Person presenting with:
- Warning signs may have suicidal ideation or recent self-inflicted violence
Person identified to be at high chronic risk in context where routine suicide risk screening is occurring
Person presents in a context where routine suicide risk screening occurs
Screen for current suicide risk: Ask the person direct questions about recent thoughts of suicide

**Algorithm B: Evaluation by Provider**

**Sidebar 2a: Essential Features from Risk Stratification Table – Acute Risk**

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Essential Features</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Acute Risk</td>
<td>- Suicidal ideation with intent to die by suicide - Inability to maintain safety, independent of external support</td>
<td>Typically requires psychiatric hospitalization to maintain safety and aggressively target mood risk factors. These individuals may need to be directly observed until they are transferred to a secure unit and kept in an environment with limited access to lethal means (e.g., lock away sharp objects, keep laundry, toilet substances) - During hospitalization co-occurring conditions should also be addressed</td>
</tr>
<tr>
<td>Low Acute Risk</td>
<td>- No current suicidal intent AND - No specific and current suicidal plan AND - No recent psychosocial stressors OR - High collective confidence (e.g., patient, caregiver, family) - Ability to independently maintain safety</td>
<td>Can be managed in primary care. Often outpatient mental health treatment is also indicated, particularly if suicidal ideation and co-occurring conditions exist</td>
</tr>
</tbody>
</table>

**Sidebar 2b: Essential Features from Risk Stratification Table – Chronic Risk**

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Essential Features</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Chronic Risk</td>
<td>- Suicidal ideation</td>
<td>Chronic major mental illness and/or personality disorder</td>
</tr>
<tr>
<td>Low Chronic Risk</td>
<td>- Individuals may present with concerns related to psychiatric,</td>
<td>- Approach for mental health care on an as needed basis, which may be managed in primary care settings</td>
</tr>
</tbody>
</table>

**Algorithm C: Management by Provider**

**Sidebar 1: Risk Factors for Suicide**

- Any prior suicide attempt
- Current suicidal ideation
- Recent psychosocial stressors
- Availability of firearms
- Prior psychiatric hospitalization
- Psychiatric conditions (e.g., mood disorders, substance use disorders) or symptoms (e.g., hopelessness, insomnia, agitation)
- Limited coping skills
- Access to full guideline and toolkit: VA/DoD CLINICAL PRACTICE GUIDELINES Person presenting with:
- Warning signs may have suicidal ideation or recent self-inflicted violence
- Person identified to be at high chronic risk in context where routine suicide risk screening is occurring
- Person presents in a context where routine suicide risk screening occurs
- Screen for current suicide risk: Ask the person direct questions about recent thoughts of suicide

Note: Follow-up Box 7 if screen is negative but add sufficient detail to context (e.g., collateral evidence) for continuing surveillance and/or evaluation.

**Sidebar 2a: Essential Features from Risk Stratification Table – Acute Risk**

Person identified from:
- Acute risk evaluation (See Sidebar 1 & Sidebar 2a & 2c)
- Person identified at HIGH ACUTE RISK for suicide? (See Sidebar 2a: Essential Features)
- Person at LOW ACUTE RISK for suicide? (See Sidebar 2a: Essential Features)

Continue to Algorithm C: Management by Provider

**Sidebar 2b: Essential Features from Risk Stratification Table – Intermediate Risk**

Person identified from:
- Intermediate acute risk evaluation (See Sidebar 2a: Essential Features)

Continue to Algorithm C: Management by Provider

**Sidebar 2c: Essential Features from Risk Stratification Table – Low Acute Risk**

Person identified from:
- Low acute risk evaluation (See Sidebar 2a: Essential Features)

Continue to Algorithm C: Management by Provider

**Algorithm A: Identification of Risk for Suicide**

Note: Follow-up Box 7 if screen is negative but add sufficient detail to context (e.g., collateral evidence) for continuing surveillance and/or evaluation.
Modifiable risk factors are things that can be reduced by Case/care management. These individuals may need to be directly observed until they are transferred to a secure unit and undergo an assessment (see Table 3) with no access to what means (e.g., firearms, medications, or lethal substances).

Typically requires psychiatric hospitalization to maintain safety.

Follow local procedures for hospitalization to include the need for involuntary commitment.

Individuals should be regularly reviewed for LOW ACUTE RISK and reducing modifiable risk factors

Continue to follow management and may be discharged with management skill identification including things that can be done to improve acute and chronic risk (See Recommendations 10-12).

The inpatient team has determined that the person’s level of risk may have reduced sufficiently enough to warrant discharge.

Return to Algorithm B: Evaluation to assess appropriate setting of care. If person’s level of risk is reduced to LOW ACUTE RISK for suicide the Veteran can be managed in primary care. If person’s level of risk is not reduced to LOW ACUTE RISK for suicide the Veteran should be discharged with a well-articulated safety plan. Outpatient mental health treatment should also be initiated and follow-up appointments.

If person’s level of risk is reduced to LOW ACUTE RISK for suicide the Veteran can be managed in primary care. If person’s level of risk is not reduced to LOW ACUTE RISK for suicide the Veteran should be discharged with a well-articulated safety plan. Outpatient mental health treatment should also be initiated and follow-up appointments.

If person’s level of risk is reduced to LOW ACUTE RISK for suicide the Veteran can be managed in primary care. If person’s level of risk is not reduced to LOW ACUTE RISK for suicide the Veteran should be discharged with a well-articulated safety plan. Outpatient mental health treatment should also be initiated and follow-up appointments.