IDENTIFY

ZEROSuicide IN HEALTH AND BEHAVIORAL HEALTH CARE | INSTITUTE EDC Learning transforms lives.

Identify every person at risk for suicide.

Screen and assess every new and existing patient for suicidal thoughts and behaviors in an ongoing and systematic way using standardized tools.[1]

Overview: Finding Those At Risk

An estimated 9.3 million adults (3.9 percent of the total U.S. population) reported having suicidal thoughts in the past year. Approximately 2.7 million people (1.1 percent) reported making a plan about how they would attempt suicide.[2] An estimated 4.6 percent of the overall U.S. population reported a lifetime suicide attempt.[3]

We know that these individuals at risk for suicidal behaviors are seen in health care settings for a wide variety of concerns. Of people who die by suicide, 77 percent of individuals had contact with their primary care provider in the year before death.[4] 45 percent of individuals had contact with their primary care provider in the month before death. A meta-analysis concluded that screening lowers suicide rates in adults.[5]

As the Joint Commission notes in its 2016 alert,[1] failure to assess suicide risk was the most common root cause of suicides qualifying as sentinel events. Screening for suicide risk should be included in health and mental health care visits. The known risk factors that should trigger screening for suicide include mental health or substance use diagnoses, psychosocial trauma or conflict, recent loss (e.g., of a job or the death of a family member), family history of suicide, and personal history of suicide attempts.[1]

Recommendation: Systematic Screening & Assessment

Evidence-based screening and assessment tools should be incorporated into clinical practice as the use of such tools coupled with clinical judgment has been found to be more accurate than clinician judgment alone.[1] Screening can improve identification and treatment of mental health and suicide risk.[1,6,7] Comprehensive screening occurs in multiple settings: primary care, urgent care, specialty clinics, mental health, crisis care, and other settings where individuals at risk are seen. These screenings should occur with every patient, including existing patients, especially when risk factors or life events determine screening is appropriate. Whenever a patient screens positive for suicide risk, a full risk assessment, including risk formulation, should be completed for the patient.

It is important to develop policies and procedures for screening and assessing patients and to train staff on evidence-based screening, assessment, and documentation tools, policies, and procedures. Simon, et al. examined the relationship between elevated responses to question 9 of the Patient Health Questionnaire-9 (PHQ-9) screening questionnaire and suicide deaths.[6] They found a tenfold increase in suicide within the following year for patients reporting frequent thoughts of self-harm, suggesting that routine screening does detect suicidal individuals who should then be engaged for ongoing treatment and care.[6]

Use of an assessment such as the Columbia-Suicide Severity Rating Scale (C-SSRS) can help reduce the burden on the provider, encourage and streamline follow-up, and improve documentation of risk. The tool can be useful in increasing the quality of information gathered from the patient, encouraging self-disclosure, while also improving care delivery, treatment planning, and outcomes.[7] Systematic use of the C-SSRS has been shown to decrease

burden and false positives while improving detection.[8] The C-SSRS has been used in the U. S. Marine Corps and the U. S. Army with other suicide prevention strategies and has been associated with a decrease in suicidal ideation and behaviors.[9]

Further, the research shows that prediction leads to prevention:

> "It [the C-SSRS] was able to show, for the first time, that behaviors beyond previous suicide attempts–such as self-injury or making preparations for an attempt–may be used as predictors of subsequent suicide attempts. … It also was able to determine clinically meaningful points at which a person may be at risk for an impending attempt, something that other scales have been unable to consistently determine."
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> — NIMH Science Update, Nov. 28, 2011

In the Zero Suicide model, the Zero Suicide elements are interrelated. It is key to conduct a risk assessment using risk formulation, develop a collaborative safety plan, and use evidence-based treatments in the least restrictive setting.

Conclusion: Take Steps Toward Efficient & Effective Identification

Systematic screening, identification, and assessment of suicide risk among people receiving care dramatically increases the efficiency and effectiveness of interventions. Developing policies and procedures around identification of risk that leverage evidence-based tools is a crucial step toward safer suicide care.

Citations

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