

Assessing suicide risk in intoxicated persons

This guide for emergency department (ED) clinicians is based on the document *Working with the suicidal person: clinical guidelines for emergency departments and mental health services*. All ED clinicians should review the *Clinical guidelines* carefully to become familiar with the assessment and management of persons with suicidal behaviours, and then use the quick reference guides to help remember major decision points.

Many impulsive suicidal acts or acts of deliberate self-harm occur in association with alcohol or drug consumption, since both impair judgement and foster impulsivity and aggression, or indirectly worsen symptoms of a coexisting mental illness.

Intoxication can result in a lack of inhibition or have a depressant effect on the central nervous system, and may increase the risk of harm to self and others and exacerbate the risk of suicide. Suicide attempts that involve alcohol are more likely to be impulsive; however, alcohol or drug intoxication may also be a component of a more serious suicide plan.

All people who are intoxicated when presenting to the hospital or area mental health service after a suicide attempt, or when making suicidal threats, should be assessed for their immediate suicide risk while they are intoxicated and reassessed once they are sober.

1. Ensure safety

- Intoxication significantly increases risk of self-injury in the short term. Provide a safe detoxification area until a proper assessment of suicide potential can be conducted.

2. Assess suicide risk

- Do not dismiss risk of a suicide attempt or delay assessment because a person is intoxicated.
- Commence the assessment based on the person's cognitive abilities, rather than a specific blood-alcohol level.
- If initial risk assessment suggests that a more comprehensive assessment is necessary, wait until the person is no longer intoxicated.
- Given the high prevalence of dual diagnosis, try to assess all consumers for substance use (how often, how much and how recently), previous psychiatric history and medications.

3. Obtain collateral information

- People tend to under-report their substance use, so wherever possible, obtain collateral history from a family member, partner or friend.
- If collateral information is not immediately available, it will always be prudent to delay making a decision until all reasonable attempts have been made to obtain such information.
- Is the person known to an area mental health service? If so, notify the relevant mental health team by phone and consult them regarding the person's management plan and appropriate further action.

Further information

You can download an electronic copy of this quick reference guide, the full *Clinical guidelines*, or the *Summary document* on the Department of Health website (www.health.vic.gov/mentalhealth). The full guidelines contain all the recommendations, details of how they were developed and discussion of the evidence they were based on.