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BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY, VICTORIA BRANCH

HOW TO ASSESS FOR SUICIDALITY

People with mental illness are at a higher risk of having suicidal thoughts than the general population. By being willing to talk directly to your family member about suicidal thoughts and taking action quickly when warranted you will be better prepared to deal with situations where suicidal thoughts and actions are involved.

Talking about suicide does not cause people to start thinking about it. Most people who have been thinking about suicide will be relieved when asked about it. By asking questions about how your family member feels, you are demonstrating concern about his welfare. Threats of suicide should not be ignored, even if they are made in an offhand way. By speaking to your family member directly you will be able to assess his intent. Most people who talk about suicide have mixed feelings about ending their life. Often they want to live but find living very painful. Sometimes a person's desire to end his life is a temporary urge that is difficult to resist; it may seem like the only solution.

If you suspect that your family member has been considering suicide, ask him about it. ("Have you had thoughts about not wanting to be alive?" or "Have you reached a point where you don't want to go on?") If the answer is yes suggest that he call the **NEED Crisis and Information Line at 250-386-6323 or 1-866-386-6323** to discuss his feelings. If he is unwilling to do this, you may call to discuss your concerns with a crisis line worker. If warranted, the worker will connect you with **Integrated Mobile Crisis Response Team (formerly Emergency Mental Health Service)** to consult about your situation. They are available from 1:00 pm to 12:00 am, 7 days a week, 365 days a year. They will advise you how to proceed and may send a mobile team to do an in-home assessment.

If you do not have a mental health professional available and you fear that your family member is at immediate risk of inflicting serious and potentially fatal injury to himself, you may need to assess his current level of suicidality in order to choose a course of action. The acronym SLAP (Miller 1985) will serve as a quick reminder of questions you'll need to ask in order to do a basic suicide assessment.

This document is intended as a guide for family members and should not replace psychiatric consultation. When suicide risk exists, an expert opinion should be sought to determine the need for hospitalization.

S—Specificity of suicide plan

Ask if he has been thinking seriously about suicide or about dying more than previously. If he states he has been thinking about actively taking his life, continue questioning him. You might say, “You said that you’ve been thinking about suicide. Do you mean actually killing yourself, or just wishing that you were dead?” Try to find out if he has a specific plan and means in mind, in other words, when, where, and how he plans to attempt suicide.

L—Lethality of means

Some plans are clearly more lethal than others. For example, slitting his wrists, shooting himself, jumping in front of a train, or hanging himself would be more worrisome than a less articulated method, such as “I don’t know; I’ll hold my breath until I run out of air.” This is probably one of the harder questions you’ll ever ask, but you might want to phrase it something like this: “I know you said you want to kill yourself. I hate to even ask this, but I really want to know how you would do it. What is your plan?” Take all suicidal ideation seriously, but act quickly if he has a clear and dangerous means in mind.

A—Availability of the means

Ask if he has access to the intended means for his suicide. If you have a gun in the house, and he has chosen to use that weapon to kill himself, waste no time in getting him to a hospital and getting the gun out of the house.

P—Proximity of help

Evaluate the availability of helping resources. For example, if his case manager or counselor (who is usually available during crisis situations) is unavailable and he refuses to speak to the crisis line worker, you might make a different decision than you would if a trusted helper were only a phone call away.

If after doing the SLAP assessment, you decide that he is in danger of attempting suicide, be prepared to take him to hospital. In Victoria, this is the **Emergency Department at Royal Jubilee Hospital, 1952 Bay Street**. They provide assessment, stabilization and referral for persons experiencing mental health emergencies.

If your family member agrees to go to the hospital you may decide to transport him yourself. If possible, do not make the trip to the hospital alone with him. This is important for two reasons. First, it is good to have someone there to support both of you in this difficult decision. Sometimes, we get so wrapped up in our own self-doubt or pain or guilt that we need someone to remind us that we really are doing the right thing. It is also helpful for your family member to have someone to talk to while you are focused on getting to the hospital safely. Second, in addition to providing moral support, an extra body can provide

necessary physical support. The closer you get to the hospital, the more real the decision becomes, and it is at this point that some individuals try to escape.

If you are not feeling up to driving, call an ambulance, a taxi or ask someone to drive you to the hospital.

If your family member refuses to go to the hospital, if you do not think he is capable of keeping himself safe because his judgment is poor due to psychosis or intoxication, if he is actively engaged in a suicidal gesture or attempt, immediately call 911 for an ambulance and the police.

Many people resist this option, though it is often the best choice in an emergency situation, because they are concerned about what the neighbors will think seeing their family member being escorted into an ambulance or police car. You may also be worried that calling the police or ambulance against your family member's wishes will damage your relationship with him. While these are real concerns, it is necessary to put safety ahead of everything else in an emergency.

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Adapted from: McVey-Noble, Merry E. et al. 2006. When Your Child is Cutting. Oakland, CA: New Harbinger.

References: Miller, P. H. 1985. Information Center: Training Workshop Manual. San Diego: Information Center.

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