Objectives

- Role of the NP
- History
- Terms
- Epidemiology
- Groups with increased risk
- Warning signs
- The Joint Commission Recommendations

- Screening Tools
- Confidentiality
- SAFE-T Assessment
  - Identify risk factors
  - Identify protective factors
  - Conduct suicide inquiry
  - Determine risk level/intervention
  - Documentation

- Postvention
Our Role

• Hope and connection

• Awareness of ourselves
  • Personal reactions
  • Attitudes
  • Beliefs
  • Previous experiences

• Joining our patient
They Come to See Us First

• Of those who commit suicide:
  • 3 out of 4 will have seen their PCP within the past year
  • Nearly half will have seen their PCP within the past month
  • One in 5 will have had contact with a mental health provider in the past month

https://www.einstein.edu/upload/images/Adolescent_Health_EDU.jpg
A brief history

- The Sorrows of Young Werther, early eighteenth century
- Rapid rise in suicide in males 15-24 years old in 1960s-1970s
- Public health response in 1980s: Health and Human Services-NIMH Task Force Conferences on Youth Suicides
• **Suicidal ideation:** Self-reported thoughts of engaging in self harm behavior

• **Suicidal intent:** A conscious desire to die

• **Suicidal plan:** Proposed method of carrying out a design that will lead to death

• **Suicide:** The act of intentionally killing oneself
# Attempt versus Self-Injury

<table>
<thead>
<tr>
<th>Suicide Attempt</th>
<th>Non-Suicidal Self Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to end one’s life</td>
<td>No intent to die</td>
</tr>
<tr>
<td>Methods: Drug overdose, poisoning, cutting, shooting oneself, hanging, jumping</td>
<td>Methods: Self-hitting, pinching, scratching, biting, burning, cutting</td>
</tr>
<tr>
<td>Sometimes impulsive, often chronic feelings of emptiness and distress</td>
<td>Response to acute emotional distress</td>
</tr>
<tr>
<td>May be repeated but not typically</td>
<td>Often repeated</td>
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</tbody>
</table>
Epidemiology: National (10-24 years)

- Suicide is the 2nd leading cause of death of youth in the U.S.

- Males are 4X more likely to commit suicide (Curtin, Warner & Hedegaard, 2016)

- 3X greater risk in the first week following discharge from an inpatient hospitalization and continues to be high especially in the 1st year (Goldacre, Seagrott, & Hawton, 1993)
Epidemiology: Oregon (10-24 year olds)

• Higher rate than the national average for a decade
• 17% of 8th and 11th graders report seriously considering suicide in the past 12 months
• Each year, more than 500 youth are hospitalized for self-injury and/or attempted suicide
• In 2014, there were 90 completed youth suicides, 26 of whom were middle and high school students (OHA, 2016)
Groups with Increased Risk

- Individuals who have attempted suicide (attempt survivors)
- Those who have lost a loved one (loss survivors)
- LGBTQ persons
- Individuals with disabilities and mental health conditions
- Native Americans
- Older adult males
- Individuals in the justice and child welfare systems
- Those who engage in non-suicidal self-injury
- Military members, veterans, and their families
Warning Signs for Youth (SAMHSA)

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain
- Showing worrisome **behavioral cues**
  - Withdrawal from social connections
  - Anger or hostility that is out of character
  - Increased agitation/irritability

http://promises.com
The Joint Commission Recommendations

1. Review patients who may be at risk
2. Screen all patients for suicidal ideation
3. Review screening questions before patients leave the appointment
4. Use assessment results to inform level of safety measures needed
5. Establish collaborative, ongoing and systematic assessment and treatment process involving other providers, family, and friends as applicable
6. Develop treatment and discharge plans that directly target suicidality
7. Educate all staff on how to identify and respond to patients with SI
8. Document decisions re: care and referral of patients with suicide risk

(Joint Commission, 2016)
Screening Tools

• Several available but no consensus on which is best
• Limited cross-cultural validity
• No identified tools for the under 12 population
• Adolescent options:
  • PHQ-A
  • Columbia Suicide Severity Rating Scale (C-SSRS)
Confidentiality and Kids

• Break the glass
  • In a crisis, confidentiality can and should be broken

• Invite people in
  • Whoever is with the child or make a phone call
  • Behavioral health consultant
  • Expand the team
Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

- 1. Identify Risk Factors
- 2. Identify Protective Factors
- 3. Conduct Suicide Inquiry
- 4. Determine Risk Level/Intervention
- 5. Document


National Suicide Prevention Lifeline
1.800.273.TALK (8255)
Identifying Risk Factors

- Previous suicide attempt
- Family Factors
- Physical or sexual abuse
- Lack of a support network
- Availability of lethal means

https://www.beyondblue.org.au
Identifying Protective Factors

PROTECTIVE FACTORS

- Availability of physical and mental health care
- Restrictions on lethal means of suicide
- Safe and supportive school and community environments
- Sources of continued care after psychiatric hospitalization
- Connectedness to individuals, family, community, and social institutions
- Supportive relationships with health care providers
- Coping and problem-solving skills
- Reasons for living (e.g., children in the home)
- Moral objections to suicide

RISK FACTORS

- Availability of lethal means of suicide
- Unsafe media portrayals of suicide
- Few available sources of supportive relationships
- Barriers to health care (e.g., lack of access to providers or medications, prejudice)
- High conflict or violent relationships
- Family History of suicide
- Mental illness
- Substance abuse
- Previous suicide attempt
- Impulsivity/aggression
Conduct Suicide Inquiry

- **Ideation**: frequency, intensity, duration--in last 48 hours, past month and worst ever
- **Plan**: timing, location, lethality, availability, preparatory acts
- **Behaviors**: past attempts, aborted attempts, rehearsals (tying noose, loading gun), vs. non-suicidal self injurious actions
- **Intent**: extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious;
- Explore ambivalence: reasons to die vs. reasons to live
- *Ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors*
Exploring Intent

- “Do you feel like you are a burden to others?”
- “How confident are you that your plan will end your life?”
- “What have you done to begin carrying out your plan?”
- “What stops you from killing yourself?”
## Threat Assessment

### Threat Level:

- **HIGH**: Psychiatric disorders with severe symptoms, or acute precipitating event, protective factors not relevant
- **MODERATE**: Multiple risk factors, few protective factors
- **LOW**: Modifiable risk factors, strong protective factors

### Risk / Protective Factors

- Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal
- Suicidal ideation with plan, but no intent or behavior
- Thoughts of death, no plan, intent or behavior

### Action Plan & Next Steps

- Admission generally indicated unless a significant change reduces risk. Suicide precautions
- Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency / crisis numbers.
- Outpatient referral, symptom reductions. Give emergency / crisis numbers.

Source: Suicide Assessment Five-step Evaluation and Triage (SAFE-T)
Interventions

• Low Risk: Outpatient referral, symptom reduction, crisis resources
• Moderate Risk: Develop crisis plan and provide crisis resources
• High Risk: Consider admissions or transport to ED
Treatment Plan

- Communicate diagnosis, treatment recommendations and safety issues to pt/family AND accepting providers
- Inform pt/family of risk factors
- Advise removal of firearms/other means of self harm
- Discuss available community resources (ie suicide hotlines, crisis centers)
- Schedule a follow-up appointment in at least a week
• Consider a Smart Phrase
• Include:
  • Risk level/rationale
  • Treatment plan to address/reduce risk
  • Firearms instruction
  • Follow-up plan
  • Role for family/guardian
An organized response in the aftermath of a suicide

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide

-Survivors of Suicide Loss Task Force
Clinical Pearls

• Don’t be afraid to ask for help

• Don’t manage these cases alone

• Have a protocol and resources readily available in your practice

• You can really make a difference!
References


References


