death for those under 25 (injuries) (Stats Can)

Suicide (cont'd)



- ✦ 17% of youth have seriously considered suicide (YRBS,2017)
- ✦ 7% of youth have attempted suicide (YRBS, 2017)
- ✦ 2.5% of youth have made a medically serious suicide attempt (YRBS, 2017)

Suicide (cont'd)



- ✦ In Minnesota, of those 10-24 who died by suicide, 70% died on their first known attempt (McKean et al, 2018)
- ✦ A study of survivors, ages 13-34, who made medically lethal attempts but survived, 86% had thought about it for less than 8 hours and 70% had thought about it for less than an hour (Simon, 2005)

Non-Suicidal Self-Injury



- ✦ NSSI - Purposely inflicting injury that results in immediate tissue damage, done without suicidal intent and not socially sanctioned within one's culture nor for display.
- ✦ Suicide Attempt – intentional behavior with intent to die.

Non-Suicidal Self-Injury (cont'd)



- ✦ Rates do appear to be increasing
- ✦ Rates in high schools range from 17 – 27% (Nixon et al, 2008)
- ✦ Most common form is self-cutting
- ✦ Usually serves the function of relief from emotional experience
- ✦ A major risk factor for a serious suicide attempt in the next year

Assessment



- ✦ Risk assessment vs. treatment planning
- ✦ Years of study with thousands of publications and we still cannot predict who will attempt or die
- ✦ What good are risk factors (e.g., age, sex, gender, ethnicity, history of mental disorder, previous attempts, recent interpersonal stressor, substance use etc.)?
- ✦ Static vs. dynamic risk factors
- ✦ Acute (intent, agitation, environment) vs. chronic

Suicide Risk Assessment

SAFE-T (SAMHSA)



- ✦ Risk Factors
- ✦ Protective Factors (reasons for living, connections, future goals etc.)
- ✦ Risk Level (?)

Assessment (cont'd)



- ✦ What are we doing to improve prediction
 - ✦ Machine learning
 - ✦ Implicit Association Task
 - ✦ Ecological Momentary Assessment

Acute Management



- ✦ Suicidal behavior is a solution to a problem for the patient and a problem to be solved for the physician (Linehan)
- ✦ Role of hospitalization
- ✦ Means reduction
- ✦ Safety contracts (don't) vs. safety plans (do)

Acute Management (Weber et al, 2017)

- ✦ Emergent (ED, hospital)
 - ✦ Voluntary/involuntary
- ✦ Urgent (MCT, CSU)
- ✦ Outpatient (connect for follow-up)
- ✦ Medication Management (means reduction)
 - ✦ Treat co-occurring disorders
- ✦ Psychotherapies

Long-term Management



- ✦ Treat co-morbid conditions
- ✦ Increase connectedness
- ✦ Behavioral activation (social, physical, goal-directed)
- ✦ Sleep management

THANK YOU

