Suicide Risk Assessment and Safety Planning

Presented by StopSuicideICT

Objectives

01

Learn tools and skills to assess clients for suicide risk

02

Gain a better understanding of the drivers of suicide and how to engage clients in discussion about risk factors

03

Learn the importance of safety planning and how to effectively create patient safety plans.

Understanding Suicide

- Suicide is complex – it cannot be contributed to a single cause
- Suicide is generally preventable
- Multiple factors to consider
  - Common stressors
  - Risk factors
  - Warning signs
  - Access to means
- Estimated approx. 90% have a diagnosable mental health condition, though usually only about 60% have been diagnosed

Use of Language

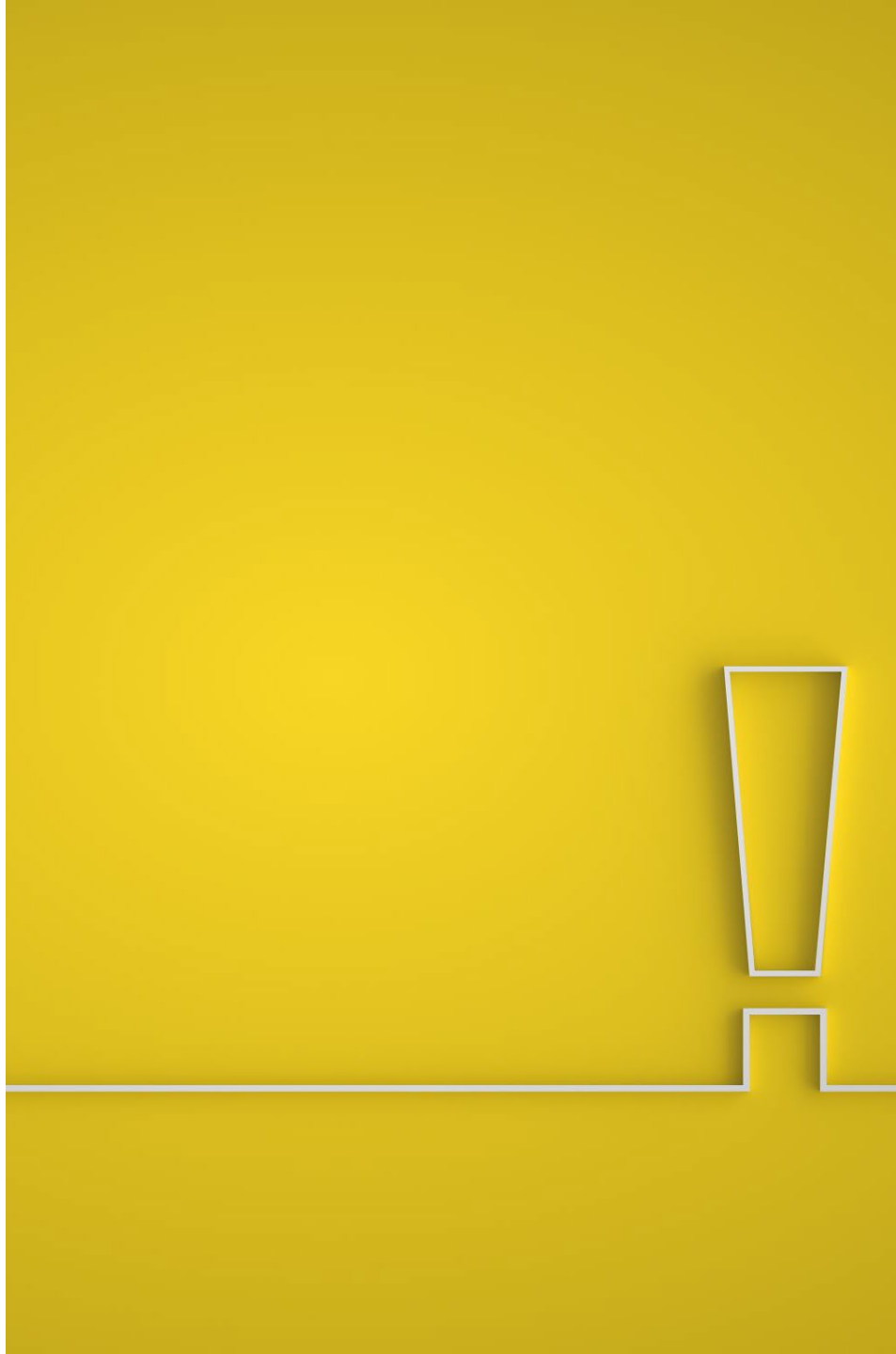
Language reflects our attitudes about mental health and suicide

Examples:

Died by suicide	Attempted suicide	Tried to kill themselves/end their life	Avoid using “commit suicide” or successful/unsuccessful attempt

A look at the numbers

- Nearly 50,000 deaths in United States last year
- Approximately 1.2 million suicide attempts annually
- 2nd leading cause of death for ages 10-34
- Males = 80%, Females = 20%
- Over 50% of suicide deaths are by firearm

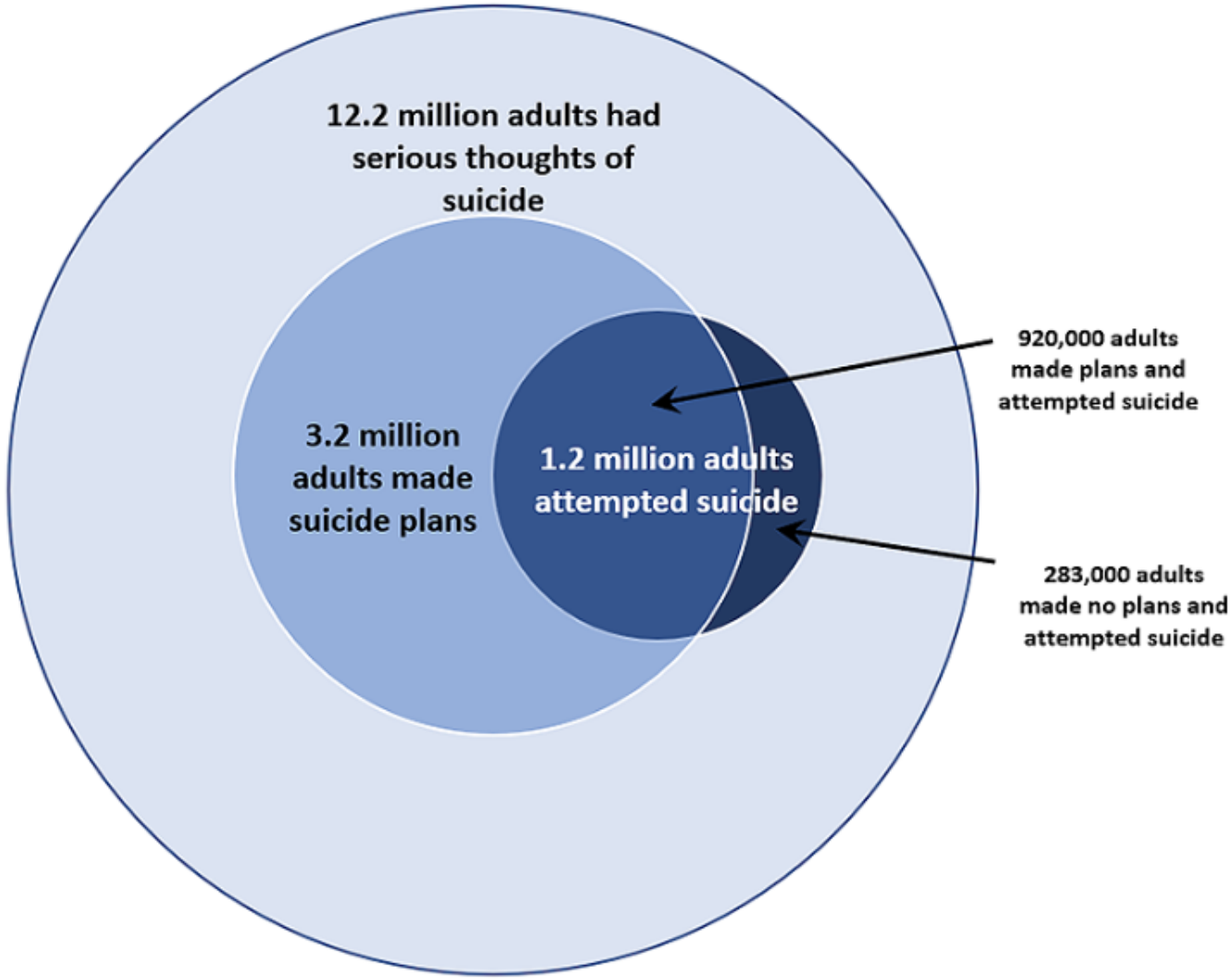


Suicidal Thoughts - Adults

- In 2020, of adults age 18 and older in the United States, **4.9%** or approximately **12.2 million** had serious thoughts of suicide.
- Past year suicidal thoughts were higher among women than men
- Past year suicidal thoughts were highest amongst young adults aged 18-25 and lowest amongst adults 65+
- Approx 3.2 million adults reported making suicide plans in the past year
- Approx 1.2 millions adults reported making a suicide attempt in the past year
    - Almost half of all adult attempts fell between the ages of 18-25

Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2020)

Data Courtesy of SAMHSA



Youth Suicide

42% of high school students surveyed reported feeling sad or hopeless every day for over 2 weeks, to the point they stopped doing some usual activities, at some point in the previous 12 months (CDC, 2021)

22% reported serious thoughts of suicide

18% reported making a plan

10% reported making a suicide attempt

CDC Youth Risk Behavior Survey, 2021

Youth Mental Health and Suicidality

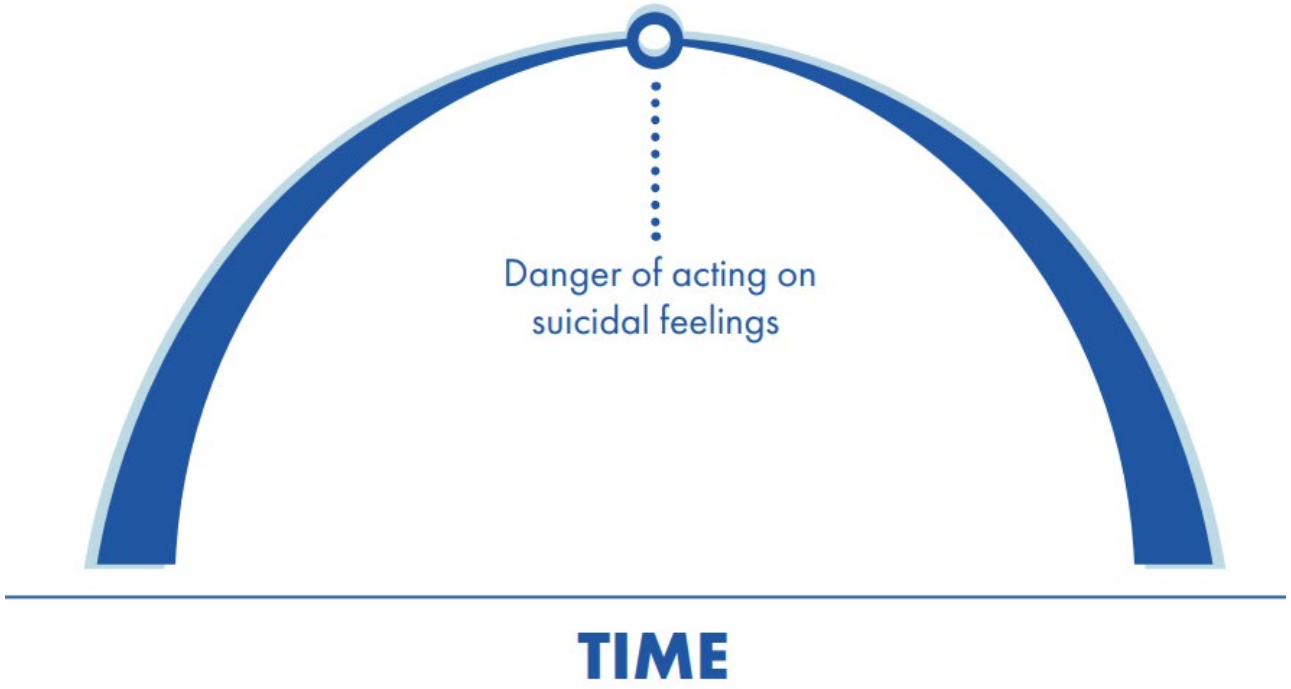
- In 2021, Nearly 60% of female students and nearly 70% of LGBTQ+ students experience persistent feelings of sadness and hopelessness
- 10% of female students and more than 20% of LGBTQ+ students attempted suicide
- Hispanic and multiracial students were more likely than Asian, Black, and White students to have persistent feelings of sadness or hopelessness.
- Black students were more likely than Asian, Hispanic, and White students to attempt suicide.

CDC Youth Risk Behavior Survey 2021

Suicide Risk Curve

• People at risk for suicide are likely to experience changes in their level of risk over time; acute suicide risk usually increases and then decreases over a short period of time.

• The goal of safety planning is for people to become more aware of their personal warning signs that a suicidal crisis is beginning or escalating so that they can take action before they are in danger of acting on their suicidal feelings.



Barbara Stanley, PhD & Gregory K. Brown, PhD (2017, 2021)

Duration of a Suicidal Crisis

- Many suicide attempts occur with little planning during a short-term crisis
- Acute suicidal phases are often brief
- Almost half of nearly lethal attempts occurred within less than 20 minutes of the person deciding on suicide
- Intent isn’t all that matters, access to means does
- 90% off attempters who survive do NOT go on to die by suicide later

Joiner's Interpersonal Theory of Suicide

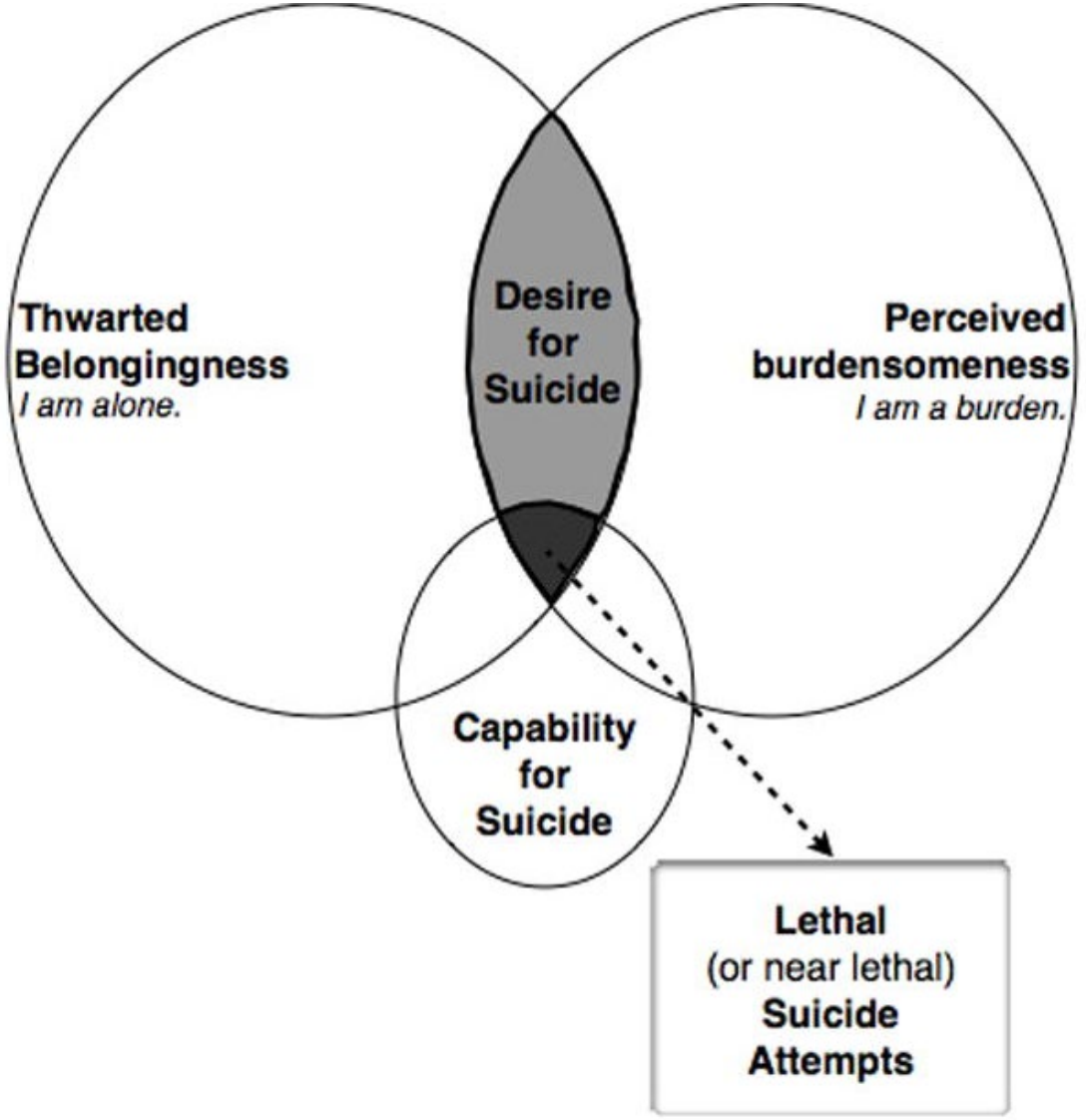
Suicidal desire is caused by the presence of

Thwarted belongingness	Perceived burdensomeness	Hopelessness about these two states

The capability to engage in suicidal behavior (separate from the desire)

Capability emerges via habituation, often in response to repeated exposure to physically painful and/or fear-inducing experiences

A small number of individuals possess both the desire and capability for suicide



Myths and Misconceptions

- Talking about suicide will increase the chances a person will act on it
- You never can tell when someone is thinking about suicide
- People that talk about or threaten suicide are doing it for attention
- If someone is determined to take his or her life, there is nothing you can do to stop them

Risk Factors vs Warning Signs

Risk factors:

- Unchangeable factors
- Can increase the likelihood
- Past or present permanent variables

Warning signs:

- Recent or current behaviors
- Not permanent
- Indicators of possible ideation

Both are different in children and adolescents than adults

Risk Factors

Overall health	Environment	History
• Any mental health conditions • Lack of sleep/insomnia • Terminal illness • New diagnosis	• Access to firearms • Prolonged stress • Traumatic event • Exposure to suicide	• Previous attempts • Family history • Abuse or trauma

Warning Signs

Speech

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behaviors

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for materials or means
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression or irritability
- Fatigue

Common Stressors

Adverse life events have been shown to be correlated to suicidal behavior in adults who have attempted and died by suicide

- Interpersonal conflict/relationship stressors
- Legal problems
- Financial stressors
- Physical health problems, primarily in older adults

Screening vs Assessment

Screening tools

- Validated for ages 10 and older
- Not indicated to screen children under 10
- Purpose: to detect possible suicidal ideation

Assessment

- Indicated if screen is positive
- When risk factors are present
- If you have reason to believe someone is suicidal

Screening Tools

- ASQ
  - https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf
- Columbia Suicide Severity Rating Scale
  - Screening questions

Assessment Tools

- SAFE-T
  - https://store.samhsa.gov/sites/default/files/sma09-4432.pdf
- Columbia Suicide Severity Rating Scale
  - https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english
- ASQ Brief Assessment
  - https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/adult-outpatient/bssa_worksheet_outpatient_adult_asq_nimh_toolkit.pdf

Risk Formulation and Care Pathways

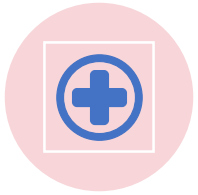
Collateral information

Level of risk → Level of care determination

Level of risk → Recommended interventions

Element of clinical judgment

Collaborative Safety Planning



Care transitions

Means Restriction

What we know

- When individuals are kept from using a specific method, they do not simply “find another way”
- The risk for death is higher when firearms are stored unsafely
- Individuals are 5 times as likely to die by suicide when there is a firearm in the home

What we can do

- Safe storage
  - Keep firearms locked and secured
- Store ammunition separately
- Store offsite
  - Especially when someone is currently experiencing thoughts of suicide

Distinctions and Considerations

- Morbid thoughts vs suicidal ideation
- Method vs plan vs intent
- Risk factors and warning signs present with negative screen for SI
- Safety planning
- Making the home safe
- Suicidal ideation vs attention-seeking behavior
- Chronic/frequent suicidal threats

Collaborative Safety Planning

Evidence does not support the use of “no-harm” contracts

Strong evidence in support of using collaborative safety planning

Stanley Brown template: https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf

Now Matters Now/Ursula Whiteside DBT template: https://nowmattersnow.org/wp-content/uploads/2018/10/0.-NowMattersNow.org-Safety-Plan-Website-Version.pdf

Younger children- create a book, collage of pictures of safe people, use images, drawings, pictures of coping skills

Safety Planning

- Safety planning can be done when someone is at risk for suicide, even if they have not reported having suicidal thoughts
- Safety plans should be completed together, with both parties keeping a copy
- Consider a safety plan app: Suicide Safety Plan
- Encourage person at risk to share their safety plan with their support system and have it readily available
  - Take a picture and text it to support system
  - Keep a copy on their phone

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

Ethical and Legal Considerations

- Safety of home environment
- Open access to firearms
- Trauma/abuse as risk factor and stressor
- Parent/guardian/caregiver beliefs about suicide
- Safety of the client vs preserving relationship
- “No harm” contracts vs safety planning
- Parental refusal of recommended care or safety planning
- CPS vs CINC/PPC

Recommended Training

- Counseling on Access to Lethal Means (CALM)
- Collaborative Assessment and Management of Suicide (CAMS)
- Assessing and Managing Suicide Risk (AMSR)
- Cognitive Therapy for Suicide Prevention
- Applied Suicide Intervention Skills Training (ASIST)
- Dialectical Behavioral Therapy (DBT)
- Attachment Based Family Therapy

Resources and Tools

- Suicide Prevention Resource Center
- National Action Alliance
- Harvard University Means Matter
- https://sprc.org/wp-content/uploads/2022/11/EDGuide_quickversion.pdf
- Zero Suicide Institute/Education Development Center