

## 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?
- Are you able to describe them to me?
- Have you ever had thoughts like this before?
- What happened the last time you had these thoughts?
- Does your partner know how bad you are feeling? If not, why not?
- Who do you consider your most primary connection for emotional support?
- Does this person know how you are feeling? If not, why not?
- Does anyone in your family know how you are feeling?
- Have you ever acted on suicidal thoughts before?
- How do you feel about these thoughts you are having?
- Do you have specific thoughts about what you would do to harm yourself?
- If you do have a plan, do you know what is keeping you from acting on it?
- Are there weapons in your home?
- Do you have access to medications that could be harmful to you?
- Is there anything else you can think of that I can do right now to help you protect yourself from these thoughts?
- Have you thought about what the implication would be for your baby?
- Do you feel able to contact me if you feel you cannot stop yourself from acting on these thoughts?

### 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

