Sidebar 2a. Essential Features from Risk Stratification Table – Acute Risk

- No specific suicidal plan
- No recent preparatory behaviors
- Person present in context where routine suicide risk screening occurs

Sidebar 2b. Essential Features from Risk Stratification Table – Chronic Risk

- Chronic suicidal ideation
- History of prior suicide attempt(s)
- Marginal psychosocial functioning
- Management of co-occurring substance use disorder

Sidebar 1. Risk Factors for Suicide

Person presenting with warning signs (may have suicide ideation or recent self-directed violence)

Person identified to be at high acute risk for suicide via predictive analytics

Person presents in context where routine suicide risk screening occurs

Screen for current suicide risk: Ask the person direct question(s) about recent thoughts of suicide

Are there local procedures for administering a comprehensive suicide risk evaluation? Follow those procedures

Is this person at risk for suicide? Does the person comply with a safety plan and maintain their own safety?

High Acute Risk

- Suicide ideation to die by suicide
- Lack of a specific plan or recent self-directed violence
- Person present in context where routine suicide risk screening occurs

Action: Typically requires psychiatric hospitalization to maintain safety and aggressively target mental risk factors

Intermediate Acute Risk

- Suicidal ideation to die by suicide
- Ability to maintain safety, independent of external support

Action: Consider psychiatric hospitalization, if needed, to provide protection for risk of self-directed violence (e.g., acute psychosis)

Low Acute Risk

- No current suicidal intent AND
- No specific and recent suicidal plan AND
- No recent preparatory behaviors
- Collective high confidence (e.g., patient, care provider, family member) in the ability of the person to independently maintain safety

Action: Can be managed in primary care

Chronic Risk

- History of chronic medical condition AND/or personality disorder
- History of prior suicide attempt(s)
- Marginal chronic pain
- Management of co-occurring conditions

Action: Requires treatment in specialized care

Algorithm C: Management of co-occurring conditions
Non-pharmacologic Treatments (Recommendations 6-8)

- Cognitive Behavioral Therapy-based interventions for suicide prevention
- Dialectical Behavioral Therapy (DBT) for suicide prevention
- Problem-Solving Therapy-based interventions

Crisis Response Plan (See Sidebar 5 and Recommendation 19)

Pharmacology for Suicide Prevention (Recommendations 10-12)

- Ketamine infusion (among patients with suicidal ideation and major depressive disorder)
- Lithium alone (among patients with bipolar disorder) or in combination with antidepressant medications
- Clazapine (among patients with either suicidal ideation or a history of suicide attempts)

Reducing Risk Using the Means (Recommendation 18)

- Other treatments may be indicated for underlying conditions (see VA/DOD for ADD, PTSD, SSD, etc.)

Medication Safety Guidance

- Limit quantities of medications prescribed; if a patient is at high risk, consider asking the patient to involve a family member or friend in medication management
- Ask patients to store medications in a secure area (if medications have acute potential to cause harm, consider asking the patient to store medication in an area not accessible by them. If patient’s level of risk is lower but they still have access to medications, ask the patient to watch over medications and, if possible, to lock up medications in a secure area)

Firearm Storage Options

- Store unloaded firearms and ammunition separately
- Store firearms in a safe, locking cabinet, or lockbox
- Store firearms disassembled or remove the firing pin

- Veteran to take steps toward improving safety.

- We’re here to help: Offer resources to reinforce behavior change.

- Medications are hidden in the house. Are you aware of options for keeping medications safe and options for safe firearm and medication storage.

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