The Patient with Self-Harm/Suicidal Ideation

Epidemiology

- Life-time prevalence of attempted suicide – F 4.5%, M 2.5%
- Most presenting to the ED with OD do not want to die
- Deliberate OD → up to 5% of hospital admissions.
- >50% of those presenting with self-harm have previous mental illness episodes
- 4M:1F complete suicide

Management (SACCIT)

Safety: Close observation in safe area. Do not allow to abscond or access dangerous objects.

Assessment:

- History, MSE, Physical Exam (See Psychiatric Assessment article)
- Suicide risk assessment:
  - High risk is suggested by
    - Definite plan
    - High intent
    - Preparations made for attempt
    - Access to means?
    - Past attempts
    - Impulsivity
    - Old age
    - Hopelessness
    - Recent bereavement/loss
    - Recent separation
    - Depression
    - Psychosis
    - Intoxication
    - Current substance use or dependence
    - Recent psychiatric hospitalisation
  - SAD PERSONS Index

Sex male	+1
Age: if 19>age>45y	+1
Depressed/hopeless	+1
Previous attempt	+1
Excessive EtOH/drug use	+1
Rationality lost (psychotic)	+1
Spouse: if sep/div/wid	+1
Organised attempt	+1
No social support	+1
Sickness (organic)	+1

Score:
<3 = low risk, may be d/c with f/u. 3-5 = mod risk, d/w psych team, >5 = high risk, psych review, admit

  - Modified SAD PERSONS Scale

Sex male	+1
Age: if 19>age>45y	+1
Depressed/hopeless	+2
Previous attempt	+1
Excessive EtOH/drug use	+1
Rationality lost (psychotic)	+2
Spouse: if sep/div/wid	+1
Organised attempt	+2
No social support	+1
Stated future intent	+2

Score:
<6 consider d/c, 6-8 psychiatric consultation, >8 likely hospital admission

  - Also assess:
    - Lethality (IPMMO): Intention, Plan, Motivation, Means & Opportunity
    - Likelihood of intervention or rescue
    - Any thoughts about harm to others e.g. children/partner.

Confirm the provisional diagnosis:

- Corroborative history is vitally important to determine the presence of risk factors.
- Investigations: as indicated in Psychiatric Assessment article.

Consult: All patients require mental health consultation before d/c

Immediate Treatment: Treat any deliberate self-harm physical injury or poisoning.

Transfer of Care:

- If d/c - firm f/u with GP or mental health clinician or Crisis Team. Don't send home alone.
- Admit if medically indicated or sig risk of further attempt. Low threshold in elderly.