

## Interview guide – Care and evaluation of suicidal patients (LOES)



### Sociodemographic background

<p>Date of admission (day/month/year):.....</p> <p>Date of suicide attempt (day/month/year):.....</p> <p>Time of suicide attempt:</p>	<p>Economic situation:</p> <p><input type="checkbox"/> Economically active</p> <p>Profession:</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Unemployed (looking for work)</p> <p><input type="checkbox"/> Economically inactive:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pupil/student</li> <li><input type="checkbox"/> Invalidity due to physical problems</li> <li><input type="checkbox"/> Invalidity due to psychological problems</li> <li><input type="checkbox"/> Retirement</li> <li><input type="checkbox"/> Other: .....</li> </ul>
<p>Information at admission (e.g. where did the attempt take place, who intervened, ...):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Date of birth ___/___/___</p> <p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> X</p> <p>Housing situation:</p> <p><input type="checkbox"/> Alone</p> <p><input type="checkbox"/> Not alone</p> <p>Children:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>School situation (if pupil / student):</p> <p><input type="checkbox"/> Primary education</p> <p><input type="checkbox"/> Secondary education</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Secondary education A stream</li> <li><input type="checkbox"/> Secondary education B stream</li> <li><input type="checkbox"/> ASO (general secondary education)</li> <li><input type="checkbox"/> TSO (technical secondary education)</li> <li><input type="checkbox"/> BSO (vocational secondary education)</li> <li><input type="checkbox"/> KSO (secondary education in the arts)</li> <li><input type="checkbox"/> BuSO (special needs secondary education)</li> </ul> <p><input type="checkbox"/> Higher education/ University</p> <p><input type="checkbox"/> Other: .....</p>
<p>Marital status:</p> <p><input type="checkbox"/> Unmarried</p> <p><input type="checkbox"/> Officially cohabitating</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	

The semi- structured interview manual is only available in Dutch and can be found at [www.zelfmoord1813.be/loes](http://www.zelfmoord1813.be/loes)

<p><b>Pregnant:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Country of birth:</b></p> <p><input type="checkbox"/> Belgium</p> <p><input type="checkbox"/> Other: .....</p> <p><b>Country of birth of the mother</b></p> <p><input type="checkbox"/> Belgium</p> <p><input type="checkbox"/> Other: .....</p> <p><b>Country of birth of the father</b></p> <p><input type="checkbox"/> Belgium</p> <p><input type="checkbox"/> Other: .....</p>	<p><b>Current medication</b></p> <p>What medication are you currently taking?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Admission due to:</b></p> <p><input type="checkbox"/> Suicidal thoughts (please go to question 2. Assessment of emotions)</p> <p><input type="checkbox"/> Suicide attempt (please go to question 1. Current attempt)</p>
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**Part 1: Initial exploration of suicidality**

<p> <b>1. Current attempt</b> (start here in case of attempt)</p> <p><b>Attempt interrupted by another person</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Yes</li></ul> <p><b>Seriousness of physical injury:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No injury</li><li><input type="checkbox"/> Limited (non-life-threatening injury, no urgent medical attention required)</li><li><input type="checkbox"/> Severe (non-life-threatening but urgent medical attention required)</li><li><input type="checkbox"/> Life-threatening (immediate medical attention required)</li></ul>	<p><b>Methods: tick the method(s) used</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hanging, strangulation, suffocation</li><li><input type="checkbox"/> Drowning</li><li><input type="checkbox"/> Use of a firearm or other explosive material or device</li><li><input type="checkbox"/> Burning or self-harm caused by hot fumes or objects</li><li><input type="checkbox"/> Self-injury inflicted by sharp or blunt object (including swallowing)</li><li><input type="checkbox"/> Jumping from height</li><li><input type="checkbox"/> Jumping in front of or lying in front of a moving object</li><li><input type="checkbox"/> Causing a traffic accident</li><li><input type="checkbox"/> Electrocution</li><li><input type="checkbox"/> Inhalation of gases and vapours</li><li><input type="checkbox"/> Pesticides, herbicides and other agricultural chemicals</li><li><input type="checkbox"/> Intentional autointoxication (e.g. medication, narcotics, etc.) (specify substance and amount) ..... ..... .....</li><li><input type="checkbox"/> Alcohol</li><li><input type="checkbox"/> Other method(s) .....</li></ul>
<p> <b>2. Assessment of emotions</b></p> <p>Ask how the patient is feeling now</p> <p>..... ..... .....</p>	



### 3. Suicidal thoughts

Are you currently **thinking** about suicide (again)?

- No  Yes

**How often** have you thought about suicide in the past month?

Never (-> *no more questions on this item and skip to next question (concrete plans)*)

- Rarely  Sometimes  Often  Very often

**How long** have you had suicidal thoughts?

- A few days  > week  1-6 months  > 6 months – 1 year  
 longer than 1 year

How much **control** did you have over these thoughts in the past month?

- None  Low  Moderate  High  Full

To what extent have you suffered from these thoughts in the **past** month?

- None  Low  Moderate  High  Full

To what extent were you **restricted** in daily activities such as work or housekeeping in the past month because of these thoughts?

- None  Low  Moderate  High  Full

*(only ask in case of suicidal thoughts, not of attempt)*

**How close** have you come to a suicide attempt in the past month?

- Not close at all  A little  Moderately  Really close  Attempted



### 4. Concrete plans

Do you currently have a concrete plan to attempt suicide (again)?

- Not thought about it  
 Thought about it, but didn't plan out the details  
 Details planned out

Which method have you considered/ Which methods are you considering?

.....  
.....  
.....  
.....

Is this method available?

- No  
 Yes

Have you made preparations?

- No preparations (no plan)  
 Barely or minimal preparation  
 Extensive preparation (detailed plan)

How soon do you want to execute your plan? To what extent can you delay it?

.....  
.....  
.....  
.....



### 5. Previous suicide attempts

Have you made one or more attempts to end your life in the past?

- No previous (-> no more questions on this item)
- 1 previous
- 2 previous
- 3 previous
- 4 or more previous suicide attempts

If yes:

How long ago was the previous attempt?

- ≤6 months
- Between 6 and 12 months
- > 12 months

Which method did you use then?

.....

.....

.....

Was the previous attempt medically treated?

- No
- Yes

If yes:

Where?

- Hospital
- GP
- Other: .....

Did you receive psychological treatment after the previous attempt?

- No
- Yes

If yes:

Where?

- Psychiatrist/ psychologist
- CLB (pupil guidance centre)
- Residential unit
- CGG (mental healthcare centres)
- Other:.....

Were you satisfied with this treatment?

- No
- Yes



### 6. Self-harming behaviour

Have you ever deliberately hurt or injured yourself?

- No
- Yes

If yes:

Can you remember when was the last time you did this?

- < 6 months ago
- > 6 months ago



### 7. Social network

Do you feel there are people who care about you?

- No
- Yes

If yes, who?

Who: .....

Is there someone you can turn to when you are struggling?

- Not inclined to seek support
- No
- Yes

If yes, to whom then?

Who: .....

Do you contact that person when you are struggling?

- No
- Sometimes
- Yes



### 8. Hopelessness

Do you feel like you are completely stuck, and you can't see a way out?

.....

Do you see possibilities of things getting better for you?

.....

Are there things that could help you now to get through the next days/weeks?

.....

Please circle: Hopeless   Ambivalent   Hopeful



### 9. Openness to professional help

When struggling with suicidal thoughts, it is recommended to get professional help. Would you be open to have a conversation with (name of next healthcare provider) to gain more insight in the things you are struggling with and next steps?

- Does not want professional help (=> inform General Practitioner, parents and/or significant other)
- Neutral
- Is open to professional help

Care pathway initiated (short term):

.....

**Part 2: Further exploration of suicidality**



**1.Suicidal thoughts**

(only ask again if there is > 24h between first and second part)

Are you currently (still) **thinking** about suicide?

- No
- Yes

In the past month, **how often** have you thought about suicide?

Never (-> *no more questions on this item and skip to next question (concrete plans)*)

- Rarely
- Sometimes
- Often
- Very often

**How long** have you had suicidal thoughts?

- A few days
- > week
- 1-6 months
- > 6 months – 1 year
- Longer than 1 year

How much **control** did you have over these thoughts in the past months?

- None
- Low
- Moderate
- High
- Full

To what extent have you suffered from these thoughts in the **past** month?

- None
- Low
- Moderate
- High
- Full

To what extent were you restricted in daily activities such as work or housekeeping in the past month because of these thoughts?

- None
- Low
- Moderate
- High
- Full

*(only ask in case of suicidal thoughts, not of attempt)*

**How close** have you come to a suicide attempt in the past month?

- Not close at all
- A little
- Moderately
- Really close
- Attempted



**2.Concrete plans**

(only ask again if there is > 24h between first and second part)

Do you currently have a concrete plan to attempt suicide (again)?

- Not thought about it
- Thought about it, but didn't plan out the details
- Details planned out

Which method have you considered/ Which methods are you considering?

.....

.....

.....

.....

Is this method available?

- No
- Yes

Have you made preparations?

- No preparations (no plan)
- Barely or minimal preparation
- Extensive preparation (detailed plan)

How soon do you want to execute your plan? To what extent can you delay it?

.....

.....

.....



### 3. Further exploration of the attempt (Only ask this question in case of an attempt)

1. Was anyone around when you tried to harm yourself? (For example, in the same room or on the phone)
2. At what time did you do the attempt? Were you expecting someone to come in or be around shortly? Or did you not think about those possibilities?
3. Did you do anything to prevent people from finding you? (For example, switched off the phone or put a note on the door)
4. After you injured or poisoned yourself, did you call anyone to tell them what you did?
5. Did you do things like pay bills, say goodbye or make a will when you had decided to poison or injure yourself?
6. Did you make a lot of preparations? (E.g. save medication)
7. Did you write a goodbye letter/ email/ text message/ message on social media?  
If yes: to whom?  
If no: did you consider writing one?
8. In the past year, have you told neighbours, friends and/or family, implicitly or explicitly, that you would hurt yourself?
9. What feelings did you have towards life or death? Did you have stronger feelings of wanting to live, rather than wanting to die? Or did you not care whether you would live or die?

#### Isolation

0. Someone present
1. Someone nearby in contact (e.g. by phone)
2. No one nearby or in contact

#### Time

0. Such that intervention is likely
1. Such that intervention is unlikely
2. Such that intervention is almost impossible

#### Preventing intervention

0. No precautions
1. Passively, such as avoiding others
2. Actively (e.g. alone in a room with door locked)

#### Get help after attempt

0. Informed healthcare provider
1. Contacted healthcare provider, but did not inform them about the attempt
2. Did not seek contact with healthcare provider

#### Final arrangements

0. None
1. Considered or made final arrangements
2. Final arrangements made (e.g. made will, gave away possessions, insurance)

#### Degree of planning

0. No preparations (no plan)
1. Minimal preparation
2. Extensive preparation (detailed plan)

#### Goodbye message

0. No goodbye message
1. Thought about it, but did not do it
2. Wrote it, but didn't give/post it

#### Disclosure

0. None
1. Ambiguous disclosure
2. Unambiguous disclosure

#### Wish to live/die

0. Did not want to die
1. Did not care whether to live or die
2. Anted to die



#### 4. Motives of suicidality

Ask what motives the patient had to attempt suicide.

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.....  
.....

Indicate...

Internal conflict

- Thoughts/feelings were so awful that I wanted to get rid of them
- I wanted to get away from an impossible situation
- I lost control of myself and don't know why I did it
- I wanted to punish myself
- I felt not being good enough, being a failure

Influencing/ punishing others

- To get help from someone
- To be heard
- Making people understand how I felt and how devastated I was
- Showing how much I loved someone
- Knowing whether someone loves me or not
- Trying to influence or change someone's opinion
- Making people regret the way they treated me
- Scaring someone, taking revenge on someone
- Making things easier for others

Death wish

- I wanted to die

Magical thinking

- Getting a new chance and coming back into a new life through death (reincarnation/magical thinking)
- Being together with someone who died
- Other: .....



#### 5. Ambivalence

What is currently stopping you from attempting suicide?

.....  
.....  
.....  
.....

 **6. Factors**

It is important to know what factors might have played a role and how long the person had been suffering from these factors.

*Make sure to ask about the factors in bold, because of their correlation with suicidality.*

1= weeks, 2= months, 3= years

Health

- Loneliness
- Psychological problems or psychiatric symptoms
- Physical problems, illness or disability

Stressful life events

- Death/illness of a significant person**
- Suicide attempt or suicide of a significant person**
- Traumatic events (e.g. neglect, physical/emotional/sexual abuse, assault, ...)**

Social/ relational problems

- With or between parents
- With children
- With friends
- Bullying/being bullied
- With partner
- Rejection or relationship breakup

Stressful living conditions

- Problems at school/work (e.g. unemployed, workload, disagreements with colleagues, being fired)
- Financial problems
- Problems with sexual orientation and/or gender identity
- Housing problems (e.g. homelessness, poor housing, dispute with neighbours, ...)
- Problems with police/the judiciary
  
- Other .....  
.....  
.....  
.....



## 7. Substance abuse

1. Have you drunk **alcohol** during the past 3 months?

- No
- Yes

2. Have you used **drugs** during the past 3 months?

- No
- Yes

3. During the past 3 months, have you taken **medication** at a higher dose than prescribed by your doctor?

- No
- Yes

⇒ In case of one or more “YES” response(s) to questions 1 to 3, please go to question 4. In case of “NO” to ALL previous questions, go to next item

4. Have you ever been in a **traffic accident** because you had used alcohol, drugs or medication?

- No
- Yes

5. Have you sometimes used alcohol, drugs or medication to relax, to feel better about yourself or to **belong somewhere**?

- No
- Yes

6. Do you sometimes drink alcohol or use drugs or medication on your own, when you are **alone**?

- No
- Yes

7. Do you sometimes **forget** things you have done when you have used alcohol, drugs or medication?

- No
- Yes

8. Do your **friends or family** sometimes tell you to cut down/stop using alcohol, drugs or medication?

- No
- Yes

9. Have you ever gotten into **trouble** after using alcohol, drugs or medication?

- No
- Yes

 **8. Treatment history**

Have you experienced mental health problems in the past? Did you seek and receive professional help for those problems? Who helped you? And what was your experience?

- No, no previous history
- Yes, previous history of mental health problems, but no treatment  
 ⇒ Specify mental health problems, and reason for no treatment  
 .....  
 .....  
 .....
- Yes, history of mental health complaints and treatment  
 ⇒ Specify mental health problems, treatment and experiences  
 .....  
 .....  
 .....

In case of previous mental health problems: Did you receive a psychiatric diagnosis?  
 .....  
 .....  
 .....

 **9. Coping**

How do you deal with problems in general? What do you do when you are worried or upset? What helps you keep going on?

.....  
 .....

- Do you talk to anyone about it?
- Do you blame yourself for being in trouble?
- Do you get angry?
- Do you stay in your room/at home?
- Do you think about how you coped with similar stressors?
- Do you drink alcohol or use drugs?
- Do you try not to think about your worries?
- Do you try to sort things out?
- Other: .....  
 .....



### 10.Future

Are there positive things/life events in the near future that could affect your suicidal thoughts?

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.....  
.....

Are there negative things/life events in the near future that could affect your suicidal thoughts?

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.....



### 11.Care needs indicated by the patient

Ask about expectations of care

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### 12.Care pathways

- No further treatment
  - Discharge (advised) (e.g. going home)
  - Discharge (counter-advised) (e.g. running away)
  - Return to other facility (e.g. detention unit, sheltered housing, MPI (medical pedagogical institution), ...)
- Outpatient treatment (e.g. psychotherapy)
- Inpatient treatment
  - Somatic unit
  - Emergency psychiatry
  - Child/adolescent psychiatric crisis unit
  - Child/adolescent psychiatric unit
  - Psychiatric Ward General Hospital (PAAZ)
  - Psychiatric Hospital (PZ) / Psychiatric Care Home (PVT)
- Other settings
  - Specify: .....

Concrete treatment arrangements with the patient after this interview:

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