# QC18 Suicide Prevention Skills: Core

| Instructional video transcript: Prevention Oriented Risk Formulation | |
|---|---|
| Video link: | https://youtu.be/GxKH2sxhJ8U?si=CM7F43jeAewMEh0K |
| [MUSIC PLAYING] | |
| **Speaker (Mel):** | Hi, I'm Mel. Welcome to this introduction to prevention oriented risk formulation. This is a framework that helps you communicate your understanding of a person's suicide risk. This includes why they've developed suicidal thinking and behaviour at this time, what service might best meet their needs now, and how to support them during vulnerable times in the future.<br>The purpose of this approach is not to predict suicide risk but to facilitate enhanced communication, collaboration, and care planning with the person you're working with, the significant others, and the multidisciplinary team. Historically, clinicians have tried to predict the likelihood of future suicidal behaviour by using a risk rating system of low, medium, or high. However, trying to predict risk is extremely inaccurate and no longer supported in contemporary suicide prevention practice.<br>Evidence for reviews of suicide-related deaths within Queensland and internationally have found that people who were rated as low risk were more likely to die by suicide compared to those rated as high risk. This tells us that we're not very good at predicting who will die by suicide.<br>Risk ratings are also very subjective, meaning people from different teams and services rate risk differently. It's for those reasons that we've moved away from attempting to predict risk using ratings and have moved instead to a focus on risk prevention.<br>The prevention oriented risk formulation is made up of four elements. These are risk status, risk state, available resources, and foreseeable changes. Let's start looking at the first two elements, risk state and risk status.<br>Both these elements involve describing risk rather than rating the risk. Risk state involves describing the person's suicidal distress now compared to a previous time in their life. You might compare it to something that happened two days ago when they lost their job or a previous suicide attempt or at their baseline.<br>In other words, when describing the risk state, you are asking yourself the question what's different now compared to yesterday, last week, or the last time they felt suicidal. By comparing a person's risk to another time in their life, it recognises the changing nature of suicide risk. When describing the person's risk state, consider whether their risk is higher than, similar to, or lower than the time point you're comparing their current risk to and most importantly explain your reasons.<br>When explaining your reasoning, use the information you've gathered about the person's biological, psychological, or social vulnerabilities, their current stressors, details about this suicidal thinking and behaviour, symptoms as well as their strengths.<br>This information is ordinarily gathered during a triage or comprehensive mental health assessment and your suicide specific inquiry using the CASE approach. In essence, risk state is about sharing your understanding of why a person has developed suicidal thinking at this point and how it compares to other times in their life. |

| | |
|---|---|
| **Mel cont'd:** | **Here's an example:**<br>Charlie presented to the emergency department last night following a suicide attempt involving alcohol and an overdose on prescription medication sertraline. Charlie's current risk of suicide is higher than three weeks ago when he had suicidal thoughts after failing an assignment. The precipitating event for this current crisis was his failure to submit another assignment. He states the reason he wants to die is because he feels like a disappointment to his parents and doesn't know how to cope with his university studies.<br>Charlie's had a number of vulnerabilities including untreated symptoms of anxiety and depression, increased binge use of alcohol, self-reported poor emotional connection with his parents, poor sleep, low energy, and increasing irritability. Although Charlie has considered suicide three weeks ago, ongoing difficulties with his university work and meeting deadlines, poor sleep, irritability, and alcohol use are factors that have increased his risk and led him to acting on his thoughts last night.<br>As you can see from this example, Charlie's dynamic or current risk factors have increased, and he has insufficient protective factors to mitigate these, leading to an increased risk in suicide. This is why his risk is described as higher than when compared to three weeks ago.<br>Let's now consider risk status:<br>Risk status involves comparing the person's risk of suicide to other people you see in your clinical setting. So how do we do this?<br>We identify relevant factors that are increasing risk weighed up against protective factors and strengths and describe how these compare with other people seen in the treatment setting you're familiar with. State whether you consider the person's risk to be higher than, similar to, or lower than other people's seen in your setting.<br>Let's do this for Charlie. Charlie's risk status is described as similar to other people seen in the acute care team as he was referred in the context of a suicide attempt after experiencing difficulties with his university workload and feeling like a disappointment to his parents. He presents with symptoms of depression and anxiety, engages in substance use as a way of coping, and reports feeling socially isolated and disconnected from his parents.<br>Let's now consider what Charlie's risk status would be if we compared his risk to a community mental health setting. Charlie's risk status is described as lower than as he has symptoms consistent with a mild to moderate diagnosis of depression and anxiety, which can be managed by his GP. He still has some current thoughts of suicide but reports no suicidal intent and has agreed to attend the university counselling service for support.<br>Describing a person's risk status helps you and your team understand the key aspects of a person's suicide risk compared to others in your service and guides decisions about how to meet their care needs. When you share this understanding with the person you're helping, it encourages their involvement in deciding on the type of care that would be best.<br>In our example, we shared Charlie's risk status with him. He now understands how our service will help him or why another service might be more suitable to meet his needs. |

| | |
|---|---|
| | The next two elements of the framework are available resources and foreseeable changes. During your assessment, it is important to ask the person to identify resources that will be available during a suicidal crisis.<br>This includes coping strategies they can draw on that are internal to them such as their personal beliefs, breathing exercises, or taking a walk as well as strategies that are external to the person such as a supportive partner, trusted friend, or willingness to use a 24-hour helpline.<br>Coping strategies identified by the person are the most helpful as they are viewed as realistic and valued options. It is important to work together to name what will help when they're experiencing increasing levels of distress and the urgency to act on their suicidal thoughts.<br>The aim here is that the strategies are available to the person and accessible at the time they need them. Foreseeable changes is the fourth component of your formulation. This is where you identify events or circumstances that are likely to trigger suicidal thinking or increase the urge to act on suicidal thoughts.<br>This might be a specific situation like another argument with their partner, not getting the job they interviewed for, feeling hopeless or trapped, or becoming intoxicated. If the person has some difficulty identifying potential situations, their family or friends might help to identify these vulnerable periods. This can be particularly relevant when working with children or young people.<br>Identifying foreseeable changes allows you to develop a plan with the person that will help them cope better with those situations so that they're less likely to engage in suicidal behaviour as a way of coping. This plan should link to the available resources they have identified. Let's see how these two elements work together.<br>Foreseeable events that Charlie believes would make him feel like killing himself are if his parents were to continue lecturing him about not working hard enough and also if he failed another assignment. He identified that his brother Leo and his best friend are available resources to contact if his suicidal thoughts become more intense. They have agreed to help him when needed even if this is late at night.<br>In summary, the four elements of the prevention oriented risk formulation allow you to communicate your understanding of a person's suicide risk with them, their significant others, your multidisciplinary team, and other service providers in a direct and efficient manner. It also includes a clearly developed plan to support the person to cope with foreseeable events.<br>The prevention oriented risk formulation is part of the 2021 Queensland health suicide prevention practice guideline. Already we have seen a 35% reduction in suicide attempts for those placed on a zero suicide pathway.<br>This is great news. I encourage you to download the guideline and access further resources from your zero suicide pathway clinical lead in your hospital and health service. |
| **Time stamp** 00:13:00 | |