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Psychiatry and Addictions Case Conference

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SUICIDE ASSESSMENT FOLLOW UP SAFETY PLANNING

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest? No

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OBJECTIVES

1. Review suicide risk assessment questions raised last session
2. Review safety planning
3. Discussion

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SCREENING FOR RISK

- Programs that screen individuals for risk should:
  - Build in a mechanism for follow-up assessment that provides a more comprehensive evaluation of the suicide risk, treatment needs and can facilitate the development of a care plan;
  - Support care transition to appropriate higher level of care
    - Involve family or friends
    - Check with patient and provider to make sure patient is receiving follow up assessment/care
    - Share clinical information among members of the care team

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SUICIDE RISK ASSESSMENT IN PRIMARY CARE/RURAL PRACTICES

- Suicide Prevention Tool Kit:
  - http://www.sprc.org/webform/primary-care-toolkit
  - How to develop/refine and suicide prevention plan in your practice setting
    - Education of clinicians and staff
    - Developing mental health partnerships
    - Patient management tools (pocket cards, etc.)
    - Patient education tools
    - Documentation of Policies and Procedures

RISK ASSESSMENT DOCUMENTATION

My EHR .phrase:

- **Suicide Risk Assessment:**
- **Predisposing and historical risk factors:**
- Psychiatric disorder (Major depression, Bipolar d/o, Schizophrenia, Anorexia, Substance use d/o, Personality d/o) ***
- Medical illness (Cancer (esp. head and neck), Chronic pain, HIV/AIDS, Nervous system disease, Seizure d/o) ***
- Previous suicide attempt (High lethality, high intent to die, similar circumstances, intent to deceive/conceal, absence of help-seeking, multiple attempts) ***
- Additional factors (previous self-harm, male, male over 60, h/o physical or sexual abuse, death of a family member by suicide, sexual minority, Native American) ***

- **Current situational risk factors:**
- (family or marital conflict, unemployment, social withdrawal/isolation, loss, recent discharge from inpatient unit) ***

- **Current symptomatic and psychological risk factors**
- (Depressed mood, anhedonia, impaired concentration, sleep disturbance, guilt, loneliness, desperation, psychotic symptoms (esp. command AH) ***
- Suicidal ideation: ***
- Substance use: ***
- Purposelessness: ***
- Anxiety: (panic, severe insomnia, or agitation) ***
- Feeling trapped: ***
- Hopelessness: ***
- Anger, revenge seeking: ***
- Recklessness/impulsivity: ***

- **Current suicide-specific risk factors:**
- Suicidal ideation (passive or active, frequency, intensity, duration, specific method) ***
- Suicidal intent: ***
- Current suicide plan: ***
- Access to lethal means, firearms: ***
- Suicide preparation (researching or assembling means, rehearsing suicide, giving away possessions, note): ***

- **Protective factors**
- (positive and available social support, positive therapeutic relationship, responsibility to others, fear of suicide, positive problem-solving or coping skills, hope, intact reality testing, pregnancy, religious beliefs, life satisfaction) ***

- **Current risk level:**

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SUICIDE AND ADDICTION

- "If you don't give me my pain medication, I will kill myself"
  - Offer non-judgmental support, don't react negatively to manipulation approach, don't shame the patient—this behavior is part of their illness
  - Address pain: offer other alternatives
  - Explain reasoning: "I don't want to give you this potentially harmful medication"
  - Address addiction: "what if there were another way to live?" Don't force the conversation.
  - Strike a balance: don't be persuaded to provide medication, but don't be too rigid and withholding
  - Document: "Based on a previously defined pattern of behavior…"

SAFETY PLANNING

1. A prioritized list of coping strategies and sources of support for patients
2. Any patient who has had a suicidal crisis should have a suicide risk assessment and collaborative safety plan
3. A safety plan is created collaboratively between the clinician and the patient
4. A safety plan is a document that the patient can carry with them

IMPLEMENTING THE SAFETY PLAN: 6 STEPS

- STEP ONE:

  Warning signs:

  Clinician/patient dialogue:

  – "How will you know when the safety plan should be used?"

  – "What do you experience when you start to think about suicide or feel extremely depressed?

    - List warning signs: thoughts, images, thinking processes, mood, behaviors. USE PATIENTS OWN WORDS

SAFETY PLANNING: STEP 2

- INTERNAL COPING STRATEGIES:
  - "What can you do on your own if you become suicidal to help yourself not act on those thoughts and urges?"
    - Listen to music, meditate, go for a walk, play with the cat
  - "How likely do you think you would be able to do these steps in times of crisis?"
  - "What might stand in the way of you thinking of these activities or doing them if you think of them?"

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SAFETY PLANNING: STEP 3

- External sources of support that may help:
  - "Who or what settings help you take your mind off your problems at least for a little while?"
    - Go to the park, coffee shop, movies, TV, games
  - "Who helps you feel better when you socialize with them?"
    - List several in case some are not available
  - "How likely is it you could use these resources if you are in crisis?"
    - Trouble-shoot barriers

SAFETY PLANNING: STEP 4

- Family members or friends:
  - "Who could you ask for help?"
    - Make a prioritized list
    - Normalize if there isn't anyone
    - Role-play asking for help
    - Plan to meet with the patient and family member together, if possible

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SAFETY PLANNING: STEP 5

1. List professionals and agencies to contact for help:
    - Behavioral health therapist, prescriber case manager
    - PCP, other provider, if appropriate
    - Crisis numbers : 911, local crisis line
    - Hospital: what would it be like to go to the ED
2. All members of the care team need to know the plan if they are to be listed above

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SAFETY PLANNING: STEP 6

- Making the environment safe:
  - "Do you own firearms?"
  - "What other means have you considered?"
  - "How can we develop a plan to limit your access to these means?"

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QUESTIONS/DISCUSSION

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RESOURCES

- Suicide Prevention Resource Center: www.sprc.org
  - Repository for resources and recommendations
  - SAMHSA funded and managed
  - Suicide Screening and Assessment Guide:
    - http://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf
  - http://www.sprc.org/webform/primary-care-toolkit
    - Safety Planning Guide:
    - http://www.sprc.org/sites/default/files/SafetyPlanningGuideQuickGuideforClinicians.pdf