Evaluation of Suicide Risk for Clinicians - Overview

This screening tool was designed by the faculty and staff of South Texas Veterans Healthcare Systems and the University of Texas Health Care Service Center. (VERDICT UTHSCSA).

The screen requires a two step interview involving:

- Screening for a positive PHQ-9 question nine
- A structured interview investigating the severity of active ideation and specificity of the suicide plan

Clinical Utility

This suicide screening tool is unique because it first evaluates risk then categorizes the risk and recommends an action plan based on the risk.

Scoring

Not scored, rather risk categories are determined based on screening for suicidal ideation and assessing risk factors.

Psychometric Properties

This is not a validated tool, rather, it is a screen that has been reported by users to have good utility in determining suicide risk and providing action plans based on the identified risk.

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Suicide Screening Questions

When you make a diagnosis of unipolar or bipolar depression, suicide risk requires assessment. Ask the following progressive questions. If question 1 is negative and suspicion is low, you can skip the subsequent questions.

Questions to assess thoughts of suicide	YES	NO
1. Have these symptoms/feelings (of depression) we've been talking about led you to think you might be better off dead?	☐	☐
2. This past week, have you had any thoughts that life is not worth living or that you'd be better off dead?	☐	☐
3. What about thoughts about hurting or even killing yourself? *If "YES", go to question 4. If "NO", stop.*	☐	☐
4. What have you thought about? Have you actually done anything to hurt yourself?	☐	☐

Risk factors for suicide[1] (VERDICT UTHSCSA)

- ☐ **Hopelessness**
- ☐ Caucasian race
- ☐ Male gender
- ☐ Advanced age
- ☐ Living alone
- ☐ **Prior suicide attempts**
- ☐ Family history of suicide attempts
- ☐ Family history of substance abuse
- ☐ **Access to means**
- ☐ **Substance abuse**
- ☐ Medical Illness
- ☐ Psychosis

Assessment of Suicide Risk and Action Plan

Description of Patient Symptoms	Level of Risk	Action
No current thoughts; no major risk factors (Major Risks are **BOLDED**)	Low	Continue follow-up visits and monitoring
Current thoughts, but no plans With or without risk factors	Intermediate	Assess suicide risk carefully at each visit and contract with patient to call you if suicide thoughts become more prominent. Consult with mental health specialist as needed.
Current thoughts with plans	High	Emergency management by qualified expert

1. Suicide Risk as designated by the faculty and staff of South Texas Veterans Healthcare Systems and the University of Texas Health Care Service Center. (VERDICT UTHSCSA) http://verdict.uthscsa.edu/decal/htmlfiles/diagnosis/mod2faq2.htm

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