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Michigan Depression Outreach and Collaborative Care (MDOCC)

SUICIDE ASSESSMENT & DEPRESSION

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can be
reached at
734-936-8706**

During the holidays, feelings of loneliness, sadness and hopelessness may increase as patients remember and relive the loss of loved ones. Depressive symptoms may become worse as stress levels heighten. Patients with depression are at an even higher risk of turning to alcohol during this difficult time of the year as a means of coping with stress. **Patients suffering from depression who consume alcohol are at greater risk of committing suicide than depressed patients who do not consume alcohol.**

Suicide is a leading cause of death in both adults and adolescents. Unfortunately, many patients are so ashamed of their wishes to die that they may conceal these feelings. No clinician can predict completed suicide, but we must make an effort to identify risk factors and make treatment plans accordingly. **About 50% of patients who attempt or complete suicide saw a physician during the previous week.**

SUICIDE RISK FACTORS

***Diagnosis of Psychiatric Illness:**

- Major Depression or Bipolar Disorder
- Alcohol or drug dependence
- Psychosis or delirium
- Personality Disorder (Antisocial and Borderline)
- Postpartum psychiatric disorder

***History of suicide threats or attempts**

***Family History of suicide or attempts**

***Unemployment**

- *Males, especially older and Caucasian
- *Having an organized plan
- *Access to means (medication, gun)
- *Chronic or terminal medical illness including chronic pain
- *Single, widowed, separated, divorced, living alone

GUIDELINES FOR ASSESSMENT

All patients who are depressed or who appear hopeless for any reason should be asked about suicidal thinking. Merely asking about it will not cause suicidal thinking in someone who is not already contemplating it. The inquiry should be done in a matter-of-fact and straightforward manner demonstrating two important things, 1) that suicidal thinking often occurs in patients with certain illnesses, and 2) that the clinician is quite comfortable discussing and evaluating these thoughts and feelings.

If the patient acknowledges wishes for death or escape from his or her circumstances, the following questions need to be asked.

- How often is the patient thinking about dying? Are they preoccupied with the subject?
- Does the patient have a specific plan and intent to kill him/herself and the means to carry it out? Is there a gun at home?
- Does the patient believe that he/she may act on their plan?
- Has the patient made any special preparations to die, like practicing the suicide method, writing a note, or putting their financial affairs in order?
- Is the patient abusing alcohol or drugs or actively psychotic or delirious?
- Is the patient feeling hopeless about the future?
- Does the patient have any religious beliefs that will either inhibit suicide or lead them to believe in a reunion after death?

Robert Wood
Johnson Foundation
Depression in Primary
Care Project

For answers to
questions,
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TAKING ACTION

Patients can be sent home with a friend or family member ONLY if they:

- ✓ have few risk factors
- ✓ have stated reasons not to kill themselves
- ✓ are not alcohol or drug-dependent, psychotic or hopeless
- ✓ have made a realistic plan to keep themselves safe until a psychiatric assessment can be made (guns and lethal medications should be removed from the home)

***If the patient appears hopeless, impulsive, or unable to make a plan for safety, then further psychiatric evaluation and/or hospitalization may be needed.**

Family or friends may be consulted. Clinicians can far more easily be defended in a lawsuit over a breach of confidentiality than over a wrongful death from a suicide.

Involuntary hospitalization through civil commitment may be necessary if:

- ✓ the patient gives evidence of a significant suicide or homicide risk
- OR**
- ✓ the patient is unable to care for him or herself because of a mental illness

*This would involve further psychiatric evaluation such as is available through Psychiatric Emergency Services (PES). **The phone number for PES at the University of Michigan is 936-5900. The staff there is available for discussion of suicidal patients, as is the staff and consultants at M-DOCC.**

POINTS TO KEEP IN MIND:

- Educate patients on risks associated with alcohol consumption while taking medications
- Remind patients of adverse affects of alcohol on depressive symptoms
- Be cognizant of suicide and alcoholism risk factors associated with gender, age and race of depressed patients
- **Carefully screen patients to assess for suicide ideation and alcohol misuse**
- Empower patients to communicate openly with you by building a trusting relationship

SPECIAL NEW YEAR EDITION COMING SOON

January's newsletter will feature, 2004 yearly reports on the progress of patients referred from each site!!

CFP Care Manager, Bernie DiCarlo, MSW is available for questions and feedback with your patient's depression care. Please email or phone Bernie with your referrals at bdicarlo@umich.edu or 734-936-8706