

Section 2 – Identifying the person at risk - IDAS Screening Process

The first area of suicide risk management is to identify people at risk through their contact with adults who can help identify distress.

General structure of the screening process

The identification/screening step goes as follows in the Clinical Decision Support Process:



Identify an at-risk person– IDAS screening process

When? Once a person presents a cause for concern and is not clearly presenting MAAS. If suicidal behaviours or ideations are clearly present, the screening is complete.



Last name, Name:		Screening date :	Date and context of MAAS:
Name of person conducting screening:		Relationship with person:	
<p>Information to collect: Indicators on which to base your clinical judgment about the presence of MAAS.</p> <p>Existing MAAS:</p> <ul style="list-style-type: none"> - Verbal and non-verbal communication (indicate exact wording) - Behaviours - Thoughts <p>Elements of suicidal planning</p> <ul style="list-style-type: none"> - Method/means, time, location, preparations for death <p>Danger Assessment</p> <ul style="list-style-type: none"> - Access to means, lethality of means (real and perceived by the person), planning ability <p>Recent changes in the person's normal functioning that are causing concern about the possibility of MAAS. (Including the period in which changes were observed)</p> <ul style="list-style-type: none"> - Cognitions, behaviours, emotions, neurovegetative indicators, somatic indicators, psychiatric indicators, loss of skills and a difficulty in adapting to their current situation <p>Current signs of hopelessness and distress</p> <p>Reasons and trigger events of the current MAAS episode</p> <ul style="list-style-type: none"> - Apparent reasons of the MAAS episode or observed changes. 	Observer	<p>Observe: Collected information Source: Questions to person, observations, questions to professionals or close persons, person's file</p>	
	Decider	<p>Decide: Decisions resulting from the screening process</p> <p>The person presents MAAS</p> <ul style="list-style-type: none"> - Yes – go to the estimation of danger of attempting suicide and analysis of the suicidal episode - No –implement interventions to reduce the person's distress 	
	Actor	<p>Act: Intervene to manage the suicidal episode based on the person's needs.</p> <p>Danger assessment, complete analysis and management of the suicidal episode</p> <p>Even in the absence of MAAS, it is important to intervene to:</p> <ul style="list-style-type: none"> - Explore the sources of change in the normal functioning - Identify the distress and its sources - Implement procedures to reduce distress 	

Objectives of screening

The screening process aims to answer the following questions:

- Does the person have suicidal manifestations?
- What should I do to go further in my analysis of the suicide risk and the actions to be taken?

The screening can be done independently or in combination with the assessment. Different people may be in charge of screening and assessing level of danger depending on the context and work environment. For example, people in the living, working or leisure environments can be trained in screening so as to be able to refer users in distress to the professionals with whom they collaborate. At the same time, those trained in the management of the suicidal episode can perform danger assessment in the context of a comprehensive suicide prevention assessment and intervention.

This step identifies the presence of suicidal ideation and danger in the very short term and cannot be used to categorize a person as suicidal or not suicidal in the medium or long term.

In-depth screening is unnecessary when the person clearly and directly says they want to kill themselves or when someone is attempting suicide or has access to a means immediately and indicates that they want to use it. In addition, screening is unnecessary when the person is well at the moment. The screening is not intended to identify past MAAS, but only current ones.

Screening is very useful in less clear situations, when the person uses ambiguous words, makes ambiguous gestures or experiences a rapid change in their usual functioning. It is used to clarify the presence of MAAS before performing a more comprehensive danger assessment process.

A person who, following screening, does not present MAAS may still be in difficulty or in distress. This distress must be explored, understood, recognized and an appropriate intervention must be made.

Observe: Sources of information and indicators of MAAS

Several sources of information can be used to do a screening. The person's behaviour and comments are the main source of relevant information, but it can be supplemented by observations, questions to practitioners or relatives, a reading of the user's file, etc.

The following table offers clues to observe in the person in order to complete the screening process.

Information to collect	Description and instructions
Manifestations associés au suicide (MAAS)	
Types of MAAS	<p>Direct and indirect verbalizations, communications by various means, observed changes in behaviour, preparations for departure, letters, obtaining or finding means, etc. (see details in Table 1).</p> <p>Any type of MAAS should be considered from the outset as posing a suicide risk. When making ambiguous or indirect comments, it is important to clarify them with the person. Describe the words and behaviours in a precise way so that you can reuse the words that the person used during subsequent interventions.</p>
Suicide planning	<p>Even an incomplete planning can remain dangerous. The fact that the planning is not complete does not indicate a lesser danger in people with ID or ASD, contrary to what is observed in the general population.</p> <p>Planning includes having thought of a means (however lethal) and a way to use or implement it.</p>
Danger	<p>Access to the means, lethality of the means, perceived lethality of the means.</p> <p>The inability to plan a suicide or identify a lethal means does not take away the suffering of the person with ID or ASD. An intervention is still necessary. In addition, there is always a risk of underestimating the ability to kill oneself or sustain serious injury.</p>
Recent changes in the following areas	
Cognitions	Confusion, difficulty concentrating, indecision, state of intoxication, perception of a suffered dependency, dissatisfaction / frustration, inability to adapt to a situation, catastrophic thoughts, loss of restricted interests, rigidity or fixations increased on object, person or idea.
Behaviours	Behaviour changes (worse or better), restlessness or prostration, amplification of usual behaviours, increased substance use or compulsive behaviours, isolation, absenteeism, increased or new request for help, attention seeking, aggressive behaviour towards others or objects
Emotions	Changing mood, mood swings, manifestations of sadness, anger, irritability, increased worry about upcoming events, anxiety, increased aggressiveness, dissatisfaction, disappointment, fears or insecurity in a situation, loss of self-esteem, feeling of abandonment, feeling of incompetence, of being in a dead end, mourning the loss or impossibility of having a “normal life”, etc.
Neurovegetative symptoms	Degradation of sleep, appetite, energy level, pain, fatigue, worsening of psychiatric symptoms, loss of interest in restricted interest
Somatic symptoms	Appearance or worsening of physical or digestive disorders, of back pain, headaches, etc.
Psychiatric symptoms	Aggravation or worsening of symptoms
Associated context	
Loss of previously acquired skills	Stagnation or regression, difficulties in adapting to the current situation

Information to collect	Description and instructions
Despair	Negative speech about the future, discouragement, resignation, self-deprecation, discontinuation of treatment, refusal of follow-up or absences, refusal of the help offered
Apparent reason for MAAS or observed changes	The reason identified may differ depending on the source of the information. This is one of the tools for assessing behavioural function. The actual pattern may not be the one that appears first. It can help to understand the function of the behaviour but is not enough. It complements itself in the exploration of the situation and provides avenues of solutions to defuse the crisis and for the action plan.
This information is not exhaustive. Please write down anything that seems relevant to the situation of the person in distress.	

Decide: Decision resulting from the screening

The person has suicide-related manifestations (MAAS):

- **Yes** – Proceed with danger assessment and the analysis of the suicidal episode
- **No** – Implement interventions to reduce the person's distress

Act: Intervention to be put in place following the screening process

If the person has MAAS, it is important to continue assessing and managing the suicidal episode. However, even in the absence of MAAS, it is important to intervene since the person was showing signs of distress. Interventions then aim to:

- Explore the sources of change in usual functioning
- Identify the sources of distress
- Reduce distress