

SUICIDE ASSESSMENT FOR A POSITIVE EPDS SCREEN (#10)

Note: All clinicians administering the Edinburgh Screen should ask the following questions to every patient who answers #10 with a 1, 2 or 3. ("The thought of harming myself has occurred to me")

These questions are in no particular order and have not been validated in any way. It is recommended that these or similar questions be part of the initial clinical interview when triaging a woman with postpartum depression.

- How often are you having thoughts of hurting yourself?** *(Determine frequency and acute nature of thoughts)*
- Are you able to describe them to me?** *(Assess current level of distress and willingness to disclose)*
- Have you ever had thoughts like this before?** *(History of previous thoughts increases current risk)*
- What happened the last time you had these thoughts?** *(Assess coping potential)*
- Does your partner know how bad you are feeling? If not, why not?** *(Numerous factors contribute to failure to disclose, all pointing toward potential areas of vulnerability)*
- Who do you consider your most primary connection for emotional support?** *(Explore all support options)*
- Does this person know how you are feeling? If not, why not?** *(Explore her resistance in order to determine degree of withdrawal, level of shame, ability to reach out for help)*
- Does anyone in your family know how you are feeling?** *(Engaging family member provides important link when her instinct is to isolate self)*
- Have you ever acted on suicidal thoughts before?** *(Previous suicide attempt increases current risk)*
- How do you feel about these thoughts you are having?** *(Assess affective response and level of distress to confirm ego dystonic nature of thoughts)*
- Do you have specific thoughts about what you would do to harm yourself?** *(Assess intent and plan)*
- If you do have a plan, do you know what is keeping you from acting on it?** *(Assess and increase her awareness of meaningful connections to reduce feelings of isolation and despair)*
- Are there weapons in your home?** *(Never presume to know the answer to this. In addition to the obvious danger, weapons also serve to stimulate the overactive obsessional thought process with temptation too great to ignore. All weapons, whether locked or reported as inaccessible, should be removed from the home without delay)*
- Do you have access to medications that could be harmful to you?** *(All medications she is taking or has access to be monitored by her partner until suicidal thoughts have responded to treatment, reducing risk of temptation)*
- Is there anything else you can think of that I can do right now to help you protect yourself from these thoughts?** *(Gives her permission to reveal any unidentified method or related worry)*
- Have you thought about what the implication would be for your baby?** *(Her connection to her baby may provide a critical lifeline)*
- Do you feel able to contact me if you feel you cannot stop yourself from acting on these thoughts?** *(Establish a contract for safety, verbal or written)*

IMPORTANT POINTS TO KEEP IN MIND:

- Be clear about your ability to help her
- Determine whether hospitalization is required
- Contact family members, if indicated, in her presence
- Initiate psychiatric contact
- Follow up with any and all requests (ex: weapons out of the house)
- Determine level of follow up (ex: "report in" phone calls to/from patient to assure safety)
- Do not avoid questions that make you uncomfortable