

Screening and Assessment for Suicide Prevention

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National Combined Council

San Diego, CA

Learning Objectives

- To promote evidence based management of persons presenting as at risk for suicide.
- To promote a structured interview format that is patient centered.
- To identify critical decision points for screening and assessment for management of persons at risk for suicide.

Background

- Suicide is the 10th leading cause of death for all ages in 2013 and the second leading cause of death for persons ages 24 and younger.
- American Indians/Alaska Natives die by suicide at a disproportionately higher rate (11.7 per 100,000) in comparison to the other racial and ethnic groups.

American Indian/Alaska Natives

- From 2010 to 2013, the Centers for Disease Control and Prevention ranked suicide among the AI/AN population as:
 - First for ages 10 to 14 years
 - Second for ages 15 to 24 years
 - Sixth for age 35 to 44 years

Suicide Mitigation

- Starts from the assumption that suicidal thoughts need to be taken seriously and met with empathy and understanding on every occasion
- Many patients are ambivalent about living or dying
- Increasing hopefulness, resilience and reasons for living have been shown to reduce suicide risk

Patient Centered Care in Suicide Prevention

- Screening
 - Initial identification of person at risk for suicide through population screening protocols.
 - Can allow for early detection
 - Can result in false positives

Screening

- Standardized instrument/protocol used to identify persons who may be at risk for suicide.
- Screening can be stand alone or part of an overall suicide treatment management process.
- Screening can be completed
 - Orally by a screener asking questions
 - By pencil and paper
 - By computer
- Protocols
 - PHQ-2/PHQ-9
 - Beck Suicide Scale
 - C-SSRS

Issues Related to Collaborative Assessment of Suicidal Risk

- Issues of competent assessment of risk.
- Need for empirically-oriented treatments.
- Appropriate risk management (liability issues).
- Challenges with Electronic Health Record

Clinical Work with Suicidal Patients: Emerging Ethical Issues and Professional Challenges(PPRP: Jobes, Rudd, Overholser, & Joiner, 2008)

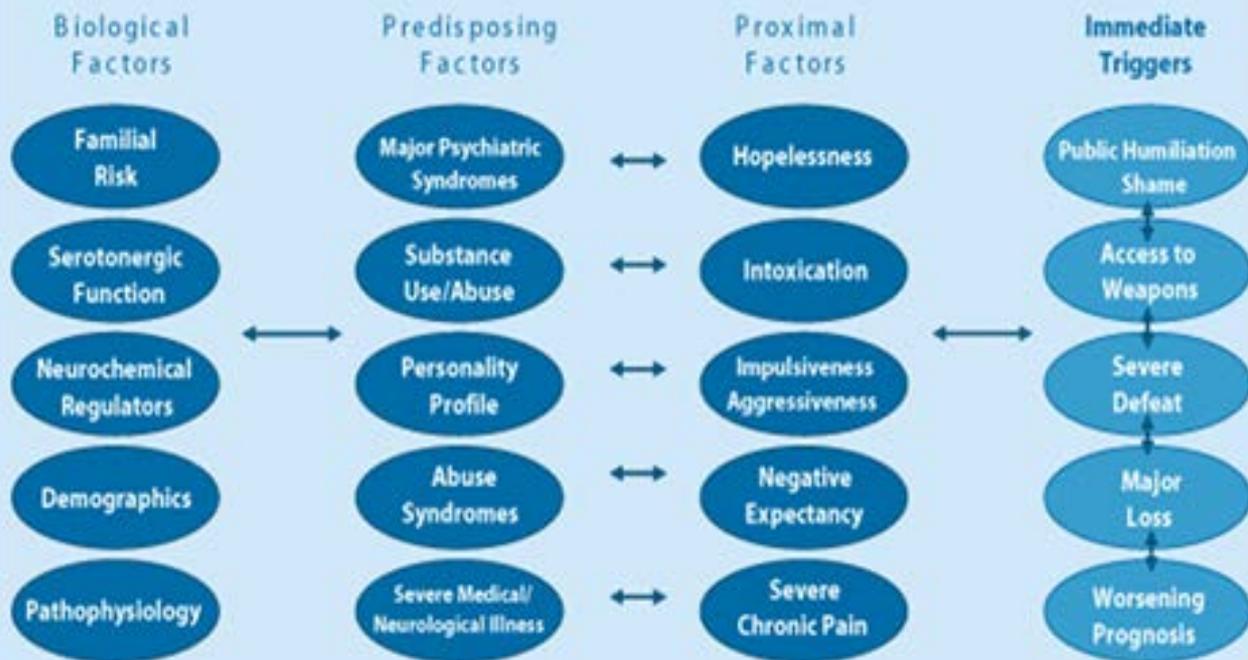
Suicide Screening and Assessment Accreditation Standards

- Joint Commission National Patient Safety Goal 15.01.01 Element of Performance 1:

Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide

- 21% of JC Accredited Behavioral Health Organizations and 5% of Hospitals were rated as non-compliant with this goal in 2014

Suicide is an outcome that requires several things to go wrong all at once.



Suicide Risk Assessment Tools

- CAMS SSF
- C-SSRC
- SAFE-T
- SAD PERSONS
- IS PATH WARM

Key Thoughts

- A therapeutic relationship enables disclosure of suicidal thoughts
- All suicidal thoughts however “minor” require a compassionate, proportionate, and timely response
- Suicidal thoughts/plans, loss of hope and emotional pain need identification and a robust safety plan

Assessment Essentials

- Assessment of suicide risk requires a biopsychosocial assessment of the patient including details of their suicidal thoughts, intent, plans, demographic factors and a comprehensive mental status exam.

Key Assessment Constructs

- Current psychological intent
- Meaning and motivation of suicidal thoughts and behavior
- Suicidal Ideation (frequency, duration)
- Specifics of the plan, preparation, rehearsal
- History of suicidal/self-destructive behavior
(single attempts, multiple attempts)
- Physiological, cognitive, and affective states

Key Assessment Constructs

- Coping potential and protective factors
- Impulsivity and self-restraint
- Substance abuse or dependence
- Significant psychosocial stressors (social isolation, relationship problems, legal issues, shame, burden to others, significant loss)
- Static risk factors

Psychological Intent

- Intent can sometimes be inferred clinically from the behavior or circumstances
- e.g., if someone denies intent to die, but they thought that what they did could be lethal, intent can be inferred
- “Clinically impressive” circumstances; highly lethal act where no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story, setting self on fire, or taking 200 pills)

Intensity of Ideation

For Intensity of Ideation, risk is greater when:

- Thoughts are more frequent
- Thoughts are of longer duration
- Thoughts are less controllable
- Fewer deterrents to acting on thoughts
- Stopping the pain is the reason

Risk Factors

- Previous suicide attempts
- Mental or emotional disorders
- History of trauma or loss
- Serious illness physical or chronic pain or impairment
- Alcohol and substance abuse
- Access to lethal means
- Discharge from in-patient psychiatric within first year particularly the first weeks or months
- Social Isolation or a pattern or history of anti-social behavior
- Hopelessness

Protective Factors

- Problem-solving skills
- Connectedness to individuals, family, community, and social institutions
- Access to effective mental health care

Risk and Protective Factors

- Not all risk and protective factors are created equal.
- High risk for suicide, whether for individuals or communities, is usually found in “constellation” of multiple risk factors.
- The significance of particular risk and protective factors varies among individuals and communities, so the degree of risk or protection conveyed by any one factor will differ among individuals and communities.
- Although risk factors contribute to long-term risk, immediate stressors “tipping points” may create the final impetus for the suicidal act.

Preparatory Acts or Behavior

Definition: Any other behavior (beyond saying something) with suicidal intent

Examples

- Collecting or buying pills
- Purchasing a gun
- Writing a will or a suicide note
- Question:
- Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as, collecting pills, getting a gun, giving valuables away, writing a suicide note)?

Suicide Attempt Definition

A self-injurious act undertaken with at least some intent to die, as a result of the act

- There does not have to be any injury or harm, just the potential for injury or harm (e.g., gun failing to fire)
- Any “non-zero” intent to die – does not have to be 100%
- Intent and behavior must be linked

Potential Lethality

Likely lethality of attempt if no medical damage.

Examples of why this is important are cases in which there was no actual medical damage but the potential for very serious lethality:

- Laying on tracks with an oncoming train but pulling away before run over
- Put gun in mouth and pulled trigger but it failed to fire

Safety Plan

- An immediate safety plan will depend on the patient's overall suicide risk level.
- The more severe the risk, the more the clinician will need to direct care and support to keep the patient safe.
- Interventions should be identified by the patient. In circumstances where the patient is unable to articulate their wishes or when the risk is high, it may be necessary for the clinician to take a more directive role.

Self Stabilization Plan

- Recognizing warning signs
- Employing internal coping strategies without needing to contact another person
- Socializing with others who may offer support as well as distraction from the crisis

Self Stabilization Plan

- National Suicide Prevention Lifeline Number
1-800-273-TALK (8255)
- Suicide Prevention Apps <http://www.tomsguide.com/us/suicide-prevention-apps,review-2397.html>
- Reducing the potential for use of lethal means
- Life or death emergency contact number
- Barriers to attending treatment/Solutions

Treatment and Discharge Plans Promoting Risk Mitigation

- To improve outcomes for at-risk patients develop treatment and discharge plans that directly target suicidality
- Engage the patient's family and support system if possible
- Establish plan collaboratively with patient and share with other providers responsible for patient care

Treatment and Discharge Plans Promoting Risk Mitigation

- Directly address patient's thoughts about suicide at every interaction
- Establish frequent real time telephone or live contact with at risk patients
- Use motivational interviewing to increase the likelihood of engagement in further treatment

Treatment and Discharge Plans Promoting Risk Mitigation

- Overt emphasis on developing and consolidating coping and problem-solving skills and techniques.
- Focus on actively developing reasons for living and systematically eliminating existing reasons for dying

Treatment and Discharge Plans Promoting Risk Mitigation

- Emphasis on future thinking/planning (protective factors) including:
 - Development of short and long term goals and plans
 - Development of hope for the future.
 - Development or further consolidation of guiding beliefs

2016 AI/AN National Behavioral Health Conference

Portland, Oregon

August 9 – 11, 2016

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- [Please visit the 2016 Conference Registration site to register](#) for the conference. There is an attendance capacity of 550 for in person conference participants. *This limit is for in person attendance only.*
- For additional registration information, including hotel reservation details, the agenda, and information regarding virtual participation options, visit the [Conference Registration page](#)

Questions & Answers

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