

# **Making Decisions About Suicide Risk: Three Cases, Three Judgments**

***Amandeep Jutla, MD***

***Child & Adolescent Psychiatry Fellow  
Department of Psychiatry & Behavioral Sciences  
Northwestern University Feinberg School of Medicine***

# Discussant

***James MacKenzie, DO***

***Medical Director***

***Psychiatry Emergency & Consultation Services  
Ann & Robert H. Lurie Children's Hospital of Chicago***

***Assistant Professor***

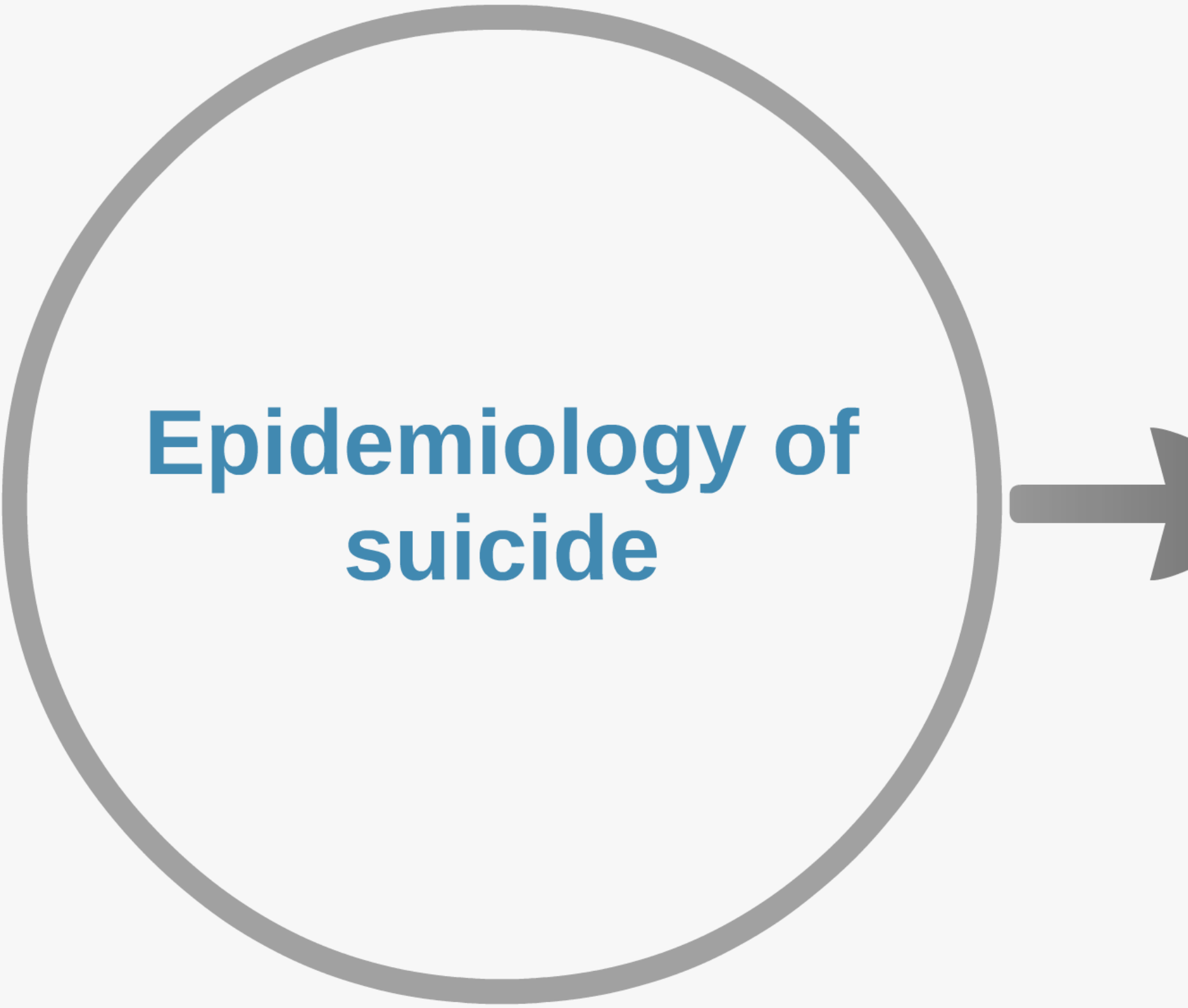
***Department of Psychiatry & Behavioral Sciences  
Northwestern University Feinberg School of Medicine***

***Assistant Professor***

***Department of Pediatrics  
Northwestern University Feinberg School of Medicine***

# Overview





# **Epidemiology of suicide**

Age-adjusted suicide rate per 100,000 people:

- In 1999, 10.5
- In 2014, 13.0

**24% increase**

Pace of change:

- 1999 to 2006: **1% yearly**
- 2006 to 2014: **2% yearly**

Curtin SC, Warner M, and Hedegaard H. Increase in suicide in the United States, 1999-2014. *NCHS data brief*. 2016;(241).

## **The gender gap is closing:**

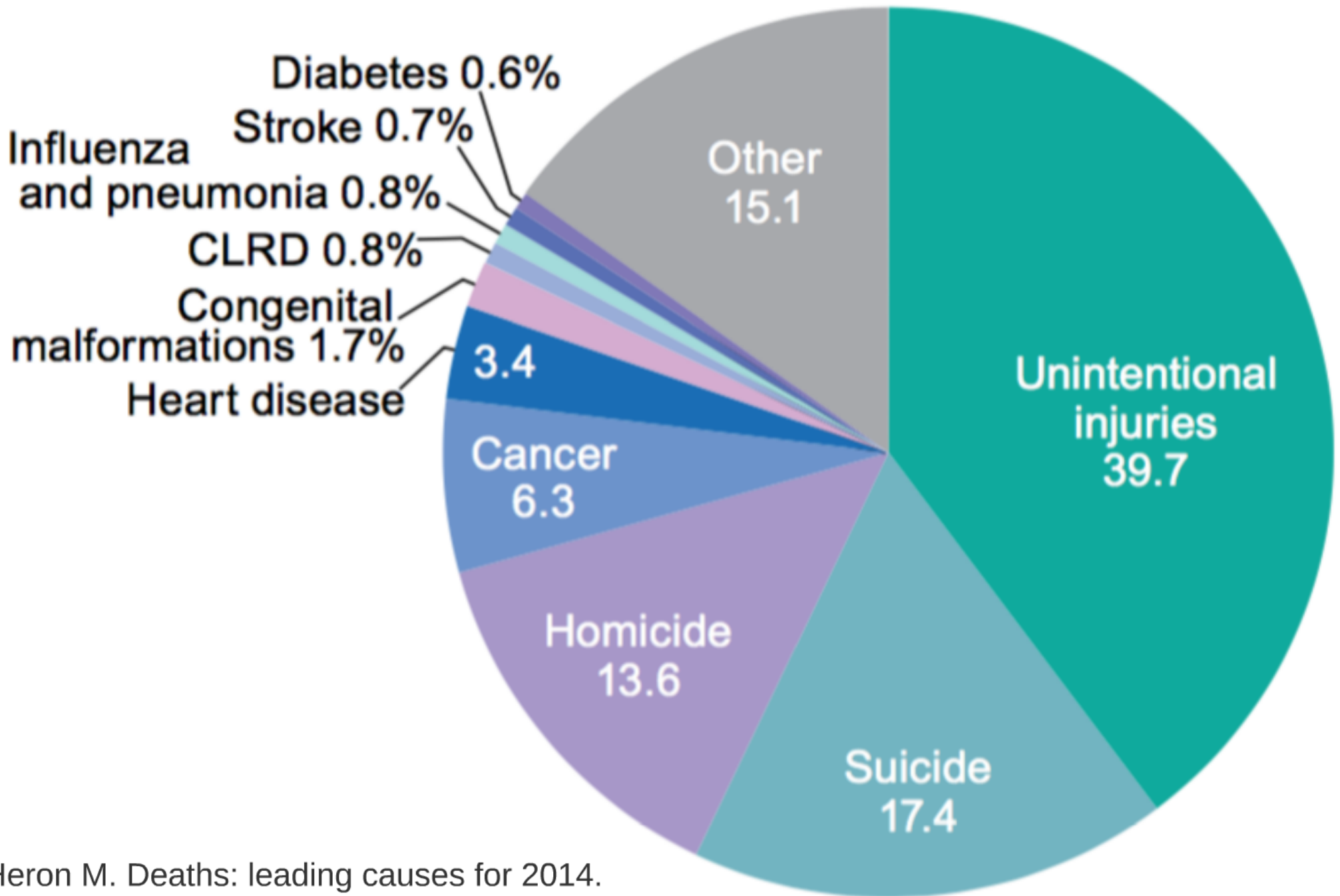
- M:F suicide ratio in 1999: 4.5
- M:F suicide ratio in 2014: 3.6
- Suicides among 10-14 year old girls:
  - **200% increase** from 1999 to 2014

## **The age gap is closing:**

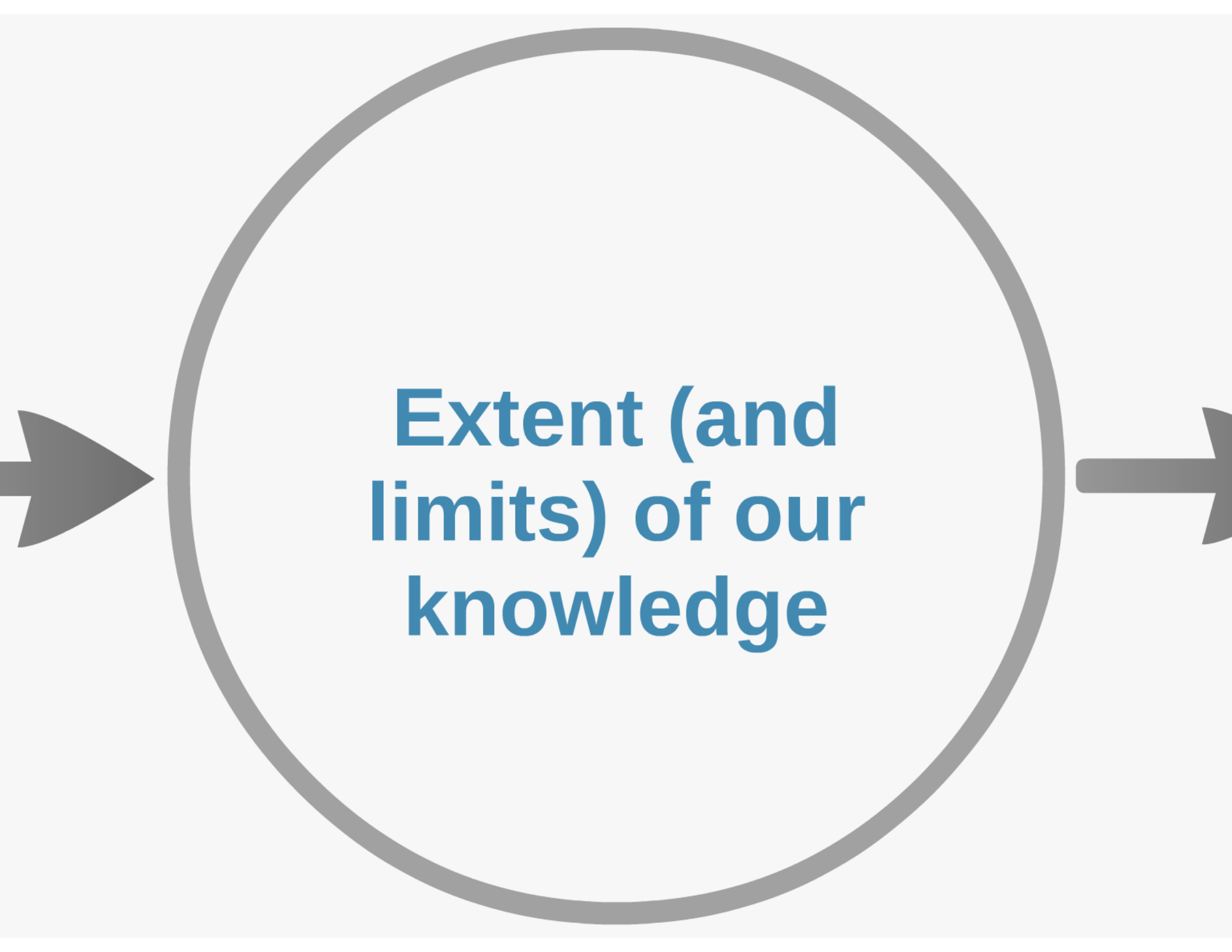
- Suicides in every age group **except 75 and older:**
  - Some degree of increase from 1999 to 2014

Curtin SC, Warner M, and Hedegaard H. Increase in suicide in the United States, 1999-2014. *NCHS data brief*. 2016;(241).

## Ages 10–24



Heron M. Deaths: leading causes for 2014.  
*National Vital Statistics Reports*. 2016;65(5)



**Extent (and  
limits) of our  
knowledge**



“Suicide is the tenth leading cause of death in our country. Most of the other top-ten causes of mortality, such as heart disease, cancer, stroke, Alzheimer’s disease, and diabetes are rightly the targets of visible and productive research efforts.”

Insel T. Director’s blog: targeting suicide. NIMH.  
[www.nimh.nih.gov/about/director/2015/targeting-suicide.shtml](http://www.nimh.nih.gov/about/director/2015/targeting-suicide.shtml).  
Accessed November 4, 2016.

## **Suicide vs. other NIH investments:**

“In terms of dollars invested/death, the suicide research number was roughly 1000, many fold less than the comparable investments in heart disease, cancer, or AIDS.”

Insel T. Director's blog: targeting suicide. NIMH.  
[www.nimh.nih.gov/about/director/2015/targeting-suicide.shtml](http://www.nimh.nih.gov/about/director/2015/targeting-suicide.shtml).  
Accessed November 4, 2016.

**“I hear so much about  
the NIH, and it’s terrible.”**

Drum K. Donald Trump has big plans to reform the NIH. Mother Jones. [www.motherjones.com/kevin-drum/2015/10/donald-trump-has-big-plans-reform-nih](http://www.motherjones.com/kevin-drum/2015/10/donald-trump-has-big-plans-reform-nih). Accessed November 12, 2016.

- Is suicide **predictable**?
- Is suicide **preventable**?

# *How Data Failed Us in Calling an Election*

By STEVE LOHR and NATASHA SINGER NOV. 10, 2016

NYT: November 10, 2016.



Data and predictive modeling  
can only take us so far.

The universe is not  
deterministic.

- Is suicide **predictable**?
  - It isn't predictable now.
  - Arguably, in principle it cannot be.

- Is suicide **predictable**?
- Is suicide **preventable**?



- Is suicide **preventable**?
  - There's no reason it can't be.



**Strategies and  
approaches that  
we think can  
mitigate risk**

"What we talk about when we talk about suicide":  
- Precision of language is important

# Terms to strike from the lexicon:

- "**Failed attempt**"
- "**Incomplete suicide**"
- "**Suicidal gesture**"
- "**Suicidal threat**"

Posner K, Oquendo MA, Gould M, Stanley B, and Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): classification of suicidal events in the FDA's pediatric suicidal risk analysis of antidepressants. *American Journal of Psychiatry*. 2007;164:1035-1043.

# Terms to strike from the lexicon: - **"Contract for safety"**

Posner K, Oquendo MA, Gould M, Stanley B, and Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): classification of suicidal events in the FDA's pediatric suicidal risk analysis of antidepressants. *American Journal of Psychiatry*. 2007;164:1035-1043.

Terms to strike from the lexicon:

- "**Suicidality**"

- Conflates ideation and behavior

Posner K, Oquendo MA, Gould M, Stanley B, and Davies M.  
Columbia Classification Algorithm of Suicide Assessment  
(C-CASA): classification of suicidal events in the FDA's  
pediatric suicidal risk analysis of antidepressants. *American  
Journal of Psychiatry*. 2007;164:1035-1043.

**Ideation and behavior** do not always co-occur.

Gene variants associated with ideation are not the same as those associated with behavior.

Arguably the antidepressants and suicide controversy is the direct result of imprecisely delineating these related but distinct phenomena.

Standardized assessment may be more useful than an unstructured interview.



218 depressed adolescents were assessed for suicidal ideation and/or behavior by clinicians **and** by trained raters using K-SADS-PL.

$\kappa$  was 0.335.

Clinicians tended to under-detect suicide attempts and acts of self-harm, and tended to over-detect suicidal ideation.

Holi MM, Pelkonen M, Karlsson L, Tuisku V, Kiviruusu O, Ruuttu T, and Marttunen M.  
Detecting suicidality among adolescent outpatients: evaluation of trained clinicians' suicidality assessment against a structured diagnostic assessment made by trained raters.  
*BMC Psychiatry*. 2008;8:97.

## **Columbia-Suicide Severity Rating Scale (C-SSRS):**

- Semi-structured interview
- Validated in adolescent populations
- Three scales:
  - **Severity** (0 to 5)
  - **Intensity:** frequency, duration, controllability, deterrents, reasons for ideation
  - **Behavior** (nominal scale)
- Accompanying risk assessment form

Gipson PY, Agarwala P, Opperman KJ, Horwitz A, and King CA. Columbia-Suicide Severity Rating Scale: predictive validity with adolescent psychiatric emergency patients. *Pediatric Emergency Care*. 2015;31(2):88-94.

Suicidal and Self-Injurious Behavior (Past 3 months)		Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Interrupted attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Other preparatory acts to kill self <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior without suicidal intent <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Highly impulsive behavior
Suicidal Ideation (Most Severe in Past Month)		<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead	<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)	<input type="checkbox"/>	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal intent (without specific plan)	<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Suicidal intent with specific plan	<input type="checkbox"/>	Aggressive behavior towards others
Activating Events (Recent)		<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss or other significant negative event	<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
	Describe:	<input type="checkbox"/>	Sexual abuse (lifetime)
		<input type="checkbox"/>	Family history of suicide (lifetime)
<input type="checkbox"/>	Pending incarceration or homelessness	Protective Factors (Recent)	
<input type="checkbox"/>	Current or pending isolation or feeling alone	<input type="checkbox"/>	Identifies reasons for living
Treatment History		<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments	<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment	<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Noncompliant with treatment	<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment	<input type="checkbox"/>	Engaged in work or school

**Intensity** (especially **duration**) of suicidal ideation at worst point in life is predictive of a future suicide attempt, and may be even more predictive than current suicidal ideation.

Posner K, Subramany R, Amira L and Mann JJ. From uniform definitions to prediction of risk: the Columbia Suicide Severity Rating Scale approach to suicide risk assessment. In: Cannon KE, Hudzik TJ, eds. *Suicide: Phenomenology and Neurobiology*. New York, NY: Springer; 2014:59-87.

C-SSRS usefully unpacks "passive suicidal ideation":

- Wish to be dead
- Nonspecific thoughts of ending one's life
  - "I've thought about killing myself"

Posner K, Subramany R, Amira L and Mann JJ. From uniform definitions to prediction of risk: the Columbia Suicide Severity Rating Scale approach to suicide risk assessment. In: Cannon KE, Hudzik TJ, eds. *Suicide: Phenomenology and Neurobiology*. New York, NY: Springer; 2014:59-87.

**Not** passive suicidal ideation:

- "I would be better off dead"
- "Life isn't worth living"
- "What if I were to die?"

Thinking about death is not predictive of future suicidal behavior.

PHQ-9 vs. C-SSRS: four times the false-positive rate.

Posner K, Subramany R, Amira L and Mann JJ. From uniform definitions to prediction of risk: the Columbia Suicide Severity Rating Scale approach to suicide risk assessment. In: Cannon KE, Hudzik TJ, eds. *Suicide: Phenomenology and Neurobiology*. New York, NY: Springer; 2014:59-87.

## **Stanley-Brown Safety Planning Intervention (SPI):**

- Not as thoroughly validated as C-SSRS
- Used extensively in VA system
- Six steps:
  - 1) Warning signs
  - 2) Things I can do to relax
  - 3) People who can distract me
  - 4) People I can ask for help
  - 5) Professionals or agencies to contact in a crisis
  - X) Things I can do to make the environment safe
  - "The one thing that makes life worth living is:"

Stanley B, and Brown GK. Safety Planning Intervention: a brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*. 2012;19(2):256-264.



**Three cases, three  
judgments**



# 1. The case of Maxwell

## 2. The case of Rose

# 3. The case of Valerie

# Discussion