Recommendations for specific medicines include:

» Antipsychotic medicines:
- Examples: haloperidol, risperidone, flupenthixol decanoate, zuclopenthixol decanoate.
- If metabolic effects (e.g., weight gain, hyperglycaemia, hyperlipidaemia) occur, refer to a dietician and encourage regular exercise. If needed, manage dyslipidaemia (See Section: 4.1: Prevention of ischaemic heart disease and atherosclerosis). *LoE:IVb*[25]

» Lithium:
- The therapeutic range is 0.8–1.0 mmol/L in acute mania, 0.6–0.8 mmol/l for prevention of mania and 0.4–0.8 mmol/l for prevention of depressive relapse.
- Monitor lithium concentration and eGFR every 6 months (3-monthly in elderly or those with medical comorbidity).
- Monitor TSH and calcium concentrations annually.
- Women of childbearing potential must be on family planning; refer all pregnant women on lithium immediately (See caution on lithium in Adult Hospital Level STGs, "Chapter 15: Mental Health Conditions and Substance Misuse - Section 15.3.2 Bipolar And Related Disorders").

» Valproic acid and carbamazepine: Avoid in women of childbearing potential.
- If alternate treatment cannot be recommended and these agents are required, give:

- Folic acid, oral, 5 mg daily; and ensure reliable contraception. *LoE:IVb*[26]

CAUTION

Valproic acid is teratogenic, and children born to women taking valporic acid during pregnancy are at significant risk of birth defects (10%) and persistent developmental disorders (40%). Valproic acid is contra-indicated during pregnancy and in women of child-bearing potential and should be avoided. If no alternative, acknowledgment of risk must be signed: https://www.sahpra.org.za/wp-content/uploads/2020/08/6.28_Valproate_Annual_Risk_Acknowledgement_Form_Dec18_v1.pdf *LoE:IIIb*[27]

16.7 SUICIDE RISK ASSESSMENT

R45.8/X60-X84/Z91.5 + (Z81.8)

DESCRIPTION

Suicide is the act of deliberately killing oneself. Self-harm refers to intentionally self-inflicting injury or poisoning, which may or may not have a fatal intent or outcome. Suicide risk assessment is a process of estimating the probability for a person to commit suicide. There are 5 important components when assessing suicide: ideation (thoughts), intent, plan, access to lethal means, and history of past suicide attempts.

Key risk factors for suicide include previous suicide attempt, current suicidal plan or ideation, and history of mental illness and/or substance abuse, access to lethal means,

history of childhood sexual/physical abuse, family history of suicide and suicidality in males, adolescents, elderly patients, and patients with alternative sexual orientations - lesbian, gay, bisexual, and transgender (LGBT) patients (See Section 16.8.3: Special considerations: Sexual health and sexuality).

WARNING
Suicide risk assessment tools and guidelines should not replace clinical judgment.

GENERAL MEASURES

Any of the following factors may indicate a high risk of suicide:

» Extreme hopelessness and despair
» Current thoughts/plan/act of self-harm/suicide
» History of self-harm/suicide
» Mental health condition: depression, bipolar disorder, substance use disorders, psychoses, dementia
» Chronic condition: chronic pain, disability
» Extreme emotional distress
» Key population groups (LGBTQIA+) and adolescents

1. **Reduce immediate risk**

» Manage the patient who has attempted a medically serious act of self-harm: See Section 21.3: Trauma and injuries.
» If medically stable, assess for imminent risk of self-harm/suicide: imminent risk of suicide is likely in a patient who is extremely agitated, violent, distressed or has difficulty communicating and has any of the following:
  - Current thoughts or plan of self-harm/suicide
  - History of thoughts or plan of self-harm in the past month
  - Act of self-harm

2. **Manage underlying factors:**

» Ensure optimal treatment and support of other conditions like chronic pain and mental health conditions (depression, mood disorders, substance use disorders, psychosis, dementia).
» Identify psychosocial stressors like bereavement, intimate partner violence, financial or relationship problems, bullying, divorce, or separation.

3. **Monitoring and follow-up:**

For all cases of medically serious acts of self-harm/suicide, or where there is an imminent risk of self-harm/suicide:

» Remove access to means of self-harm/suicide (bleach, pesticides, firearms, medications) and medicines known to be toxic in overdose, including paracetamol, amitriptyline, theophylline.
» Maintain regular contact if possible – suggested weekly contact for the first 2 months. Follow-up for as long as the risk of self-harm/suicide persists. At every contact, re-assess for suicidal thoughts and plans.

» Educate patient and family:
  - To seek help from a trusted family member, friend, or health worker if they have any thoughts of self-harm/suicide.
  - That family/carers may also need psychosocial support – provide patient with resources (e.g., brochures if available, SA Depression and Anxiety Group details https://www.sadag.org/)

» Educate family/friend/carer:
  - Talking about suicide does not trigger the act of suicide and may lower the risk of following through on suicidal ideation.
  - Where they may get support for their own mental health and to better support the patient.
» Refer to social worker, registered counsellor, mental health services if available, or to community resources such as NGO or faith-based organisation crisis centres or support groups.

REFERRAL
» All patients who have attempted a medically serious act of self-harm/suicide.
» All patients where there is an imminent risk of self-harm/suicide.
» All patients where there is a high index of suspicion for self-harm/suicide.

16.8 SPECIAL CONSIDERATIONS

16.8.1 INTELLECTUAL DISABILITY
F70.0-1/F70.8-9/F71.0-1/F71.8-9/F72.0-1/F72.8-9/F73.0-1/F73.8-9/F78.0-1/F78.8-9/F79.0-1/F79.8-9/F84.1/F84.4 + (Z13.3/Z81.0/Z81.8)

» Difficulty with verbal communication in the patient may result in over diagnosis of psychiatric conditions.
» More time is needed in the consultation and to obtain adequate history from family members.
» High risk of being victims of sexual and physical violence by family, neighbours, or strangers – maintain high index of suspicion for abuse.
» Physical discomfort, e.g., pain or constipation, may present as emotional distress.
» Emotional distress, fear, anxiety, or depression may cause aggression or odd behaviour.
» A supportive, caring, and secure environment is essential for well-being and contained behaviour.
» Manage together with social workers, occupational therapists, counsellors, and non-health departments, e.g. social development and education.
» Consider anxiety, depression, and epilepsy before psychosis.
» Use lowest possible doses of medication to achieve desired effect.
» Placement in a residential facility may be necessary. Requires referral to a social worker and may require completion of one MHCA Form 04 and two Form 05s depending on the mental health status of the user.