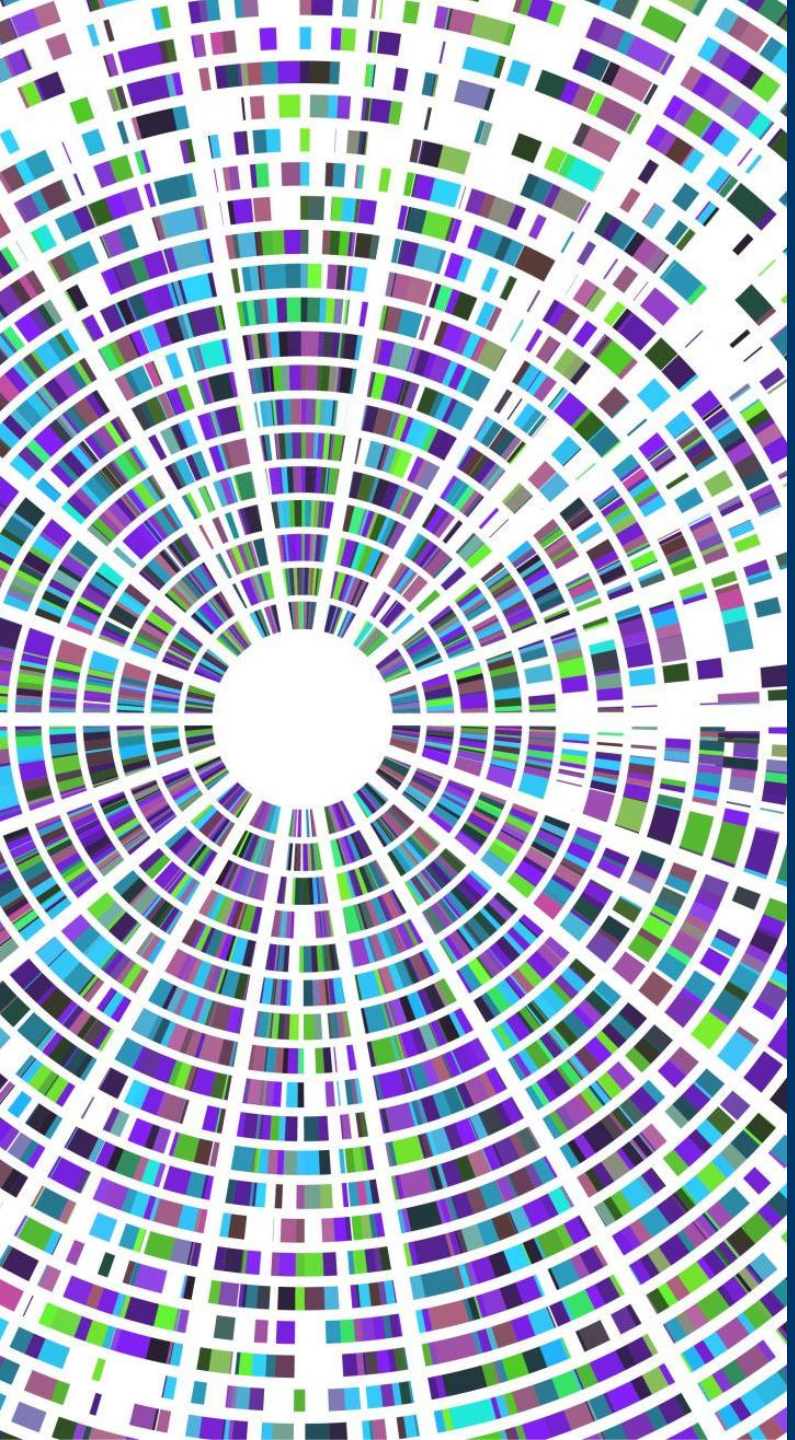

Suicide Risk Reduction and the Baker ACT 2026

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University of Florida College of Medicine

Key Concepts

Acute **(Proximal factors)**

- Imminent
- Intent
- Plan*
- Means
- Transition*
- Impulsivity***
  - Lability
  - Psychosis

Longer term **(distal factors)**

- Ideation
- Plan
- Rx Engagement*
- Social Stability*
- Means*
- History,
  - Recent
  - Lifetime

Key Point

Prevention

- Binary

Risk Reduction

- Analog

Key Points*

Screening

- Wide spread
- Identifies at Risk
- CSSRS

Assessment

- Targeted
- Quantifies Risk
- SAFE-T

Screening

Screening is done widely,

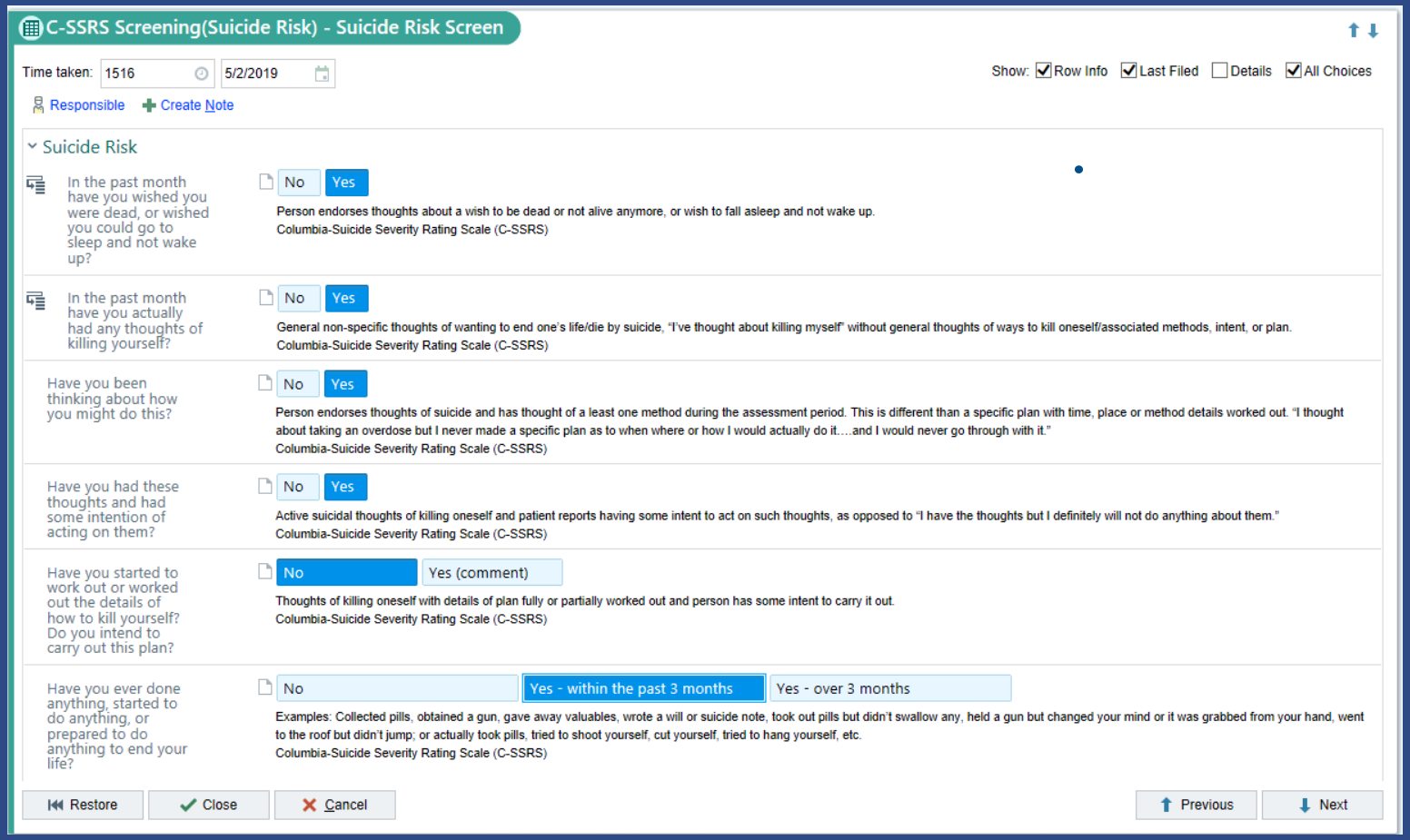
Identifies those at higher risk

Operationalized with CSSRS

Suicide Risk Professional Psychiatric Assessment and Communication

- CSSRS
- and
- SAFE-T

Memorize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Responsible Create Note
Suicide Risk
In the past month have you wished you were dead, or wished you could go to sleep and not wake up?
No Yes
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
Columbia-Suicide Severity Rating Scale (C-SSRS)
In the past month have you actually had any thoughts of killing yourself?
No Yes
General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.
Columbia-Suicide Severity Rating Scale (C-SSRS)
Have you been thinking about how you might do this?
No Yes
Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."
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Have you had these thoughts and had some intention of acting on them?
No Yes
Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."
Columbia-Suicide Severity Rating Scale (C-SSRS)
Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
No Yes (comment)
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.
Columbia-Suicide Severity Rating Scale (C-SSRS)
Have you ever done anything, started to do anything, or prepared to do anything to end your life?
No Yes - within the past 3 months Yes - over 3 months
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
Columbia-Suicide Severity Rating Scale (C-SSRS)
Restore Close Cancel Previous Next

Memorize

Activating Events:
- □ Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)
- □ Pending incarceration or homelessness
- □ Current or pending isolation or feeling alone

Treatment History:
- □ Previous psychiatric diagnosis and treatments
- □ Hopeless or dissatisfied with treatment
- □ Non-compliant with treatment
- □ Not receiving treatment
- □ Insomnia

Other:
- □ _____
- □ _____
- □ _____

Clinical Status:
- □ Hopelessness
- □ Major depressive episode
- □ Mixed affect episode (e.g. Bipolar)
- □ Command Hallucinations to hurt self
- □ Chronic physical pain or other acute medical problem (e.g. CNS disorders)
- □ Highly impulsive behavior
- □ Substance abuse or dependence
- □ Agitation or severe anxiety
- □ Perceived burden on family or others
- □ Homicidal Ideation
- □ Aggressive behavior towards others
- □ Refuses or feels unable to agree to safety plan
- □ Sexual abuse (lifetime)
- □ Family history of suicide

□ **Access to lethal methods:** Ask specifically about presence or absence of a firearm in the home or workplace or ease of accessing

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)

Internal:
- □ Fear of death or dying due to pain and suffering
- □ Identifies reasons for living
- □ _____
- □ _____

External:
- □ Belief that suicide is immoral; high spirituality
- □ Responsibility to family or others; living with family
- □ Supportive social network of family or friends
- □ Engaged in work or school

Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior – skip if questions 1-5 are all no)

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation identified above)	Month	Lifetime (Worst)
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day		
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous		
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts		
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply		
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply		
Total Score		

Notes:

Behaviors:
- □ Preparatory Acts (e.g., buying pills, purchasing a gun, giving things away, writing a suicide note)
- □ Aborted/self-interrupted attempts,
- □ Interrupted attempts and
- □ Actual attempts

□ **Assess for the presence of non-suicidal self-injurious behavior** (e.g. cutting, hair pulling, cuticle biting, skin picking) particularly among adolescents and young adults, and especially among those with a history of mood or externalizing disorders

□ **For Youths:** ask parents/guardian about evidence of suicidal thoughts, plans or behaviors and changes in mood, behaviors or disposition

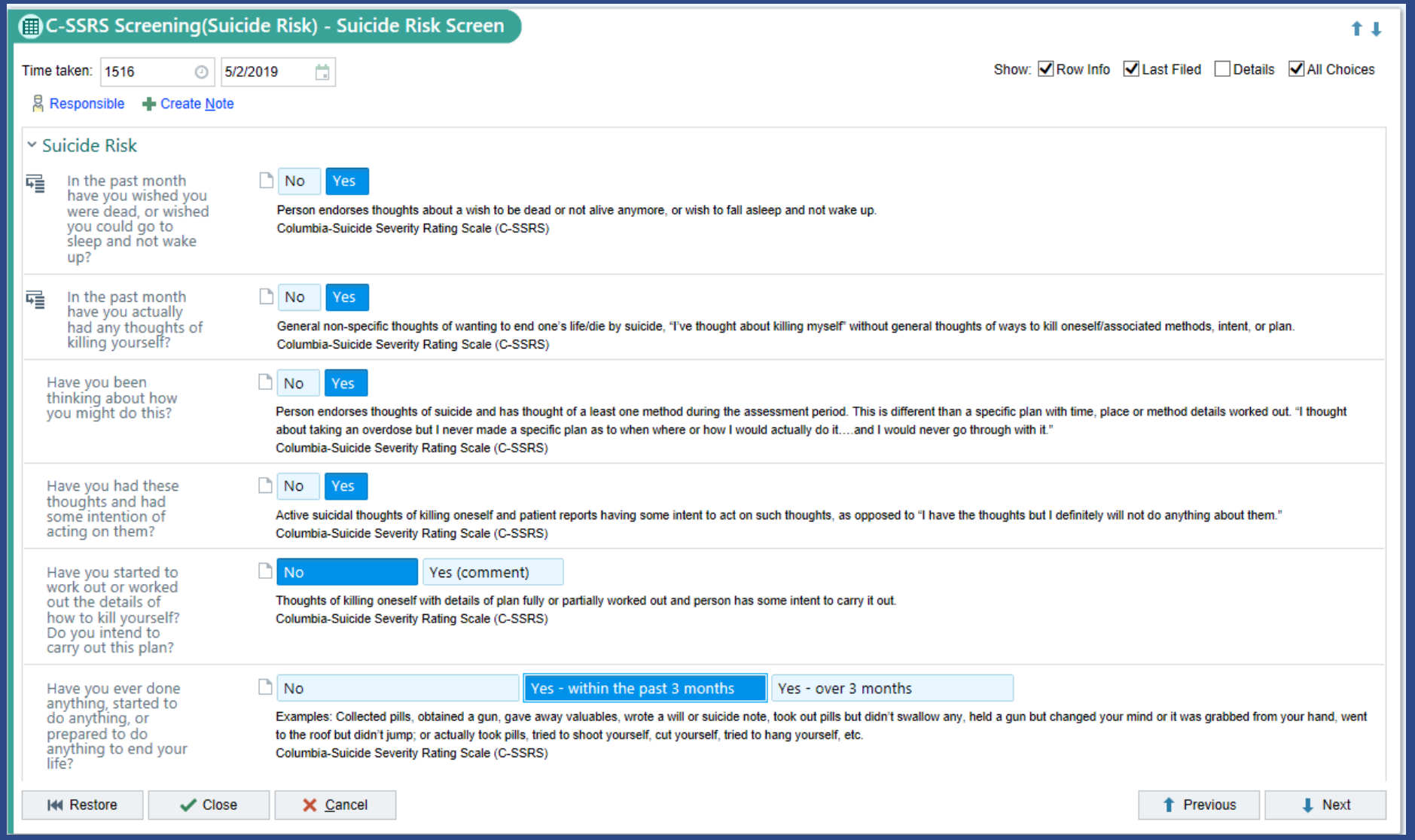
□ **Assess for homicidal ideation, plan behavior and intent** particularly in:
- □ character disordered males dealing with separation, especially if paranoid, or impulsivity disorders

Initiation of Baker Act (SOP)

- At UFHealth Shands Hospital once a physician or other psychiatric clinician determines that a Baker Act should be initiated for a patient, the initiator or designee shall notify in real time a nursing staff to immediately keep the patient under 1:1 observation and then in real time notify the nurse manager so that 1:1 coverage can be arranged.
- The Baker Act initiator or designee shall document the names of the persons notified.
- The Baker Act form may be completed electronically and filed as a BA/MA note type. Or if a paper form is used, the form shall be scanned into the clinical record in real time.
- The Consult note or the progress note for the day will include a description of the BA initiation.
- At UF Health Shands Hospital, the patient on a Baker Act remains on 1:1 supervision until the Baker Act is released, or a patient on a psychiatric inpatient unit has a psychiatry attending physician's order to lift the 1:1 supervision.

Notifying Patient

- The 1:1 is initiated and in place before the doctor who has determined the patient is at risk leaves the area.
- Thus the doctor can inform the patient of the hold while the 1:1 is present and the Charge nurse is aware.
-
- The doctor who determines the need for the involuntary hold immediately notifies the staff / charge nurse and stays with patient until another staff can be present as 1:1. The clinician then writes the BA/MA or MIH and then the order. The patient is notified of the BA/ MA/ MIH only when staff are in place.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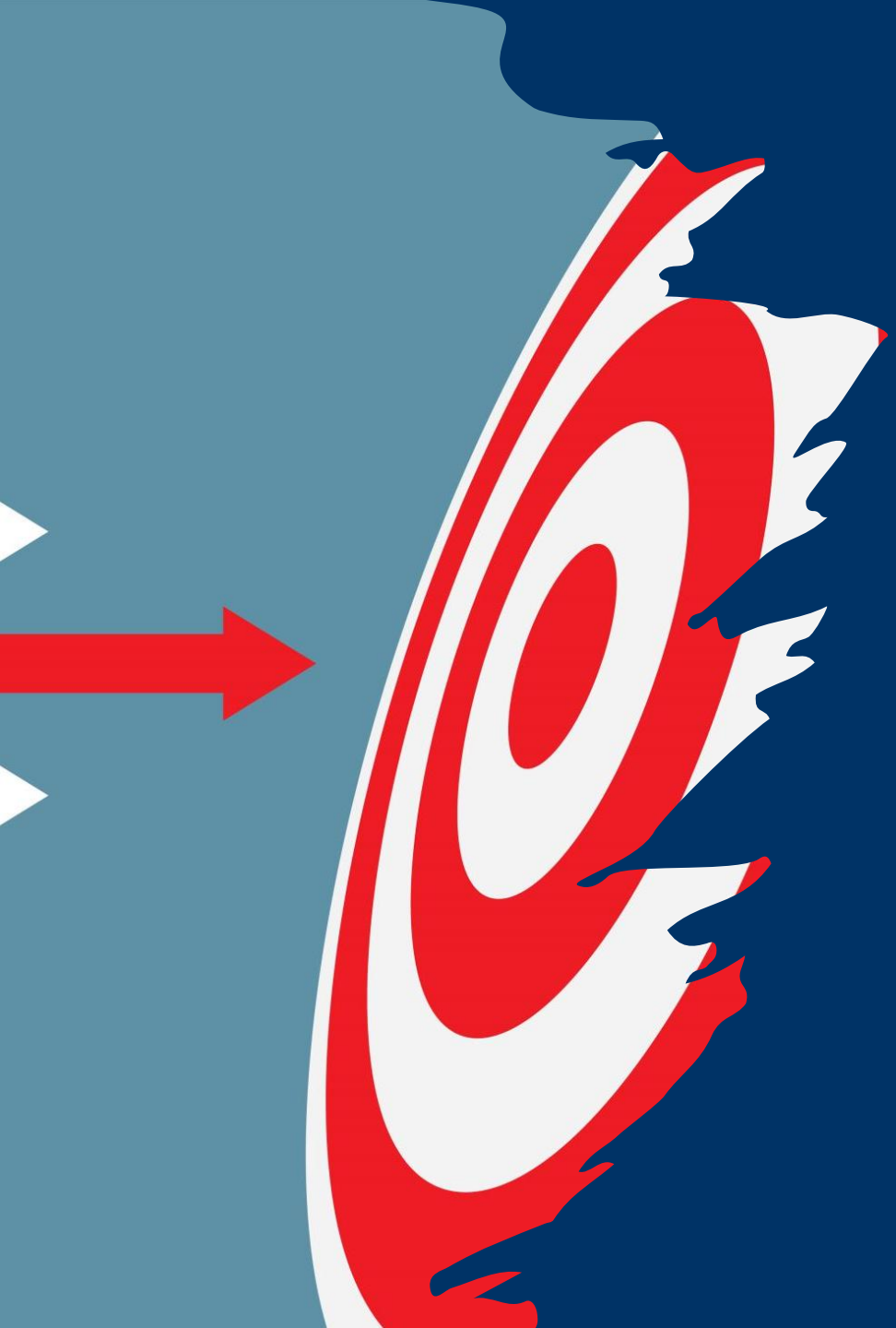

Assessment

- Targeted
- Severity
- Imminence
- Mitigation
- Operationalized SAFE-T

Focus on Inpatient Suicide Risk Reduction Behaviors

Screening – CSSRS

Assessment – SAFE-T

Interventions

Immediate – environment, observation level, interpersonal engagement,

Intermediate - therapy, medications

Transitions –

safety planning, discharge planning, hand off

Activating Events:

- □ Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)
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Treatment History:

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Key Points*

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- Wide spread
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Assessment

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- Quantifies Risk
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Modifiable Risk Factors

SUICIDAL IDEATION INTENSITY

MEDICATION

ABSTINENCE

SOCIAL SUPPORT

HOUSING

Modifiable Position Factors

Risk Reduction

- #1 Action after Assessment
  - RESTRICT ACCESS TO LETHAL MEANS
  - most often in self restrictions in discussion with patient
- Maybe Hospitalization
  - Voluntary
  - Involuntary*-
    - In Florida, the BA52, 72 hour hold, is the legal instrument that allows immediate restriction from access to lethal means. *
- Observation level in hospital
  - Standard Psychiatry Unit suicide precautions (SP)
  - Enhanced Suicide Precautions (SP)
  - Intensive SP with 1:1 staffing

Treatment

Treatment for mental illness is INSUFFICENT

Suicide Risks include factors independent of mental illness severity

- Suicidal ideation
- Suicidal "positioning"

Transitions

Literature
Recommendations

Policy / Regulatory
Expectations

Practice

Performance

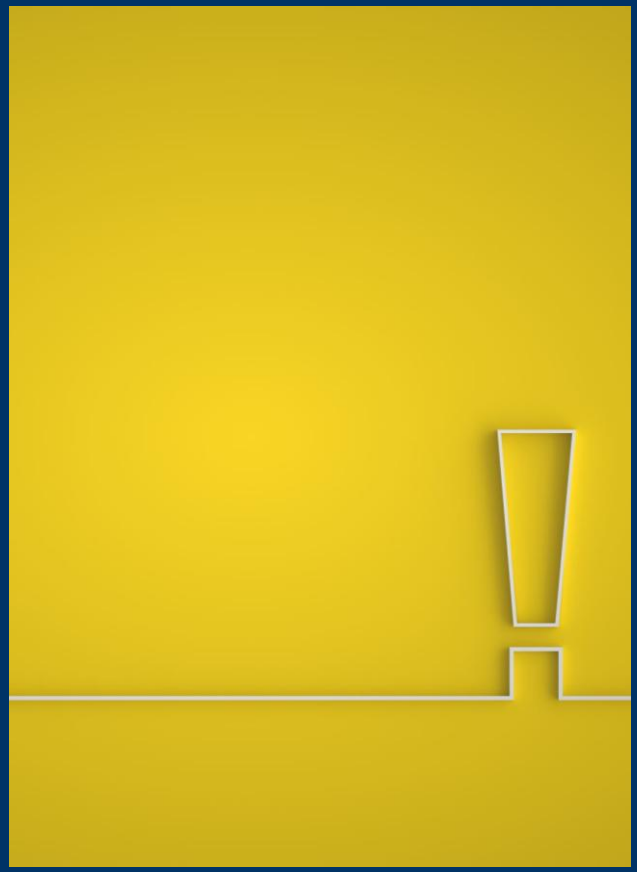
Targeted Treatment

- MD
  - Antidepressants
  - Antipsychotics
  - Lithium
  - Ketamine*
  - ECT*, MST, TMS
- Psychotherapy
  - CBT for SI
  - Dialectical Behavior Therapy (DBT)

*Most rapid onset of the somatic treatments

Release of a BA52 is a Transition of Care
How to do the release

1. Read the Baker Act (required by Florida Statue prior to release of the BA)
2. Search the chart for notes on "suicide" "gun" Firearm"
3. Understand that CSSRS is for screening and SAFE-T is for assessment of risk. Once the screen is positive, decisions flow from the assessment
4. Access to lethal means is an independent risk factor for suicide Maintaining access to lethal means is an enhanced independent risk factor for suicide
5. A person who is released from a Baker Act should have documentation of suicide risk reduction from the time the BA was initiated (other than simply denying SI)
6. Patients who die by suicide while under psychiatric care (ie within minutes to months of visit to psychiatrist) often do so either by impulse, or deception
    1. Impulsivity is predictable,
    2. Deception should take more effort than simple denial



Release of Baker Act

- At UF Health Shands Hospital once a physician or other psychiatric clinician determines that a Baker Act should be released, the designated authority (UFHealth Shands Psychiatrist) will examine the patient, derive an opinion and document that opinion in the patient's on the DCF Form " Approval for Release …" CF-MH 3111, Feb 05 or the EPIC template.
- This form will be imaged into the patients chart and left with patient's paper record. The examining physician will notify a member of the nursing care team for the patient that the Baker Act is released.
- The examiner or designee will document in the chart who was notified and at what time.
- The progress note for the day will include a description of the BA release.

Key Point Review

Screening

- Wide spread
- Identifies at Risk
- CSSRS

Assessment

- Targeted
- Quantifies Risk
- SAFE-T