Your patient refuses a suicide risk assessment. Now what?

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On occasion, a patient may refuse to cooperate with a suicide risk assessment or is unable to participate due to the severity of a psychiatric or medical condition. In such situations, how can we conduct an assessment that meets our ethical, professional, and legal obligations?

First, skipping a suicide risk assessment is never an option. A patient's refusal or inability to cooperate does not release us from our duty of care. We are obligated to gather information about suicide risk to anticipate the likelihood and severity of harm.[1] Furthermore, collecting information helps us evaluate what types of precautions are necessary to reduce or eliminate suicide risk.

Some clinicians may believe that a suicide risk assessment is only possible when they can ask patients about ideation, intent, plans, and past suicidal behavior. While the patient's self-report is valuable, it is only one data point, and in some cases, it may not be reliable or credible.[2] So how should you handle such situations? Here I describe 3 steps to take to estimate a patient's suicide risk without their participation.

1. Obtain information from other sources. These can include:

- your recent contacts with the patient
- the patient's responses to previous inquiries about suicidality
- collateral reports from staff
- the patient's chart and past medical records
- past suicide attempts (including the precipitants, the patient's reasons for the attempt, details of the actions taken and methods used, any medical outcome, and the patient's reaction to surviving)[3]
- past nonsuicidal self-injury
- past episodes of suicidal thinking
- treatment progress to date
- mental status.

Documenting your sources of information will indicate that you made reasonable efforts to appreciate the risk despite imperfect circumstances. Furthermore, these sources of data can support your work to assess the severity of the patient's current suicidality, to clinically formulate why the patient is susceptible to suicidal thoughts and behavior, and to anticipate circumstances that could constitute a high-risk period for your patient to attempt suicide.

2. Document the reasons you were unable to interview the patient. For patients who are competent to refuse services, document the efforts you made to gain the patient's cooperation. If the patient's psychiatric condition (eg, florid psychosis) was the main impediment, note this.

3. Explain the limitations of your assessment. This might include acknowledging that your estimation of the patient's suicide risk is missing important information but is the best possible estimate at the time. Explain how you determined the level of risk with a statement such as, "Because the patient was unable to participate, I estimated risk based on…." If the patient's lack of participation lowers your confidence in your risk estimate, this also should be documented. Reduced confidence may indicate the need for additional steps to assure the patient's safety (eg, admission, delaying discharge, initiating continuous observation).

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Disclosure
The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products. The views expressed in this article are the author's and do not reflect the official policy or views of the California Department of Corrections and Rehabilitation.

doi: 10.12788/cp.0111

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