



A Clinician's Guide to Preventing Youth Suicide





Presenter Information



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Objectives

At the end of this workshop, the participants will be able to:

1. Describe the clinician's role in suicide prevention and available resources to support clinical practice.
2. Summarize the importance of the IHS Suicide Prevention Program.
3. Describe the importance of utilizing the IHS Suicide Reporting Form.
4. Use the Methamphetamine and Suicide Prevention Initiative website and resources.



Suicide: A National Crisis

- In the United States, more than 30,000 people die by suicide a year.¹
- Ninety percent of people who die by suicide have a diagnosable mental illness and/or substance abuse disorder.²
- The annual cost of untreated mental illness is \$100 billion.³

¹The President's New Freedom Commission on Mental Health, 2003.

²National Center for Health Statistics, 2004.

³Bazelon Center for Mental Health Law, 1999.



IHS Trends Report

- Using the latest information available, the American Indian and Alaska Native (AI/AN) suicide rate (17.9) for the three year period (2002-2004) in the IHS service areas is 1.7 times that of U.S. all races rate (10.8) for 2003.
- Suicide is the 2nd leading cause of death behind unintentional injuries for Indian youth ages 15-24 residing in IHS service areas and is 3.5 times higher than the national average.
- Suicide is the 6th leading cause of death overall for males residing in IHS service areas and ranks ahead of homicide.
- AI/AN young people ages 15-34 make up 64 percent of all suicides in Indian Country.



The Clinician's Role

- Screening for suicide should be a universal part of primary care, hospitals, emergency departments, behavioral health care and crisis response intervention.
- Up to 76 percent of Americans who die by suicide had contact with their primary care provider in the month prior to their death.



Screening for Suicide

- Physicians and nurses may be concerned about asking patients about suicidal thoughts and behavior without resources to help them respond to identified risk
- Essential for providers to coordinate care with behavioral health support for positive responses to suicide screens
 - Local mental health providers or could be provided by telephone or online by crisis service organizations



Suicide Risk Assessment

- If a patient screens positive, a full assessment should be completed by a professional with appropriate and specific training in assessing for and evaluating suicide risk.
- [Suicide risk assessment forms](#) include sections on acute, moderate, and low risk factors.
- Two different methods for conducting suicide risk assessments
 - Designate trained clinical personnel to conduct
 - Develop partnership agreements with behavioral health services



After an Assessment

- With a level of risk established, the next step is to determine the most appropriate care environment available to address risk and care needs
- The [Pathways to Care](#) section of the Zero Suicide in Health Care Toolkit provides information about determining risk level and recommended interventions for each
 - Includes Clinical Decision Support Tools for various populations of seriously mentally ill patients



Resources for Primary Care

- [Suicide Prevention Toolkit for Rural Primary Care](#) is available through the [Suicide Prevention Resource Center](#)
- Can be used by all primary care providers, including those in non-rural settings
- Contains tools, information, and resources to implement suicide prevention practices and overcome barriers to treating patients with suicidal thoughts or behaviors in primary care settings



Resources for Emergency Departments

- 1 in 10 patients who die by suicide were seen in an Emergency Department (ED) within 2 months of dying
- The [Is Your Patient Suicidal: Emergency Department Poster](#) is a useful tool
 - Lists warning signs, simple steps to follow, and provides the National Suicide Prevention Lifeline telephone number
- [Suicide Risk: A Guide for ED Evaluation and Triage](#) supplements the poster with additional clinical guidance



System and Protocol Changes

- Implement a standardized screening tool with a follow-up assessment for positive screens
- Assignment of risk level with associated intervention protocols carried out in the least restrictive setting
- Standardized safety planning processes coordinated with families for individuals at risk



Equipping All Staff to Engage and Support Those at Risk

- All staff will need to be oriented to suicide prevention as an organizational priority
- All staff members throughout a health or behavioral health organization should receive training so that they can respond knowledgeably and competently to persons at risk of suicide.



Training Resources

- [Telebehavioral Health Center of Excellence](#) offers a robust weekly schedule of training related to current & pressing behavioral health issues
- Training is also [archived](#) and available for viewing
 - Topics related to Native youth & suicide prevention
- To receive training information, sign up for the [TBHCE listserv](#)



Recorded Webinars

- Emerging Zero Suicide Paradigm
- Screening and Assessment for Suicide in Health Care Settings: A Patient Centered Approach
- Safety Planning and Means Reduction in Large Health Care Organizations



E-Learning Workshops

- Safety Planning Intervention for Suicide Prevention
- Assessment of Suicidal Risk Using C-SSRS



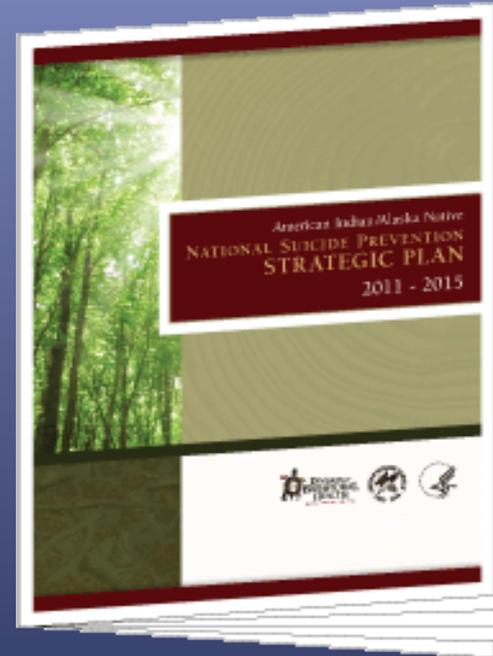
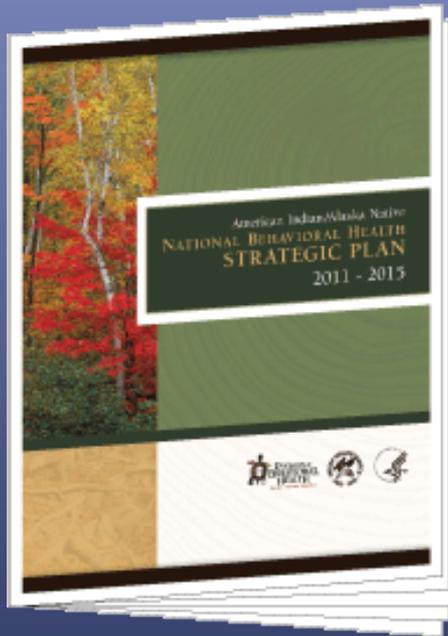
IHS Suicide Prevention Program



- The National Suicide Prevention program addresses the tragedy of suicide in AI/AN communities.
- The IHS National Suicide Prevention Initiative builds on the foundation of the Health and Human Services (HHS) “National Strategy for Suicide Prevention” and the 13 goals and objectives for the Nation to reduce suicidal behavior and its consequences, while ensuring we honor and respect Tribal traditions and practices.



Strategic Plans¹



[http://www.ihs.gov/MedicalPrograms/Behavioral/index.cfm?module=BH&option=Strategic Plans](http://www.ihs.gov/MedicalPrograms/Behavioral/index.cfm?module=BH&option=Strategic%20Plans)



Promoting Collaboration

- The National Action Alliance for Suicide Prevention
 - Launched in Sept 2010 by HHS Secretary Sebelius and Defense Secretary Gates
 - The AI/AN Task Force formed to implement suicide prevention strategies to reduce the rate of suicide in AI/AN communities.
 - Co-chaired by:
 - Dr. Yvette Roubideaux, IHS Director
 - Mr. Larry Echohawk, Fmr. Asst. Sec. for Indian Affairs
 - McClellan Hall, private sector representative



Suicide Prevention Website

www.ihs.gov/suicideprevention



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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Suicide Prevention Program



Despite the strengths of American Indian and Alaska Native (AI/AN) families and communities, suicide remains a devastating and all too frequent event. Complex, interrelated factors contribute to an increased suicide risk among AI/AN people. Risk factors include mental health disorders, substance abuse, intergenerational trauma, and community-wide issues. Factors that protect AI/AN youth and young adults against suicidal behavior are a sense of belonging to one's culture, a strong tribal/spiritual bond, the opportunity to discuss problems with family or friends, feeling connected to family, and positive emotional health.

Cooperation among tribal, federal, and other partners is imperative to create a safety net of interconnected programming—health, education, law enforcement, public health and well-being, economic development, and physical and behavioral health—to maximize effectiveness of services and to protect individuals against suicide risk.

The Indian Health Service is partnering with tribal, federal, state, and community leadership to advance behavioral health and prevent suicide in AI/AN communities.



Media Campaigns

**COMMUNITY IS THE HEALER
THAT BREAKS THE SILENCE**

NATIVE AMERICAN communities have always represented unity and strength. Today, we must continue this tradition and come together to help those in need. Suicide has become a serious problem in Indian Country, but suicide can be prevented.

If someone you know has threatened suicide, talked about wanting to die, appears depressed, sad or withdrawn, or shows changes in behavior, appearance or mood... You can help!

To help: Remember to stay calm and listen • Take all threats of suicide seriously • Don't swear secrecy • Contact a local health professional, counselor, healer or clergy member, the suicide lifeline, or a trusted adult.

To learn more, visit: www.suicidepreventionlifeline.org, us.reachout.com, or call 1.800.273.TALK (8255)



Clinical Quality Performance Measures

- Depression Screening
- Suicide Report Form
 - Improves data collection
 - Informs suicide prevention activities
 - Standardized and systematic method for documenting incidents of suicide
 - Accurate suicide data at the point of care
 - Timely data
 - Capture specificity of location and associated risk factors



What Data does the SRF Capture?

- Provider who completed the SRF
- Patient demographics
- Type of suicide incident
 - Ideation with intent and plan
 - Attempt
 - Completion
 - Attempted/Completed suicide with homicide
- Standard suicide epidemiological data
 - Method
 - Substances involved
 - Contributing factors



SRF and Medical Records

- Often completed in the context of a visit but SRF data is not visit-related (i.e. does not populate the visit record)
- Data collection function - not a clinical intervention tool
 - Any care provided in the context of seeing a patient for suicide-related issues must be appropriately documented in the medical record.



Access

- Ability to enter or access SRF data is restricted to providers (BH, Medical and Nursing) and data entry staff
 - EHR
 - Suicide Form component (installed by EHR CAC)
 - Location in EHR will vary with different EHR user templates
 - BH GUI/Patient Chart and Behavioral Health System
 - Suicide Form component (tab)
 - Embedded in the application
 - PCC
 - Entry into RPMS by data entry staff (from paper forms)
 - Entry into RPMS by providers with “SF” menu option



Dependencies for Use and Exporting

- RPMS Prerequisite
 - BHS (namespace AMH) must be loaded in order to utilize the Suicide Reporting Form in any of the RPMS applications (EHR, PCC, BH GUI)
- Database
 - SRF data resides in the AMH database *not* the PCC database
 - SRF data is exported to IHS National Programs via the monthly BHS export – this is a separate export from the PCC export



Documentation Standards

- Policies and procedures for completing a SRF are determined at the local level
 - For example, providers may be instructed to document historical events or only those that occurred within the past 72 hours
 - Consistency is essential to data integrity
- Required fields
 - All fields are required except for Local Case Number and Narrative
 - Forms can be saved as “Incomplete” to be completed at a later time
- Each field has an option of “Other” or “Unknown” if the desired response is not available in the drop-down menu



Suicide Reporting Form in BHS v4.0



Suicide Form Data Entry - Add Suicide Form

Local Case Number **Provider**

Date of Act **Community Where Act Occurred**

Relationship Status **Education**

Employment Status **If less than 12 years, highest grade completed**

Suicidal Behavior **Location of Act**

Previous Attempts **if other**

Disposition

Method | Substance Use | Contributing Factors | Narrative

Method

Gunshot Carbon Monoxide

Hanging Overdose

Motor Vehicle Other

Jumping

Stabbing/Laceration Unknown

Overdose

Substance	Substance If Other
OTHER OVER-THE-COUNTER MED...	iron vitamins

DEMO,BOBBIE 176224 F 06/03/1970 40



Paper-based Form

- Data can be captured on paper form for entry into RPMS later by Data Entry staff.

RPMS Suicide Reporting Form

Local Case Number:	Health Record Number:	
Date Form Completed:	DOB/Age:	
Provider Name:	Sex (M/F):	
Date of Act:	Community Where Act Occurred:	

☐ Employment Status	☐ Relationship Status	☐ Education
Part-time	Single	High School Graduate/GED
Full-time	Married	Less than High School, highest grade complete
Self-employed	Divorced/Separated	Some College/Technical
Unemployed	Widowed	College Graduate
Student	Co-habiting/Common-law	Post Graduate
Student and employed	Same Sex Partnership	Unknown
Retired	Unknown	
Unknown		

☐ Suicidal Behavior	☐ Location of Act	☐ Previous Attempts
deation with Plan and Intent	Home or vicinity	0
Attempt:	School	1
Completed Suicide	Work	2
Att'd Suicide w/ Att'd Homicide	Jail/Prison/Detention	3 or more
Att'd Suicide w/ Compl Homicide	Treatment Facility	Unknown
Compl Suicide w/ Att'd Homicide	Medical Facility	
Compl Suicide w/ Compl Homicide	Unknown	
	Other (specify):	

Method: (✓ all that apply)		
Suicidal	Overdose/1st:	Non-prescribed opiates (e.g. Heroin)
Choking	Aspirin/Aspirin-like medication	Sedatives/Benzodiazepines/Barbiturates
Motor Vehicle	Acetaminophen (e.g. Tylenol)	Alcohol
Jumping	Tricyclic Antidepressant (TCA)	Other Prescription Medication (specify):
Stabbing/laceration	Other Antidepressant (specify):	Other Over-the-counter Medication (specify):
Carbon Monoxide	Amphetamine/Stimulant	Other (specify):
Overdosed Using (select from list)	Prescribed Opiates (e.g. Narcotics)	
Unknown		
Other (specify):		

Substances Involved: (✓ all that apply)		
None	Alcohol	Inhalants
Alcohol & Other Drugs (select from list):	Amphetamine/Stimulant	Non-Prescribed Opiates (e.g. Heroin)
Unknown	Cannabis (Marijuana)	Prescribed Opiates (e.g. Narcotics)
	Cocaine	Sedatives/Benzodiazepines/Barbiturates
	Hallucinogens	Other (specify):

Contributing Factors: (✓ all that apply)		
Suicide of Friend or Relative	History of Substance Abuse/Dependency	Divorce/Separation/Break-up
Death of Friend or Relative	Financial Stress	Legal
Victim of Abuse (Current)	History of Mental Illness	Unknown
Victim of Abuse (Past)	History of Physical Illness	Other (specify):
Occupational/Educational Problem		

☐ Disposition	Narrative
Mental Health Follow-up	
Alcohol/ Substance Abuse Follow-up	
inpatient I/H Treatment Voluntary	
inpatient I/H Treatment Involuntary	
Medical Treatment (ED or In-patient)	
Outreach to Family/School/Community	
Unknown	
Other (specify):	



RPMS Electronic Health Record & Behavioral Health



- More information is available through the RPMS Behavioral Health website
- Training is also listed related to:
 - ICD-10 Transition
 - BHS v4.0 Exported Data
 - BHS v4.0 Patch 4 Application Information
 - RPMS Suicide Reporting Form
 - Use of RPMS EHR by Behavioral Health Providers



Methamphetamine and Suicide Prevention Initiative

- Demonstration/pilot project which addresses the dual epidemics of methamphetamine and suicide in Indian Country.
- Congress appropriated approximately \$15.5 million
- Six-year demonstration/pilot (2009-2015)
- 130 funded projects
- www.ihs.gov/mspi



Program Highlights

The Northwest
Portland Area
Indian Health
Board, THRIVE
Project



Available at : http://www.npaihb.org/epicenter/mspi_prevention_media_resources

Restriction: Safe Room



Medical gas
lock-box

Electric outlets
lock-box

Stretcher

Cameras

Wall and
ceiling
material

Cart

Sink

Light-box

Blinds

Light
switch

Door handle



Means Restriction: Operation Medicine Drop Collects 20,000 Dosages





Utah Navajo Health Services





Evidence-based Practice

- American Indian Life Skills – school-based suicide prevention curriculum
- Model Adolescent Suicide Prevention Program – public health-oriented suicidal behavioral prevention and intervention program
- Project Venture – outdoor experiential youth development program designed primarily for 5th to 8th grade American Indian youth



Practice-based Evidence

- Gathering of Native Americans (GONA) – 3-day youth substance abuse prevention curriculum
- Native HOPE (Helping Our People Endure) – strengthen the capacity of AI/AN teens and young adults to help each other, their families, schools, and communities by using their sources of strengths, including culture and spirituality, to break the code of silence and unhealthy multigenerational cycles



Practice-based Evidence¹

- Applied Suicide Intervention Skills Training (ASIST) – gatekeeper and skills-building training program to prevent youth suicide
- Question, Persuade, Refer (QPR) – outlines three simple steps that anyone can learn to help save a life from suicide
- safeTALK – 3 hour video training for 15 and older to identify persons with thoughts of suicide and connect them to suicide first aid resources



Resources

- IHS Find Health Care:
<http://www.ihs.gov/findhealthcare/>
- SAMHSA Behavioral Health Treatment Services Locator:
<http://findtreatment.samhsa.gov/>
- Resources for Providers Website:
<http://www.ihs.gov/suicideprevention/providers/>
- Suicide Prevention Program Website:
<http://www.ihs.gov/suicideprevention/>



Resources

- Action Alliance:

<http://actionallianceforsuicideprevention.org/>

- Zero Suicide:

<http://zerosuicide.actionallianceforsuicideprevention.org/>

- Suicide Prevention Resource Center (SPRC):

<http://www.sprc.org/>

- American Foundation for Suicide Prevention

<http://www.afsp.org/>

- IHS MSPI Program

- <http://www.ihs.gov/mspi>



Crisis Lines

- National Suicide Prevention Lifeline: 1(800) 273-TALK
<http://www.suicidepreventionlifeline.org/>
- Veteran's Crisis Line: 1(800)273-TALK (press #1)
<http://www.veteranscrisisline.net/>



Citations

- ¹ The President's New Freedom Commission on Mental Health, 2003.
- ² National Center for Health Statistics, 2004.
- ³ Bazelon Center for Mental Health Law, 1999
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Questions?

