

P02-281

RISK ASSESSMENT OF SUICIDALITY: BRIDGING THE GAP BETWEEN CLINICAL PRACTICES & REQUIREMENTS FOR PATIENT'S SAFETY

A. Shrivastava^{1,2}

¹*Department of Psychiatry, University Of Applied Sciences Western Ontario, London, ON, St.Thomas,* ²*Associate Scientist, Lawson Health Research Institute, London, ON, London, Canada*

Patients safety is of Paramount concern in clinical practice and administrative psychiatry. There is evidence of limitations in assessment of suicide for patients coming to services. Treatment of mental disorder is universally advocated for prevention of suicide as up to 90% suicides arise from mental illnesses. It is therefore important that patients who seek services are well looked after. Suicide behavior and suicidal ideation are with considerable risk for attempt of suicide. Suicidal ideation is common in about 4% in general population, in about 20% of psychiatric population & in about 60-70% of admissions in acute psychiatric wards. There are few tools available for risk assessment of such patients & almost always this is done based upon personal clinical judgment. The science of suicidology is constantly evolving with changing socio-cultural perspectives. Much more research is required in making judgments for suicidality.

Available literature suggests three main domains for origin of suicidal ideas i.e. Biological domain, Psychological domain and Social-Environmental Domain. The suicidal ideas have constant interplay with risk factors present in the individual to give rise to suicidal thoughts, which become morbid. The cognitive set changes and cognitive control is lost which gives rise to an attempt. For an adequate risk assessment one needs to take into consideration the three domains and known risk factors against the background of suicide protectors. The paper discusses findings of a new tool: SIS-MAP (Scale for Impact of Suicidality: management, Assessment & planning of care) with objective to improvise assessment and patient's safety.