Questions and Answers in Suicide Risk Assessment: A Conversation Analytic Perspective

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There are no physical tests or signs of suicide. Professionals assess risk of suicide in face-to-face contacts with people. The U.K. National Confidential Inquiry into Suicide (2016) found that professionals judged immediate risk of suicide at the patient's final appointment before death to be low or not present in 85% of deaths by suicide. A number of studies have found that, prior to death, patients do not communicate suicidal ideation/thoughts, "deny" suicidal ideation and are classified as low risk.

This talk will explore how suicide risk is assessed in professional-patient interaction. Using conversation analysis to investigate question polarity and preference for agreeing responses, it will focus on how questions are designed by professionals and how the design of the question impacts on patient responses. Data come from primary care, accident and emergency departments and secondary mental health care settings.

Firstly, professionals always ask closed yes/no questions when assessing suicide risk. This puts strong constraints on the patient's response to answer with a brief yes or no. Secondly, subtle differences in the wording of the question invite either a yes or a no response. Professionals tend to invite patients to confirm they are not feeling suicidal through the use of negative polarity items and negative declarative questions. This significantly biases patients' responses towards reporting no suicidal ideation.

In cases where patients also completed self-report suicide measures, some patients reported thoughts of ending their lives although this was not elicited in the assessment with the professional. These findings shed some light on patients denying suicidal thoughts before taking their own life. Professionals may use negatively framed questions because of the institutional pressure to assess risk so that it becomes a 'tick box' exercise. Paradoxically, this makes the assessment unreliable. If patients do disclose suicidal thoughts, there can also be an increased workload (e.g. more paperwork if a patient needs to be admitted to hospital). This micro-analysis of questions in institutional interactions reveals subtle features of assessment which have significant consequences for people, where getting it right can be a matter of life and death.