



The Consumer's Experience of a Suicide Risk Assessment: A Pilot Study
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For several years a psychologist colleague of mine kept a larger poster of a huge, disgruntled-looking orangutan hanging on his office wall. Across the bottom was the following quote, "When I want your opinion, I'll come beat it out of you." Similarly, and despite the current popularity of consumer satisfaction surveys, the author was unable to find a single reference as to what consumers thought of the narrow but important subject regarding the questions asked them in a suicide risk assessment interview.

In this study 35 adult consumers of a public mental health service were surveyed for their reactions to a structured suicide risk assessment interview. For the ten consumers who were identified as experiencing suicidal thoughts and feelings at the time of the first interview, additional questions were asked regarding hopelessness and the likelihood of killing themselves.

For those consumers with prior treatment experience, additional questions were asked to determine how the present interview about suicide differed from earlier ones.

All 35 participants were adult volunteers; 22 females, 13 males. All completed a diagnostic intake process, including a structured suicide risk assessment interview (The QPRT Suicide Risk Management Inventory ©), and all met criteria for admission for outpatient care. The suicide risk questions are contained in the QPRT instrument and were completed by trained clinicians. Controls for interviewer skills, perceived empathy and other variables were not evaluated in this study.

Following introductory comments, consumers were asked to agree or disagree on a 7-point Likert Scale with the following items regarding their experience of a suicide risk assessment interview.

- *I was satisfied with the way the person asked me about suicide*
- *The person who talked to me seemed comfortable asking me about suicide*
- *The person who talked to me seemed to know very little about suicide*
- *The way the person asked me about suicide helped me to feel understood*

For those ten consumers who were detected to have suicidal ideation/feelings present at the time of the interview, the following statements were presented:

- *I felt more hopeful about my future after the person talked with me about suicide*
- *I felt less like killing myself after the person talked with me about suicide*

For those consumers who had seen other professionals prior to the index visit, the following statements were presented:

- *Did the other professionals you talked to about your mental health concerns ask you if you had been thinking about suicide?*

If the answer was yes, then they were asked to agree or disagree with the following statements:

- *The way I was asked about suicide at Spokane Mental Health was more helpful to me than the way other professionals asked before*
- *The person at Spokane Mental Health who asked me about suicide understood me more than the other professional(s) who asked me about suicide before.*
- *The person at Spokane Mental Health asked fewer questions about suicide than the other professional(s) who asked me before*
- *I felt safer after being asked about suicide at Spokane Mental Health than I did when other professionals asked me before*

Participants were also asked for any comments.

A data analysis indicated that to the first statements regarding satisfaction with the interview, perceived interviewer comfort and competence, and feeling understood, the majority of respondents (between 74% and 89%, depending on the item) agreed with the statements. Disagreement ranged from 6% to 9%.

Of those identified as actively considering suicide, 70% reported feeling more hopeful about their future, but 30% did not report feeling more hopeful. Similarly, 60% reported themselves to be less likely to kill themselves, while 30% disagreed with the statement. One person neither agreed nor disagreed with the statement (10%).

Of those consumers who had previous experience with suicide risk assessment with another provider, the comparative numbers are too small to be helpful. However, a positive trend toward greater satisfaction with the most this interview method and format was found.

In summary, the need for suicide risk assessment in some clinical settings is not the standard of practice. Without thorough assessment and reassessment of suicide risk, quality triage, clinical and risk management decisions cannot follow. Since consumers of many mental health services are intimately involved in their own treatment planning and are frequently extended personal responsibility for managing their own safety (the so called “no-suicide contract”) it is important that providers pursue answers to the following questions:

- Are consumers satisfied with the questions asked of them regarding suicidality?
- Is the clinician perceived as comfortable in talking about suicide?
- Is the clinician perceived as competent in talking about suicide?
- Does the consumer feel understood?
- Do suicide risk questions increase or decrease a sense of hopelessness in the suicidal consumer?
- Do suicidal consumers feel more or less like killing themselves after a risk assessment interview, and what variables contribute to these reactions?

A few consumer comments are suggestive of other areas of investigation:

- “Thought the lady that did it was thorough and made me feel relieved about my concerns. Didn’t talk down to me. I didn’t feel put down.”
- “Felt like the person, in particular, was overbearing. Made me uncomfortable. Felt like he was just doing his job and not caring. Felt he was power tripping.

This hasn't been the case with everyone at SMH. Felt like he was insensitive.”

- “He was to the point and acted really concerned and that helped me answer truthfully.”

These comments suggest there may be significant clinician variables affecting consumer response to suicide risk assessment questions, especially since the correlation between the above comments and the ratings supplied was 100%.

Last, the suicide risk assessment interview is a critical component of any clinical interview, whether the consumer is seeking health or mental health services. With morbidity and mortality of suicidal persons seeking professional services an increasing area of concern, both from a quality of service and a litigation management perspective, consumer perceptions regarding quality of care are increasingly important. Plans are to continue the present study and expand it to hospital populations.

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