Suicide Assessment in the Emergency Department

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The authors of a review of the research on assessing adult suicide risk in emergency departments (EDs) concluded that existing quantitative assessments of suicide risk used in EDs “are not sensitive enough to predict which patients will eventually complete suicide.” Thus, these systems “should be utilized cautiously… [and] never replace good clinical judgment.” However, it is possible to recognize patients who are at low risk for suicide and do not require immediate psychiatric care and/or hospitalization. People at low risk for suicide generally lack a prior history of suicidal ideation, do not feel hopeless or depressed, can think rationally, have not made a suicide plan, are not using alcohol or drugs excessively, and have a social support system.

These characteristics contrast with two “especially important” risk factors for suicide: “a previous history of suicide attempt and a current lethal plan.” It is also important to include alcohol and drug use in assessments, since chronic alcohol or drug use raises suicide risk over the long term. The authors also caution that establishing a “no suicide contract” with a patient is not a substitute for clinical assessment, nor does it provide any legal protection against negligence on the part of the provider.

SPRC Commentary

The next issue of the Weekly Spark will continue the exploration of recent research that seeks to improve our understanding of how to effectively predict suicide risk among a high-risk audience – people who are being treated in emergency rooms or inpatient psychiatric units for suicide attempts or other forms of suicidal crisis.


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