The Significance of suicide assessments in primary care

Carol Capitano, PhD, PMHCNS-BC
UNM College of Nursing
Assistant Professor
UNM Psychiatric Center
Psychiatric Provider
Objectives:

1. Discuss the importance of suicide assessment for primary care patients.
2. Review at least 5 components of a suicide assessment.
3. Discuss at least 5 strategies for managing suicidal ideation in primary care.
4. Briefly discuss the relationship between psychological trauma and suicide.
Why is the role of the PCP so critical in suicide prevent?

- 45% of individuals who die by suicide have visited their PCP within a month of their suicide.\(^1\)

- 70% of primary care visits are related to: anxiety, panic, depression and stress.\(^2\)

- 79% of patients have experienced or been exposed to a traumatic event.\(^3\)

- 5.2 million Americans have experienced a traumatic even in their lifetimes.\(^4\)

- 23% are receiving treatment from their PCP.\(^4\)
  - Anxiety
  - Depression
  - Substance abuse

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3. SAMHSA (2010)
<table>
<thead>
<tr>
<th>Rank</th>
<th>All Ages</th>
<th>55-64</th>
<th>45-54</th>
<th>35-44</th>
<th>25-34</th>
<th>15-24</th>
<th>10-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>614,348</td>
<td>115,282</td>
<td>44,834</td>
<td>17,357</td>
<td>11,836</td>
<td>750</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>591,699</td>
<td>74,473</td>
<td>34,791</td>
<td>11,267</td>
<td>5,079</td>
<td>425</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Low. Respiratory Disease</td>
<td>147,101</td>
<td>20,610</td>
<td>18,030</td>
<td>10,368</td>
<td>4,159</td>
<td>416</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injury</td>
<td>136,053</td>
<td>16,492</td>
<td>24,192</td>
<td>12,807</td>
<td>1,569</td>
<td>156</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Disease</td>
<td>133,103</td>
<td>13,342</td>
<td>12,807</td>
<td>6,827</td>
<td>3,341</td>
<td>953</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer's Disease</td>
<td>93,541</td>
<td>12,792</td>
<td>12,807</td>
<td>6,062</td>
<td>3,277</td>
<td>725</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>76,488</td>
<td>11,727</td>
<td>5,349</td>
<td>1,999</td>
<td>709</td>
<td>377</td>
</tr>
<tr>
<td>8</td>
<td>Chronic Low. Respiratory Disease</td>
<td>55,227</td>
<td>7,527</td>
<td>4,402</td>
<td>1,745</td>
<td>583</td>
<td>199</td>
</tr>
<tr>
<td>9</td>
<td>Septicemia</td>
<td>48,146</td>
<td>5,709</td>
<td>2,731</td>
<td>1,174</td>
<td>579</td>
<td>178</td>
</tr>
<tr>
<td>10</td>
<td>Suicide</td>
<td>42,773</td>
<td>2,514</td>
<td>1,125</td>
<td>549</td>
<td>177</td>
<td>38</td>
</tr>
</tbody>
</table>

Data courtesy of CDC
SUICIDE RATE, U.S. MILITARY

Per 100,000, all military service branches:

- '03: 10.8
- '04: 10.8
- '05: 10.8
- '06: 11.6
- '07: 13.3
- '08: 16.3
- '09: 18.6
- '10: 20.8
- '11: 22.9
- '12: 22.9
- '13: 20.2
- '14: 18.8
- '15: 17.7
• In 2014, 450 New Mexicans died by suicide (2.1 deaths per 100,000)

• 7th leading cause of death in NM

• 2nd leading cause of death of New Mexicans between the ages of 10-39 years of age

• 5ths highest suicide rate in the US

• NM suicide rates is more than 50% higher than the US rate

• Rate has been increasing since 2000

https://nmhealth.org/publication/view/help/1832/
Suicide by County

2010-2014

Age-Adjusted Deaths per 100,000 Population

- No Data
- 10 - 16.8
- 16.8+ - 26.7
- 26.7+ - 40.3
- 40.3+ - 66.2
Figure 8. Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2014)

- 9.4 million adults had serious thoughts of committing suicide
- 0.9 million adults made plans and attempted suicide
- 2.7 million adults made suicide plans
- 1.1 million adults attempted suicide
- 0.2 million adults made no plans and attempted suicide

New Mexico Suicide Attempts - 2013
- 7.8% of middle school students attempted suicide
- 9.4% of high school students attempted suicide

ED Visits - 2014
- 3,443 visits related to self-injury

Data courtesy of SAMHSA

https://nmhealth.org/publication/view/help/1832/
Warning Signs of suicide

**Verbal expression**
- Burden to others
- Trapped
- Chronic and unbearable pain
- No reason to live
- Expresses desire to kill self

**Mood**
- Depressed
- Anhedonia
- Rage
- Irritability
- Humiliation
  - Bullying
- Anxiety

**Behaviors**
- Increase use of drugs and/or alcohol
- Researching ways to suicide
- Access to weapons
- Acts reckless
- Isolation/Withdrawal
- Insomnia/hypersomnia
- Saying good bye
- Giving away possessions
- Increased aggression

Suicide Risk Assessment

SAFE-T
Suicide Assessment Five-step Evaluation and Triage

1. IDENTIFY RISK FACTORS
   Note those that can be modified to reduce risk.

2. IDENTIFY PROTECTIVE FACTORS
   Note those that can be enhanced.

3. CONDUCT SUICIDE INQUIRY
   Suicidal thoughts, plans, behaviors, and intent.

4. DETERMINE RISK LEVEL/INTERVENTION
   Determine risk, choose appropriate intervention to address and reduce risk.

5. DOCUMENT
   Assessment of risk, rationale, intervention, and follow-up.

A Resource Guide for Implementing the
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
2007 Patient Safety Goals on Suicide

Featuring the
Basic Suicide Assessment Five-step Evaluation (B-SAFE)

Prepared by Douglas Jacobs, MD
CEO and President, Screening for Mental Health, Inc.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
**Suicidal behaviors**
- History of prior suicide attempts
- Aborted suicide attempts
- Self-injurious behaviors

**Current or past psychiatric disorders**
- Mood disorders (*newly Dx*)
- Psychotic disorders (*newly Dx*)
- Alcohol/SA disorders
- ADHD
- TBI
- PTSD (*newly Dx*)
- Cluster B – Personality Disorders

**Key symptoms**
- Anhedonia
- Impulsivity
- Hopelessness
- Anxiety/panic disorders
- Global insomnia
- Command hallucinations

**Co-morbidity and recent onset of illness increase risk** (medical dx/mental illness)
Complexity of Suicide

- Psychiatric illness/comorbidity
- Family history
- Medical illness
- Hopelessness
- Life stressors
- Psychological vulnerability
- Substance use/abuse
- Suicidal behaviour
- Personality disorder/traits

Adapted from Jacobs, 2003
Medical Risk Factors

• Serious or chronic diseases and/or pain

• Rheumatoid arthritis
  o Twice as likely to suffer from depression\(^1\)
  o Women twice as likely to consider suicide or suicide\(^2\)

• Migraines
• Chronic back pain
• Psychogenic pain\(^3\)

• Insomnia in older adults\(^4\)

• Cancer diagnosis
  o Higher with men than women
  o 65> years of age with the highest rates among men 80>; ~ double the risk of suicide

• Lung Cancer
  o Esp. within the first 3 months of diagnosis

• Highest rates of cancer
  o Prostrate
  o Lung (esp. within first 3 months)
  o Head
  o Neck
  o Pancreatic

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3. Ilgen, et al. (20013)
Questions to explore:

Suicidal thoughts

• Sometimes, people in your situation (describe the situation) lose hope; I’m wondering if you have lost hope, too?

• Have you ever thought things would be better if you were dead?

• With this much stress (or hopelessness) in your life, have you thought of hurting yourself?

• Have you ever thought about killing yourself?

Assessing prior attempt (s)

• Have you ever tried to kill yourself or attempted suicide?

How NOT to as a question:

• You are not thinking of killing yourself, right?

• You have some reason to live, right?

NOT helpful statement:

• You have some many reasons to live... (let me count the reasons)
**Family history**
- Of suicides or attempts
- Psychiatric diagnosis requiring hospitalizations

**Change in treatment**
- Discharge from inpatient unit, provider, psychotherapist, or treatment changes

**Precipitating factors, stressors and interpersonal issues**
- Triggering events leading to humiliation, shame or despair
- Loss of relationship, financial or health status
- Ongoing medical illnesses
- Intoxication
- Family turmoil/chaos
- Intoxication
- History of physical and/or sexual abuse - trauma
- Social isolation
<table>
<thead>
<tr>
<th>Internal Protective Factors</th>
<th>External Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ability to cope with stress</td>
<td>• Responsibility to children</td>
</tr>
<tr>
<td>• Religious beliefs</td>
<td>• Beloved pets</td>
</tr>
<tr>
<td>• Frustration tolerance</td>
<td>• Positive therapeutic relationships</td>
</tr>
<tr>
<td></td>
<td>• Social supports</td>
</tr>
<tr>
<td>Specific questions about</td>
<td>Specific questions about</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Thoughts/ Ideations</strong></td>
<td><strong>Behaviors</strong></td>
</tr>
<tr>
<td>- Frequency</td>
<td>- Past attempts</td>
</tr>
<tr>
<td>- Intensity</td>
<td>- Aborted attempts</td>
</tr>
<tr>
<td>- Duration (past 48 hrs, past month, worst ever)</td>
<td>- Rehearsals vs non-suicidal self injurious actions</td>
</tr>
<tr>
<td><strong>Plans</strong></td>
<td><strong>Intent - extent to which the patient</strong></td>
</tr>
<tr>
<td>- Timing</td>
<td>- Expects to carry out the plan</td>
</tr>
<tr>
<td>- Location</td>
<td>- Believes the plan/act to be lethal vs self-injurious</td>
</tr>
<tr>
<td>- Lethality</td>
<td></td>
</tr>
<tr>
<td>- Availability</td>
<td></td>
</tr>
<tr>
<td>- Preparatory act</td>
<td></td>
</tr>
</tbody>
</table>
Questions to assess:

**Suicidal Ideation**

- When did you begin having suicidal thoughts?
- Did any event-stressor precipitate the suicidal thoughts?
- How often do you have thoughts of suicide? How long do they last? How strong are they?
- What is the worst they have ever been?
- What do you do when you have suicidal thoughts?
- What did you do when they were the strongest ever?

**Suicidal Planning**

- Do you have a plan? If so, how would you do it? Where would you do it?
- Do you have the (drugs, gun, rope, whatever needed for the plan) that you would use? Where is/are they right right now?
- Have you been making other plans to take care of family, pets, business?
- Do you have a timeline in your mind for ending your life?
- Is there something (an event) that would trigger the plan?
Questions to assess “Intent”

- What would it accomplish if you were to end your life?
- Do you feel as if you are a burden to others?
- How confident are you that this plan would actually end your life?
- What have you done to begin to carry out your plan?
  - Rehearsed the plan (e.g. held pills, gun, tired rope)
- Have you made other preparations (e.g. updated life insurance, made arrangements for pets, funeral)?
- What makes you feel better (e.g. contact with family, use of substances)?
- What makes you feel worse (e.g. being alone thinking about a situation)?
- How likely do you think you are to carry out your plan?
- What stops you from killing yourself?
Explore Ambivalence

• Reasons to live vs to die

Homicide Inquiry (if indicated)

• Personality disordered or paranoid males
  o Loss
  o Humiliation

• Explore
  o Ideation
  o Plan
  o Behaviors
  o Intent

For youths

Ask parent/guardian about

• Evidence of
  o Suicidal thoughts
  o Plans or behaviors
  o Mood changes
  o Behavioral changes
  o Disposition
Risk assessment is based on clinical judgment following Steps 1-3. Reassessment is ongoing.

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>RISK/PROTECTIVE FACTOR</th>
<th>SUICIDALITY</th>
<th>POSSIBLE INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant</td>
<td>Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal</td>
<td>Admission generally indicated unless a significant change reduces risk. Suicide precautions</td>
</tr>
<tr>
<td>Moderate</td>
<td>Multiple risk factors, few protective factors</td>
<td>Suicidal ideation with plan, but no intent or behavior</td>
<td>Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers</td>
</tr>
<tr>
<td>Low</td>
<td>Modifiable risk factors, strong protective factors</td>
<td>Thoughts of death, no plan, intent, or behavior</td>
<td>Outpatient referral, symptom reduction. Give emergency/crisis numbers</td>
</tr>
</tbody>
</table>

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)
Assessment and Interventions with Potentially Suicidal Patients

**High Risk**
- Patient has suicidal ideation or any past attempt(s) within the past two months.
- Patient has a suicide plan with preparatory or rehearsal behavior
- Patient has severe psychiatric symptoms and/or acute precipitating event, access to lethal means, poor social support, impaired judgement
- Hospitalize, or call 911 or local police if no hospital is available. If patient refuses hospitalization, consider involuntary commitment if state permits

**Moderate Risk**
- Patient has suicidal ideation, but limited suicidal intent and no clear plan; may have had previous attempt
- Patient does not have access to lethal means, has good social support, intact judgment; psychiatric symptoms, if present, have been addressed
- Evaluate for psychiatric disorders, stressors, and additional risk factors
- Consider (locally or via telemedicine):
  1) psychopharmacological treatment with psychiatric consultation
  2) alcohol/drug assessment and referral, and/or
  3) individual or family therapy referral
- Encourage social support, involving family members, close friends and community resources. If patient has therapist, call him/her in presence of patient.
- Record risk assessment, rationale, and treatment plan in patient record. Complete tracking log entry, and continue to monitor patient status via repeat interviews, follow-up contacts, and collaboration with other providers. Make continued entries in tracking log.

**Low Risk**
- Patient has thoughts of death only; no plan or behavior
• Risk level and rationale

• Treatment plan to address/reduce current risk
  o Medication
  o Setting
  o Psychotherapy
  o E. C. T.
  o Contact with significant others
  o Consultation

• Fire arm instructions

• Follow up plan

• For youths, treatment should include rolls for parent/guardian
Documentation: Suicidal Patient

1. Document risk factors.
2. Record a detailed assessment of SI.
3. Avoid vague term “suicidal.”
4. Document the presence or absence of firearms.
7. Use direct quotes.
8. Create a crisis plan.
9. Use the “safety contract” judiciously.
10. Expand on the formulation.

http://pro.psychcentral.com/chart-documentation-for-suicidal-patients/002137.html
SAD PERSONS scale
S – Sex: 1 if male; 0 if female; (more females attempt, more males succeed)
A – Age: 1 if < 20 or > 44
D – Depression: 1 if depression is present
P – Previous attempt: 1 if present
E – Ethanol abuse: 1 if present
R – Rational thinking loss: 1 if present
S – Social Supports Lacking: 1 if present
O – Organized Plan: 1 if plan is made and lethal
N – No Spouse: 1 if divorced, widowed, separated, or single
S – Sickness: 1 if chronic, debilitating, and severe

<table>
<thead>
<tr>
<th>Total points</th>
<th>Proposed clinical action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 2</td>
<td>Send home with follow-up</td>
</tr>
<tr>
<td>3 to 4</td>
<td>Close follow-up; consider hospitalization</td>
</tr>
<tr>
<td>5 to 6</td>
<td>Strongly consider hospitalization, depending on confidence in the follow-up arrangement</td>
</tr>
<tr>
<td>7 to 10</td>
<td>Hospitalize or commit</td>
</tr>
</tbody>
</table>
This is a 62-year-old, recently separated male experiencing his first episode of major depressive disorder.

In spite of his denial of current suicidal ideation, he is at moderate risk for suicide because of his serious suicide attempt and his continued anxiety and hopelessness.

The plan is to hospitalize with suicide precautions and medications, consider ECT, reassess tomorrow.
In Summary:

https://www.youtube.com/watch?v=D1QoyTmeAYw
From the perspective of a military wife:

Resources

A Suicide Prevention Toolkit for (Rural) Primary Care
  http://www.sprc.org/pctoolkit/index.asp

JCAHO 2007 – Basic Suicide Assessment Five-step Evaluation (B-SAFE)
  http://www.aha.org/content/00-10/JCAHOSafetyGoals2007.pdf

SAMSHSA – Suicide Assessment Five-step Evaluation-Triage (STEP-T)
  http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-
  SAFE-T (free app)

ZeroSuicide
  http://zerosuicide.sprc.org/

Zero Training in New Mexico
  Contact Jackie Nielsen - Project Director NMSSP (505) 476-9267
  Jacqueline.Nielsen@state.nm.us
  Contact Laura Rombach - Training Coordinator (505) 350-5388
  LRombach@salud.unm.edu
References

2. Annenberg Adolescent Mental Health Project, 2003
16. SAMHSA. Results from the 2010 National Survey on drug use and health: Mental Health Findings. http://archive.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHRresults.htm#2.3