SUICIDE RISK CAN BE HARD TO SPOT: EARLY DETECTION IS THE KEY TO SURVIVAL

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Disclosures

• Neither presenter has any financial relationships or other conflicts of interest to disclose.
Objectives

1) Demonstrate understanding of the basic principles of the Zero Suicide Initiative

2) Understand how to apply evidence-based screening tools to systematically identify suicide risk

3) Be familiar with key components of safety planning and evidence-based treatments to target suicide risk
Seven Elements of Zero Suicide
Alan Rickman: Harry Potter, Die Hard star dies from cancer aged 69
Updated 16 Jan 2016, 7:15pm
Alan Rickman: Harry Potter, Die Hard star dies from cancer aged 69

Updated 16 Jan 2016, 7:15pm
Prominent suicidologists, argued successfully, albeit erroneously, that this is not a healthcare issue. They kept suicide out of the mental health Bible, the DSM, stating, "suicide is, by definition, not a disease, but a death that is caused by a self-inflicted intentional action or behavior."
Alan Rickman: Harry Potter, Die Hard star dies from cancer aged 69

Updated 16 Jan 2016, 7:15pm

RIP
Robin Williams
1951 - 2014

No matter what people tell you, words and ideas can change the world.'

-Robin Williams
Suicide rates in Oregon

Suicide Rates in Oregon vs US, 2003-2014

Suicide Deaths per 100,000

What’s going on in health care?
What’s going on in health care?
Health care happens in a team
We have a lot to learn about suicide.
Identify: Find Those at Risk

Joint Commission 2016 Alert notes failure to assess suicide risk was the most common root cause of suicides qualifying as sentinel events
### Patient Health Questionnaire (PHQ-9)

**NAME:**

**DATE:**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "X" to indicate your answer)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself— or that you are a failure or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>have let yourself or your family down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating or things, such as reading the newspaper or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>watching television</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>or the opposite— being so fidgety or restless that you have been</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>moving around a lot more than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(add columns)

**TOTAL:**

(Healthcare professional. For interpretation of TOTAL, please refer to accompanying scoring card)

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### Answer Questions 1 and 2

<table>
<thead>
<tr>
<th>Question</th>
<th>In the Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>YES</td>
</tr>
<tr>
<td>2.</td>
<td>YES</td>
</tr>
</tbody>
</table>

If **YES** to 2, answer questions 3, 4, 5 and 6

If **NO** to 2, go directly to question 6

### Answer Question 6

<table>
<thead>
<tr>
<th>Question</th>
<th>In the Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>YES</td>
</tr>
<tr>
<td>4.</td>
<td>YES</td>
</tr>
<tr>
<td>5.</td>
<td>YES</td>
</tr>
</tbody>
</table>

### Answer Question 6

<table>
<thead>
<tr>
<th>Question</th>
<th>In the Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>YES</td>
</tr>
<tr>
<td>4.</td>
<td>YES</td>
</tr>
<tr>
<td>5.</td>
<td>YES</td>
</tr>
</tbody>
</table>

Any **YES** must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.

If the answer to 4, 5 or 6 is **YES**, immediately **ESCORT** to Emergency Personnel for care.

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**NATIONAL SUICIDE PREVENTION LIFELINE**

1-800-273-TALK (8255)

**DON’T LEAVE THE PERSON ALONE.**

**STAY ENGAGED UNTIL YOU MAKE A WARM HAND OFF TO SOMEONE WHO CAN HELP.**

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Engage

• Personalized care
• Improve access to crisis services
• Promote wellness & safety planning
Origin of Safety Planning

• Developed to maintain safety of high-risk patients in outpatient treatment studies (Penn CT study, TASA study)
• Utilizes aspects of evidence-based suicide interventions
• Later expanded for stand alone intervention in VA and civilian EDs (SAFE VET)
• Identified as a Best Practice in the SPRC – AFSP Registry of Best Practices for Suicide Prevention

Safety Planning

• Incorporates elements of four evidence-based suicide risk reduction strategies:
  • Reducing access to lethal means
  • Teaching brief problem solving and coping skills
  • Enhancing social support and identifying emergency contacts
  • Using motivational enhancement to increase likelihood of engagement in further treatment
Safety Planning

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  • Reducing access to lethal means
  • Teaching brief problem solving and coping skills
  • Enhancing social support and identifying emergency contacts
  • Using motivational enhancement to increase likelihood of engagement in further treatment
Reducing Access to Lethal Means

• Based on the following suppositions:
  • Many suicide attempts occur with little planning during short-term crisis
  • Intent isn’t all that determines whether someone who attempts suicides lives or dies; means also matters
  • 90% of those who attempt suicide who do survive do NOT go on to die by suicide later
  • Access to firearms is a risk factor for suicide
    • **Majority do not go on to engage in means substitution**
    • **Reducing access to lethal means saves lives**
Does SPI Help to Decrease Suicidal Behavior during Follow-up?

Permission from Barbara Stanley & Greg Brown.
Does SPI Increase Follow-up Engagement?

Percentage of Veterans with at least 1 Mental Health or Substance Use Outpatient Appointment during Follow-up

<table>
<thead>
<tr>
<th></th>
<th>Control Sites (n=361 of 454)</th>
<th>Safe Vet Sites (n=1055 of 1184)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>73%</td>
<td>90%</td>
</tr>
</tbody>
</table>

\[ \chi^2(1, N = 1638) = 25.76, p < .001; \text{ OR} = 2.12, 95\% \text{ CI: 1.57, 2.82} \]

Permission from Barbara Stanley & Greg Brown.  
SPI: Quality Makes a Difference

• Many safety plans are of poor quality (Gamarra et al., 2015)
• Suicidal individuals indicate that plans are most helpful when developed as a “partnership” with the clinician (Kayman et al., 2015)
• Higher quality plans are related to fewer subsequent psychiatric hospitalizations (Gamarra et al., 2015)
• More complete safety plans are related to outcomes, specifically people and places as distractors predict decreased likelihood of self-harm and suicide attempts (Green et al., 2015)

Permission from Barbara Stanley & Greg Brown.
Treat

• Treat suicidal thoughts & behaviors directly

• Promote evidence-based treatments
  • Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
  • Dialectical Behavior Therapy (DBT)
  • Collaborative Assessment and Management of Suicidality (CAMS)

• Utilize least restrictive setting appropriate for the individual and their risk
Evidence-based Interventions

- **Cognitive Behavioral Therapy for Suicide Prevention**
  - Small RCT 2005: CBT effective in preventing suicide attempts for who with recent attempts

- **Collaborative Assessment and Management of Suicidality**
  - Reductions in suicidal ideation
  - 1 study: Reduced PCP, ED visits
  - Reduced distress
  - Increased optimism, hope

- **Dialectical Behavior Therapy**
  - Less likely to drop out of treatment, attempt suicide, visit PES, experience psych hospitalization
Hi. It has been a few weeks since I have heard from you. I wanted to check-in to see how you are doing, and let you know that we are here for you if you want to come in and talk, discuss what is working and what is not. Hope to hear from you soon.

Kind regards,
Your Kind Provider

Not engaging? Try caring contacts.

• Treatment Adjunct
• Use technology to reduce administrative burden
• Extends connection between provider and patient
Transition

- Care transitions are high-risk times for patients
- Support transitions through non-demand contacts, access, psychoeducation
- Promote continuity of care through technology & BH integration

Chung et al., 2017:
- Meta-analysis: 100 studies and > 17,000 suicides on 5 continents
- First 3 months: 1089/100,000
- Following 9 months: 571/100,000
- 10 years later: 274/100,000

Improve

• Apply data-driven quality improvement approach to inform system change that will lead to improved patient outcomes and better care for those at risk.
  • Improve collection of data
    • MBC via MFS
  • Establish protocols to collect and review data
  • Learn from and collaborate with people with lived experience
Does the Zero Suicide model work?

<table>
<thead>
<tr>
<th>ZS Initiative Implemented</th>
<th>Impact</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Ford Health System</td>
<td>75% reduction in first four years</td>
<td>2001 - Present</td>
</tr>
<tr>
<td>Magellan Health in AZ</td>
<td>38% reduction in first two years</td>
<td>2009 - 2013</td>
</tr>
<tr>
<td>Centerstone</td>
<td>65% reduction in first two years</td>
<td>2013 - 2016</td>
</tr>
</tbody>
</table>
If a study of history on these conditions has shown anything, it is that action by organizations can, eventually, make a large and life-saving difference, even for issues that at first seem intractable. - David Covington
OHSU DOP: Next steps...

• Education for staff and providers
• Focused training efforts on how to systematically identify and treat at-risk patients
• Use evidence-based screening tools across care continuum
• Promote continuity of care through care pathways
• Establish protocols to collect and review data to continuously improve care
• Leverage partnerships beyond our system to improve population health
"It always seems impossible until it's done," is attributed to Nelson Mandela. A man who was unjustly imprisoned for twenty-seven years and who was the spiritual leader of the anti-apartheid movement in South Africa. For context, apartheid was a horrific system of legalized segregation (officially beginning in 1948, though technically it traces its origins back to 1795 and British colonialists) in South Africa where blacks and people of color were treated as sub-human and forced from their homes into segregated slums and ghettos.
Resources

- [www.sprc.org/](http://www.sprc.org/)
- [http://cssrs.columbia.edu](http://cssrs.columbia.edu)
- [https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/](https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/)
Questions?
Answers from: “It Always Seems Impossible Until it is Done (And Why Zero Suicide Is Possible, Dammit)!”

• “How do we integrate survivors of loss without making them feel isolated or guilty?”
  • I was framed with this after I lost my dad to suicide and when I learned that suicide is preventable. I didn’t know about any resources before my dad died, but I know them now and can use that information to help other people going forward.

• “Where do we start?”
  • Here. We start here and now. We might fall on our butts but we must use “failure” to readjust toward success.

• “I know what I’m doing with my job and in my sector in the field of suicide prevention, and I’m getting along just fine without everyone else.”
  • #facepalm Get up and walk away. We have no room for Negative Neds and Nancys.

• “This seems like an impossibly tall task.”
  • “Seems” is the operative word. It is a tall task but it isn’t impossible—even if it takes another two-hundred and fifty years.

• “We can’t get to everyone.”
  • Okay. So do YOU have the stomach to tell this to a person after they have lost a loved one? We need to TRY our damnedest to get to everyone.

https://www.huffingtonpost.com/josh-rivedal/it-always-seems-impossibl_b_8227504.html
References

References continued...

References continued...


- Stoll, B. (2016, Feb. 22). Personal communication with the Zero Suicide Institute.  


Myths Debunked!

• Liability
• Zero Suicide is NOT possible.
• Healthcare systems can’t wrap their heads around this!
• ROI post-discharge