Suicide Risk Assessment

January 23, 2019

micmrc

The Michigan Care Management Resource Center

MiCMRC Care Management Educational Webinar:
Suicide Risk Assessment

Expert Presenter:

Kristyn A. Spangler LMSW

Behavioral Health Program Manager

IHA

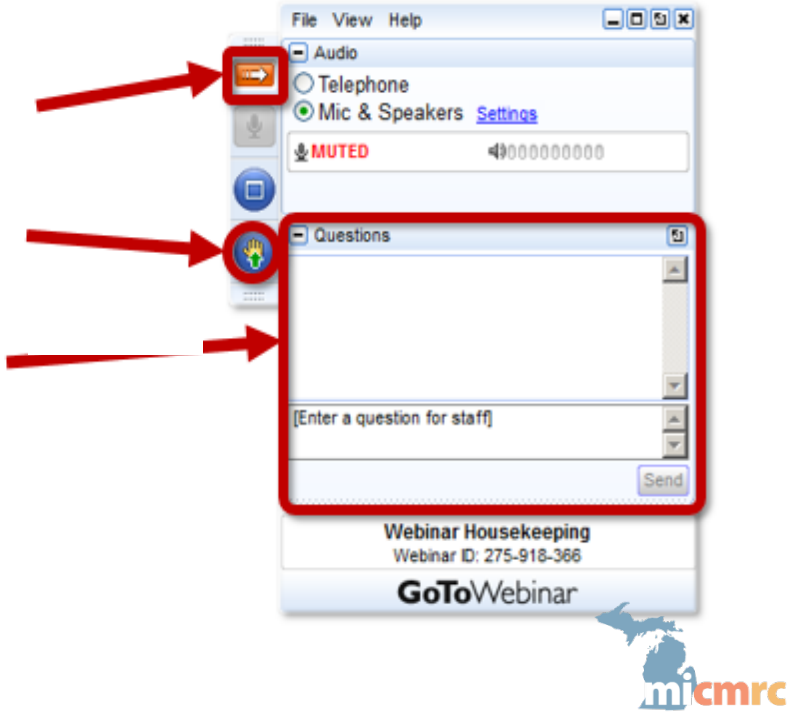

Michigan Care Management Resource Center
Search...
micmrc
Home
Training & Support
Care Management 101
Topics
Resources
Webinars
Best Practices
New! Available Now
MiCMRC Care Management eLearning Courses
• Free online lessons
• Learn at your own pace
• Earn CE Credit
Programs MiCMRC Supports
MiCMRC provides training and support for the following statewide Care Management initiatives:
BCBSM Provider-Delivered Care Management
BCBSM PDCM-Specialists
SIM - PCMH Initiative
Comprehensive Primary Care Plus (CPC+)
High Intensity Care Model
Continuing Education
Select MiCMRC activities offer the opportunity to obtain free CE credits in Nursing or Social Work suitable for Michigan professional licensing requirements. Click here for more information regarding CE activities...
MiCMRC Complex Care Management Course
The MiCMRC Complex Care Management course is designed to prepare the healthcare professional for the role of Complex Care Manager. Read More
MiCMRC Approved Self-Management Support Courses and Resources
For a detailed summary of MiCMRC approved Self-Management Support Courses click to view or download the PDF file
Care Management Connection Newsletter
Keep up with the latest care management news from MiCMRC. Click for the latest or past issues ...
Care Management Billing Resources
MiCMRC maintains this handy page with links to billing resources for specific care management programs. Click to view...
Contact MiCMRC
Submit questions, website feedback, resource suggestions and more. Click here to get started...
Upcoming Webinars
MiCMRC Educational Webinar
Wednesday, February 14, 2018 - 2:00pm
Managing Hypertension
Presented by
Kristina Dawkins, MPH, Clinical and Public Health Consultant
Michigan Department of Health and Human Services
Cardiovascular Health, Nutrition, and Physical Activity Section
Heart Disease and Stroke Prevention Unit
Webinar Registration
MiCMRC Educational Webinar
Wednesday, February 28, 2018 - 2:00pm
Self-Management of Heart Failure Through Diet
Presented by
Emily Matson, MS and Theresa Han-Markey, MS, RD
Bionutrition Manager, U-M Nutrition Obesity Research Center
Webinar Registration

Housekeeping: Webinar Toolbar Features

Collapse Toolbar

Raise Your Hand

Ask a Question



micmrc

Suicide Risk Assessment

01/23/2019

KRISTYN A SPANGLER, LMSW

Suicide is the 10th leading cause of death in the US

2nd leading cause of death for individuals between ages 10 and 34

Twice as many suicides as homicides

Fewer than Influenza/pneumonia or Kidney Disease or Diabetes

Words Matter

Death by suicide

- “Committed suicide” frames suicide as a criminal behavior rather than a health problem
- “Successful suicide” is inappropriate as there is nothing to be celebrated or elevated by the tragedy of suicide

Non-suicidal self-harm

- “Parasuicidal” and other terms are vague.
- “Suicide gesture” downplays seriousness of attempt or is unclear about intent.

Shared definitions improve our work

Suicide: death caused by self-directed injurious behavior, with intent to die as a result of the behavior.

Suicide attempt: non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

Suicidal ideation: thinking about, considering, or planning suicide

Consider these scenarios

A person takes a handful of Benadryl hoping to fall asleep and never wake up. The person sleeps for 16 hours then wakes up and never tells anyone.

- Suicide Attempt

A person takes more heroin than usual because they want a better high. The person dies from a heroin overdose.

- Accidental death. Not suicide.

A person feels anxious and sad due to relationship difficulties and cuts their thigh with a razor in order to relieve the stress. The person needs stitches because the cut is so deep.

- Without intent for death, this is not a suicide attempt.

For every death by suicide, there are another 25 attempts

Women are more likely to attempt then men

Nearly 50% of attempts are by drug poisoning

- Yet only 9% of deaths by suicide

For those who attempt suicide, 90% die of causes OTHER than suicide

The vast majority of those who attempt suicide regret their decision

- 29/29 of those who survived jump from Golden Gate bridge

Talking about suicide is hard. And important.

MYTHS	FACTS
Most suicides are caused by one particular trigger event	The current crisis may be a trigger, but only someone who is already in distress will consider such an extreme reaction
People who talk about suicide don't do it.	Most people who attempt suicide have talked about it. Paying attention to suicidal statements can save lives.
Suicide attempts are only attention-getting behaviors.	A person with a history of prior suicide attempt is at greater lifetime risk of dying by suicide. We are better off paying attention
Only people who are depressed attempt suicide	Relationship problems and other life stressors are also associated with suicidal thoughts and attempts

There are often warning signs

Talking about wanting to die or wanting to kill themselves

Talking about feeling empty, hopeless, or having no reason to live

Making a plan or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun

Talking about feeling trapped or feeling that there are no solutions

Feeling unbearable pain (emotional pain or physical pain)

Talking about being a burden to others

Taking great risks that could lead to death, such as driving extremely fast

Talking or thinking about death often

Giving away important possessions

Saying goodbye to friends and family

Putting affairs in order, making a will

There is no single cause of suicide. There are risk factors.

Depression, other mental disorders, or substance abuse disorder

Certain medical conditions

Chronic pain

A prior suicide attempt

Family history of a mental disorder or substance abuse

Family history of suicide

Family violence, including physical or sexual abuse

Having guns or other firearms in the home

Having recently been released from prison or jail

Local epidemics of suicide

Cultural or religious belief that suicide is a noble resolution of a personal dilemma

There are also protective factors against suicide

Effective clinical care for mental, physical, and substance abuse disorders

Easy access to a variety of clinical interventions and support for help seeking

Family and community support (connectedness)

Support from ongoing medical and mental health care relationships

Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes

Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Feeling suicidal is not a character defect, and it doesn't mean that you are crazy, or weak, or flawed. It only means that you have more pain than you can cope with right now.

Suicidal thoughts are serious

Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.

Often, family and friends are the first to recognize the warning signs of suicide and can be the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions.

In healthcare, we often assess for suicide risk

Ideation, Plan, Intent

Risk Factors

Protective Factors

Safety Planning

We ask questions to ascertain ideation, plan, and intent

Have you ever wished you were dead or could go to sleep and not wake up?

In the past few weeks, have your actually thought about killing yourself?

Have you worked out a plan for suicide?

What preparations have you made for suicide, such as gathering supplies, writing a note, making arrangements for belongings or pets?

Have you attempted suicide or do you intend to act on your plan?

There are several tools to help us assess suicide risk

NIMH Brief Suicide Safety Assessment

SAFE-T

http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.healthcare.english

People at acute risk of suicide need evaluation and treatment

A person at imminent risk of suicide needs to seek or be sent to Emergency Service

Evaluation by medical and behavioral health clinicians, depending on location

Patients might be discharged to the community with safety planning

Patients might be admitted to psychiatric units.

- Michigan law allows for the involuntary hospitalization of people at risk of suicide (amongst other things)

Make a Safety Plan

A Safety Plan is a prioritized list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis.

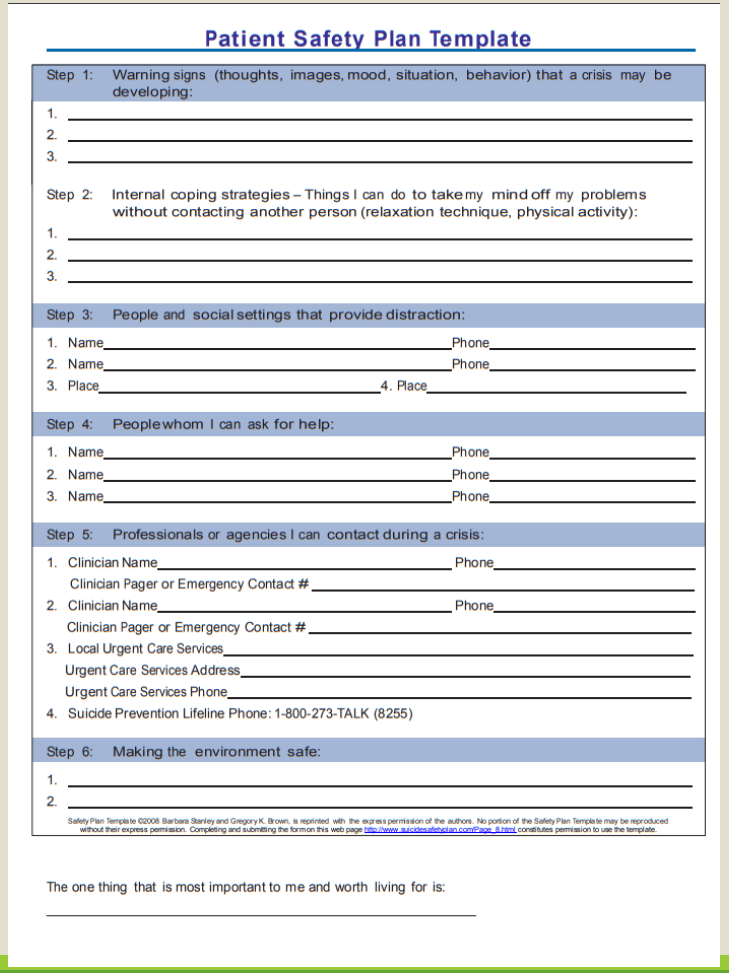
- Brief
- Patient's own words
- Easy to Read

The 6 Parts of a Safety Plan

1. **Warning Signs**
   How will you know when you need your safety plan?
2. **Internal Coping Strategies**
   What can you do on your own to help yourself not act on your thoughts or urges?
3. **Social Contacts Who May Distract from the Crisis**
   Who or what will help you take your mind off your problems at least for a little while?
4. **Family Members or Friends Who May Offer Help**
   Who is supportive of you that you can talk to when you're under stress?
5. **Professionals and Agencies to Contact for Help**
   Who are the mental health professionals or other health care providers who can help you?
6. **Making the Environment Safe**
   Limit access to lethal means.

You can find a safety plan template online

SPRC Safety Plan Template



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express permission. Completing and submitting the form on this web page http://www.suicidesafetyplan.com/Page_8.html constitutes permission to use the template.

The one thing that is most important to me and worth living for is:

_____

We still don't know who will attempt suicide

November 15, 2016

"Experts' ability to predict if someone will attempt to take his or her own life is no better than chance and has not significantly improved over the last 50 years, according to a comprehensive review of suicide research published by the American Psychological Association."

Where does that leave us?

Suicide is complicated and tragic and often preventable.

There are two evidence-based interventions to reduce death by suicide

1. Treat underlying conditions
2. Restrict access to lethal means

Start asking: How?

We've spent years asking why people attempt suicide

As we understand more about who, when and where, we learn that **HOW** a person attempts suicide plays a key role.

Access to Lethal Means can determine life or death

The actual attempt is often impulsive

- 24% went from decision to attempt in less than 5 minutes
- 70% within an hour

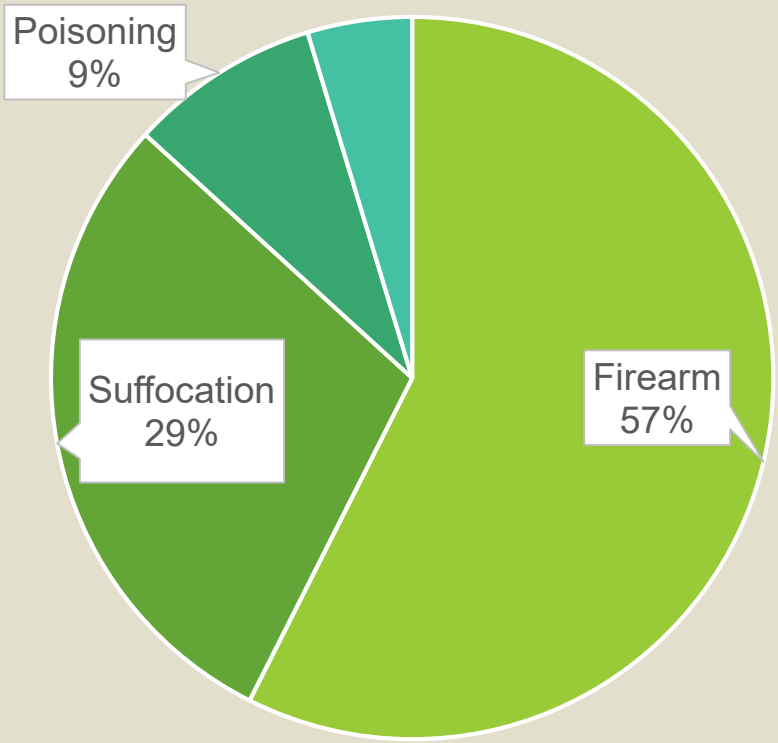
Many suicide attempts occur with little planning during a short-term crisis

Intent isn't all that determines whether an attempter live or dies. MEANS ALSO MATTER.

We've seen means restriction work

- Domestic gas in the UK
  - Rates dropped 30%
- Pesticide in Sri Lanka
  - Rates halved in 2005
- Bridge barriers
  - Golden Gate
  - Ann Arbor

Guns are the most lethal means of suicide



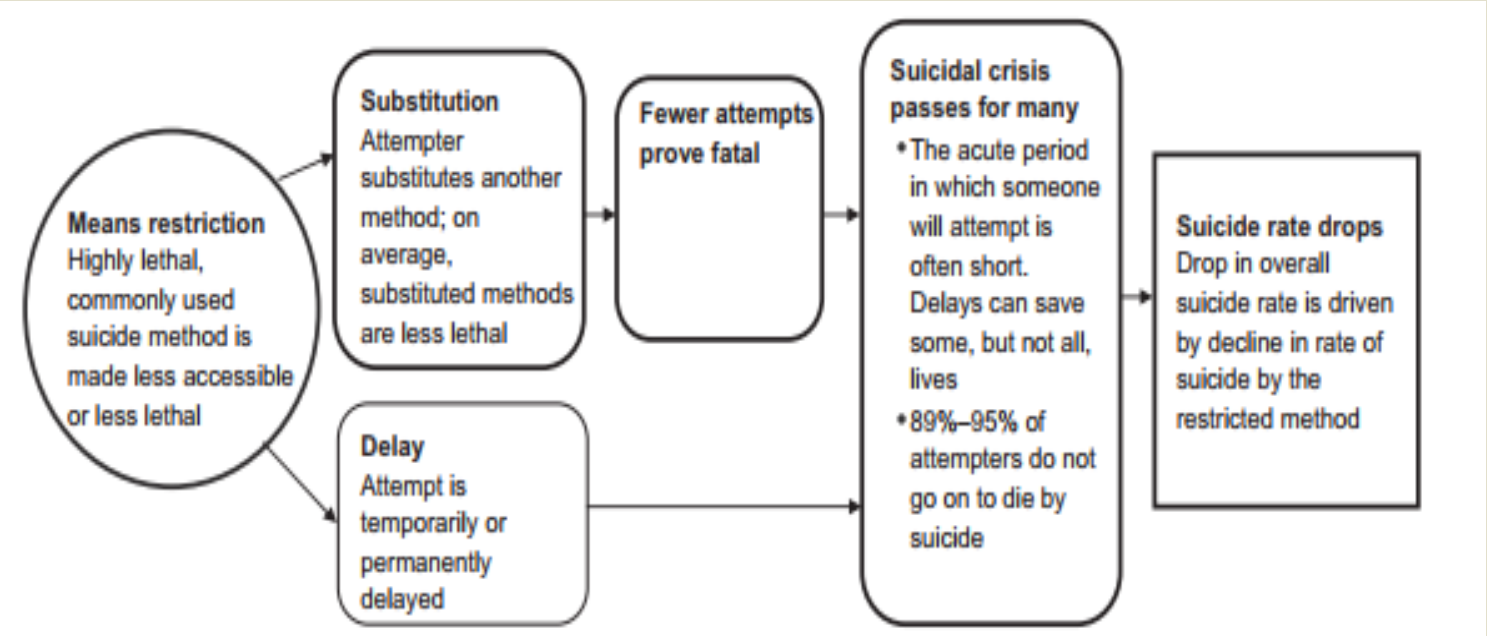
Guns kill quickly and consistently

90% of suicide attempts by gun result in death by suicide

Men are more likely than women to use a gun in a suicide attempt

In 2013, an estimated 29% of Michigan adults owned a gun

We need opportunities to abort or intervene



Talking to clients about guns is important

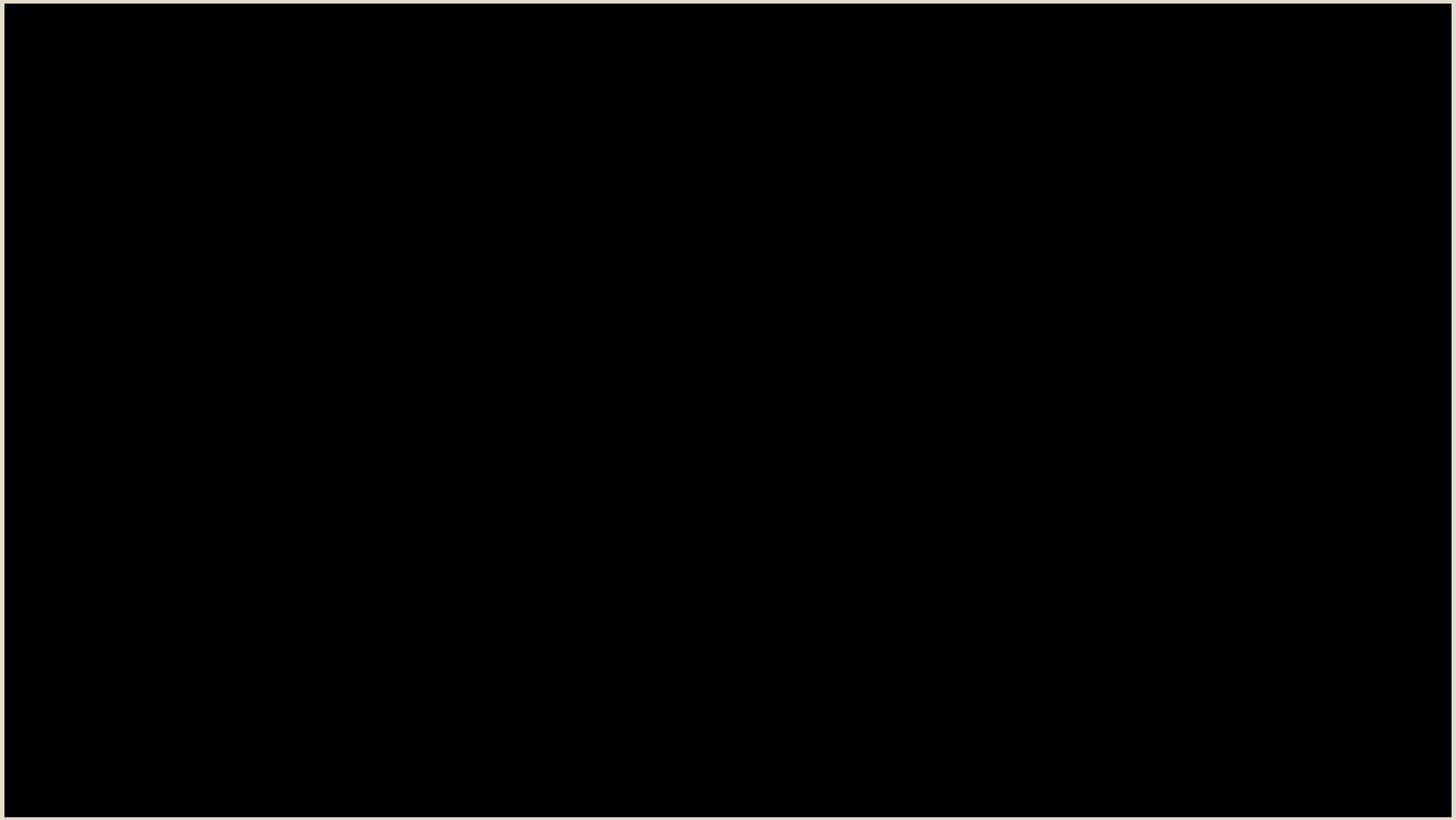
People have strong feelings about guns

Talking to patients/clients about guns is an opportunity to use empathy and work toward a common goal

There are tools that can help you prepare to talk about guns

Asking about guns in every assessment helps us plan for safety and get more comfortable with the topic.

Lethal Means Restriction



People are listening to evidence on gun safety

DURHAM, N.C. -- A Connecticut law enacted in 1999 to allow police to temporarily remove guns from potentially violent or suicidal people likely prevented dozens of suicides, according to a study by researchers at Duke and Yale universities and the University of Connecticut.
In their review of 762 gun-removal cases, the authors calculate that for every 10 to 20 instances of temporary gun seizures, one suicide was prevented.

- Voters in Washington State passed a similar law.

November 17. 2016

There’s more help online

Counseling on Access to Lethal Means

Harvard School of Public Health: Means Matter

The ethics of suicide present grey areas

Is suicide ever permissible and/or a rational choice?

- Where does self-determination fit in?

When we involuntarily hospitalize a person, we are infringing on their civil rights.

If a person tells us they are suicidal, are we going to intervene? Does this change with your relationship to the person?

Can one adult human be responsible for the safety of another adult human?

- Safety plans often include a person's support system. At the same time, none of us is ever responsible for the actions of another person

Reach out for help

National Suicide Prevention Lifeline
1-800-273-8255 (TALK)

Crisis Text Line
Text HOME
To 741741

Trevor Project
1-866-488-7386

Sources/references

https://www.psychalive.org/busting-the-myths-about-suicide/

https://training.sprc.org/course/view.php?id=3

https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/

http://www.apa.org/news/press/releases/2016/11/suicidal-behaviors.aspx

https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

https://www.hsph.harvard.edu/means-matter/

https://www.cdc.gov/features/preventingsuicide/index.html

https://www.sprc.org/

https://www.mlive.com/news/index.ssf/2017/04/michigan_gun_ownership_by_the.html

https://corporate.dukehealth.org/news-listing/one-state%E2%80%99s-temporary-gun-removal-law-shows-promise-preventing-suicides

TED: The bridge between suicide and life