

Identifying and addressing risk of self-harm in collaborative care

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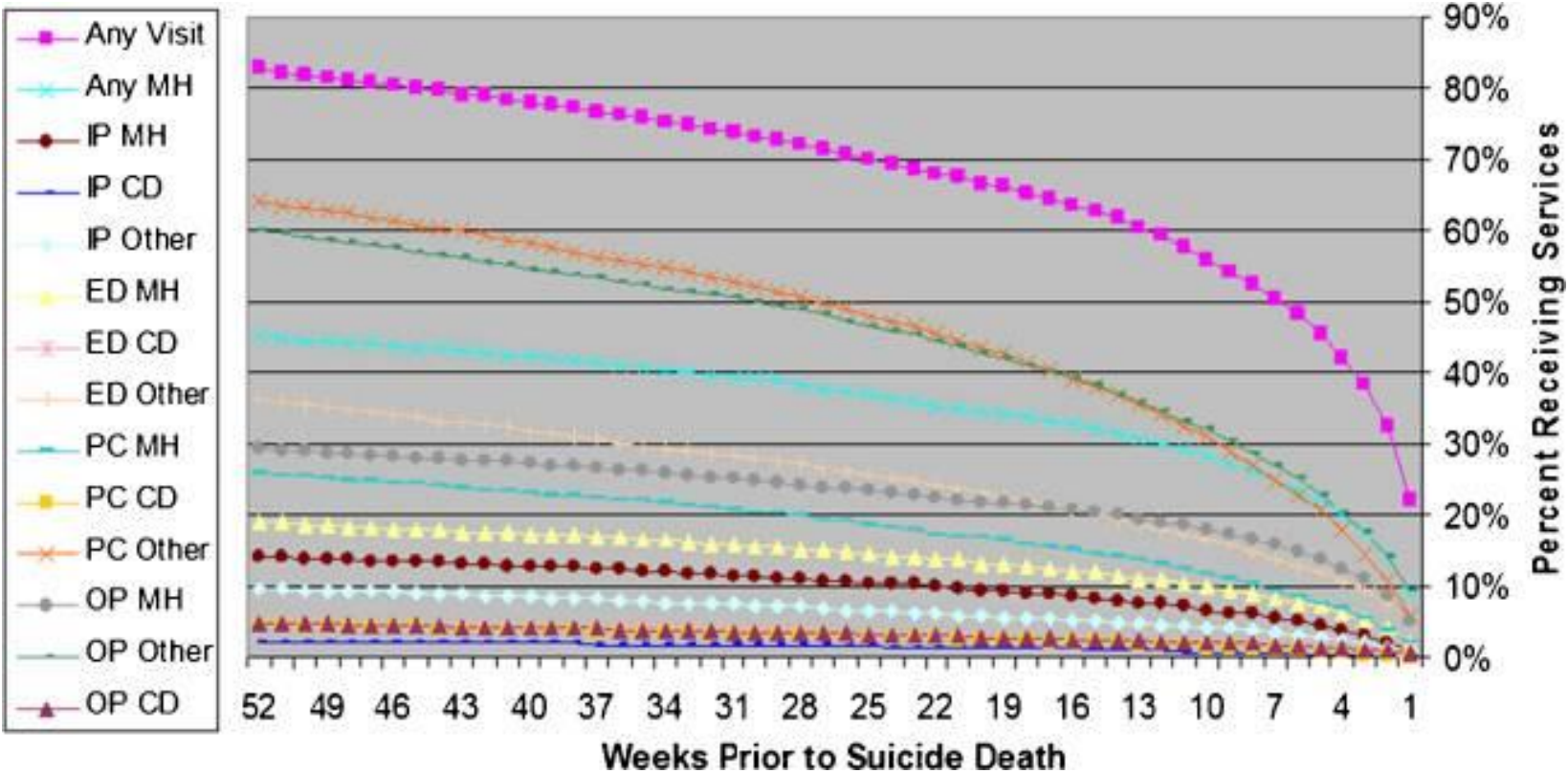
Disclosures

- Supported by NIMH Cooperative Agreements UH3MH007755 and U19MH121738.
- I am an employee of Kaiser Permanente. I have no other relevant financial interests to disclose.
- I do not intent to discuss any off-label or investigative use of commercial products or devices.

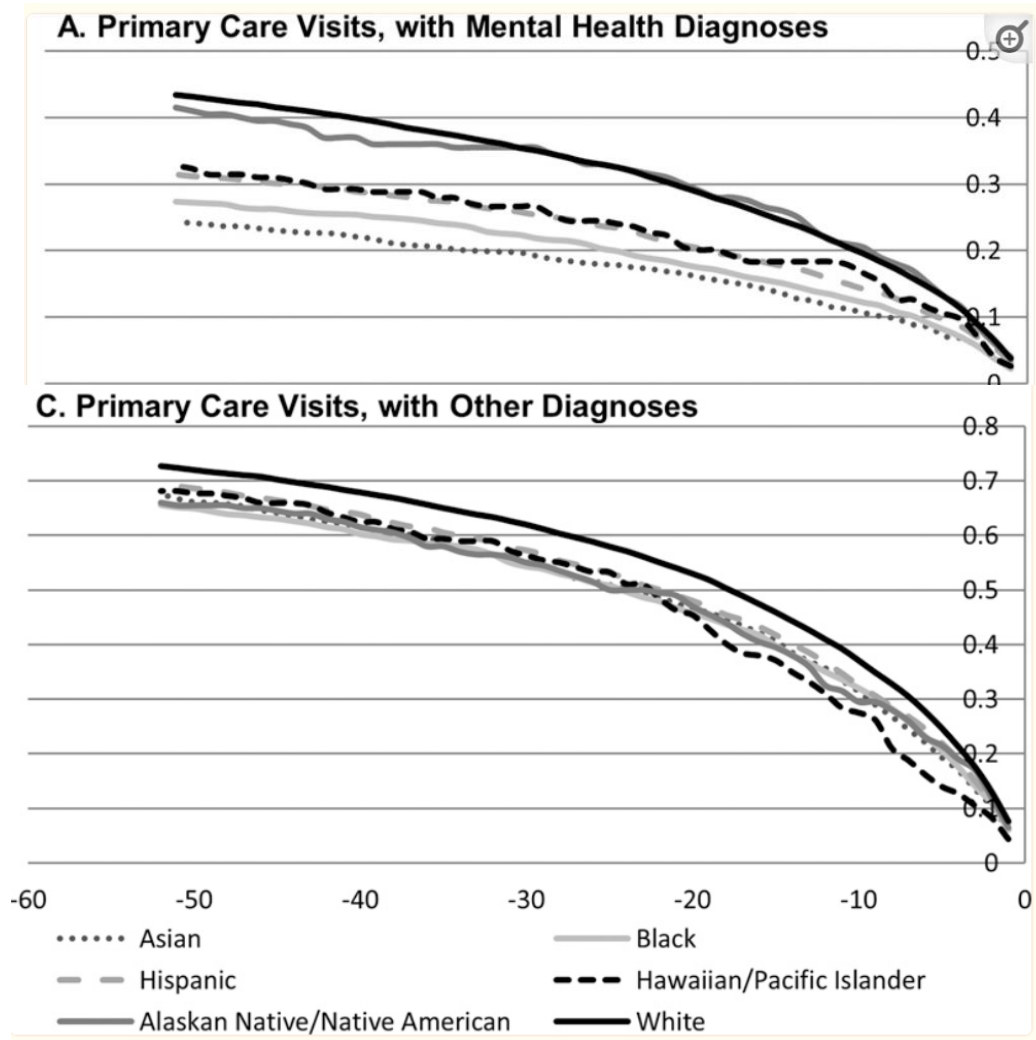
Outline

- Patterns of health care use prior to suicide attempt and suicide death
- Accuracy and utility of screening for suicidal ideation
- Structured assessment of suicide risk
- Safety planning
- Reducing access to lethal means
- Establishing a “just culture” to support suicide prevention

Health care contact in the year prior to suicide death



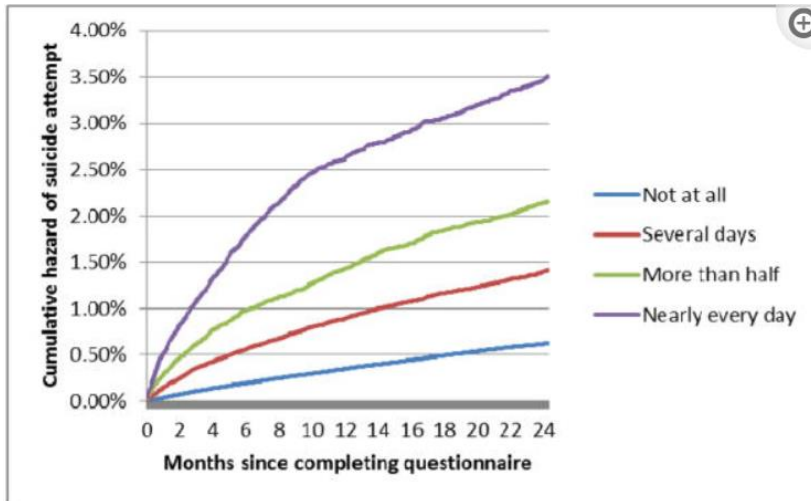
Outpatient visits before suicide attempt



All groups likely to have primary care visits

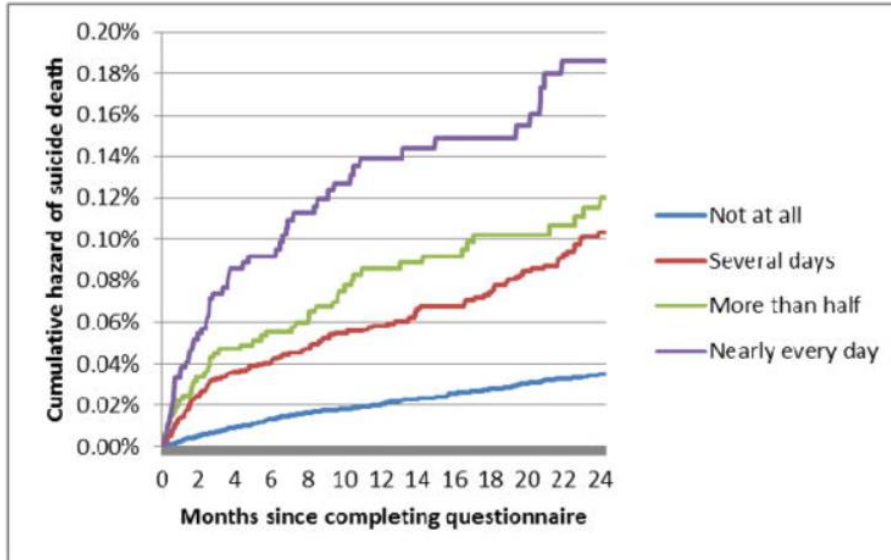
BUT Asian, Black, and Asian patients less likely to have mental health diagnoses

Response to PHQ9 Item 9 and Suicide Attempt



Item 9 Score	% of Visits	Actual Risk	% of Suicide Attempts
3	2.5%	2.6%	22%
2	3.5%	1.4%	20%
1	11%	0.7%	26%
0	83%	0.2%	32%

Response to PHQ9 Item 9 and Suicide Death



Item 9 Score	% of Visits	Actual Risk	% of Suicide Attempts
3	2.5%	0.14%	23%
2	3.5%	0.08%	21%
1	11%	0.04%	25%
0	83%	0.02%	31%

What about imminent risk?

Item 9 Response	Non-fatal or Fatal Suicide Attempt			Suicide Death		
	# of PHQ Reponses	Within 7 Days	Within 30 Days	# of PHQ Reponses	Within 7 Days	Within 30 Days
Not at all	1,023,903	119 (0.012%)	447 (0.044%)	827,194	8 (<0.001%)	28 (0.003%)
Several days	131,773	77 (0.058%)	290 (0.220%)	106,434	3 (0.003%)	24 (0.022%)
More than half the days	43,494	60 (0.138%)	188 (0.432%)	35,793	4 (0.011%)	13 (0.036%)
Nearly every day	29,138	62 (0.213%)	220 (0.755%)	24,316	2 (0.008%)	13 (0.053%)
Total	1,228,308	318 (0.026%)	1,145 (0.093%)	993,737	17 (0.002%)	78 (0.008%)

Item 9 response consistently predicts suicidal behavior across:

- Age range (adolescents to seniors)
- Diverse racial and ethnic groups
- People with bipolar or psychotic disorders
- People with substance use disorders

What about those false negatives?

- Fear of involuntary or coercive treatment
- Intoxication
- Sudden suicidal urges
- “Aspirational” responses

Is response to PHQ9 item 9 accurate enough for:

- Determining hospitalization – NO
- Involuntary or coercive treatment – NO
- Asking more questions – YES
- Discussing safety planning – YES
- Assessing and addressing access to lethal means - YES

Columbia Suicide Severity Rating Scale

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months?		High Risk

<https://cssrs.columbia.edu/>

Standard tool in Epic EHR



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get **immediate help: Call or text 988, call 911 or go to the emergency room.**
STAY WITH THEM until they can be evaluated.



Download Columbia Protocol app

Collaborative safety plan

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone : _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

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this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.


Stanley-Brown
Safety Planning Intervention

<https://suicidesafetyplan.com/>

Standard tool in Epic EHR

Access to firearms

- 55% of suicide deaths are by firearms
- Firearms account for high proportion of first suicide attempts – because self-harm by firearms is usually fatal
- Online decision aid: <https://lock2live.org/>



You or someone you know may feel hopeless, down, or alone right now. Many people have gotten through times like this, and you can too.

This tool can help you make decisions about temporarily reducing access to potentially dangerous things, like firearms, medicines, sharp objects, or other household items.

The promise of tomorrow can start with small steps towards safety today.

Get Started

Asking about access to firearms:

It's a good idea to ask, BUT:

- Significant minority decline to answer
- Patients express concerns regarding rights and coercion
- Fewer than half of firearm suicide decedents report access at the most recent visit!

SO, think of this as a way to start a conversation rather than answer a question

A cautionary note about minimal intervention:

Pragmatic trial of online dialectical behavior therapy skills training

- May have increased risk of self-harm
- Highest risk in those who engaged only briefly
- Our suspicion – a disappointment effect or raising false hopes

A just culture for suicide prevention

- No more “psychological autopsies”!
- Focus on processes rather than people
- Key question: Did we follow our standard work?
 - If no: Is there anything we should do to improve consistency?
 - If yes: Should we change our standard processes?

Questions?

www.mhresearchnetwork.org