Suicide Risk Reduction
in Behavioral Health Care & Human Services

Gina Malfeo-Martin,
Team Lead,
Standards Interpretation Group
The Joint Commission

Julia Finken
Executive Director
Behavioral Health Care & Human Services
The Joint Commission

September 13, 2022

Today's Objectives

01 Understand the impact behavioral healthcare organizations have on suicide prevention

02 Review Joint Commission standards that support behavioral healthcare organizations in reducing the risk for suicide

03 Provide resources to assist organizations in developing and implementing processes to reduce suicide risk

https://988lifeline.org/media-resources/

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

10 Leading Causes of Death, United States

2020, Both Sexes, All Ages, All Races

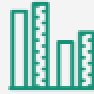
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+
1	Congenital Anomalies 30.6 %	Unintentional Injury 45.5 %	Unintentional Injury 41.5 %	Unintentional Injury 33.2 %	Unintentional Injury 48.1 %	Unintentional Injury 51.[illegible] %	Unintentional Injury 37.5 %	Malignant Neoplasms 23.1 %	Malignant Neoplasms 31.5 %	Heart Disease 29.3 %
2	Short Gestation 23.8 %	Congenital Anomalies 15.1 %	Malignant Neoplasms 2[illegible].1 %	Suicide 21.9 %	Homicide 20.6 %	Suicide 13.9 %	Heart Disease 14.7 %	Heart Disease 22.8 %	Heart Disease 25.3 %	Malignant Neoplasms 23.2 %
3	Sids 10.5 %	Homicide 12.3 %	Congenital Anomalies 10.4 %	Malignant Neoplasms 15.4 %	Suicide 19.3 %	Homicide 11.7 %	Malignant Neoplasms 13.0 %	Unintentional Injury 18.6 %	Covid-19 12.0 %	Covid-19 14.9 %
4	Unintentional Injury 9.0 %	Malignant Neoplasms 12.1 %	Homicide 10.2 %	Homicide 10.7 %	Malignant Neoplasms 4.2 %	Heart Disease 6.6 %	Suicide 8.8 %	Covid-19 11.3 %	Unintentional Injury 8.3 %	Cerebrovascular 7.2 %
5	Maternal Pregnancy Comp. 8.4 %	Heart Disease 4.4 %	Heart Disease 3.4 %	Congenital Anomalies 5.6 %	Heart Disease 2.8 %	Malignant Neoplasms 5.9 %	Covid-19 7.3 %	Liver Disease 6.4 %	Chronic Low. Respiratory Disease 5.4 %	Alzheimer's Disease 7.0 %
6	Placenta Cord Membranes 5.3 %	Influenza & Pneumonia 3.3 %	Influenza & Pneumonia 3.3 %	Heart Disease 4.2 %	Covid-19 1.6 %	Covid-19 3.7 %	Liver Disease 6.0 %	Diabetes Mellitus 5.0 %	Diabetes Mellitus 5.1 %	Chronic Low. Respiratory Disease 6.8 %
7	Bacterial Sepsis 4.1 %	Cerebrovascular 2.2 %	Chronic Low. Respiratory Disease 3.3 %	Chronic Low. Respiratory Disease 3.5 %	Congenital Anomalies 1.2 %	Liver Disease 2.7 %	Homicide 5.4 %	Suicide 4.8 %	Liver Disease 4.6 %	Diabetes Mellitus 3.8 %
8	Respiratory Distress 2.9 %	Perinatal Period 2.1 %	Cerebrovascular 1.9 %	Diabetes Mellitus Influenza & Pneumonia 1.9 %	Diabetes Mellitus 1.0 %	Diabetes Mellitus 1.9 %	Diabetes Mellitus [illegible].5 %	Cerebrovascular 3.8 %	Cerebrovascular 4.0 %	Unintentional Injury 3.3 %
9	Circulatory System Disease 2.9 %	Septicemia 1.7 %	Benign Neoplasms 1.7 %		Chronic Low. Respiratory Disease 0.7 %	Cerebrovascular 1.0 %	Cerebrovascular 2.4 %	Chronic Low. Respiratory Disease 2.4 %	Suicide 2.0 %	Nephritis 2.2 %
10	Neonatal Hemorrhage 2.4 %	Benign Neoplasms 1.4 %	Suicide 1.2** %	Cerebrovascular 1.7 %	Complicated Pregnancy 0.6 %	Complicated Pregnancy 1.0 %	Influenza & Pneumonia 1.4 %	Homicide 1.7 %	Influenza & Pneumonia 1.8 %	Influenza & Pneumonia 2.2 %

WISQARS™

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

© 2022 The Joint Commission. All Rights Reserved.



2020 USA General Statistics

A 3.4% rate decrease was seen from 2019 to 2020 (a 2% decrease was observed from 2018 to 2019).

In 2020, 45,979 Americans died by suicide.

Suicide is the 12th leading cause of death in the U.S.

Every day, approximately 125 Americans die by suicide.

There is one suicide death in the US every 11.5 minutes.

Suicide is the 3rd leading cause of death for 15 to 24 year old Americans.

The highest suicide rates (per 100,000) in the US are among white males (25.4), followed by Native American/Alaska Natives (14.6), and Black males (12.6).

There is one suicide death for every estimated 25 suicide attempts.

There are approximately **1,149,475 annual attempts** in the U.S. (using 25:1 ratio) or **one attempt every 27.5 seconds**

SAVE provides free use of national suicide statistics as soon as they become available from the National Center for Health Statistics as compiled by Drs McIntosh and Drapeau. See the bottom of this page for additional detailed data sheets.

https://save.org/about-suicide/suicide-statistics/

© 2022 The Joint Commission. All Rights Reserved.

By Gender

SAVE recognizes the following data is non inclusive of all genders.

One male dies by suicide every 14.4 minutes in the U.S.

There are **3.9 male deaths by suicide for each female death** by suicide.
Firearm suicides are the most common among males and females (SPRC 2019).

One female dies by suicide every 55.9 minutes in the U.S.

There are **three female attempts for each male attempt.**
Poisoning is the most common method of suicide for females.

https://save.org/about-suicide/suicide-statistics/

© 2022 The Joint Commission. All Rights Reserved.

Sexual Orientation and Gender Identity

Lesbian, gay, and bisexual kids are three times more likely than straight kids to attempt suicide at some point in their lives (di Giacomo et al. 2018).

Medically serious attempts at suicide are four times more likely among LGBTQ youth than other young people (CDC).

African American, Latino, Native American, and Asian American people who are lesbian, gay, or bisexual attempt suicide at especially high rates (National Strategy for Suicide Prevention, Appendix D).

41% of trans adults said they had attempted suicide, in one study. The same study found that 61% of trans people who were victims of physical assault had attempted suicide (National Transgender Discrimination Survey).

Lesbian, gay, and bisexual young people who come from families that reject or do not accept them are over eight times more likely to attempt suicide than those whose families accept them (Pediatrics (Vol. 123, No. 1)).

Each time an LGBTQ person is a victim of physical or verbal harassment or abuse, they become 2.5 times more likely to hurt themselves (National Transgender Discrimination Survey).

https://save.org/about-suicide/suicide-statistics/

© 2022 The Joint Commission. All Rights Reserved.

Rate of Suicide by Race/Ethnicity

In 2020, the **highest rates were among whites (15.7 per 100,000)**.

The **second highest rate in 2020 was among American Indian/Alaska Native** (14.6 per 100,000).

From 2019, **suicide rates increased slightly for Blacks** (from 7.04 to 7.5).

Suicide rates increased slightly for American Indian/Alaska Natives by .96 from 2019 (13.64 to 14.6).

Suicide rates for **Hispanic/Latinos remained 7.5 per 100,000** in 2020 from 2019.

https://save.org/about-suicide/suicide-statistics/

© 2022 The Joint Commission. All Rights Reserved.

Depression Statistics

Only half of all Americans experiencing an episode of major depression receive treatment. (NAMI)

80% -90% of people that seek treatment for depression are treated successfully using therapy and/or medication. (TADS study)

Females experience depression at roughly two times the rate of men.(Mayo Clinic)

An estimated 275,000 each year become suicide survivors (SAVE).

Depression affects 20-25% of Americans ages 18+ in a given year (CDC).

https://save.org/about-suicide/suicide-statistics/

© 2022 The Joint Commission. All Rights Reserved.

Suicide Risk and Substance Use Disorders

- Substance use disorders (SUDs) are associated with an increase in the likelihood and severity of suicidal thoughts and behaviors, as well as suicide attempts and deaths. *(SAMHSA)*
- Individuals with a substance use disorder are nearly 6 times as likely to attempt suicide at some point in their life
  - Among veterans, men with a SUD are more than twice as likely to die by suicide, and women with a SUD are 6.5 times as likely to die by suicide *(addictioncenter.com)*
- SUDs contribute to suicidal behavior in several ways *(HHS.gov)*
  - Individuals often have several other risk factors– depression, social and financial problems
  - SUDs are common among individuals prone to be impulsive, and who engage in many types of high-risk behaviors
- Opioid use is associated with a 40%-60% increased likelihood of suicidal thoughts and a 75% increased likelihood of suicide attempt *(addictioncenter.com)*
  - Some studies suggest that Opioid and injection drug users are 13 times as likely to die by suicide

© 2022 The Joint Commission. All Rights Reserved.

Suicide Risk and Substance Use Disorders

- A review of minimum-age drinking laws and suicides among youths ages 18 to 20 found that lower minimum-age drinking laws was associated with higher youth suicide rates *(HHS.gov)*
- In a study of all non-traffic injury deaths associated with alcohol intoxication, over 20 percent were suicides *(HHS.gov)*
- In studies that examine risk factors among people who have completed suicide, substance use occurs more frequently among youth and adults, compared to older persons *(HHS.gov)*
  - For groups at risk, such as American Indians and Alaskan Natives, depression and alcohol use are the most common risk factors for death by suicide *(HHS.gov)*
- Having multiple SUDs was associated with significantly greater risk of suicide mortality than any of the independent SUD category *(Lynch, et al., 2021)*
  - Substance use disorders are associated with significant risk of suicide mortality, especially for women

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Behavioral Health Care

- Suicide is closely linked to mental health and substance use disorders
  - There is a need for increased suicide risk screening and prevention efforts for individuals with SUDs
  - To improve outcomes of SUD treatment, co-occurring mental disorders associated with suicidal thoughts and behaviors should be assessed and treated
- Behavioral health care providers play a key role in treating suicide risk and related mental health problems
- Offering patients high-quality suicide care, can reduce suicide risk among some of the most vulnerable individuals

The Joint Commission

https://www.sprc.org/settings/behavioral-health-care

© 2022 The Joint Commission. All Rights Reserved.

Timeline

Expert panel was assembled and met to provide guidance on safeguards to prevent suicide. Recommendations published in November Perspectives.

Revised NPSG.15.01.01 Go-Live (July) HAP/BHC Ongoing FAQ development.

Ongoing work with organizations to implement and sustain successful suicide prevention programs.

2016 — 2017 — 2018 — 2019 — 2020 — 2021 — 2022

Sentinel Event Alert 56
Detecting & Treating Suicide in All Settings
*retired in 2019

Development of FAQs.
NPSG.15.01.01 revisions in review.

Revised NPSG.15.01.01 Go-Live (July) CAH

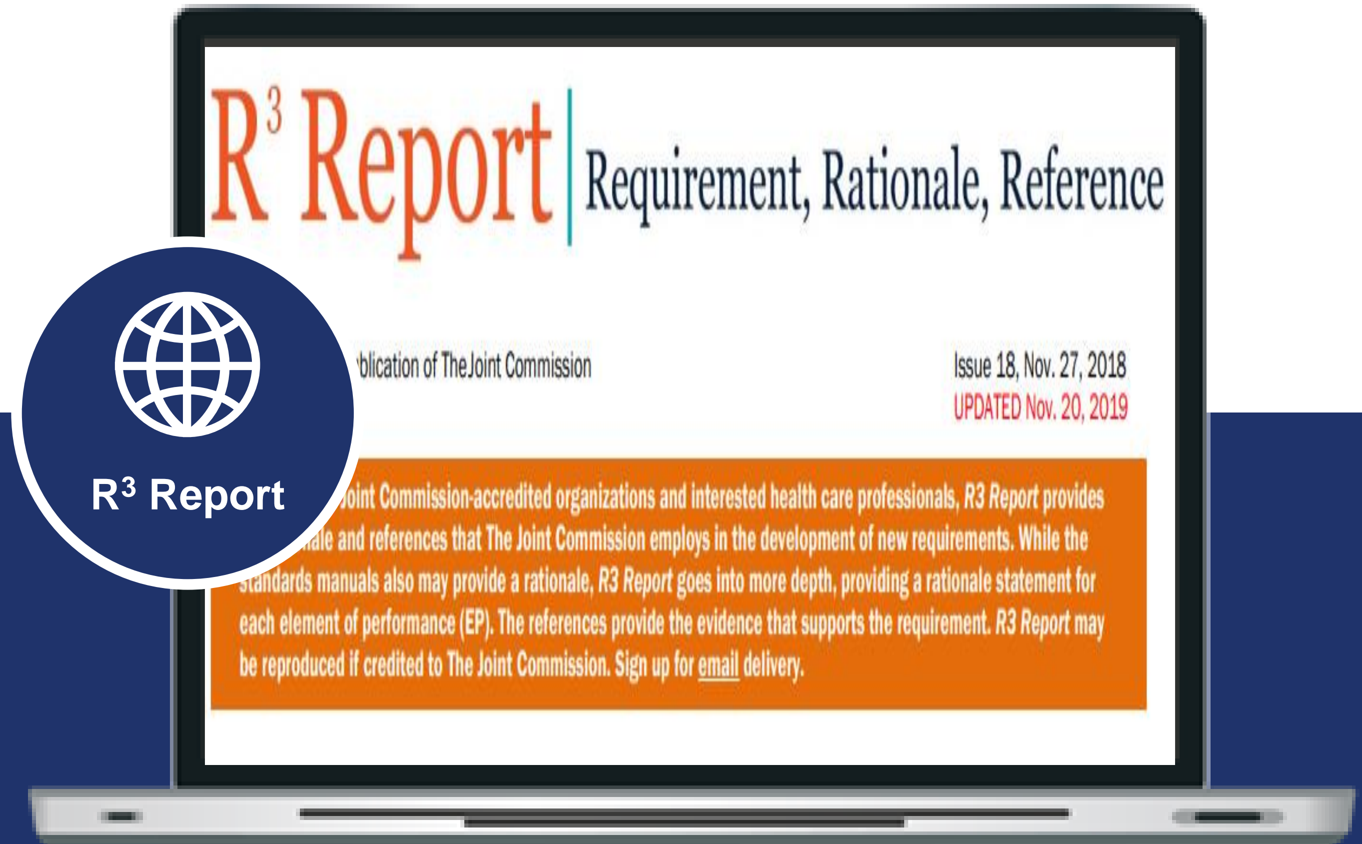
Additional articles/blogs related to NPSG.15.01.01 compliance published

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

National Patient Safety Goal NPSG.15.01.01:

Reduce the Risk for Suicide, Revisions Effective July 1st, 2019



**An R3 report is a working document. If Changes are made to the standard they Are updated in the R3 and noted in red*

Areas of Focus – NPSG.15.01.01

- Environmental Safety (EP1)
- Suicide risk screening (EP2)
- Suicide risk assessment & reassessment (EP3 & EP5)
- Mitigation/Interventions (EP4)
- Training/competency (EP5)
- Monitoring high-risk individuals (EP5)
- Transitions of Care (EP6)
- Implementation & monitoring of processes (EP7)

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

The Joint Commission

Environmental Safety

Identifying & Mitigating Risks

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Environmental Risk Assessments

- Identify risks in the environment that can be used for suicide/self-harm
  - Use results of risk assessment(s) to educate staff
  - Reduce risks, as able
- Risk assessments will vary based on setting/service
  - Outpatient – may be brief, limited to staff offices
  - Residential/IOP/PHP – would be more comprehensive, rooms, bathrooms, group rooms, common areas, etc.
- Focus is on areas used/accessible to individuals served
- If risks can be eliminated – why not? E.g., access to sharps

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Environmental Risk Assessment* – Outpatient

Treatment Office 1

Risk Identified	Environmental Mitigation	Clinical Mitigation	Additional Notes
Cup of Pencils on the desk	Cup removed; pencils to be stored in desk drawers only	Staff are always present when clients are in the office	
Furniture – desks, chairs, filing cabinet	Minimal furniture allowed in staff offices	Staff are always present when clients are in the office	Furniture is positioned such that the staff member has closest access to the exit door
Coat hooks on the back of the door	Hooks needed for hanging coats in the winter	Staff are always present when clients are in the office	
Misc. ligature (hanging) risks: door hardware, dropped ceiling	Non-inpatient location; lower level of care	Staff are always present when clients are in the office; screening/assessment processes in place to determine when a client may need a higher level of care	

*This is an example and not representative of any specific organization; Organization's should customize their risk assessments based on their own settings/services

© 2022 The Joint Commission. All Rights Reserved.

Environmental Risk Assessment* – Outpatient

Bathroom 1

Risk Identified	Environmental Mitigation	Clinical Mitigation	Additional Notes
Fixtures – toilet & sink, contain loop able attachment points	Non-inpatient location; lower level of care; Doors can be opened from the outside if needed	Regular screening/assessment processes by providers	
Soap	Non-toxic product used	Regular screening/assessment processes by providers	
Hooks on back of door	Removed, breakaway shelf added for misc. items	Regular screening/assessment processes by providers	

*This is an example and not representative of any specific organization; Organization’s should customize their risk assessments based on their own settings/services

© 2022 The Joint Commission. All Rights Reserved.

Environmental Risk Assessment* – Residential

Bedroom 1

Risk Identified	Environmental Mitigation	Clinical Mitigation	Additional Notes
Furniture - beds, desks, contain loop able attachment points	Non-inpatient location; lower level of care	Rounding every 30 minutes; high-risk patients are on 1:1 or transferred to higher level of care	
Pictures on the walls	Plexiglass frames utilized	Rounding every 30 minutes; high-risk patients are on 1:1 or transferred to higher level of care	
Doors & door hardware –contain loop able attachment points	Non-inpatient location; lower level of care	Rounding every 30 minutes; high-risk patients are on 1:1 or transferred to higher level of care	

Bathroom 1

Risk Identified	Environmental Mitigation	Clinical Mitigation	Additional Notes
Fixtures – toilet, sink, shower, contain loop able attachment points	Non-inpatient location; lower level of care	Rounding every 30 minutes; high-risk patients are on 1:1 or transferred to higher level of care	
Toiletries – soap, bodywash, toothpaste, etc.	Non-toxic products used	Rounding every 30 minutes; high-risk patients are on 1:1 or transferred to higher level of care	

© 2022 The Joint Commission. All Rights Reserved.

*This is an example and not representative of any specific organization; Organization's should customize their risk assessments based on their own settings/services

Environmental Risk Assessment* – Residential

Group Room

Risk Identified	Environmental Mitigation	Clinical Mitigation	Additional Notes
Furniture – Tables, chairs, contain loop able attachment points	Non-inpatient location; lower level of care	Area supervised by staff when in use; high-risk patients are on 1:1 or transferred to higher level of care	
Pictures on the walls	Plexiglass frames utilized	Area supervised by staff when in use; high-risk patients are on 1:1 or transferred to higher level of care	
Doors & door hardware –contain loop able attachment points	Non-inpatient location; lower level of care	Area supervised by staff when in use; high-risk patients are on 1:1 or transferred to higher level of care	
Art supplies including scissors	Stored in locked cabinet when not in use	Area supervised by staff when in use	
Television mounted on wall with accessible cord	Cord shortened	Area supervised by staff when in use	

*This is an example and not representative of any specific organization; Organization's should customize their risk assessments based on their own settings/services

© 2022 The Joint Commission. All Rights Reserved.

The Joint Commission

Screening for Suicide Risk

Use of validated tools

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Suicide Risk Screening

All Individuals admitted to Behavioral Healthcare Programs

Screen all individuals served for suicidal ideation using a validated screening tool.

Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.

© 2022 The Joint Commission. All Rights Reserved.

Considerations

Questions to ask when choosing an instrument include the following:

1. Has the instrument been evaluated and found effective?
2. Is there a cost associated with using the instrument?
3. For what age group was the instrument developed?
4. How long does it take to screen an individual?
5. Who will conduct the screening? Paraprofessionals? Health care professionals? Mental health professionals?
6. Does using the instrument require training? If so, how expensive is this training, and how many people will you need to train?
7. If you are planning to implement screening, are you planning to screen universally or selectively?

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Suicide Risk Assessment & Reassessment

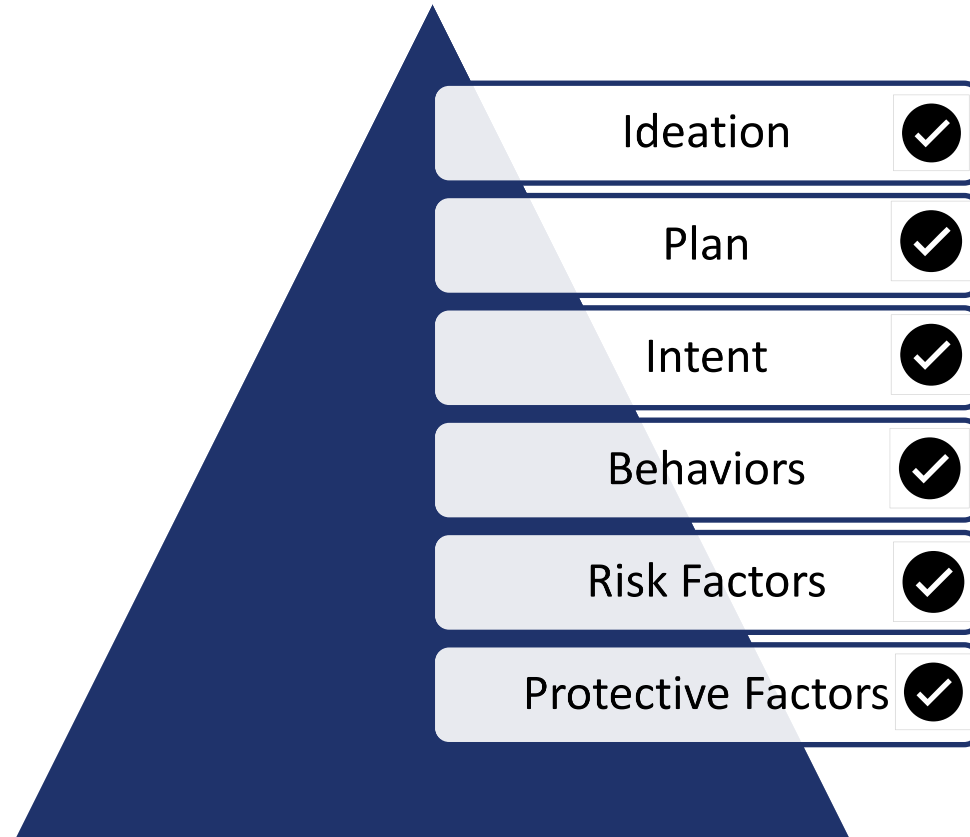
Evidence Based Process

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Suicide Risk Assessment

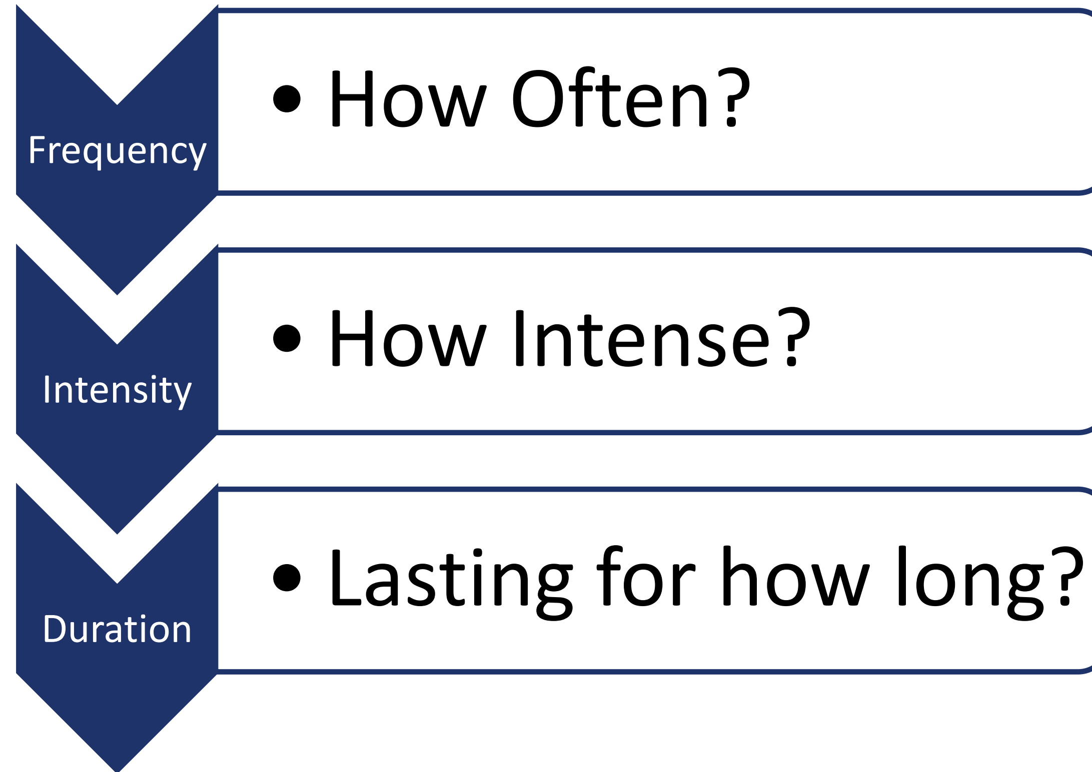
Use an evidence-based process to conduct a suicide assessment of individuals served who have screened positive for suicidal ideation



The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Ideation



The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Plan

Timing

- When?

Location

- Where?

Lethality

- How? In what way?

Availability/Means

- Is there access?

Preparatory Acts

- Any steps taken?

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Intent

- Extent to which an individual:

Expects to carry out the plan	• What is the extent to which you expect to carry out this plan?
Believes the plan/act to be lethal vs. self-injurious	• What do you think will happen?
Is ambivalent – reasons to live vs. die	• What things put you at risk of ending your life or killing yourself (reasons to die)? • What things prevent you from killing yourself and keep you safe (reasons to live)?

© 2022 The Joint Commission. All Rights Reserved.

Behaviors

Past Attempts

Aborted Attempts

- Have you ever thought about or tried to kill yourself in the past?

Rehearsals

- Have you ever taken any actions to rehearse or practice ending your life?

Non-Suicidal/Self-Injurious

- Have you done anything to hurt yourself?

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Risk Factors

Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of.

- Previous suicide attempt(s)
- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Alcohol and other substance use disorders Family history of suicide
- Hopelessness
- Deliberate self-harm
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation Stigma associated with asking for help
- Lack of healthcare, especially mental health and substance use disorder treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

The Joint Commission

SAMHSA.gov

© 2022 The Joint Commission. All Rights Reserved.

Protective Factors

Protective factors are buffers that lower long-term risk for suicide. Known and likely protective factors include:

- Identifying reasons for living
- Being substance-free
- Attending 12-step support groups
- Internalizing religious and/or spiritual teachings against suicide
- Having a child in the home and/or childrearing responsibilities
- Having supportive relationships with significant others
- Establishing a trusting relationship with a counselor, physician, or other service provider
- Obtaining and maintaining employment
- Demonstrating trait optimism (a tendency to look at the positive side of life)
- Faith in and reliance on traditional healing methods among those with a strong affiliation with a clan, tribe, or ethnic community
- Closely knit extended family support

The Joint Commission

SAMHSA.gov

© 2022 The Joint Commission. All Rights Reserved.

Level of Risk & Mitigation

Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide

© 2022 The Joint Commission. All Rights Reserved.

Level of Risk

The risk level is determined by the assessment elements:

1. Risk Factors
2. Protective Factors
3. Suicide Inquiry
4. Clinical Judgement

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Level of Risk

Risk Level	Risk/Protective Factors	Suicidality	Possible Interventions
High	Psychiatric DX with severe symptoms; acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Inpatient Admission generally indicated; immediate suicide/safety precautions
Moderate	Multiple risk factors; few protective factors	Suicidal ideation with plan, but no intent or behaviors	Inpatient Admission may be necessary depending on risk factors; develop a crisis/safety plan; Provide referrals and crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behaviors	Outpatient referral, symptom reduction, provide crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

© 2022 The Joint Commission. All Rights Reserved.

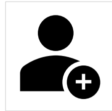
Policies & Procedures

Training/Competency & Monitoring High Risk Individuals

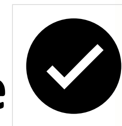
© 2022 The Joint Commission. All Rights Reserved.

Policies & Procedures

Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following:

Training and competence assessment of staff who care for individuals at risk for suicide 

Guidelines for reassessment

Monitoring for individuals who are at high/imminent risk for suicide 

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Training/Competency

- Include **all** staff in BHC settings/services who are part of care, treatment, or services
  - Tailor based on job duties/responsibilities
  - Consider each step of the process
  - Include what is required & how often it must occur
  - E.G., upon hire and annually thereafter; when deficiencies are identified
- Training (skill) vs. Competency (ability)

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Reassessment

- After initial treatment/admission the organization determines when rescreening and/or reassessment is needed
  - Follow an evidence-based process for comparative data
  - Determine what would trigger an assessment and/or how often
    - At minimum, should include change in condition, new or worsening suicidal thoughts, suicide attempts, and/or self-harm behaviors

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

High-Risk Individuals

- Community BHC settings/services – less restrictive level of care
- Individuals at this level of care may have a change in mental state and staff should be prepared for this
- Policies and procedures to address how to manage an individual who may experience an increase in symptoms that could result in high/imminent risk of self-harm of suicide
- Staff should be aware of how to keep an individual safe until they are stabilized and/or able to be transferred to a higher level of care.
  - 1:1 continuous observation

The Joint Commission

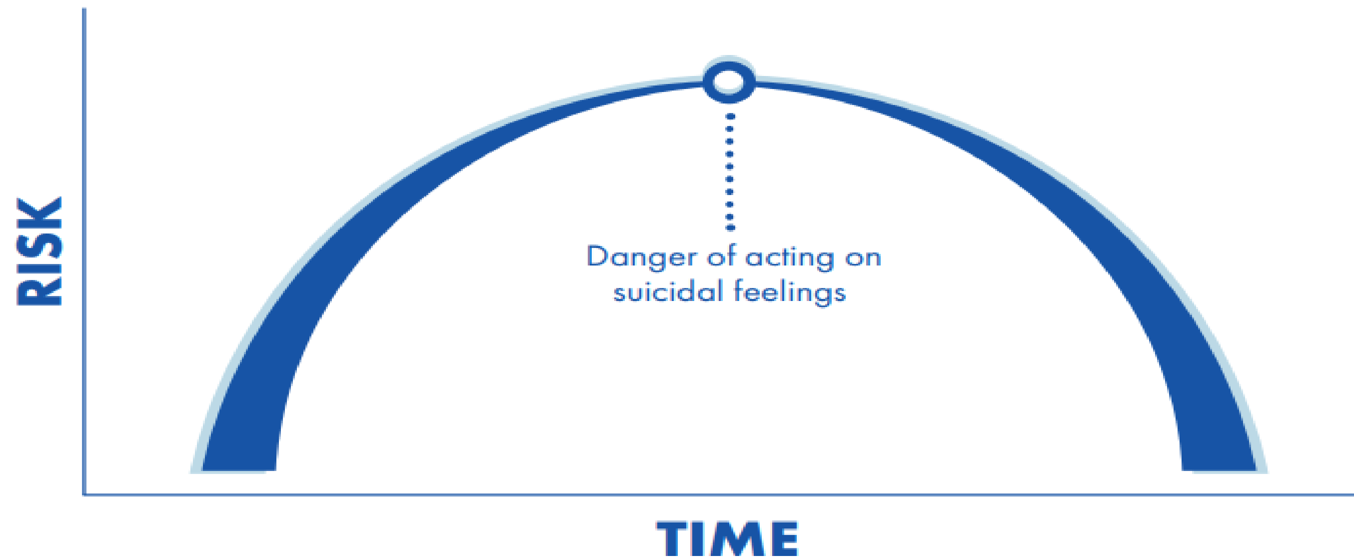
© 2022 The Joint Commission. All Rights Reserved.

Transitions In Care

Follow written policies and procedures for counseling and follow-up care at discharge for individuals identified as at risk for suicide.

© 2022 The Joint Commission. All Rights Reserved.

Safety Planning



https://suicidesafetyplan.com/forms/

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Safety Planning

- Individuals may have trouble recognizing when a crisis is beginning to occur
- Problem solving and coping skills diminish during emotional and suicidal crises
- A predetermined strategy for coping can mitigate suicidal crises
- The clinician and individuals (and their family, if applicable) work together to develop better ways of coping during crises that uses the individual's own words

The Joint Commission

https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention

© 2022 The Joint Commission. All Rights Reserved.

Lethal Means Counseling

- Three types of clients may be at risk of suicide and can benefit from counseling on access to lethal means:
  - Individuals who currently have suicidal thoughts
  - Clients in distress who have attempted suicide in the past
  - Those who are struggling with mental health or substance misuse issues, especially if they are also coping with painful life crises (e.g., relationship breakups, legal problems, financial crises, housing dislocation, job loss)

The Joint Commission

https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

© 2022 The Joint Commission. All Rights Reserved.

Lethal Means Counseling

- Storing firearms for safety
  - Away from home while going through a crisis
  - In a gun safe or tamper proof storage box
  - Disassembling guns
- Lock & limit access to medications
  - Remove unneeded or expired medications
  - For necessary medications, keep only nonlethal quantities on hand
  - Lock up abuse-prone drugs such as prescription painkillers, anxiety pills, amphetamines, sedatives, and tranquilizers

https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

© 2022 The Joint Commission. All Rights Reserved.

Crisis Hotline

The Joint Commission

https://988lifeline.org/media-resources/

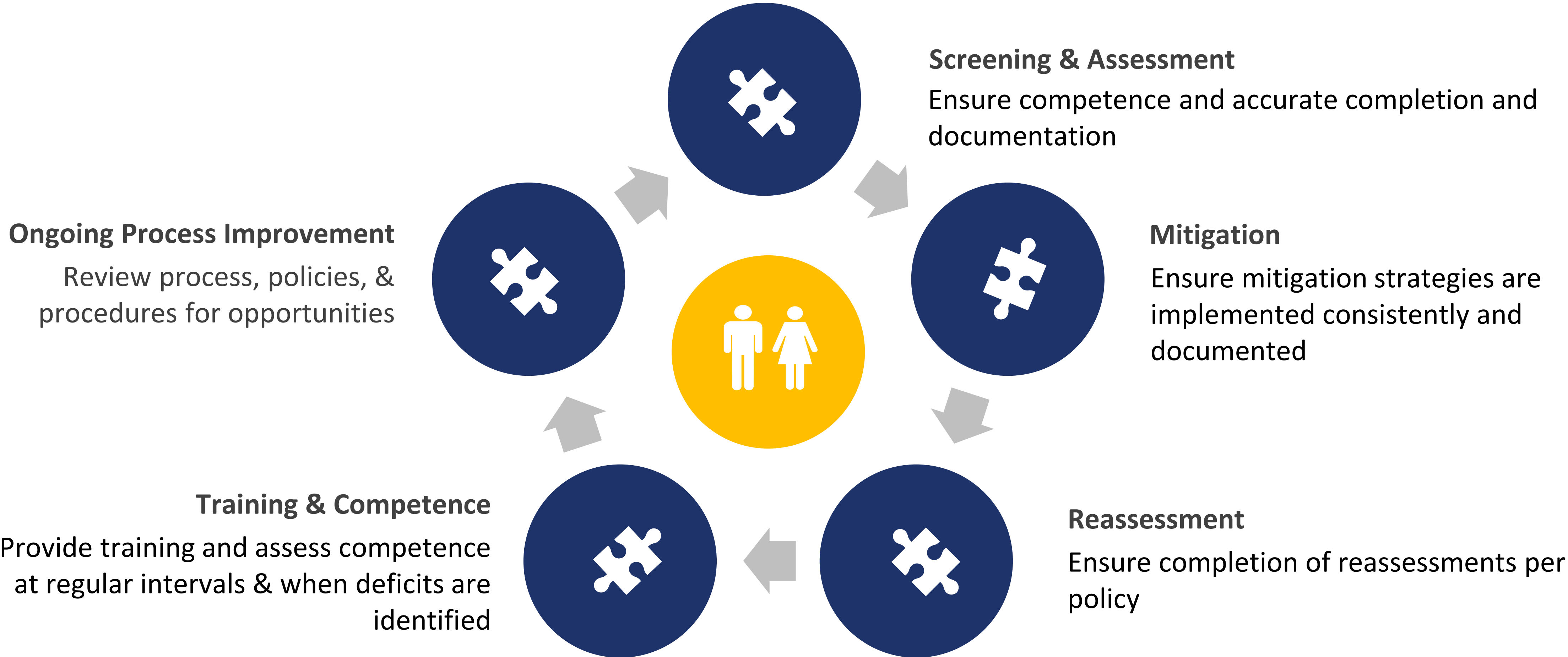
© 2022 The Joint Commission. All Rights Reserved.

Implementation & Monitoring

Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance

© 2022 The Joint Commission. All Rights Reserved.

Implementation & Monitoring



The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Suicide Prevention Program

Quality Assurance/Performance Improvement

Include suicide prevention in the organization's overall plan

01 **Suicide & Self-Harm Events**

Does the organization have a process in place to report adverse events?

02 Does the staff know what and how to report?

03 Are these events analyzed for opportunities?

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Additional Resources

© 2022 The Joint Commission. All Rights Reserved.

- Joint Commission Suicide Prevention Portal
  - WWW.jointcommission.org → Resources → Patient Safety Topics → Suicide Prevention

Accreditation & Certification | Standards | Measurement | Performance Improvement | Resources | About Us

Obtain useful information in regards to patient safety, suicide prevention, pain management, infection control and many more.

Resources
Patient Safety Topics
News & Multimedia
For Nurses
For Physicians
For Consumers
Research
E-Alerts Signup

Patient Safety Topics

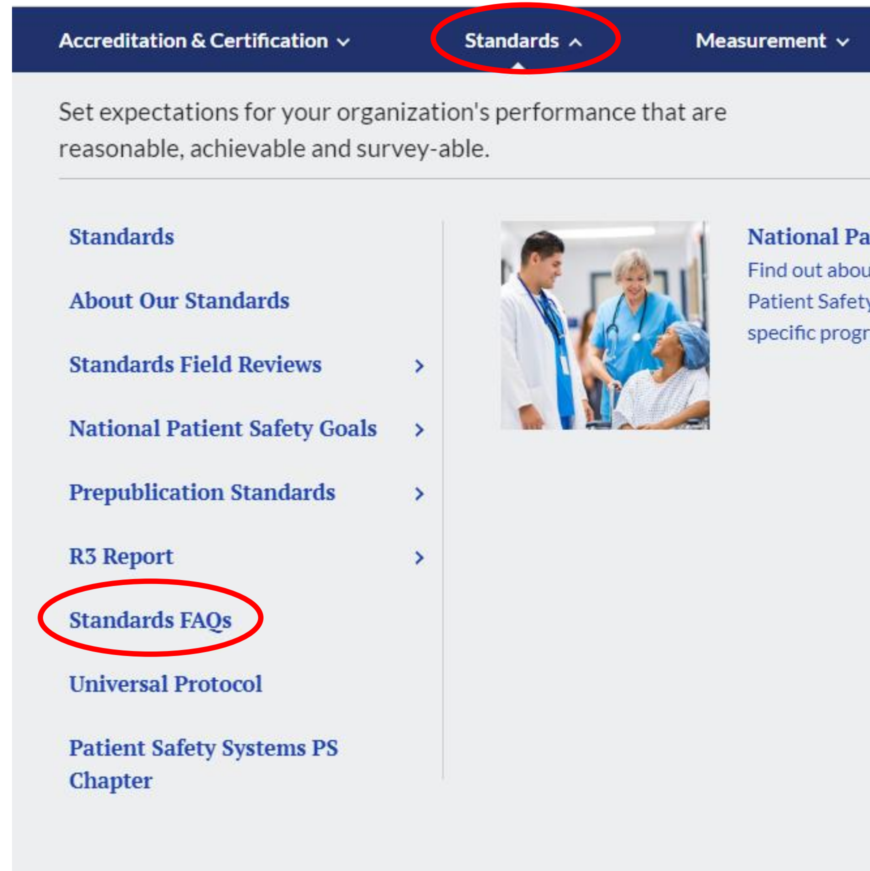
Emergency Management
Health Equity
Infection Prevention and Control
Pain Management
Patient Safety
Report a Patient Safety Event
Sentinel Event
Suicide Prevention
The Physical Environment
Workplace Violence Prevention

https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

- Joint Commission Frequently Asked Questions (FAQs)
  - www.jointcommission.org → Standards → Frequently Asked Questions



https://www.jointcommission.org/standards/standard-faqs/

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Still Have a Question?

Interpreting Joint Commission Standards: FAQs

The Joint Commission's standards are developed with input from a variety of health care professionals, consumers, government agencies and other experts. They form the basis of our evaluation process, and they help you measure, assess and improve your performance.

Find Answers to Frequently Asked Questions   Get the Joint Commission Standards   Report a Patient Safety Event

Ask a Question About Our Standards

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Additional Resources

- Military Health System

https://www.health.mil/Military-Health-Topics/Total-Force-Fitness/Psychological-Fitness/Suicide-Prevention

- Suicide Prevention Resource Center (SPRC)

https://www.sprc.org/

- American Foundation for Suicide Prevention (AFSP)

https://afsp.org/

- National Institute for Mental Health

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

- Center for Disease Control (CDC)

https://www.cdc.gov/suicide/index.html

- Suicide & Crisis Lifeline

https://988lifeline.org/

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

Additional Resources

Lethal Means Counseling

- Department of Veterans Affairs (VA)

https://www.healthquality.va.gov/guidelines/MH/srb/LethalMeansProviders20200527508.pdf

- Educational Fund to Stop Gun Violence (EFSGV)

https://preventfirearmsuicide.efsgv.org/interventions/relationship/

- Suicide Prevention Resource Center

https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Safety Planning

- Stanley-Brown Safety Planning Intervention

https://suicidesafetyplan.com/

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.

References

- Lynch, F.L., Peterson, E.L., Lu, C.Y. *et al.* Substance use disorders and risk of suicide in a general US population: a case control study. *Addict Sci Clin Pract* **15**, 14 (2020). https://doi.org/10.1186/s13722-020-0181-1
- Suicide Awareness Voices of Education: https://save.org/about-suicide/suicide-statistics/
- Substance Abuse and Mental Health Services Administration (SAMHSA): Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-04-005.pdf
- Addiction Center: https://www.addictioncenter.com/
- Health and Human Services: https://www.hhs.gov/
- Suicide Prevention Resource Center: https://www.sprc.org/settings/behavioral-health-care
- Minnesota Department of Health: https://www.health.state.mn.us/people/syringe/suicide.pdf
- TJC R3 Report: National Patient Safety Goal for suicide prevention: https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_18_suicide_prevention_hap_bhc_cah_11_4_19_final1.pdf
- 988 Suicide and Crisis Lifeline: https://988lifeline.org/media-resources/
- Stanley-Brown Safety Planning Initiative: https://suicidesafetyplan.com

© 2022 The Joint Commission. All Rights Reserved.

Questions ?

© 2022 The Joint Commission. All Rights Reserved.

Reminder: Join us live or remote Sept 29-30!

Behavioral Health Care and Human Services Conference: September 29-30, 2022

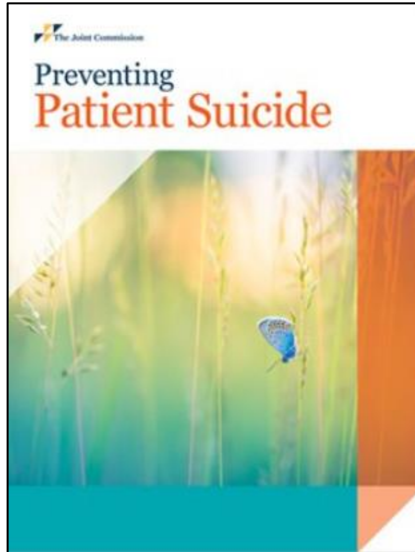
Join us for the Behavioral Health and Human Services Conference either IN-PERSON in Rosemont, IL or by LIVE WEBCAST. **In-Person seating is limited - register early!**

At this behavioral health care annual event, you will take part in sessions on the hottest behavioral health care topics and will gain a better understanding of upcoming changes at The Joint Commission that will be helpful to your organization maintaining compliance in 2023.

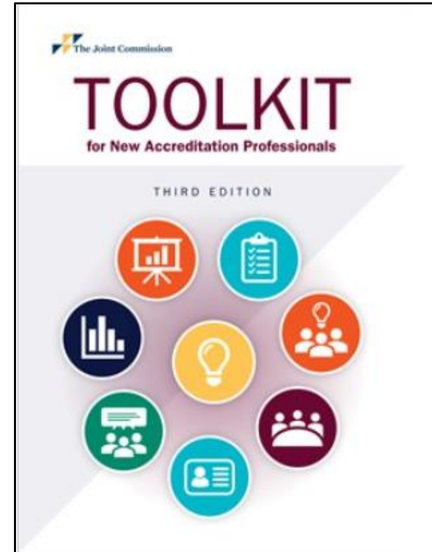
Register at JCRINC.COM

© 2022 The Joint Commission. All Rights Reserved.

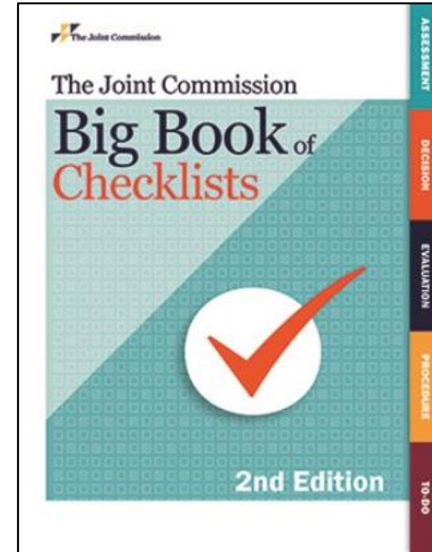
Other Resources



Preventing Patient Suicide



Toolkit for
New Accreditation Professionals



Big Book of Checklists

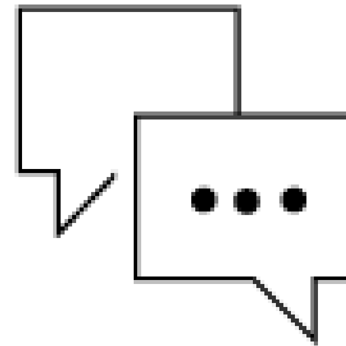
Strategies for Creating,
Sustaining, and Improving
a Culture of Safety

Visit JCRINC.COM for more

© 2022 The Joint Commission. All Rights Reserved.

As We Conclude…

- Access this and other webinar replays on our on-demand resource page
- Visit the Suicide Prevention Portal
- View our Website: www.jointcommission.org/BHC
- Follow us on social media
  - Twitter: @BHCAccredit
  - Facebook: Joint Commission Behavioral Health Care Accreditation
  - LinkedIn: Behavioral Health Care Accreditation - The Joint Commission



© 2022 The Joint Commission. All Rights Reserved.

Behavioral Health Care & Human Services

Accreditation Team

Eastern Region

Colette Bukowski, MA, LPCC-S
Associate Director BHC
cbukowski@jointcommisson.org
630-792-5812

Darrell Anderson, BA
Manager - BHC
danderson@jointcommission.org
630-792-5866

Julia Finken
RN, BSN, MBA, CPHQ
Lean Six Sigma Master Black Belt
Executive Director
Jfinken@jointcommission.org
630-792-5790

Western Region

Sonja Schierling
Associate Director BHC
sshierlingjointcommission.org
630-792-5792

Elizabeth Melchiorre
Associate Director, BHC
emelchiorre@jointcommission.org
630-792-5810

© 2022 The Joint Commission. All Rights Reserved.

The Joint Commission

Thank You

The Joint Commission

© 2022 The Joint Commission. All Rights Reserved.