Suicide Risk Assessment and Management

April 29, 2016

Introduction to Topic

•As part of Magellan of Virginia's accreditation with the National Committee For Quality Assurance (NCQA) we are implementing a quality improvement activity regarding suicide assessment for individuals with diagnoses of Major Depressive Disorder and/or Schizophrenia.

•Mental health providers have a significant role to play in the assessment, monitoring, and prevention of suicide, as suicidal behaviors are common among consumers of mental health services.

Introduction

- Magellan of Virginia's Treatment Record Review (TRR) program seeks to monitor network provider treatment planning and practices against Magellan standards for the treatment of individuals with a diagnosis of Major Depression or Schizophrenia.
- The goal is to measure network provider performance against evidence-based clinical process elements present in Magellan approved clinical practice guidelines (CPGs).
- A key measure in this review program is whether the provider in clinical practice creates an ongoing process to assess patients diagnosed with Major Depression or Schizophrenia for past suicidal ideation/attempts, current suicidal ideation/plans, presence of high risk factors, and lethal means for suicide completion.

Statistics on Suicide

- Average of 1 person every 12.3 minutes
- Suicide is the 10th ranking cause of death in the U.S.
- Suicide is the 2nd ranking for young age group (15-24)
- There are 1,069,325 annual attempts in the U.S. - one attempt every 30 seconds
- 25 attempts for every death
- For each death by suicide research suggests that 18 other individuals experience a major life disruption. If each suicide has devastating effects and intimately affects 18 other people, there are 750,000 individuals impacted per year.

U.S.A. suicide 2014: Official final data , American Association of Suicidology

Statistics on Suicide

	Number	Per Day	Rate	% Deaths
Nation	42,773	117.2	13.4%	1.6%
Males	33,113	90.7	21.1%	2.5%
Females	9,660	26.5	6.0%	0.7%
Whites	38,675	106.0	15.4	1.7%
Nonwhites	4,098	11.2	6.0	1.1%
Blacks	2,421	6.6	5.5	0.8%
Elderly (65+)	7,693	21.1	16.6	0.4%
Young (15-24 yrs)	5,076	13.9	11.6	17.6%
Middle Aged (45-64 yrs)	16,294	44.6	19.5	3.1%

U.S.A. suicide 2014: Official final data , American Association of Suicidology

Suicide Risk Assessment Tools

1. **Suicide Safe App**
   - No cost associated with use
2. **Columbia – Suicide Severity Rating Scale (C – SSRS)**
   - Available in 114 country-specific languages
   - Mental health training is not required to administer the C-SSRS
   - Various professionals can administer this scale, including physicians, nurses, psychologists, social workers, peer counselors, coordinators, research assistants, high school students, teachers and clergy
   - No cost associated with use
3. **Suicide Assessment Five-step Evaluation and Triage (SAFE T)**
   - No cost associated with use
   - Developed in collaboration with the Suicide Prevention Resource Center and Screening for Mental Health

Suicide Safe

•The Substance Abuse and Mental Health Services Administration (SAMHSA) has a no-cost suicide prevention app for iOS® and Android™ mobile devices.

•Suicide Safe is based on SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) and TIP 50.

•Designed for behavioral health providers and primary care physicians to "integrate suicide prevention strategies into their practice and reduce suicide risk among their patients."

•Includes clinical education ,case studies, and support resources for providers.

•Goals of Suicide Safe are to enable providers to more confidently assist patients who present with suicidal ideation, communicate effectively with patients and their families, determine appropriate next steps, and make referrals to treatment and community resources.

Substance Abuse and Mental Health Services Administration

Columbia – Suicide Severity Rating Scale

Form prompts to ask individuals specific questions that are underlined and bolded on the form in relation to the last month.

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts of killing yourself?

   If member answers yes to Question 2, ask questions 3-6. If no, go directly to 6.
3. Have you been thinking about how you might kill yourself?
4. Have you had these thoughts and had some intention on acting on them?
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

   If member answers yes, ask: How long ago did you do any of these?

SAFE T

1. **Identify risk factors**
   - History of prior attempts, self injurious behaviors, diagnosis, symptoms, family history of attempts or hospitalizations, stressors, change in treatment, access to firearms
2. **Identify protective factors**
   - Internal – ability to cope with stressors, religious beliefs, frustration tolerance
   - External – Responsibility of pets or children, supports
3. **Conduct suicide inquiry**
   - Ideation, plan, behaviors, intent
4. **Determine risk level / intervention**
   - Based on information gathered, assess for low, moderate or high risk.
5. **Document**
   - Risk level and rationale, treatment plan to address/reduce risk. For youth, treatment plan should include parent/guardian.

Management of Suicide Risk

- Reassessment should occur as member or environmental circumstances change
- Documentation shows clear interventions and response
- A plan is developed to diminish access to weapons/lethal means if suicidal
- A plan for maintaining sobriety and intervention discussing role of substance use in increasing suicide risk
- Attempts to involve family and other support system members in suicide management plans or clinical justification documented why not appropriate
- A plan for frequent evaluation of suicidal thinking or behaviors for members prescribed anti-depressant and/or anticonvulsant medication
- Hallucination intervention (intervention to alleviate command hallucinations if present)

References

Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2015). *U.S.A. suicide 2014: Official final data. Washington, DC: American Association of Suicidology, dated December 22, 2015, downloaded from http://www.suicidology.org*.

Substance Abuse and Mental Health Services Administration. Suicide Safe: The Suicide Prevention App for Health Care Providers Free from SAMHSA. From http://store.samhsa.gov/apps/suicidesafe.

Substance Abuse and Mental Health Services Administration. Screening Tools. http://www.integration.samhsa.gov/clinical-practice/screening-tools

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