“Predicting” and Preventing Suicide

written by Richard Leslie | May 26, 2016

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… I was reading something published by a national organization representing a mental health profession, and in a chapter dealing with client suicide a statement is made to the effect that these mental health practitioners “are not expected to predict suicide” and “are not expected to prevent suicide.” The one page of content dealt primarily with what a therapist should do upon learning that a client has committed suicide, and it basically recommended that the practitioner promptly call his or her professional liability insurance carrier. The above quotes not only caught my eye, but I was a bit uncomfortable with the message possibly sent (inadvertently). While practitioners cannot be expected to reliably “predict” or foretell suicide, competent practitioners are expected to be knowledgeable about the indicators of suicidal behavior.

I think there would be general agreement with the statement that “health care practitioners play a critical role in the recognition, prevention, and treatment of suicidal behavior.” Assuming a proper and competent assessment and/or diagnosis, there may be a reasonable expectation that mental health practitioners will be able to “predict” or foresee a suicide – not necessarily with certainty, but perhaps with a strong clinical suspicion. While it is generally recognized that suicide may occur without any prior warning to the reasonably prudent practitioner, it is also recognized that on some occasions a therapist may not properly or competently assess or diagnose the patient’s likely danger to self or to others.

With respect to preventing suicide, I would think that there is a reasonable expectation that once a risk of suicide is identified as an issue to be addressed, therapists are “expected” to prevent suicide by the implementation of appropriate interventions. While no one can guarantee success, even with competent care and sound clinical judgment, some patients may not receive competent care. If negligence is proven, there could be liability for a failure to take reasonable steps to prevent the eventual suicide. Of course, the particular facts involved will determine whether or not a suicide should have been, or could have been, reasonably “predicted” (foreseen) and whether or not the level and kind of treatment was appropriate.

In such cases, the therapist’s records become very important, if not critical. Expert witness testimony regarding suicide – including its “prediction” and “prevention” – will also be of great importance.