TITLE: Rapid Assessment of Suicide Risk for Incarcerated Patients: Clinical Evidence and Guidelines for Use

DATE: 10 June 2010

RESEARCH QUESTIONS:

1. What tools are available for rapid assessment of suicide risk in mental health patients who are incarcerated?

2. What is the clinical effectiveness of rapid assessment tools for suicide risk in mental health patients who are incarcerated?

3. What are the guidelines regarding assessment of suicide risk for mental health patients who are incarcerated?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 5, 2010) University of York Centre for Reviews and Dissemination (CRD) databases, ECRI (Health Devices Gold), EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between January 1 2005 and May 26 2010. No filters were applied to limit the retrieval by study type. Internet links were provided, where available.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, controlled clinical trials, observational studies, and evidence-based guidelines.

One systematic review and 14 observational studies were identified in the literature search. No relevant health technology assessments, meta-analyses, randomized controlled trials, controlled...
clinical trials, or evidence-based guidelines were identified. Additional potentially relevant articles are located in the appendix.

OVERALL SUMMARY OF FINDINGS:

The Beck Depression Inventory-II, Beck Scale for Suicide Ideation, and Beck Hopelessness Scale were reported to be able to identify inmates at risk of suicide. The aforementioned scales and the Suicide Concerns for Offenders in Prison Environment (SCOPE) tool were also able to provide cut off points that identified incarcerated male and female young adults at risk of suicide and self-harm behaviour. SCOPE also differentiated between those with nonfatal self-harm behaviour and those with no history of suicide attempts. In addition, SCOPE and the Suicide Potential Scale instrument both showed promising levels of specificity and sensitivity in assessing the risk of suicide and self-harm behaviours.

Six screening instruments were reported to be able to identify incarcerated individuals at risk of suicide or self-harm. The Suicide Risk Assessment Scale (SRAS), Montgomery-Asberg Rating Scale for Depression (MADRS), Hamilton's Rating Scale for Anxiety (HAMA), and Mental Disability/Suicide Intake Screen (MDSIS) were reported to be effective in predicting suicidal risk or ideation. The Viennese Instrument for Suicidality in Correctional Institutions (VISCI) was shown to distinguish between suicides and nonsuicides. One study reported that the Depression, Hopelessness and Suicide Screening Form (DHS) could identify inmates experiencing psychological distress. The Psychache Scale, albeit strongly associated with hopelessness and depression, was found to be only moderately associated with psychiatric symptoms and a history of attempted suicide.

Three studies reported that four instruments could effectively assess the potential for suicidal and self-harm behaviours in populations of either youths or women. One study suggested that the Diagnostic Interview Schedule for Children can be used to assess suicide ideation and plans, thoughts of death, previous attempts, and psychiatric disorder in newly detained juvenile offenders. Another study reported a weak level of agreement between the Adolescent Suicide Questionnaire (ASQ), detention center staff procedures, and interviews with mental health clinicians for assessing suicide risk among youth detainees. One cross-sectional study reported that the Prison Screening Questionnaire (PriSnQuest), and the Camberwell Assessment of Need - Forensic Version (CANFOR) may be used to assess females at risk for self-harming behaviour.

There were no evidence-based guidelines identified regarding the assessment of suicide risk for mental health patients who are incarcerated.
REFERENCES SUMMARIZED:

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses

Randomized controlled trials
No literature identified.

Controlled clinical trials
No literature identified.

Observational studies


Guidelines and recommendations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Clinical practice guidelines


Review articles


Additional references


