

Suicide Risk Assessment Made Easy

A Sankaranarayanan

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Abstract

Nearly two-thirds of patients present to the emergency department before committing suicide; however risk assessments often tend to be done poorly or inadequately in emergency settings. A mnemonic is presented that can aid in easy recall of essential factors to be considered in suicide risk assessment.

Dear Editor:

Suicide risk assessment is an important component of a Mental Status Examination and is an integral part of any mental health assessment undertaken in an emergency setting. Research has consistently shown that up to 69% of suicidal patients present to emergency departments shortly before their death (₁) and a proportion of these patients have occult suicidality (₂). The quality of recording of risk assessments in the emergency department after deliberate self harm tends to be poor (₃). These points only emphasise the need for a thorough risk assessment. Below is a mnemonic that captures all the important risk factors for suicide and that will help ensure a comprehensive risk screen.

The mnemonic is: "MAN THIS ISN'T FAIR."

M=MENTAL STATUS (AT RISK) (depression, anxiety, agitation, guilt, shame, delusions)

A=ATTEMPTS (in the past and exploring the lethality if any)

N=NO POSITIVE FACTORS (e.g., family, peer supports, reasons to live)

T=TRIGGER (recent significant psycho-social stressors, psychotic experience that precipitates suicidal thoughts)

H=HOPELESSNESS

I=IDEAS and INTENT (exploring details of plans if any, confidence level to carry through on intent)

S=SUBSTANCE USE

I=ILLNESS (Medical- e.g., chronic physical or pain)

S=SUICIDE IN THE FAMILY

N'T=SUICIDAL NOTE

F=FINAL ARRANGEMENTS (final good bye; leaving a will)

A=ACCESS TO MEANS (e.g., firearms)

I=ISOLATION (social isolation, lack of supports)

R=RECENT PSYCHIATRIC HOSPITALISATION

As a mnemonic, MAN THIS ISN'T FAIR is easy to remember as it reflects the content of the mnemonic. It is also a thorough checklist of all the important risk factors, including a trigger question to identify positive factors. While a serious issue such as suicide risk assessment cannot be trivialized, it is often difficult to remember all the pertinent risk indicators in a busy emergency setting. Previous literature has highlighted the importance of mnemonics in medical education (₄). The mnemonic described here is not so much to gauge severity as the SAD PERSONS scale (₅) purports to do, as it is to remember the important clinical aspects to cover during a suicide risk assessment. This mnemonic has been well received in local teaching sessions and I hope students and educators will find this mnemonic useful as a teaching aid.

Sincerely,

Anoop Sankaranarayanan, MD FRANZCP

CORRESPONDENCE TO

Anoop Sankaranarayanan MD FRANZCP

Senior Staff Specialist Psychiatrist and Clinical Director

Hunter Valley Mental Health Services

Conjoint Senior Lecturer, University of Newcastle

Area Director of Clinical Training, Hospitalist Program,

HNEAHS

Maitland Hospital

High Street

Maitland, NSW 2320

Australia

Mobile: 0408 273 665

Phone: (02) 4939 2455 / 4939 2123

Fax: (02) 4939 2082

References

1. Gairin I, House A, & Owens D. Attendance at the accident and emergency department in the year before suicide: retrospective study. *British J Psychiatry* 2003; 183:28-33.
2. Claassen CA & Larkin GL: Occult suicidality in an

emergency department population. *British J Psychiatry* 2005; 186:352-353.

3. Dennis M, Beach M, Evans PA, Winston A, Friedman T, Guthrie E. An examination of the accident and emergency management of deliberate self harm. *J Accident Emerg Med* 1997; 14:311-315.

4. Odigwe C, Davidson S. Mnemonics. *Student BMJ* 2005; 13:309-352.

5. Patterson WM, Dohn HH, Bird J, Patterson GA. Evaluation of suicidal patients: the SAD PERSONS scale. *Psychosomatics* 1983; 24:343-345.

Author Information

Anoop Sankaranarayanan, MD FRANZCP