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Program Evaluation and Research Unit

Identifying Veterans at Risk of Suicide and Facilitating Referrals

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Learning Objectives

- Illustrate the **need** for suicide risk screening and referral with **Veterans**.
- Explain how screening **assesses the risk** of suicide.
- Demonstrate the **clinical application** of validated screening instruments.
- Discuss how to make an **appropriate referral** to treatment.

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Suicide is a leading cause of death (2020 data)

List Rank	Cause	Number of Deaths
1	Heart Disease	696,962
2	Cancer (Malignant Neoplasms)	602,350
3	COVID-19	350,831
4	Stroke (Cerebrovascular Diseases)	160,264
5	Chronic Obstructive Pulmonary Diseases	152,657
6	Diabetes Mellitus	102,188
7	Pneumonia/Influenza	53,544
8	**Suicide (Intentional Self-Harm)**	**45,979**
9	Falls	43,292
10	Breast Cancer (Malignant Neoplasms of the Breast)	42,442
11	Traffic Crashes	40,698
12	Alcoholic Liver Disease	29,505
13	Homicide	24,576
14	Nutritional Deficiencies	14,682

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(NCHS, 2020)

Introduction to Screening and Referral

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Treatment Gap

Did you know?

In 2019, 19.86% of American adults experienced a mental health diagnosis (nearly 50 million) and more than half of those – over 27 million - did <u>not</u> receive treatment.

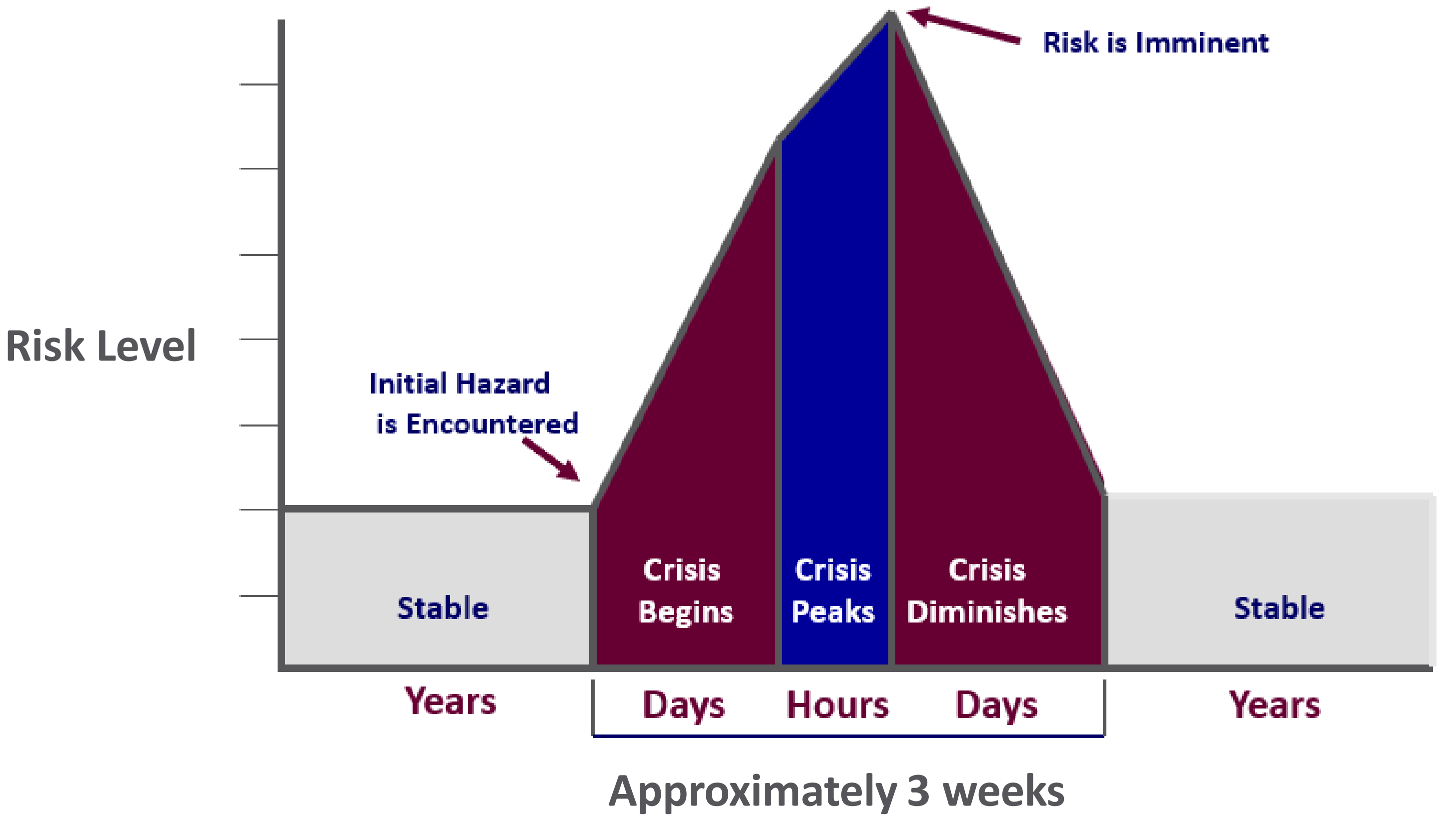
(MHA, 2021)

Suicide Risk Factors

- Prior suicide attempt
- History of mental illness and depression
- Serious and/or chronic illness or pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsivity / aggression
- Substance use
- Feelings of hopelessness
- History of adverse childhood experiences
- Victim/perpetrator of violence and/or bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

(CDC, 2022)

Suicidal Crisis Episode



(QPR Institute, n.d.)

Impact of Suicide (2020)

12,200,000 Seriously thought about suicide

3,200,000 Made a plan for suicide

1,200,000 Attempted suicide

46,000 Died by suicide

1,000,000 Profound effects of losing someone to suicide

Estimated **$490 billion**

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(CDC, Facts about Suicide 2022)

Suicide Risk Screening and Referral Protocol

Screening
Use of validated procedures to quickly assess Veteran suicide risk and select appropriate care

Safety Planning
Help Veterans experiencing self-harm and suicidal thoughts with a concrete way to mitigate risk and increase safety

Referral to Treatment
Linking Veterans to appropriate behavioral health treatment and resources

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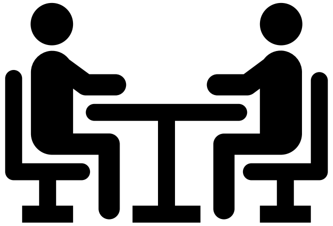
(Babor, et al., 2007)

Benefits of Screening and Referral



Research shows that about **half** of people who died by suicide have seen a health care professional **at least once in the month before their death.** If they had been screened for suicide risk by those providers, many might have received care and survived.[1]

- **Decrease** in the prevalence of death by suicide[2]
- **Increase** in percentage of Veterans who receive mental health care services

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([1]Miller et al, 2017; [2]Ahmedani et al., 2014)

Screening & Risk Levels

Paradigm Shift

Reconceptualize our understanding suicide and behavioral health care

Redefine how we identify people in need of support

Redesign how we treat people struggling with thoughts of suicide

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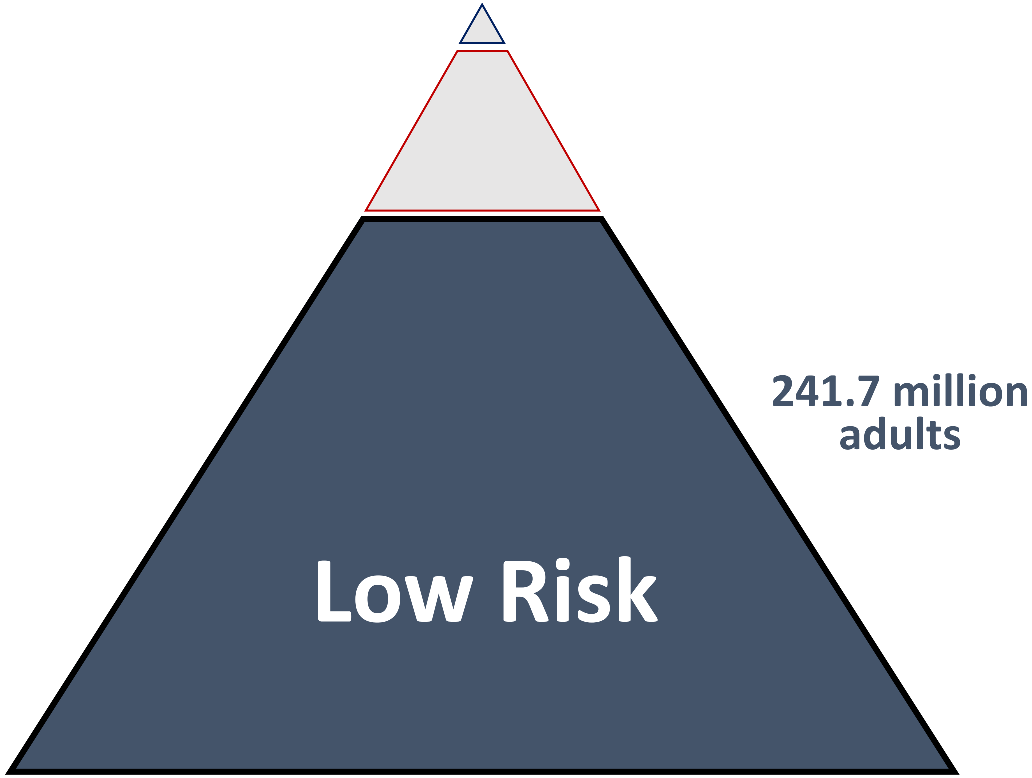
(SAMHSA, 2013)

Screening

The ***universal use*** of validated survey instruments to **quickly** assess a Veteran's suicide risk and identify the appropriate type of intervention.

(SAMHSA, 2011)

Low Risk

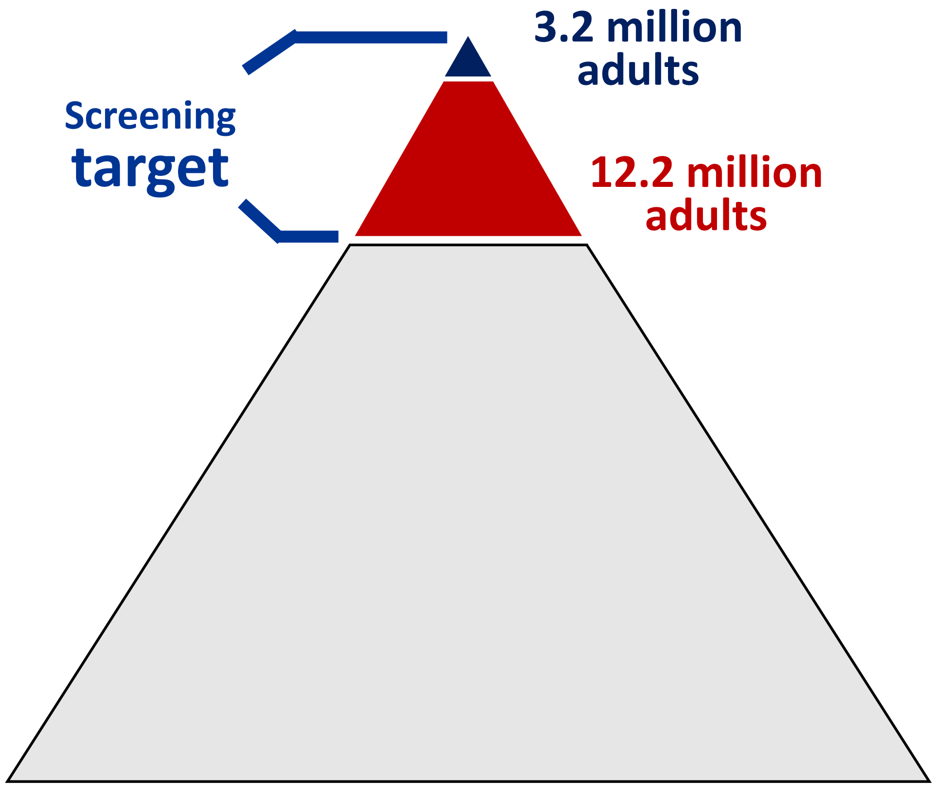


Approximately **93.5%** of people screened will have a **low suicide risk.**

An individual's risk level may **change** at any time.

(CDC, 2022)

Aim of Screening



- Approx. **1.3%** of adults reported making plans for suicide plans in the past year
- Approx. **4.7%** of adults reported having suicidal thoughts in the past year

Screening aims to **identify** individuals experiencing **thoughts of suicide** and/or **factors** that put them **at risk**, even if the diagnostic criteria of a mental health disorder are not met.

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(CDC, 2022)

Universal Screening for Community Services

The community services system uses a variety of **universal screenings** designed to prevent, manage, and treat health conditions.

Referral and treatment is **recommended** by the US Preventive Services Task Force.

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(US Preventive Services Task Force, 2018, 2019)

Screening in Community Services

- Screening **opens the door** to a conversation with Veterans about suicide.
- **Screening everyone** means Veterans won't feel singled out.

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Risk Level

Screening for suicide risk results in a score that indicates a Veteran's risk level.

Current life stressors

Mental health condition; prolonged stress (harassment, bullying, relationship problems, unemployment)

+

Historical risk factors

Previous suicide attempt; family history of suicide; childhood abuse, neglect, or trauma

+

Lethal means of harm

Including firearms

Likelihood of suicide attempt

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(SAMHSA, 2011)

Risk Guidelines

Low Risk

- No current suicidal intent AND
- No specific and current suicide plan AND
- No recent prep behaviors AND
- Collective high confidence in the ability of the person to independently maintain safety

Intermediate Risk

- Suicidal ideation with intent to die by suicide
- Ability to maintain safety, independent of external help/support

High Risk

- Suicidal ideation with intent to die by suicide
- Inability to maintain safety, independent of external help/support

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(DVA/DOD, 2013)

Screening

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Screening Workflow

- **Confirm Veteran status**

"Have you ever served in the military?"

Introducing the Screen

- **Normalize** the screen
  *"We ask **everyone** some questions about mood and self-harm."*
- Be **transparent**
  *"We ask these questions so we can provide the **best support** possible."*
- Address **confidentiality**
  *"Your answers to these questions are kept **confidential**."*
- Ask **permission**
  *"**Is it okay** if I ask a few questions about mood and self-harm?"*

Screening Workflow

- Conduct the depression or **suicide risk screening**
- Conduct evidence-based screening to assess **mental health, substance use**, or other **social determinant of health** needs
- Using the evidence-based screen scoring instructions, **score the screening tool**
- **Record** screening result

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Screening Instruments for Assessment of Suicide Risk

C-SSRS → Columbia-Suicide Severity Rating Scale (C-SSRS) looks at suicide attempts, ideation, and behavior (used in medical, inpatient, and outpatient behavioral health settings)

PHQ-9 → PHQ is used to identify Veterans who are at risk for suicide (used in primary care; does not ask directly about suicidal thoughts and behaviors)

SAFE-T → SAFE-T assesses the nature and extent of suicidal ideation, plan, behaviors and intent (used in outpatient behavioral health care settings)

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(Zero Suicide, n.d.)

C-SSRS Screen

Ask questions that are in bolded and underlined.	Past Month	
Ask Questions 1 and 2	YES	NO
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 YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Have you been thinking about how you might do this?		
4. Have you had these thoughts and had some intention of acting on them?		
5. Have you started to work out/worked out the details of how to kill yourself? Did/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?	Lifetime	
*If YES, ask: Was this within the past 3 months?		
	≤3 Months	
LOW MODERATE HIGH		

(Clay, 2022)

C-SSRS Screen Response Protocol

Item #	Response	Response/Referral
1	YES	Behavioral Health Referral
2	YES	Behavioral Health Referral
3	YES	Behavioral Health Referral
4	YES	Behavioral Health Consult & Patient Safety Precautions
5	YES	Behavioral Health Consult & Patient Safety Precautions
6	YES	Behavioral Health Referral
6 (≤3 months)	YES	Behavioral Health Consult & Patient Safety Precautions

LOW MODERATE HIGH

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(Clay, 2022)

PHQ-9 Screen

Over the last two weeks, how often have you been bothered by… (circle your answer)	Not at all	Several days	> half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3

Continue with items 7-9 on the next page.

(Clay, 2022)

PHQ-9 Screen (cont'd)

Over the last two weeks, how often have you been bothered by… (circle your answer)	Not at all	Several days	> half the days	Nearly every day
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Add columns for items 1-9 ___ + ___ + ___ = ___

Total

(Clay, 2022)

PHQ-9 Scoring

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

*__*Item 9__ (the final item of PHQ-9) is generally used to determine the existence of suicidal ideation, because it specifically evaluates the frequency of passive accidents due to death or self-harm over the preceding two weeks.*

(Clay, 2022)

SAFE-T Screen

Suicide Assessment Five-step Evaluation and Triage
1. **Identify Risk Factors –** note those that can be modified to reduce risk
2. **Identify Protective Factors –** note those that can be enhanced
3. **Conduct Suicide Inquiry –** suicidal thoughts, plans, behavior, and intent
4. **Determine Risk Level/Intervention –** determine risk, choose appropriate intervention to address and reduce risk
5. **Document –** assessment of risk, rationale, intervention, and follow-up

(SAMHSA, 2009)

SAFE-T Screen Response Protocol

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
HIGH	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
MODERATE	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers

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

(SAMHSA, 2009)

SAFE-T Screen Response Protocol Cont'd

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
LOW	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

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

(SAMHSA, 2009)

Screening Proficiency Checklist

	Present	Not Present	N/A
Accurately **assesses frequency** of suicidal ideation and **progression** of suicide intent (i.e., suicide plan).	☐	☐	☐
Accurately **identifies the Veteran's level of risk** related to suicide using an appropriate evidence-based screening instrument.	☐	☐	☐
Assesses possible interventions for the Veteran, such as mental health referrals, familial/social supports, and safety planning.	☐	☐	☐

Safety Planning

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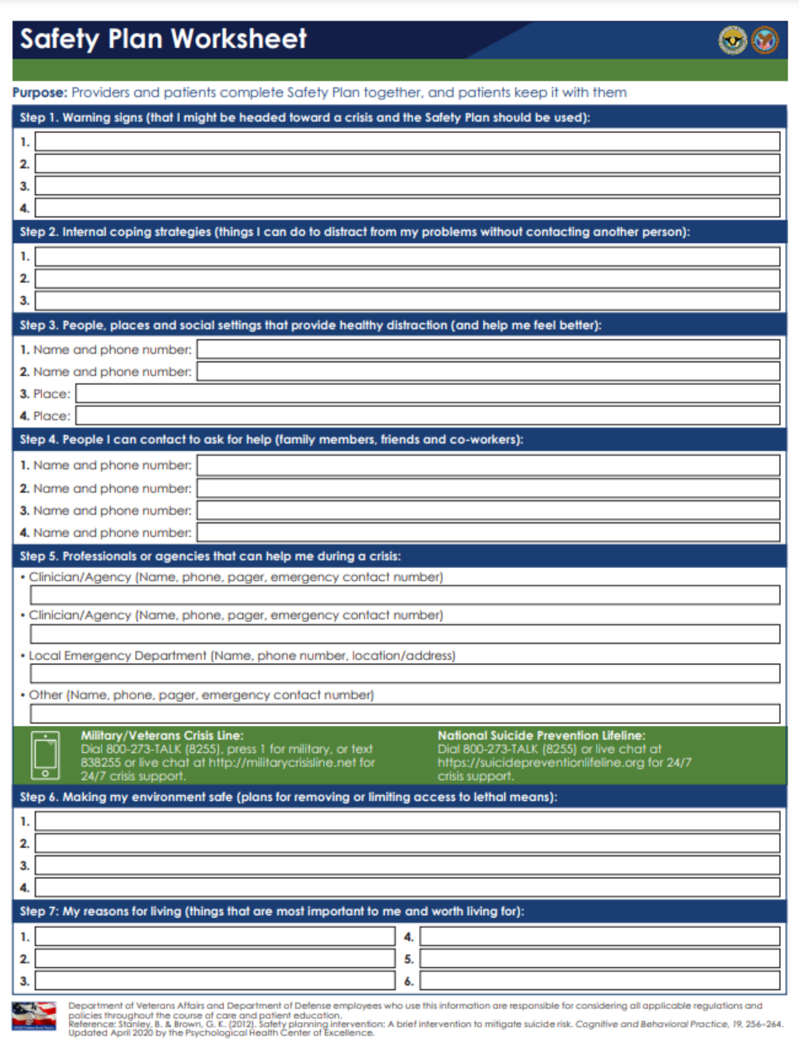
Safety Planning Workflow

1. Create a safety plan **with the Veteran** using the Safety Plan Worksheet.

2. **Provide a copy** of their completed Safety Plan Worksheet to the veteran.

3. Review this form **each time** you see the Veteran for the first 30 days following a crisis situation and monthly thereafter.



Safety Plan Worksheet

Purpose: Providers and patients complete Safety Plan together, and patients keep it with them

Step 1. Warning signs (that I might be headed toward a crisis and the Safety Plan should be used):

1.
2.
3.
4.

Step 2. Internal coping strategies (things I can do to distract from my problems without contacting another person):

1.
2.
3.

Step 3. People, places and social settings that provide healthy distraction (and help me feel better):

1. Name and phone number:
2. Name and phone number:
3. Place:
4. Place:

Step 4. People I can contact to ask for help (family members, friends and co-workers):

1. Name and phone number:
2. Name and phone number:
3. Name and phone number:
4. Name and phone number:

Step 5. Professionals or agencies that can help me during a crisis:

- Clinician/Agency (Name, phone, pager, emergency contact number)
- Clinician/Agency (Name, phone, pager, emergency contact number)
- Local Emergency Department (Name, phone number, location/address)
- Other (Name, phone, pager, emergency contact number)

Military/Veterans Crisis Line:
Dial 800-273-TALK (8255), press 1 for military, or text 838255 or live chat at http://militarycrisisline.net for 24/7 crisis support.

National Suicide Prevention Lifeline:
Dial 800-273-TALK (8255) or live chat at https://suicidepreventionlifeline.org for 24/7 crisis support.

Step 6. Making my environment safe (plans for removing or limiting access to lethal means):

1.
2.
3.
4.

Step 7: My reasons for living (things that are most important to me and worth living for):

1.
2.
3.
4.
5.
6.

Department of Veterans Affairs and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.
Reference: Stanley, B. & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256–264.
Updated April 2020 by the Psychological Health Center of Excellence.

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(Stanley & Brown, 2012)

Safety Planning Worksheet

- **Step 1:** Warning signs
- **Step 2:** Internal coping strategies
- **Step 3:** People & social settings that provide distraction
- **Step 4:** People I can ask for help during a crisis
- **Step 5:** Professionals or agencies I can contact during a crisis
- **Step 6:** Making the environment safer
- **Step 7:** My Reason for Living

A **safety plan** is designed to help those experiencing self-harm and suicidal thoughts with a concrete way to **mitigate risk** and **increase safety**.

(Stanley & Brown, 2012)

Referral to Treatment

Referral to Treatment

Actively assisting or linking Veterans to the appropriate level of mental health care and/or in-patient support when warranted

Direct Linkage

Direct linkages in the form of **facilitated referrals** or **warm handoffs** improve care coordination and Veteran treatment engagement.

(AHRQ, 2017)

Barriers to Coordination of Care

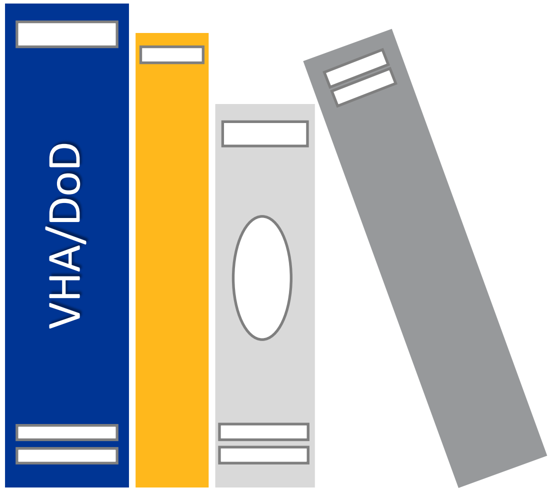
- Lack of referral pathways to **crisis services and mental health care**[1]
- **Lack of collaboration across service providers** (e.g., sharing data and treatment updates among PCPs, SUD/MH, and care management)[1,2]
- **Protection of data** around mental health diagnoses and treatment[3]

([1]Andrilla et al., 2019; [2]Hutchinson et al., 2014; [3]Manuel et al., 2013)

Level of Risk & Appropriate Action

The Veterans Health Administration (VHA) and the Department of Defense (DoD) developed clinical practice guidelines in 2013 for the assessment and management of people with suicide risk.

This framework provides evidence-based recommendations to help providers and Veterans in the decision-making process.



(DVA/DOD, 2013)

Level of Risk/Appropriate Action

Risk of Suicide Attempt	Indicators of Suicide Risk	Contributing Factors†	Initial Action Based on Level of Risk
High Risk	• Persistent suicidal ideation or thoughts • Strong intention to act or plan • Not able to control impulse **OR** • Recent suicide attempt or preparatory behavior††	Acute state of mental disorder or acute psychiatric symptoms • Acute precipitating event(s) • Inadequate protective factors	• Maintain direct observational control of the veteran • Limit access to lethal means • Immediately transfer with escort to Urgent/ED care setting for hospitalization

†Modifiers that increase the level of risk for suicide of any defined level:

- •Acute state of substance use: Alcohol or substance abuse is associated with impaired judgment and may increase suicidality/risk for suicide
- •Access to means: (firearms, medications) may increase the risk for suicide act
- •Existence of multiple risk factors or warning signs or lack of protective fact

††Evidence of suicidal behavior warning signs in the context of denial of ideation should call for concern (e.g., contemplation of plan with denial of thoughts or ideation).

(DVA/DOD, 2013)

Level of Risk/Appropriate Action

Risk of Suicide Attempt	Indicators of Suicide Risk	Contributing Factors†	Initial Action Based on Level of Risk
Intermediate Risk	• Current suicidal ideation or thoughts • No intention to act • Able to control the impulse • No recent attempt or preparatory behavior or rehearsal of act	• Existence of warning signs or risk factors†† **and** • Limited protective factors	• Refer to Behavioral Health provider for complete evaluation and interventions • Contact Behavioral Health provider to determine acuity of referral • Limit access to lethal means

†Modifiers that increase the level of risk for suicide of any defined level:

- Acute state of substance use: Alcohol or substance abuse is associated with impaired judgment and may increase suicidality/risk for suicide
- Access to means: (firearms, medications) may increase the risk for suicide act
- Existence of multiple risk factors or warning signs or lack of protective fact

††Evidence of suicidal behavior warning signs in the context of denial of ideation should call for concern (e.g., contemplation of plan with denial of thoughts or ideation).

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(DVA/DOD, 2013)

Level of Risk/Appropriate Action

Risk of Suicide Attempt	Indicators of Suicide Risk	Contributing Factors†	Initial Action Based on Level of Risk
Low Risk	• Recent suicidal ideation or thoughts • No intention to act or plan • Able to control the impulse • No planning or rehearsing a suicide act • No previous attempt	• Existence of protective factors **and** • Limited risk factors	Consider consultation with Behavioral Health to determine: • Need for referral • Treatment • Treat presenting problems • Address safety issues • Document care and rationale for action

†Modifiers that increase the level of risk for suicide of any defined level:

- Acute state of substance use: Alcohol or substance abuse is associated with impaired judgment and may increase suicidality/risk for suicide
- Access to means: (firearms, medications) may increase the risk for suicide act
- Existence of multiple risk factors or warning signs or lack of protective fact

††Evidence of suicidal behavior warning signs in the context of denial of ideation should call for concern (e.g., contemplation of plan with denial of thoughts or ideation).

(DVA/DOD, 2013)

Factors to Consider

Work Schedules

Ensure treatment level of care and program hours work with the Veteran's work schedule

Cost

Determine Veteran's ability to pay and which treatment facilities accept the Veteran's insurance

Medical Concerns

Select specialty treatment facilities that address co-occurring mental disorders, substance use disorders, or other Veteran needs

(Babor et al., 2007, 2017)

Barriers

Transportation

Childcare

Insurance

Stigma

Introducing the Need for Referral

1. Connect the Veteran's **screening results** and current office visit to the need for specialized treatment.

2. Set the tone by displaying genuine interest with **active listening**.

3. Display a **non-judgmental** demeanor.

4. Explain **your role and concern** for the Veteran.

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(Henry-Edwards et al., 2003)

POLAR*S

Permission

Open-ended questions

Listening reflectively

Affirmation

Roll with ambivalence

Summary

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(Pringle et al., 2014)

Crisis Referral Process- High Risk/Acceptance

1. **Introduce**
   need for referral in connection with screening results or expressed needs.

2. **Identify**
   Veterans readiness to engage in services/treatments. **Immediately call** Veteran's Crisis Line (VCL)**–** 988, option 1

   a) VCL will determine next steps
      - If in immediate crisis- emergency care will be contacted (ER, Local Crisis Services)
      - If not an immediate crisis a referral will be made to VA medical center- Suicide Prevention Team (SPT)

   b) Follow billing procedures for VA payment

3. **Record**
   result according to company policy/procedure

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(Samet, Friedmann, & Saitz, 2001)

Crisis Referral Process- High Risk/Safety Plan/Non-Acceptance

1. **Complete** sections of safety plan worksheet with Veteran
2. **Include** details in each section: names, phone numbers, addresses, etc.
3. **Provide** veteran copy of their plan worksheet
    a) Share with applicable service providers (ROIs in place)
    b) Review safety plan at each interaction (30 days) and then monthly.
    c) Provide self-service options, online resources/apps
4. **Record** results of Veteran referral in accordance with company policy

Referral Process- No risk

1. **Identify** veteran's needs for services by way of assessment or interview.
2. **Make the first appointment** with county SCA by sitting with them while you make the initial call.
3. **Provide** veteran with all appointment information: times, dates, phone numbers and names.
4. Provide veteran with self-service resources such as Vet Connect, VA Mobile apps

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Treatment Impact

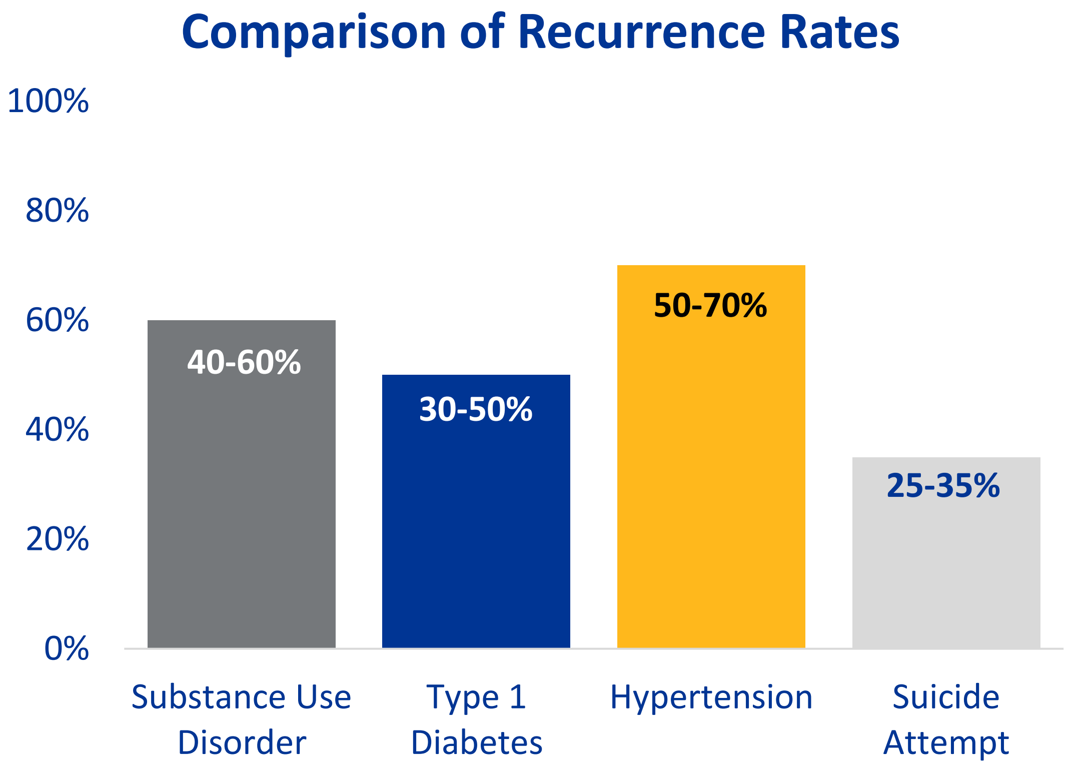
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2012)

Treatment Impact

Safety-planning interventions coupled with structured follow-up **reduced the risk** of suicidal behavior by **50%** and **doubled** the odds of **treatment engagement** over a 6-month period.

Veterans involved in mental health treatment following a suicide attempt have **comparable rates of recurrence** as Veterans in treatment for chronic illnesses like hypertension and diabetes.



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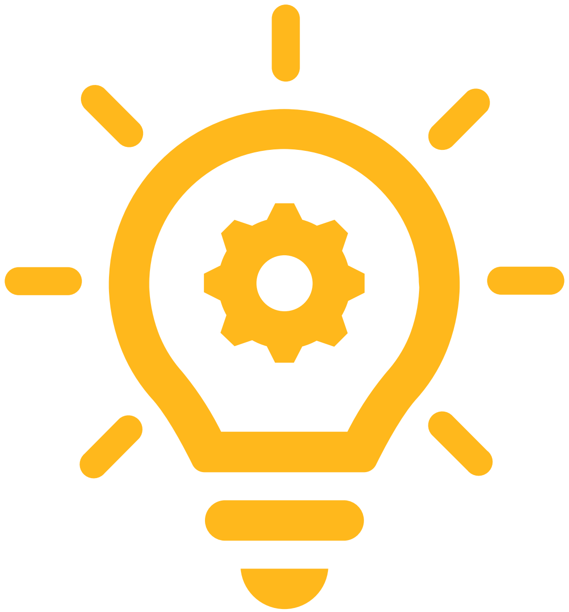
(Sudak & Rajalakshmi, 2018; NIDA, 2018)

Treatment Impact

Effective treatment can help Veterans:

- Create strategies to **prevent** suicide attempt/reattempt
- **Identify triggers** and learn how to avoid them
- Learn how to **manage access to lethal means**
- Develop **enhanced** social and **coping skills**
- **Strengthen** social supports



(USDHHS, 2016)

Referral Proficiency Checklist

	Present	Not Present	N/A
Recognized the Veteran's need for mental health treatment based on their screening score and/or situational/behavioral factors	☐	☐	☐
Suggested the use of **specific community and specialty resources**	☐	☐	☐
Arranged **appropriate follow-up** (provider follow-up, referral to treatment, counseling, medication, etc.)	☐	☐	☐

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Questions?

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The University of Pittsburgh School of Pharmacy, Program Evaluation and Research Unit (PERU) is dedicated to meaningful work that facilitates each patient or community member's ability to achieve optimal health, well-being, recovery and choice.