

Surgeon General NOTAM

RISK MANAGEMENT LESSONS

SUICIDE RISK ASSESSMENT

Back to basics (AGAIN)

The prevention of suicides among our active duty, retiree, family member and civilian workforce populations is a priority throughout the Air Force. All active duty and civilian personnel are required to attend suicide prevention training annually. One aspect of this training emphasizes the importance of seeking help when suicidal ideation occurs. A primary source of such help is the mental health clinic (MHC). It is imperative that medics, in general, and mental health personnel, in particular, know, understand, and implement basic principles of suicide assessment and the management of suicide risk. **All medics should read and be familiar with information previously distributed on this topic in SG NOTAMs 99-09 (Suicides of AFMS Personnel in 1999) and 99-12 (Suicide Prevention, Back to Basics: Diagnosing and Treating Depression.)**

All individuals seen in a military mental health clinic (MHC) should be assessed for the presence of suicidal ideation, both at intake and on a periodic basis during the course of any treatment offered at the MHC. Suicide risk assessments should consider all information provided by the patient, verbal and written. **Providers are encouraged to use written screening tools to help collect relevant information and should thoroughly review the information provided. Discrepancies between what the patient states verbally and in written format should be reconciled. The provider must have a clear understanding of any conflicting information that suggests risk for suicide.**

Documentation of a suicide assessment should include attention to both current and historical risk factors, and a brief discussion of how the information gathered in the assessment informed the actions taken.

Actions taken should include attention to patient reports of accessibility to weapons, particularly when the weapon that an individual reports being most likely to use is accessible. For example, if an individual describes suicidal ideation with thoughts of using a shotgun, the provider should determine if the individual has access to a shotgun and take steps to limit accessibility.

When providers who require clinical supervision conduct suicide assessments, it is ultimately the supervisor's responsibility to ensure an appropriate assessment and course of action occur. **Providers who supervise a mental health intake should ensure that**

they are familiar with information provided by the patient. The supervising provider should review any intake questionnaires completed by the patient.

Any provider who is inexperienced in suicide assessment should consider seeking a consultation with a colleague if uncertain regarding a patient's suicide risk.

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