



Detecting and Treating Suicide Ideation in All Settings

Tracy Griffin Collander, LCSW
Executive Director
Behavioral Health Care Program

Detecting and Treating Suicide Ideation

- an overview of Sentinel Event Alert Issue 56

Sentinel Event Alert Issue 56:

Aims to assist all health care organizations to better identify and treat individuals at risk of suicide.



Suicide is the **10th** leading cause of death, claiming more lives than traffic accidents and more than twice as many as homicides.

Risk Factors for Suicide:

- Mental or emotional disorders
- Previous suicide attempts
- History of trauma or loss
- Serious illness/physical impairment
- Chronic pain
- Alcohol and drug abuse
- Social isolation
- Aggressive or anti-social behavior
- Recent discharge from inpatient psychiatric care
- Access to lethal means coupled with suicidal thoughts

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Addressing suicide risk is a challenge

- There is no typical suicide victim.
- There is danger in only taking common risk factors for suicide into account.
- Providers often do not detect the suicidal thoughts of individuals who eventually die by suicide, even though most of them receive health care services in the year prior to death, usually for reasons unrelated to suicide or mental health.
- The most common root cause of suicide in a staffed, round the clock health care setting (including 72 hours post-discharge) is an inadequate assessment.

NPSG 15.01.01, EP1

- 21.4% of Joint Commission accredited behavioral health care organizations were rated non-compliant.
- 5.14% of Joint Commission accredited hospitals were rated non-compliant.

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➤ **NPSG 15.01.01:** Identify individuals at risk for suicide.

➤ **Rationale:** Suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

- **EP. 1:** Conduct a risk assessment that identifies specific characteristics of the patient and environmental features that may increase or decrease the risk for suicide.
- **EP. 2:** Address the immediate safety needs and most appropriate setting for treatment of the patient.
- **EP. 3:** When a patient at risk for suicide leaves the care of the organization, provide suicide prevention information (such as a crisis hotline) to the individual and his or her family.

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- ▶ The Joint Commission urges all health care organizations to develop clinical environment readiness by identifying, developing, and integrating comprehensive behavioral health, primary care and community resources to assure continuity of care for individuals at risk for suicide.

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Actions for Non- Acute and Acute Care Settings

Detecting suicide ideation in non-acute or acute care settings

- Review each patient's personal and family medical history for suicide risk factors.
- Screen all patients for suicide ideation, using a brief, standardized, evidence-based screening tool.
- Review screening questionnaires before the patient leaves the appointment or is discharged.

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Responding to Patients with Suicidal Ideation

**Take immediate action
and
plan for safety**

- Keep patients in acute suicidal crisis in a safe health care environment under one-to-one observation.
- For patients at lower risk of suicide, make personal and direct referrals and linkages to outpatient behavioral health and other providers for follow up care

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- **PC 04.01.01** The organization has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.
 - **EP. 1:** The organization describes the reason(s) for and conditions under which the patient is discharged or transferred.
 - **EP. 2:** The organization describes the method for shifting responsibility for a patient's care from one clinician, organization, program, or service to another.
 - **EP. 3:** The organization describes the mechanisms for external transfer of the patient.
 - **EP. 4:** The organization agrees with the receiving organization about each of their roles to keep the patient safe during transfer.

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Behavioral Health Intervention- Critical Elements

Behavioral Health Treatment and Discharge

- Establish a collaborative, ongoing, and systematic assessment and treatment process with the patient involving the patient's other providers, family, and friends as appropriate.
- Develop treatment and discharge plans that directly target suicidality.
- Use evidence based interventions that emphasize problem-focused clinical intervention, skills training, and proactive/personal clinical involvement in care transitions and follow up care

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- ▶ **CTS 06.02.01** When an individual served is transferred or discharged, the continuity of care, treatment, or services is maintained.
 - **EP. 1:** 1. The organization has a process for addressing the continuity of care, treatment, or services after discharge or transfer that includes the following:
 - The transfer of responsibility for care, treatment, or services for the individual served from one staff, organization, organizational program, or service to another
 - The reason(s) for transfer or discharge when moving from one staff, organization, organizational program, or service to another
 - Mechanisms for internal and external transfer
 - Identification of the person who has accountability and responsibility for the safety of the individual served during an external transferThe organization describes the reason(s) for and conditions under which the patient is discharged or transferred.

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For All Care Providers in Any Setting

Educate and Document

- Educate all staff in patient care settings about how to identify and respond to patients with suicide ideation:
 - Policies for screening, assessment, referral, treatment, safety, and support of patients at risk for suicide.
 - Environmental risk factors
 - Finding help in emergencies
- Document decisions regarding the care and referral of patients with suicide risk.