“Le Suicide” –Edouard Manet (1877-1881)

COMMUNICATION WITH FAMILIES CAN PREVENT SUICIDE

THE OCCAP CHECKLIST

OHSU GRAND ROUNDS, DEPT. OF PSYCHIATRY, FEB 2013

STEWART S. NEWMAN, MD

Dr. Newman has no financial interest in or an affiliation with commercial interests that might pose a conflict of interest.

Pedal

Excepto

RICHMOND

“I come to this magnificent house of worship tonight, because my conscience leaves me no other choice.”

-Martin Luther King Jr., Riverside Church, NYC
“Beyond Vietnam” 1967

COMMUNICATION WITH FAMILIES CAN :

- Improve the care provided to patients
- Reduce risk of suicide and self harm
- Improve outcomes through use of community resources

THE OCCAP CHECKLIST

- Impact of Suicide
- Confidentiality and Restrictions
- Overcoming Barriers
- How to Use the Checklist

Epidemic:

1 : affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time

2 : excessively prevalent

Worldwide, one suicide

EVERY 40 SECONDS

Nearly 1,000,000 ANNUALLY

In the US, someone dies by suicide

EVERY 13.7 MINUTES

38,364 in the US in 2010

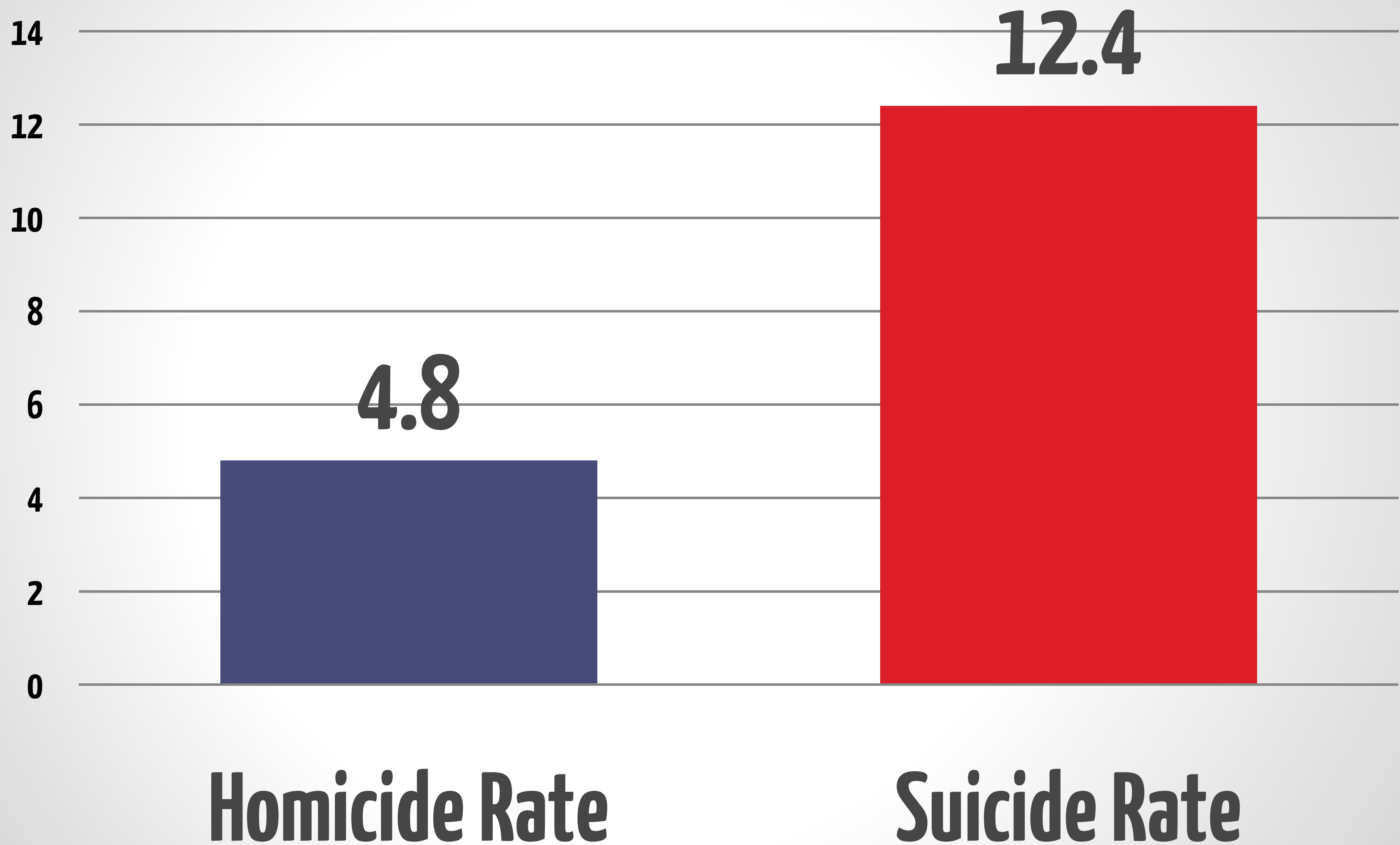
1,107,144

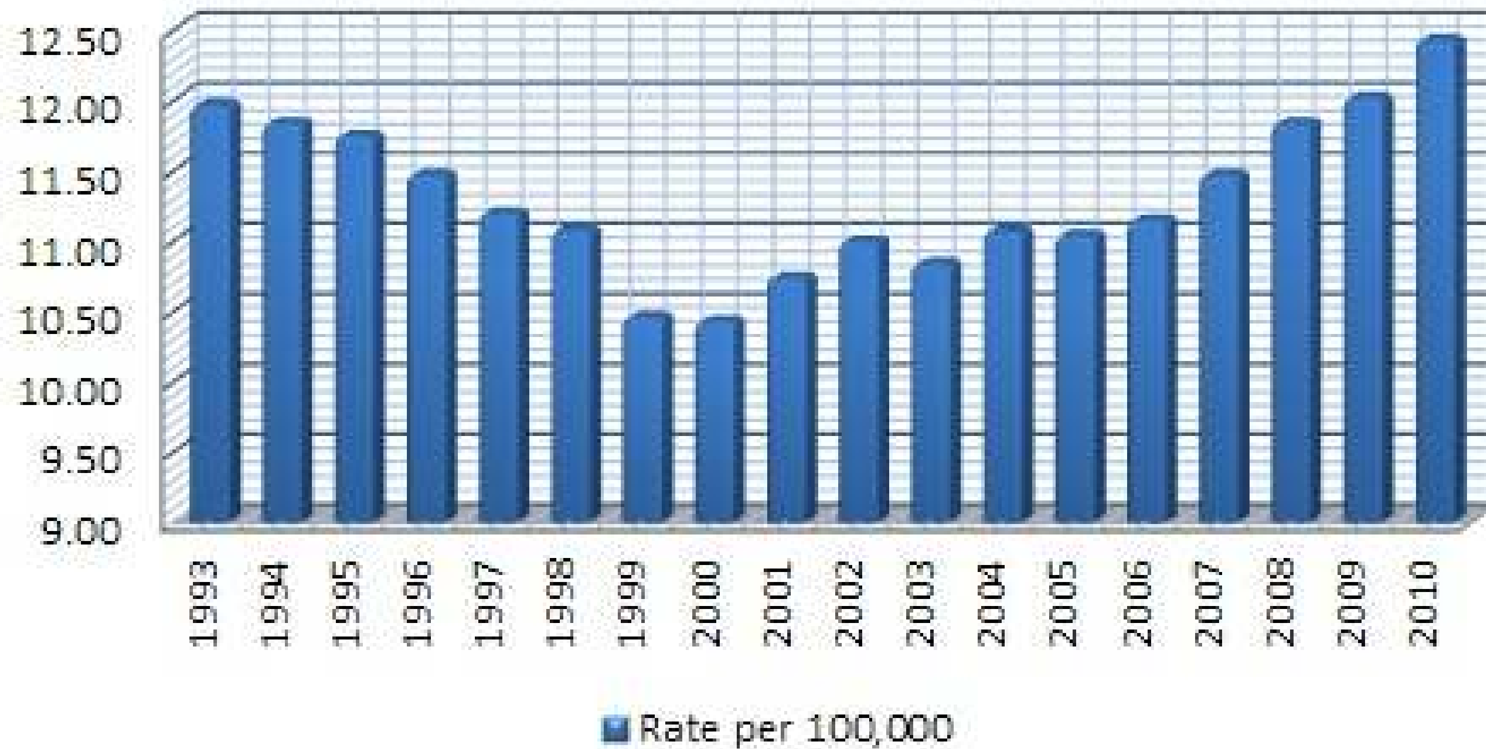
Years of Potential Life Lost

SAMSHA 2010 data

"IT'S HARD TO BELIEVE THAT MORE PEOPLE HAVE DIED FROM SUICIDE THAN HOMICIDE, BUT IT'S A SAD FACT"

DAVID SATCHER, MD, PHD
16TH US SURGEON GENERAL
(1998-2002)

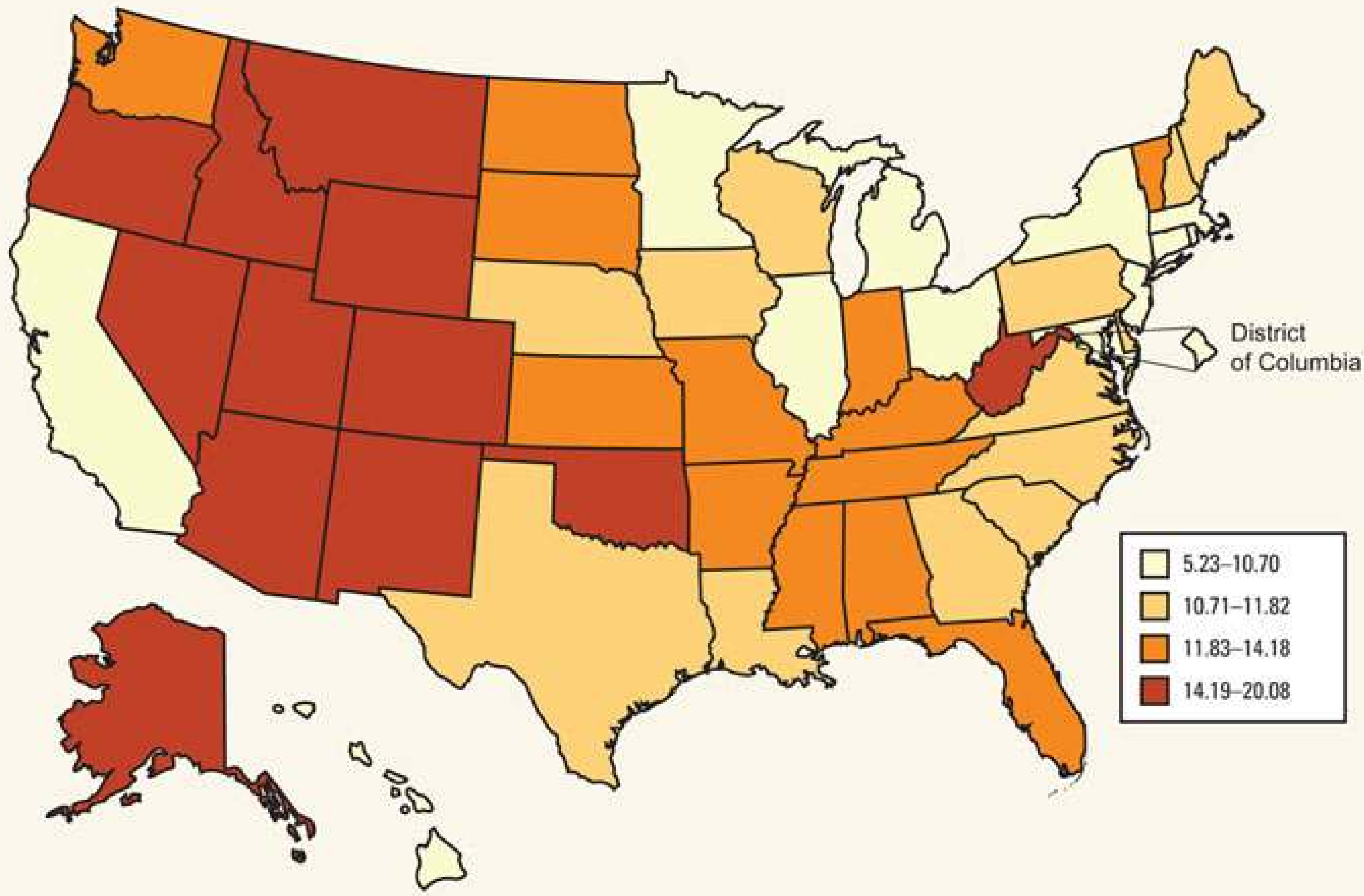

US in 2010, per 100,000
14
12
10
8
6
4
2
0
4.8
12.4
Homicide Rate
Suicide Rate

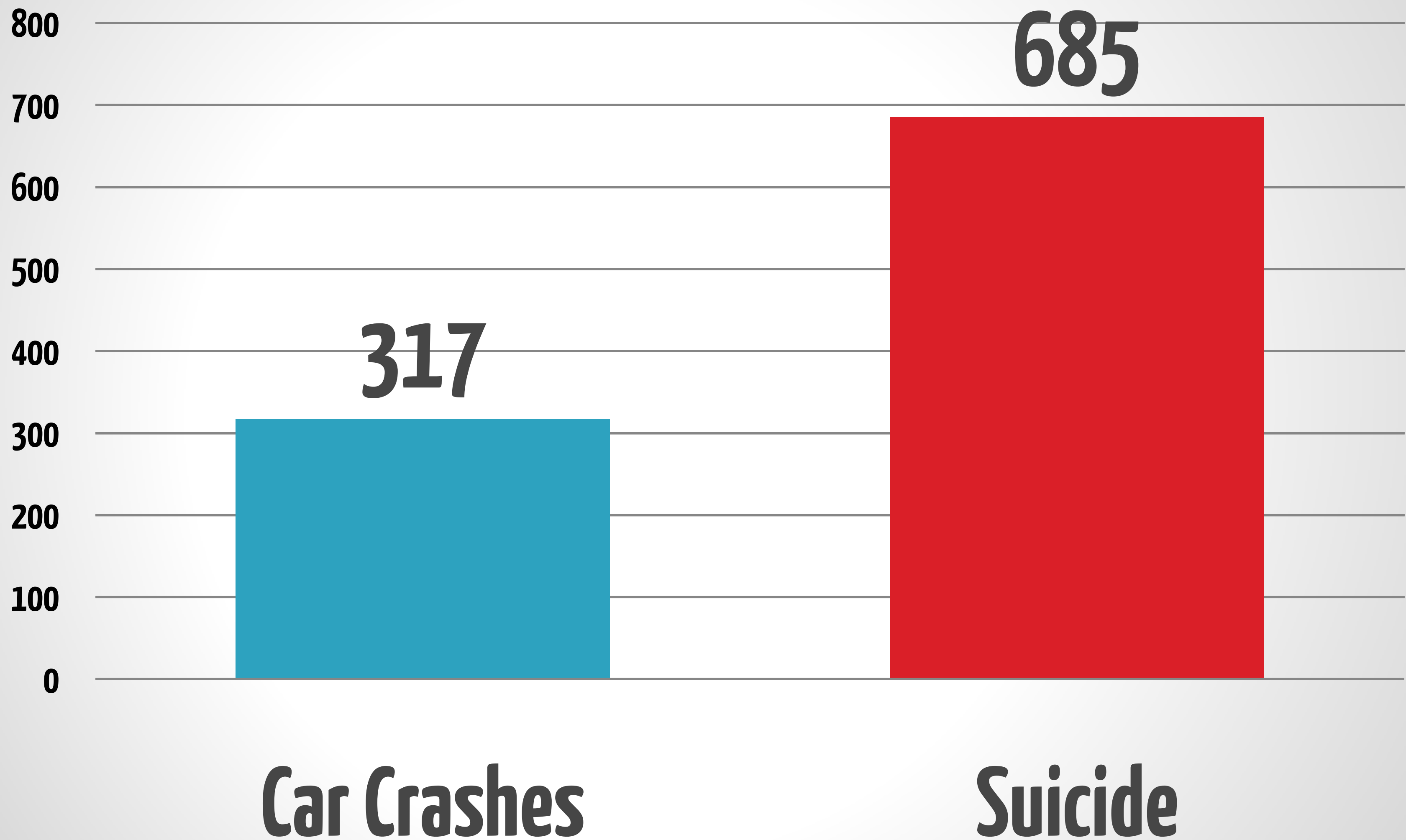

Suicide Rate since 1993
12.50
12.00
11.50
11.00
10.50
10.00
9.50
9.00
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
Rate per 100,000

In Oregon

There were **685** deaths from suicide in 2010

17.9 per 100,000 people


Suicide Rate
2000–2006, United States
Age-adjusted Death Rates per 100,000 Population
District of Columbia
5.23–10.70
10.71–11.82
11.83–14.18
14.19–20.08
Note: Reports for All Ages include those of unknown age.
Data courtesy of CDC


Deaths in Oregon, 2010
800
700
600
500
400
300
200
100
0
317
685
Car Crashes
Suicide

2ND LEADING CAUSE OF DEATH

FOR COLLEGE STUDENTS

FOR PEOPLE AGED 25-34

3RD LEADING CAUSE OF DEATH

FOR PEOPLE AGED 10-24

4TH LEADING CAUSE OF DEATH

FOR PEOPLE AGED 18-65

RISK FACTORS FOR SUICIDE

- PSYCHIATRIC DISORDERS
- PAST SUICIDE ATTEMPTS
- SYMPTOM RISK FACTORS
- SOCIO-DEMOGRAPHIC RISK FACTORS
- ENVIRONMENTAL RISK FACTORS

90% OF SUICIDE VICTIMS ARE SUFFERING FROM ONE OR MORE PSYCHIATRIC DISORDERS:

- MAJOR DEPRESSIVE DISORDER
- BIPOLAR DISORDER
- SCHIZOPHRENIA OR PSYCHOTIC DISORDER
- POST TRAUMATIC STRESS DISORDER
- PERSONALITY DISORDERS SUCH AS BORDERLINE PD
- ALCOHOL OR DRUG ABUSE*

SYMPTOM RISK FACTORS

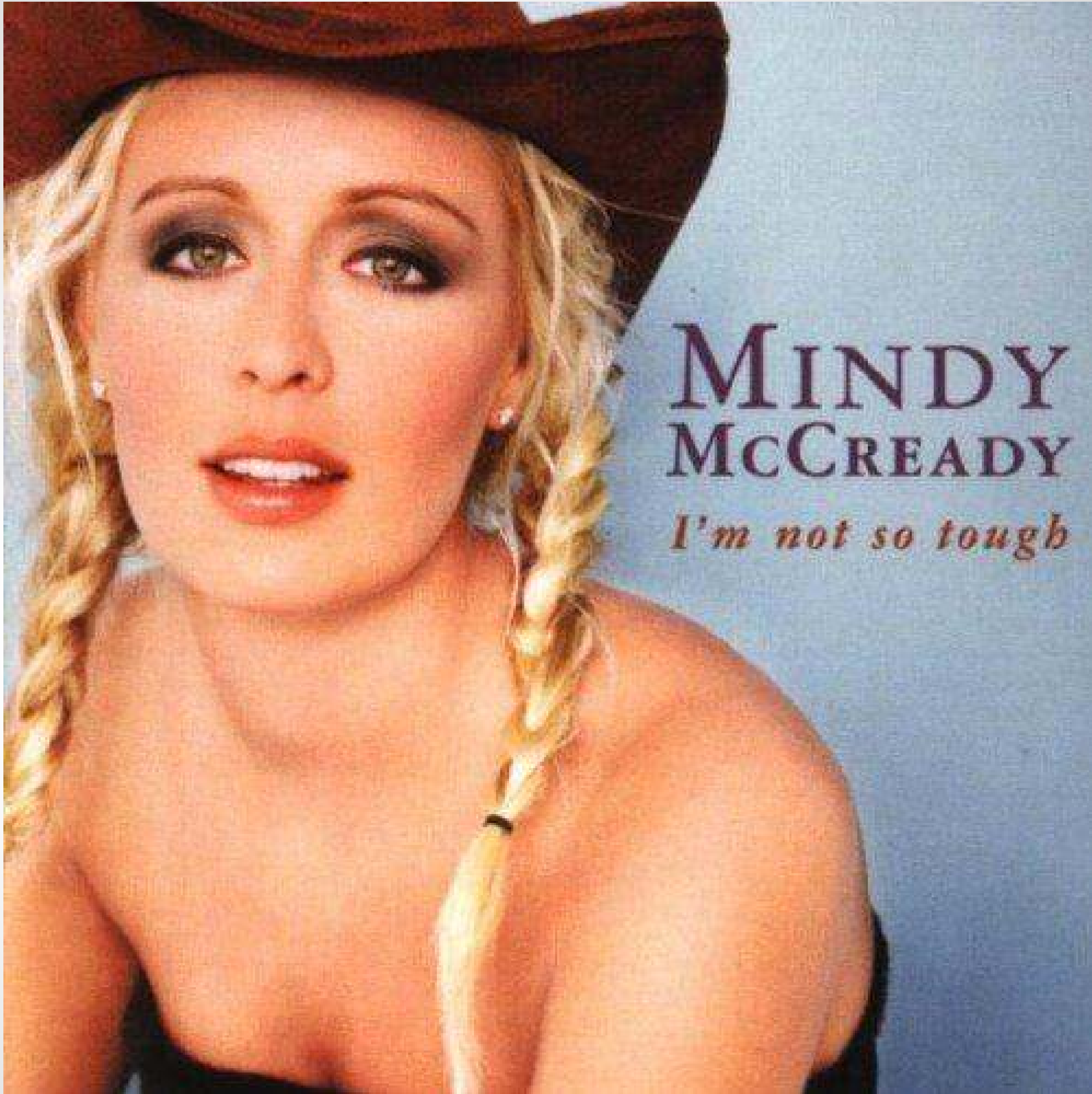
(SPECIFIC TO DEPRESSION)

- DESPERATION OR HOPELESSNESS
- ANXIETY/AGITATION/PANIC ATTACKS
- AGGRESSIVE OR IMPULSIVE BEHAVIORS
- PREPARATIONS OR REHEARSAL DURING A PREVIOUS EPISODE
- RECENT HOSPITALIZATION FOR DEPRESSION OR SUICIDALITY
- PSYCHOTIC SYMPTOMS
- NON-SUICIDAL SELF INJURY

****PREVIOUS SUICIDE ATTEMPT****

SYMPTOM RISK FACTORS

- SERIOUS PHYSICAL ILLNESS,
  ESPECIALLY RECENT
- CHRONIC PAIN SYNDROME
- HISTORY OF CHILDHOOD TRAUMA OR ABUSE
- HISTORY OF BEING BULLIED
- FAMILY HISTORY OF DEATH BY SUICIDE


MINDY
McCREADY
I'm not so tough

FIREARM SUICIDES

19,392 IN 2010.

(50.5%)

SUICIDE COMMUNICATIONS ARE OFTEN **NOT** MADE TO MENTAL HEALTH PROFESSIONALS

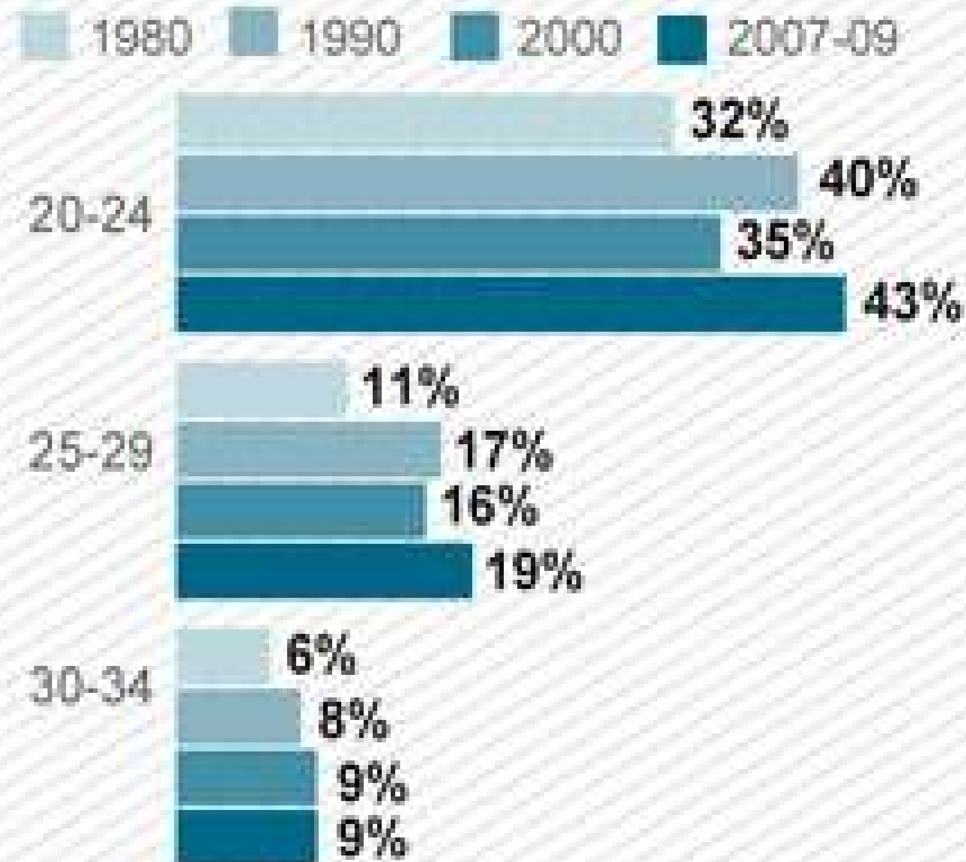
IN ONE PSYCHOLOGICAL AUTOPSY STUDY, ONLY **18%** TOLD PROFESSIONALS OF INTENTIONS

Robins et al, American Journal of Psychiatry, 1959

SUICIDE COMMUNICATIONS ARE MADE TO OTHERS

IN ADOLESCENTS, **50%** COMMUNICATED THEIR INTENT TO FAMILY MEMBERS

IN ELDERLY, **58%** COMMUNICATED THEIR INTENT TO THEIR PRIMARY CARE DOCTOR


Living with parents
By age group:
1980
1990
2000
2007-09
20-24
32%
40%
35%
43%
25-29
11%
17%
16%
19%
30-34
6%
8%
9%
9%
Source: Zhenchao Qian of Ohio State University and US2010 Project
By Julie Snider, USA TODAY

THE OCCAP CHECKLIST

- Impact of Suicide
- Confidentiality and Restrictions
- Overcoming Barriers
- How to Use the Checklist

Confidentiality

- Fundamental to therapeutic relationship
- Not absolute
- Safety of the patient overrides duty of confidentiality

HIPAA

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

MINIMUM NECESSARY PRINCIPLE

"only the minimum amount of protected health information needed to accomplish the intended purpose..."

WE BELIEVE

The perceptions of clinicians of the restrictions on communication with families is often greater than the limits imposed by laws or regulations.

Professionals' Responsibilities in Releasing Information to Families of Adults With Mental Illness

Tina Marshall, Ph.D.
Phyllis Solomon, Ph.D.

PSYCHIATRIC SERVICES, 2003 VOL. 54 (12) 1622-1628.

90% OF CLINICIANS INTERPRETED CONFIDENTIALITY POLICIES CONSERVATIVELY

54% OF CLINICIANS WERE CONFUSED ABOUT THE TYPES OF INFORMATION THAT ARE CONFIDENTIAL

68% OF CLINICIANS BELIEVED THAT CONFIDENTIALITY POLICIES MADE IT DIFFICULT TO PROVIDE INFORMATION TO FAMILIES

31% OF FAMILIES BELIEVED THAT THE RIGHT TO PRIVACY MADE IT DIFFICULT FOR PROVIDERS TO SHARE INFORMATION WITH THEM

DOES HIPAA REQUIRE YOU TO OBTAIN WRITTEN DOCUMENTATION OF CONSENT, OR LACK OF AN OBJECTION TO DISCLOSURE?

NO

DOES HIPAA REQUIRE AUTHORIZATION FROM THE PATIENT FOR FAMILY MEMBERS TO SHARE INFO WITH A CLINICIAN?

NO

DOES HIPAA REQUIRE YOU TO OBTAIN PROOF OF IDENTITY BEFORE SPEAKING TO SOMEONE OVER THE PHONE?

NO

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"MEDICAL PROFESSIONALS CAN TALK FREELY TO FAMILY AND FRIENDS, UNLESS THE PATIENT OBJECTS. NO SIGNED AUTHORIZATION IS NECESSARY."

-Susan McAndrew,

Deputy Director of Health Information Privacy,
U.S. Department of Health and Human Services

Gross, Jane. *Keeping Patients' details private, even from kin.*
New York Times, July 3, 2007

DON'T ASSUME CONFIDENTIALITY IS ALWAYS REQUIRED

There are multiple exceptions within the law and ethical codes of mental health professionals

SPECIFIC HIPAA EXEMPTION

45 CFR 164.510(b):

a covered entity may share this information with the person when, in exercising professional judgment, it determines that doing so would be in the best interest of the patient.

OREGON STATE LAW

ORS 109.650 Disclosure without minor's consent and without liability

ORS 109.680 Disclosure without minor's consent; civil liability

-specific exemption for risk of suicide attempt

ORS 109.675

Right to diagnosis or treatment for mental or emotional disorder or chemical dependency without parental consent

ORS 109.675

"person providing treatment shall have the parents of the minor involved before the end of treatment unless parents refuse or unless there are clear clinical indications to the contrary."

ETHICAL STANDARDS

American Psychiatric Association's
The Principles Of Medical Ethics
With Annotations Especially Applicable
to Psychiatry, 2009 Edition Revised

- Section 4 Confidentiality.

ETHICAL STANDARDS

Annotation 8:

When, in the clinical judgment of the treating psychiatrist, the risk of danger is deemed to be significant, the psychiatrist may reveal confidential information disclosed by the patient.

"(I)t is generally acceptable for a psychiatrist to warn a patient's family or roommate when the patient is very depressed and has voiced suicidal thoughts."

Practice Management Handbook for Early Career Psychiatrists, American Psychiatric Association

ETHICAL STANDARDS

American Psychological Association's Ethical Principles Of Psychologists and Code of Conduct

- Standard 4: Privacy and Confidentiality

ETHICAL STANDARDS

4.05 Disclosures … (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to… (3) protect the client/patient, psychologist, or others from harm;

PRACTICE PARAMETERS

American Academy of Child and Adolescent Psychiatry Practice Parameter on Depressive Disorders (2007)

American Psychiatric Association Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors (2007)

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USE YOUR BEST JUDGMENT

- Duty to Confidentiality still exists and must be honored
- Best interests of the patient always applies to decision making
- Disclosures are weighed against risk

KEY POINTS

- If you are in doubt, violate confidentiality to protect your patient from harm.
- Better to defend an inappropriate disclosure than defend a failure to disclose with subsequent harm

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THE OCCAP CHECKLIST

Where do I Get It?

www.aacap.org/occap/
suicide_prevention_communication_checklist

Google: Oregon Suicide Prevention Checklist

"<u>Family</u>" = significant people in patient's life.

Who's the Checklist For?

- Family physicians
- General practitioners
- Pediatricians
- Physician assistants
- Social workers
- Psychiatric nurse practitioners
- Counselors
- Psychologists
- Psychiatrists

THE OCCAP CHECKLIST

- Facilitate enhanced communication between providers and families
- Reassure providers they may vigorously pursue communication in the best interest of their patients

THE OCCAP CHECKLIST

- Checklist format to track your progress, show next steps
- Available in clean copy format to include in patient charts
- Easily converted for EMR use

THE OCCAP CHECKLIST

Two sections:

- Gathering information to inform risk
- Sharing risk information and treatment resources with those close to the patient

THE OCCAP CHECKLIST

Section 1

- Complete comprehensive risk assessment **or**
- Refer for immediate evaluation

THE OCCAP CHECKLIST

Risk Assessment Information:

- Patient
- Family members
- Previous treatment records

THE OCCAP CHECKLIST

Be assertive to obtain authorization to receive information

No authorization needed for family members to share info

THE OCCAP CHECKLIST

Request records from previous providers promptly

Remember to review records you do receive thoroughly

THE OCCAP CHECKLIST

Section 2: Sharing Information With Family

- Patients identified at high risk
- Minor patients at some risk (most patients)

THE OCCAP CHECKLIST

Communicate to Families:

- Diagnosis
- Treatment recommendations
- Safety Planning

THE OCCAP CHECKLIST

Explicit Discussion of:

- Safety planning, suicide warning signs, risk reduction strategies
- Community resources and support services

THE OCCAP CHECKLIST

Changes In Level of Care are Highlighted

- Involve the Family
- Assure follow-up
- Accepting provider informed
- Confirm patient attended appt.

THE OCCAP CHECKLIST

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THE OCCAP CHECKLIST

- Nonproprietary
- Free for distribution
- Modifiable for your clinical setting
- Feedback welcomed, encouraged

drstew@mindmatterspc.com

Law and Psychiatry

Avoiding the Malpractice Snare: Documenting Suicide Risk Assessment

SKIP SIMPSON, JD
MICHAEL STACY, JD

"If a clinician followed this check list I would not accept a case against that clinician."

- Skip Simpson, JD, Texas attorney who specializes in malpractice in suicide and other mental health cases.

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