

Suicide Identification, Assessment and Intervention in the VA Medical System

By Janell Christenson, APRN-BC,
CCDCIII, CT
Suicide Prevention Coordinator, Clinical
Nurse Specialist
VA Medical Center, Sioux Falls

The Facts...

- Suicide is the 11th leading cause of death in the US and the 3rd leading cause of death in teens. The rate continues to grow in some populations (2005 stats).
- Suicide is always a multifaceted, multidimensional, complex phenomenon which requires a multiprofessional response (Cutcliffe, 2004).

Facts...continued

- Although there are many assessment tools, the basis of a risk assessment must examine the personal, interpersonal and social circumstances of the person
- Clinical judgment is essential
- 50-75% of Americans who die of suicide had contact with their primary care provider within 30 days of their death (Luoma, 2002).

The VA Response

- In 2007, the Joshua Omvig Suicide Prevention Bill was passed by Congress.
- It mandated that Suicide Prevention Coordinators (SPC's) be hired in each of the nation's 153 medical centers.
- Their role is to provide comprehensive programming in each VA
- Training of all staff, even professional staff

Response...continued

- Partnering with the military
- Outreach to the Community
- Identifying and flagging high risk patients
- Case Management of high risk patients
- Analysis of environments for safety
- Consultant to providers and other staff
- Clinical Expert, and incorporating national policies into the local VA.

Identifying Patients at Risk

- All providers received 6-8 hours of training aimed at the RISK ASSESSMENT, the most recent information on suicide, and the dynamics of suicide. All staff get 2 hours of training.
- The training looked at the RISK ASSESSMENT:
 - Risk Factors
 - Protective Factors
 - Means Reduction
 - Involvement of the Family
 - Safety Planning

Patients at Risk...continued

- It became EVERYONE's responsibility, NOT just mental health.
- Information was given on HOW to access help at work, at home, EVERYWHERE.
- Tracking numbers became important to get a true handle on the breadth of the problem.
- Programming was also placed in primary care where patients are regularly screened for substance dependency, depression, PTSD, SUICIDE and TBI.

Patients at Risk...continued

- Looking at trends in attempts and completions (chronic pain, marginal housing, relationship issues etc).
- Monthly reports locally, regionally and nationally about attempts and completions. These reports also look at access to care, pain, military period, diagnoses (medical and psychiatric).

Patients at Risk...continued

- SUICIDE HOTLINE: VA partnered with 1-800-273-TALK, press #1 if you are a veteran or calling on behalf of a veteran.
- Suicide Behavior Reports: Template that is used by providers and the SPC whenever they adjust the plan of care for a patient due to suicide
- RCA/Psychological Autopsy to see problem areas and opportunities to improve.

The Risk Assessment

■ IDENTIFYING AND ASSESSING

■ RISK FACTORS

- Specifics on ideation, plan, intent, rehearsal and timetables
- Alcohol/drug use
- Heightened stressors
- Psychiatric and medical symptoms
- Family history of suicide
- Co-morbid health problems
- Hopeless/helpless/worthless

Assessment...continued

■ PROTECTIVE FACTORS

- Positive social support
- Spiritual beliefs
- Purpose/meaning to life
- Reality testing abilities
- Coping skills
- The reality—69-78% told their provider they were not suicidal prior to their deaths

Assessment...continued

■ MEANS REDUCTION

- Keeping the home environment as safe as possible; partnering with family whenever possible. Safe storage of guns, ammo, pills.
- "British Coal-gas story"
- Golden Gate Bridge

Assessment...continued

- FAMILY INVOLVEMENT:
 - Ask for an ROI to talk with family about triggers and warning signs that the person is in crisis and how to access emergency services in a crisis.
 - Give hotline and crisis numbers

Assessment...continued

- SAFETY PLAN
 - Collaborative strategy to look triggers and warning signs
 - Thoughts/feelings that heighten vulnerability
 - Coping strategies to use when in crisis
 - Family and Friends to contact
 - Professionals and Agencies to contact in a crisis
- REVISIT THE SAFETY PLAN OFTEN...document
 - Is the patient able to commit to safety?

Assessment...continued

- Additional Pointers:
 - Consult, CONSULT, CONSULT!!! Document consultations with others
 - "WARM LETTERS"
 - Creative ways to get the word out about suicide...
 - Being able to talk about suicide and teaching language about safety
 - Breaking down barriers—i.e. military, cmty

Additional Points...continued

- Recognizing that we are on “new ground,” and case management strategies are important and keep people from falling through cracks---i.e. OEF/OIF populations.
- ITS ALL ABOUT THE RELATIONSHIP!!!

Thank you!!!

- Janell.Christenson@VA.GOV
- 336-3230 extension 6515
- VA Mental Health Crisis Line—336-3230 ext 6850
