



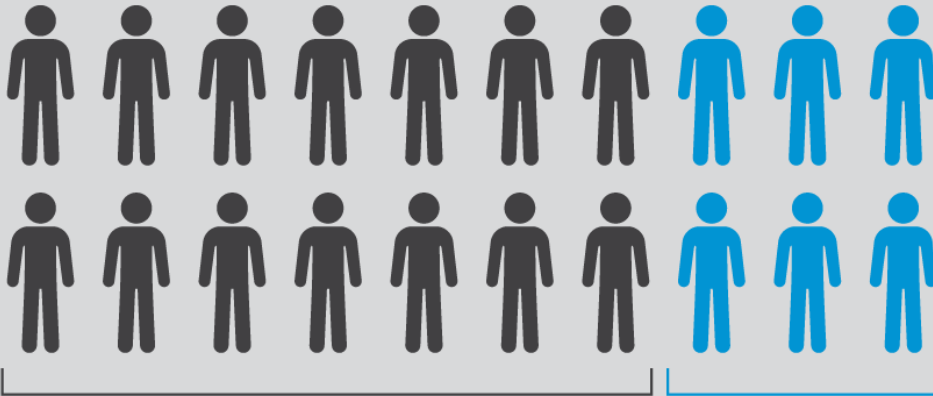
Risk Identification Strategy at VA

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20 Veterans die by suicide each day.



14 *Of these Veterans are not under VHA care.*

6 *Are in VHA care.*

123

Americans die by suicide each day.

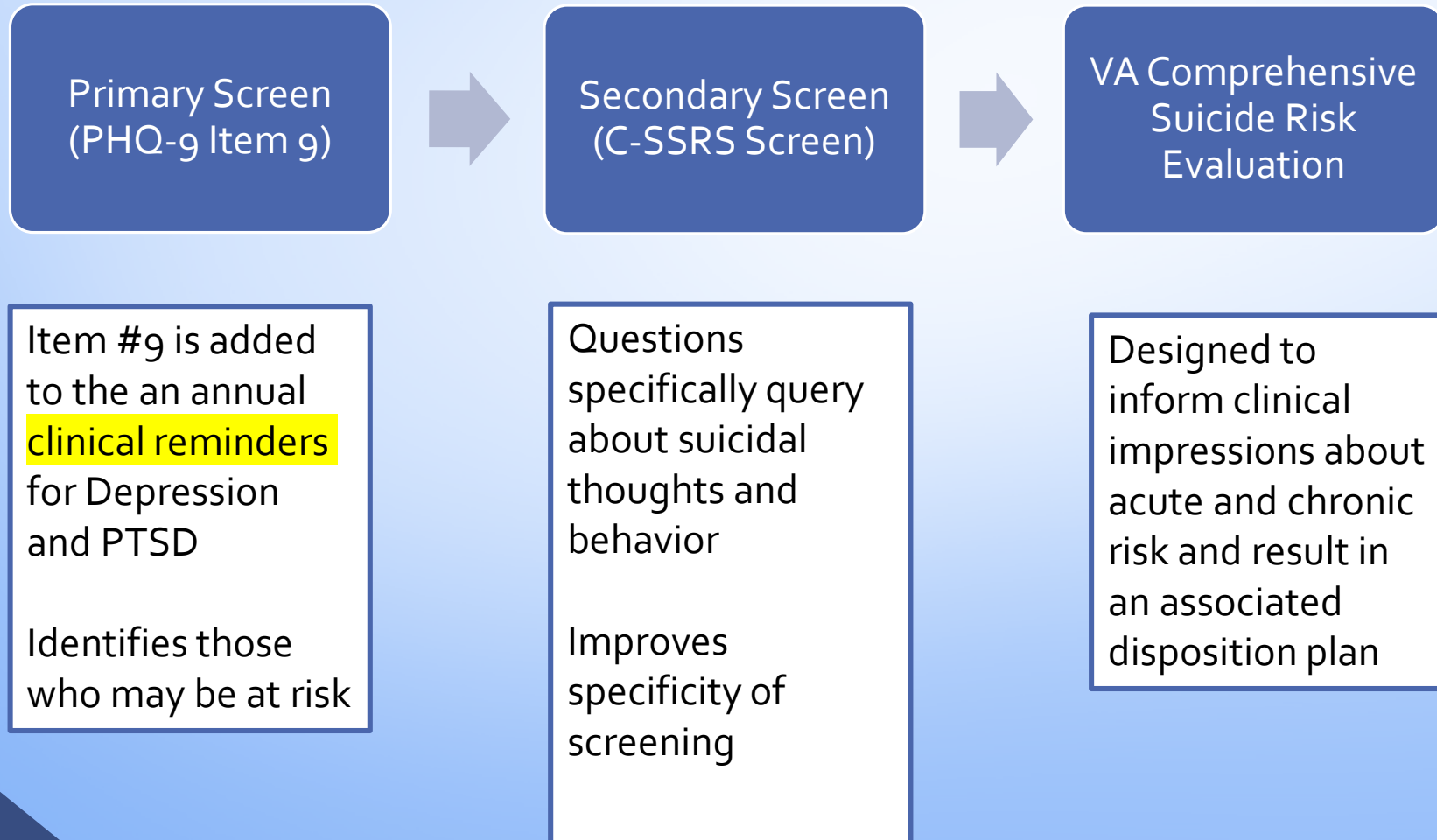
1-2

Active duty Service members die by suicide each day.

Facts about Veteran Suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans
- Veterans are more likely than the general population to use **firearms** as a means for suicide
- On average, **764 suicide attempts** per month among Veterans receiving recent VA health care services
- **25%** of Veteran suicides have a history of previous suicide attempts

Three-Stage Process



Universal Screening Timepoints

ED/Urgent Care	Triage
Primary Care, Integrated Care, NEXUS clinics (Cardiology, Endocrine...)	Annually and as clinically indicated
Outpatient Mental Health	At each visit
Inpatient Mental Health	Admission and Discharge = full assessment
Inpatient Medicine	Admission and Discharge
Residential Programs	Admission and Discharge
Sleep Clinic	At referral, at intake and as clinically indicated
Pain Clinic	At referral, at intake and as clinically indicated

Staff Specific Guidance

+RN's, Psych Techs, and Addiction Therapists can administer the secondary screen via Mental Health Assistant or when installed in a note template, but they cannot administer the secondary screen via the Clinical Reminder System because it contains disposition

	Primary Screen*	Secondary Screen**	CSRE
MD/DO ¹	Yes	Yes	Yes
Licensed Psychologist (PhD/PsyD) ²	Yes	Yes	Yes
Clinical Pharmacy Specialist	Yes	Yes	Yes
LCSW/LMSW/LISW ³	Yes	Yes	Yes
LMFT ⁴	Yes	Yes	Yes
LPMHC ⁵	Yes	Yes	Yes
Addiction Therapist	Yes	Yes [†]	No
LPN ⁶	Yes	No	No
RN ⁷	Yes	Yes [†]	No
APRN: NP/CNS ⁸	Yes	Yes	Yes
PA ⁹	Yes	Yes	Yes
Peer Support Specialist	Yes	No	No
UAP ¹⁰	Yes	No	No
RT and MIT ¹¹	No	No	No
PT/OT/KT ¹²	Yes	No	No
Vocational Rehabilitation Specialist	Yes	No	No
Rehabilitation Counselor	Yes	Yes ^{††}	No ^{†††}
Psych Tech (psychometrician)	Yes	Yes [†]	No

Primary Screen

- Question #9 from PHQ9 added to Depression Screener and PTSD Screen.
- “In the past two weeks how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?”
 - Not At All
 - Several Days
 - More Than Half the Days
 - Nearly Every Day

Positive Primary Screen (depression)

PHQ-2+19: ZZANNA, BELL A

Please read each item carefully and give your best response. Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
 - 0. Not at all
 - 1. Several days
 - 2. More than half the days
 - 3. Nearly every day
2. Feeling down, depressed, or hopeless
 - 0. Not at all
 - 1. Several days
 - 2. More than half the days
 - 3. Nearly every day
3. Thoughts that you would be better off dead or of hurting yourself in some way
 - 0. Not at all
 - 1. Several days
 - 2. More than half the days
 - 3. Nearly every day

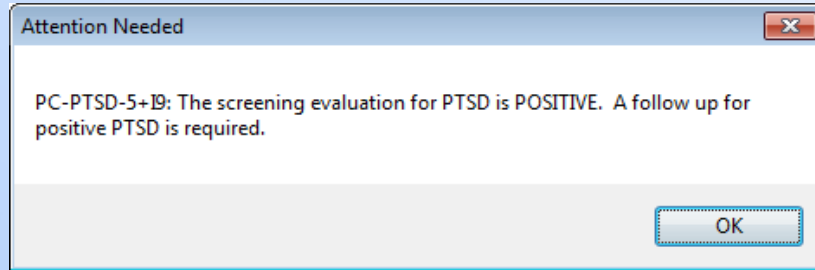
Use speed tab

Hint: Use the number key of the item to speed data entry.

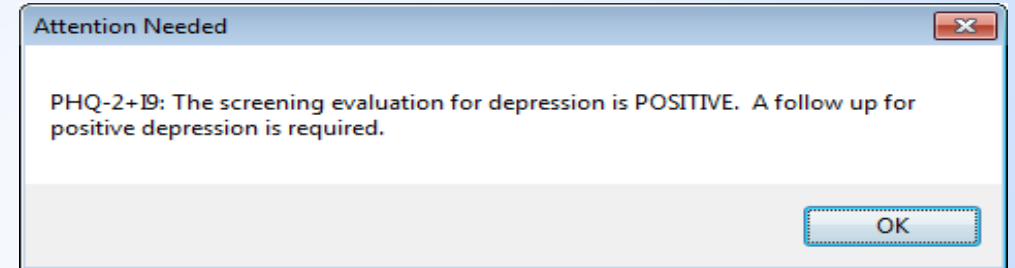
Questions skipped: 1

"Pop Up Messages"

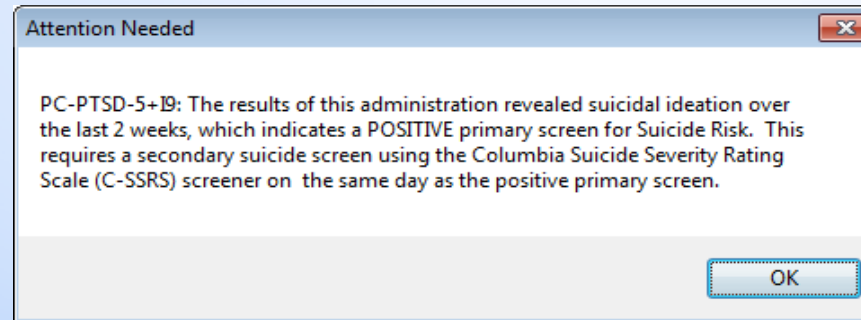
If only PTSD is positive – this pop up:



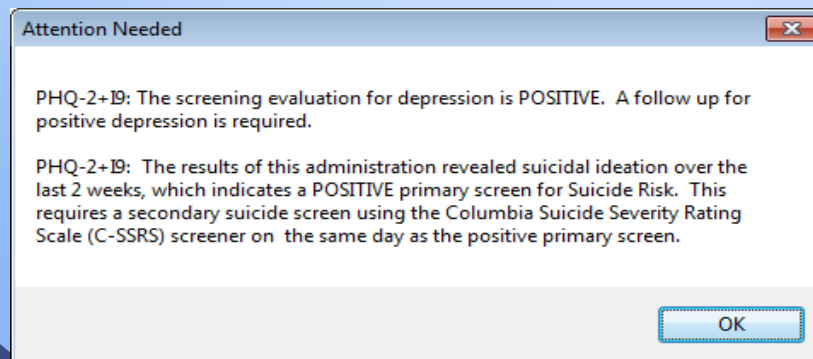
If only Depression is positive – this pop up:



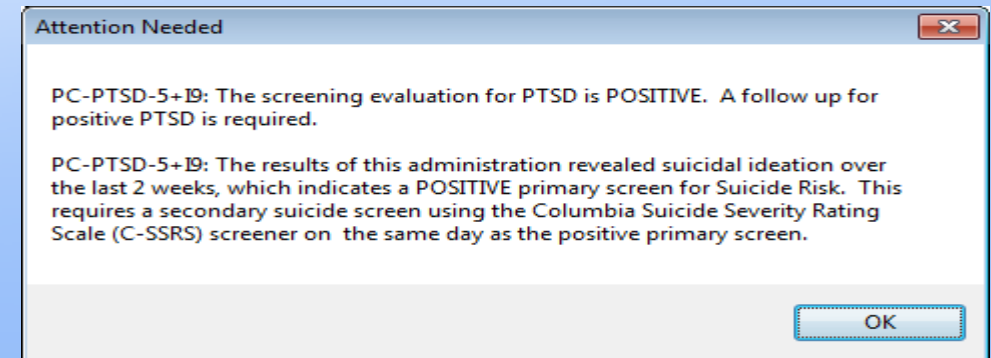
If only I9 is positive – this pop-up:



If Both Depression and I-9 are positive – this pop up:



If both PTSD and I9 positive – this pop up:



Secondary Screen – C-SSRS

Provide the responses to the following questions for the time period designated.

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

- 1. Yes
- 2. No

2. Over the past month, have you had any actual thoughts of killing yourself?

- 1. Yes
- 2. No

3. Over the past month, have you been thinking about how you might do this?

- 1. Yes
- 2. No

4. Over the past month, have you had these thoughts and had some intention of acting on them?

- 1. Yes
- 2. No

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

- 1. Yes
- 2. No

6. If yes, at any time in the past month did you intend to carry out this plan?

- 1. Yes
- 2. No

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

- 1. Yes
- 2. No

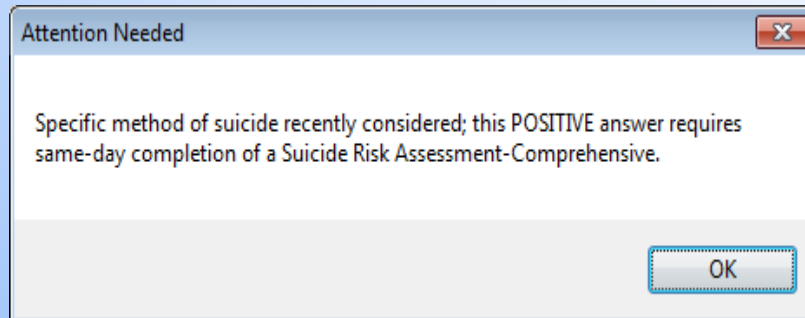
8. If YES, was this within the past 3 months?

- 1. Yes
- 2. No

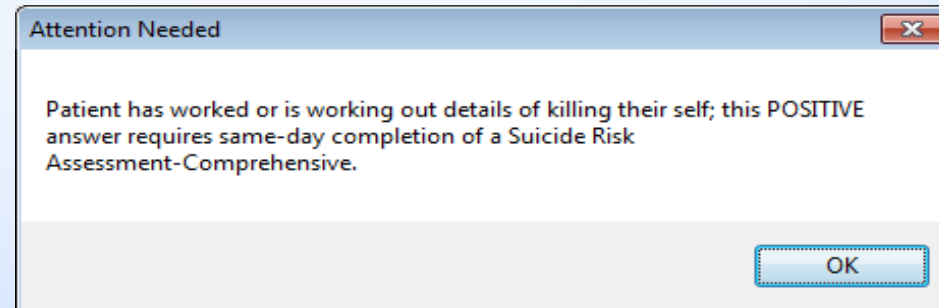
“Pop Up Messages”

A YES to any one of questions 3,4,5 or 8 will generate a pop up message to the user

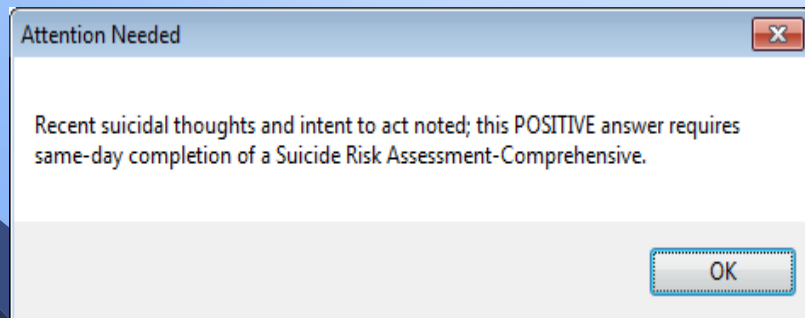
Q3:



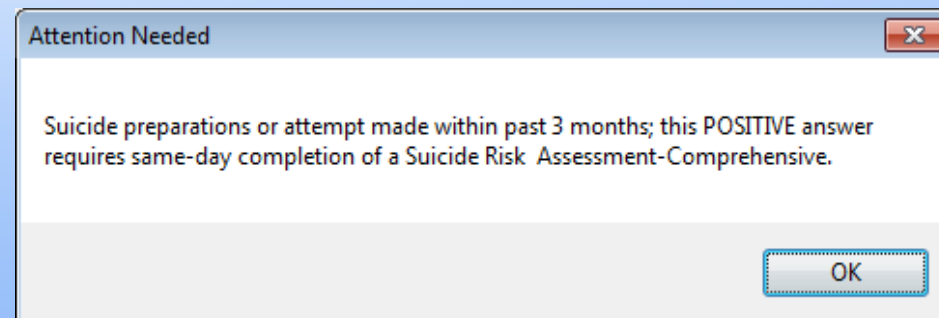
Q5:



Q4:



Q8:



Clinical Maintenance for Secondary Screen

- Positive response to questions 1, 2, or 7: Consider consult to Integrated Care
- Positive response to question 3: Warm handoff to Integrated Care or Mental Health, consider Patient Safety Precautions
- Positive response to questions 4, 5, or 8: Indicates high risk for suicide. Do NOT leave the patient alone. The patient must have a sitter. If in imminent danger, contact VA police immediately. Warm handoff to Integrated Care or Mental Health.

Patient Refusing MH/IC Referral

- Prioritize the patient's safety needs
- Comprehensive Suicide Risk Evaluation is still required
- Ask additional questions:
 - Describe the last thought, when was this?
 - Frequency of thoughts
 - History of Suicide Attempts
 - Warning Signs
 - Risk Factors
 - Protective Factors
- Consult with Integrated Care, Mental Health, or Suicide Prevention Staff to help complete the CSRE and assist with assessing risk

Comprehensive Suicide Risk Evaluation

- Suicidal Ideation
- Suicide Attempts and preparatory behavior
- Warning Signs
- Risk factors
- Protective factors and reasons for living
- Clinical impressions for acute and chronic risk
- Strategies for risk mitigation

Risk Mitigation Strategies

- Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
- Complete or update Veteran's safety plan
- Increased frequency of Suicide Risk Screening Describe:
- Provide lethal means safety counseling
 - Provision of gun lock(s)
- Obtain additional information from collateral sources Comment:
- For Prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk
Comment:
- Address barriers to treatment engagement By:
- Address psychosocial needs By:
- Address medical conditions By:
- Consult/Referral to additional services and support
 - Referral to evidence based psychotherapy
 - Referral to psychiatry/medication assessment or management
 - Referral to Chaplaincy/pastoral care
 - Referral to vocational rehabilitation/occupational rehabilitation services
 - Referral for PRRC and/or ICMHR services
 - Referral for residential mental health services
 - Other consult submitted to:

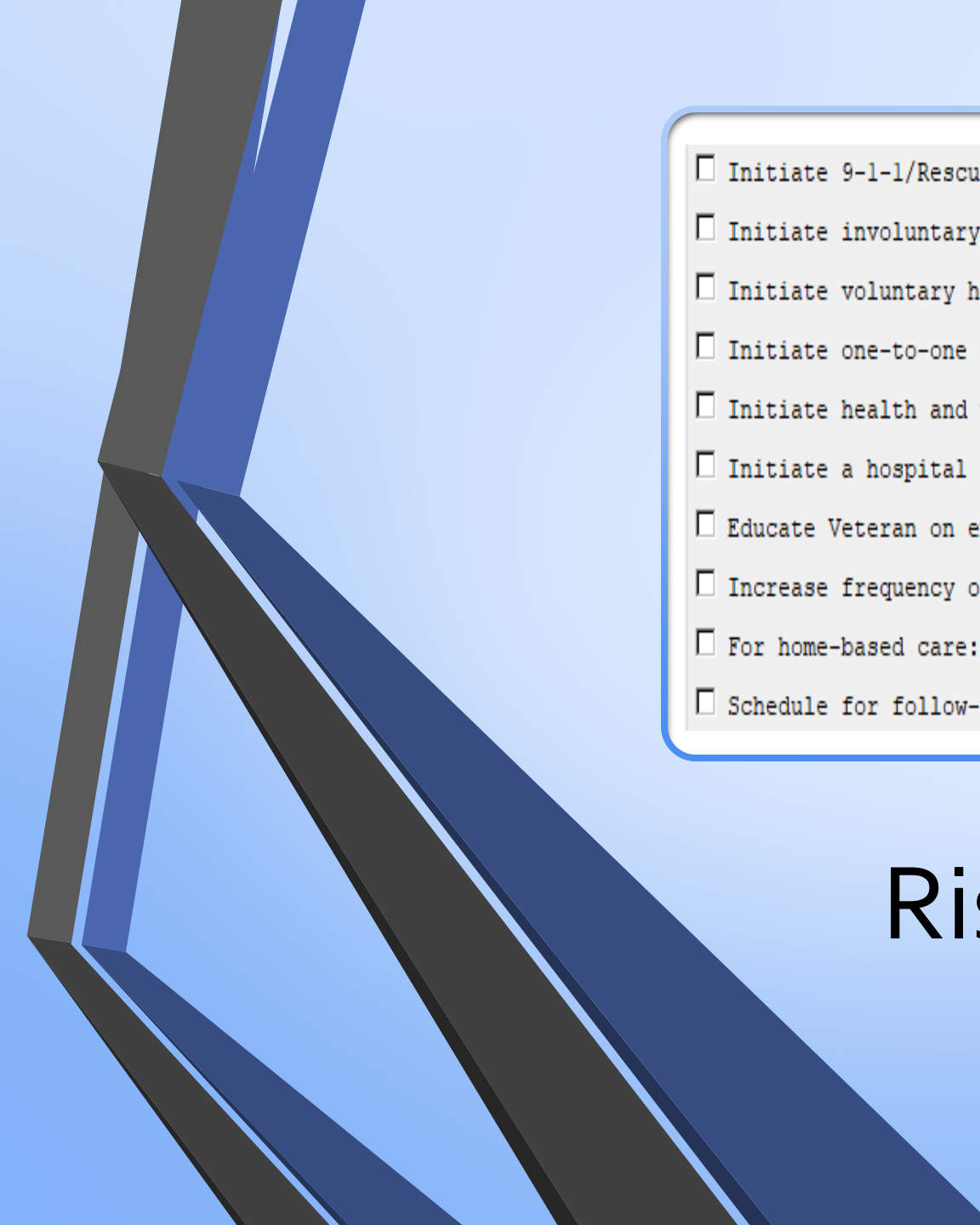
- Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
- Discussion with Veteran regarding enhancement of a sense of purpose and meaning
- Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
- Conduct medication reconciliation
- Involve family/support system in Veteran's care
- Provide Opioid Overdose Education and Naloxone Distribution (OEND)
- Provide resources/contacts for benefits information
- Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1).

Other Comment: *

Add details below if you ran out of space in the box above

- Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran's risk by sending a request for consultation by email to [Email \(Left Click and Allow\)](#) .

Risk Mitigation Strategies

- 
- Initiate 9-1-1/Rescue
 - Initiate involuntary hospitalization
 - Initiate voluntary hospitalization
 - Initiate one-to-one observation
 - Initiate health and welfare check
 - Initiate a hospital transportation plan
 - Educate Veteran on emergency services
 - Increase frequency of outpatient contacts
 - For home-based care: Increase frequency of home visits
 - Schedule for follow-up appointments

Risk Mitigation Strategies



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