



# Suicide Prevention Clinician's Guide

Continuing our Mission to Prevent Suicide

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*PBM Academic Detailing Services*

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PBM Academic Detailing Services

*These materials were developed by:*

**VA PBM Academic Detailing Service**

Your Partner in Enhancing Veteran Health Outcomes

**VA PBM Academic Detailing Service Email Group:**

PharmacyAcademicDetailingProgram@va.gov

**VA PBM Academic Detailing Service SharePoint Site:**

<https://dvagov.sharepoint.com/sites/vhaacademicdetailing>

**VA PBM Academic Detailing Service Public Website:**

<http://www.pbm.va.gov/PBM/academicdetailingservicehome.asp>

# Continuing our mission to prevent suicide

In 2018, 46,510 American adults died from suicide, including 6,435 U.S. Veterans. While suicide is a complex phenomenon with multiple contributing factors, **suicide is preventable**.<sup>1</sup>

## Anchors of hope: Veterans Health Administration (VHA) care matters

The 2020 National Veteran Suicide Prevention Annual Report identified several “Anchors of Hope” as a “reminder to all that there is always hope, as we continue to move together in this daily Mission to end Veteran suicide.”<sup>1</sup>



1. From 2017 to 2018, age- and sex-adjusted **suicide rates fell among Veterans with recent VHA care**, while rising among other Veterans.
2. Among Veterans in VHA care, **rates fell from 2005 to 2018 in those with depression, anxiety, and any mental health or substance use disorder diagnoses**.
3. There is a **groundswell of support** for coordinated efforts at the local, regional, and national levels to implement a public health approach **to prevent suicide**.

## But our work is not done.

There is a need for ongoing efforts to improve methods of suicide risk mitigation.



**Veterans remain at higher risk for suicide** than the general population.<sup>2</sup>

- **2.1x higher among female Veterans** (15.9 per 100,000) than non-Veteran females.<sup>1</sup>
- **1.3x higher among male Veterans** (39.6 per 100,000) than non-Veteran males.<sup>1</sup>

**One suicide impacts an average 135 individuals** and places them at risk of an increase in the prevalence and severity of depression and anxiety symptoms, as well as suicidal thinking.<sup>2,3</sup>



**For information on postvention resources, go to: [www.mirecc.va.gov/visn19/postvention](http://www.mirecc.va.gov/visn19/postvention)**

## What we can do to prevent suicide<sup>2</sup>

- ☐ Minimize risk factors and maximize protective factors.
- ☐ Recognize the presence of warning signs, identify and assess suicide risk, and provide additional clinical care when needed (e.g., warm handoffs, same day access, consider consultation with Suicide Prevention Coordinators, other healthcare providers, and/or the Suicide Risk Management Consultation Service).
- ☐ Review safety plans and counsel Veterans, their Caregivers and loved ones on the importance of securely storing firearms unloaded and the proper use of gun locks. Review access to other lethal means such as medications, rope, alcohol, substances, or other items.
- ☐ Ensure there is appropriate follow-up for Veterans after a suicide attempt.

# Minimize risk factors for suicide

Modifiable risk factors are things that can be changed. Often, such risk factors can be reduced by certain interventions, such as providing evidence-based treatment for mental health and medical conditions.<sup>2</sup>

## Example risk factors for suicide<sup>2</sup>

- Suicide attempt or psychiatric hospitalization
- Current suicidal ideation
- Recent bio-psychosocial stressors (e.g., relationship problems, housing issues, pandemic stress, loss of a loved one)
- Mental health conditions (e.g., substance use disorder, bipolar disorder, schizophrenia)

For many Veterans, transitioning from military to civilian life is a challenging adjustment period and a risk factor for suicide.

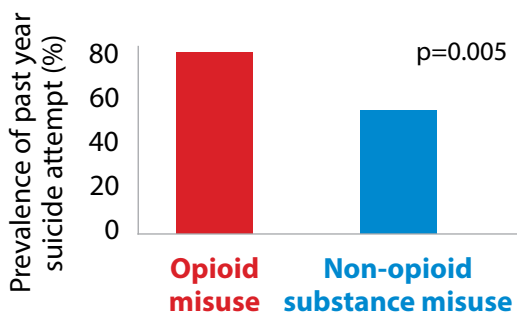
**? DID YOU KNOW**



**VHA Veterans with opioid use disorder (OUD) are at higher risk for suicide than most other mental health and substance use disorders.<sup>1</sup>**

Recent VA data indicates that **opioid dose and opioid misuse** are also associated with increased risk of suicide mortality and attempts.<sup>4,5,6</sup>

**Figure 1. Opioid misuse linked to past-year suicide attempts**



According to a study among Veterans at high risk for suicide with recent illicit substance or alcohol use, **the rate of past-year suicide attempts was higher among those who misused opioids** (prescription, heroin, or both) compared to those who misused a non-opioid substance (82% vs. 56%). There was no significant difference among rates of past-year suicide attempts among Veterans who misused different types of opioids in the past year.<sup>5</sup>

## Use the Stratification Tool for Opioid Risk Management (STORM) to understand:

- ✓ Risk score for suicide or overdose event for patients with active opioid prescriptions
- ✓ Risk factors and customized risk mitigation strategies for patients with active opioid prescriptions or opioid use disorder diagnosis in the last year. Common **risk mitigation strategies** include offering medications for OUD, offering Overdose Education & Naloxone Distribution (OEND), and developing a suicide safety plan.

***Review and optimize evidence-based treatment for mental health, substance use, and medical conditions to mitigate risk for suicide.***

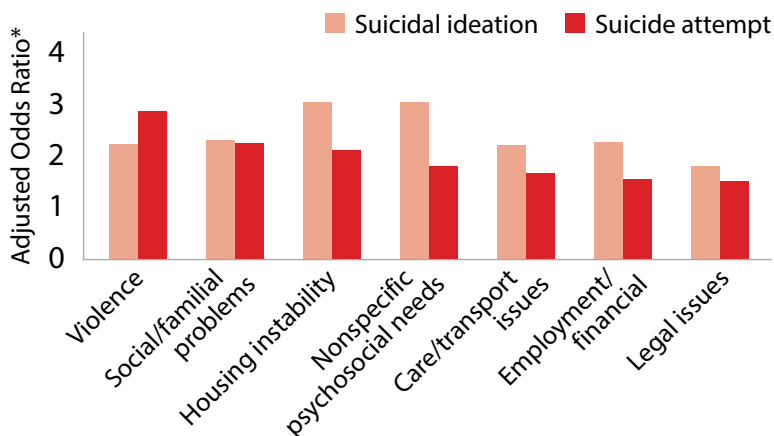
## Address bio-psychosocial stressors

Recent bio-psychosocial stressors are risk factors for suicide and well-known precipitating events to suicidal behavior.<sup>7</sup> Ensuring Veterans are connected with resources to assess and address these factors can reduce their suicide risk.<sup>2</sup>

### Examples of bio-psychosocial stressor risk factors for suicide<sup>2</sup>

- Loss of a relationship (e.g., break-up, divorce, death)
- Transitions of care
- Loss of job
- Risk of losing stable housing/homelessness
- Exposure to suicide
- Traumatic exposure
- Social isolation
- Legal/disciplinary issues

Figure 2. Social determinants of health impact suicidality



According to a cross-sectional analysis of VA medical record data, adverse social determinants of health had significant independent associations with both suicidal ideation and attempts (all p-values < 0.01). \*Adjusted for age, marital status, race, ethnicity, sex, transgender status, locale, alcohol and drug disorders, schizophrenia, major depressive disorder, bipolar disorder, PTSD, and anxiety disorder.<sup>7</sup>

## Maximize protective factors

Protective factors are capacities, qualities, environmental and personal resources that drive individuals towards growth, stability, and health and may reduce the risk for suicide.<sup>2</sup>

### Select protective factors and reasons for living

- Access to, engagement with, and motivation for medical, substance use, and mental health care
- Social context support system (e.g., employed, intact marriage, child rearing responsibilities, strong interpersonal bonds, meaningful family relationships)
- Religious, spiritual beliefs or connections, and/or connections to others such as a cultural group (e.g., ethnic, religious)
- Securing firearms, medications, and other lethal means including storing firearms temporarily out of the home (according to state laws)

**? DID YOU KNOW**


As of FY20, clinical chaplains use new encounter and stop codes. Veterans do not need to have religious connections to benefit from chaplain services. Services can include discussions about meaning making journeys, moral injury, and life direction and/or guidance. For more, go to: [www.va.gov/chaplain/index.asp](http://www.va.gov/chaplain/index.asp)


**Refer Veterans to services that will help to address bio-psychosocial stressors and maximize protective factors (e.g., mental health, substance use treatment, social work, chaplain).**



# Recognize warning signs

Warning signs are individual factors that signal an acute increase in risk that the patient may engage in suicidal behavior in the immediate future (e.g., minutes to days).<sup>2</sup> Recognizing warning signs is the key to creating an opportunity for early assessment and intervention.<sup>2</sup>

 **Direct warning signs** are particularly indicative of suicide risk and **warrant immediate attention and further assessment** to ensure safety, stability, and security of the individual.

 **Indirect warning signs** (e.g., agitation, hopelessness, insomnia, shame) are thoughts, feelings, and/or behaviors that are associated with suicidal thoughts and behavior.<sup>2</sup> Indirect warning signs are more subtle but **may indicate an increased risk for suicide and urgency to address**, particularly if they are not consistent with the Veteran's baseline behavior.

**Veterans in an outpatient setting are not with clinicians 24/7.**

Developing a **Suicide Prevention Safety Plan** with a Veteran is intended to help Veterans and/or their caregiver(s) recognize when they are experiencing a crisis and provides specific steps to safely manage the crisis. *See page 8 for more information on safety plans.*

**Make sure Veterans have a current Safety Plan and review it with them.**

**Identifying someone with thoughts of suicide gives you an opportunity to save a life and give them hope.**

Figure 3. Three direct warning signs of suicide<sup>2</sup>

- 1 Communicating suicidal thought verbally or in writing**
- 2 Seeking access to lethal means (e.g., firearms or medications)**
- 3 Demonstrating preparatory behaviors (e.g., giving away belongings or pets)**



These warning signs are likely to be even more dangerous if the person has previously attempted suicide, has a family history of suicide, or intends to use and has access to lethal means such as firearms or medications.<sup>2</sup>

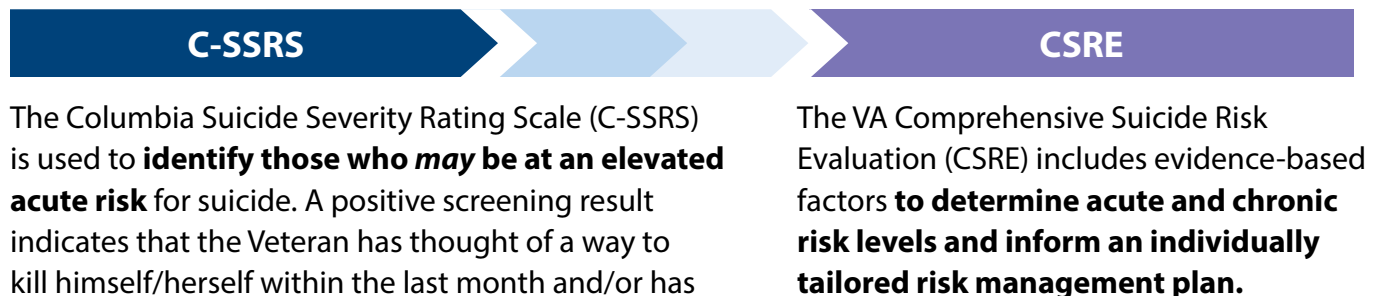
**If warning signs are observed or reported, it is important to ask the patient if they are experiencing thoughts of suicide.** Starting a conversation can mean the difference between a tragic outcome and a life saved.

*"It sounds like you have been having a rough time and I appreciate you telling me. I am going to ask you some questions so that I can better understand your experiences and be sure that we are helping you as best we can."*

# Suicide risk screening and evaluation

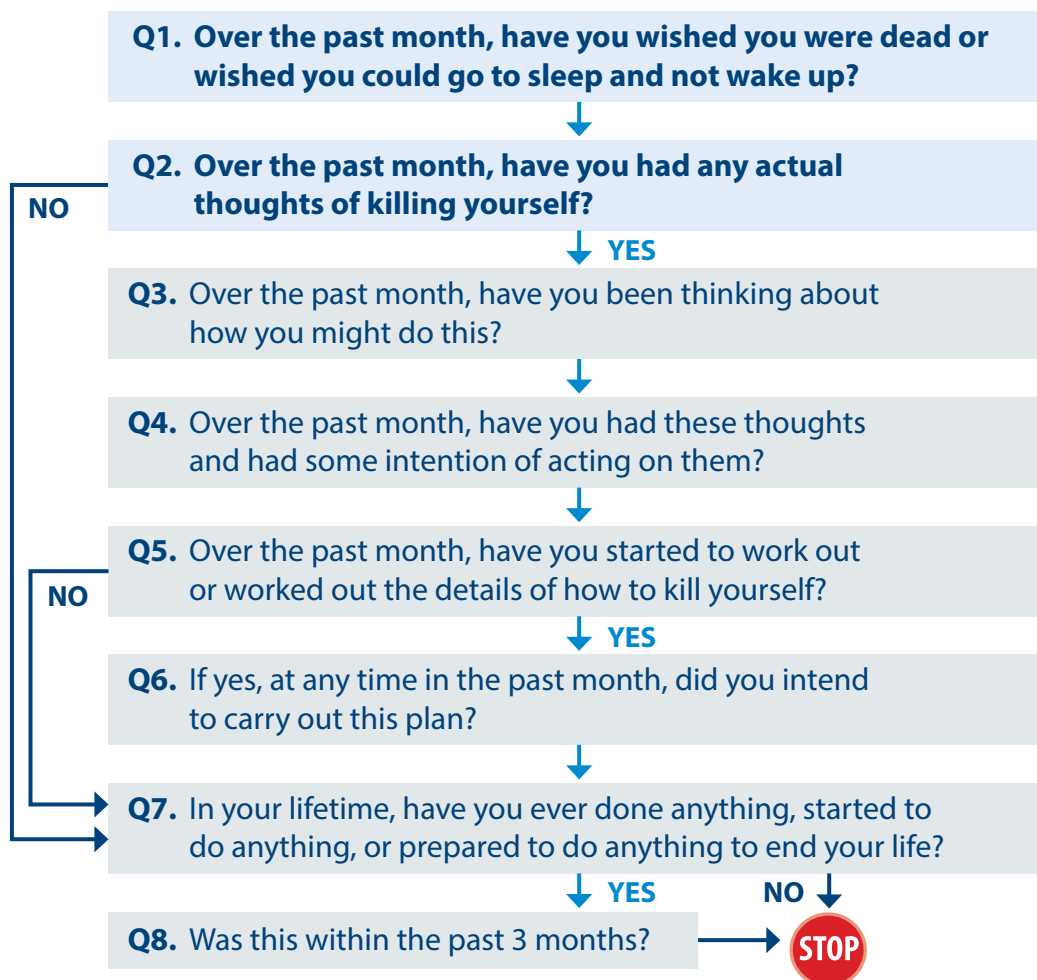
Using a standardized screening and evaluation process across all VA settings improves early identification of suicide risk, results in consistent screening and evaluation, and helps to reduce the stigma associated with discussions about suicide.<sup>2,8,9</sup>

Figure 4. VA Standardized Suicide Risk Screening and Evaluation\*



\*A positive C-SSRS requires the timely completion of the CSRE. Please see: Risk ID Resources (sharepoint.com) for more information and resources on the VA standardized screening and evaluation process

**C-SSRS:** When you complete the C-SSRS in the VA electronic health record, the screen is **automatically scored.**






## CSRE

The CSRE allows the provider to gather information that will then inform the provider's impression of acute (minutes to days) and chronic (long-term) risk. Please see the *Therapeutic Risk Management – Risk Stratification Table* to help determine suicide risk severity and temporality, as well as to aid in suicide risk management clinical decision making.

### ACUTE risk (minutes to days)

Key essential features can be used to help guide your clinical impression of the Veteran's level of acute risk and determine the most appropriate next steps.

High acute risk	Intermediate acute risk	Low acute risk
<ul style="list-style-type: none"><li>• <b>Suicidal ideation WITH INTENT</b> to die by suicide</li><li>• <b>INABILITY to maintain safety</b> independent of external support/help</li></ul>	<ul style="list-style-type: none"><li>• <b>Suicidal ideation</b> to die by suicide</li><li>• <b>ABILITY to maintain safety</b> independent of external support/help</li></ul>	<b>NO current suicidal intent + NO specific and current plan + NO preparatory behaviors +</b> collective high confidence in the <b>ABILITY</b> of the patient to independently maintain safety
		
<i>Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors.</i>	<i>Consider psychiatric hospitalization if factors driving risk are responsive to inpatient treatment (e.g., acute psychosis). Outpatient management should be intensive and address co-occurring psychiatric symptoms.</i>	<i>Can be managed in primary care. Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and psychiatric symptoms are co-occurring.</i>

### CHRONIC risk (long-term)

Identifying the Veteran's level of chronic risk helps to identify appropriate actions to be taken on an **outpatient basis**. Those at high and intermediate risk typically require routine mental health care.

High chronic risk	Intermediate chronic risk	Low chronic risk
<ul style="list-style-type: none"><li>• <b>Chronic suicidal ideation</b></li><li>• Risk factors for suicide (e.g., chronic mental or medical illness, prior suicide attempt, <b>limited coping skills, unstable or turbulent psychosocial status</b>)</li></ul>	<b>Similar to those at high chronic risk but</b> protective factors, coping skills, reasons for living, and relative psychosocial stability suggest <b>enhanced ability to endure future crisis</b> without resorting to self-directed violence.	<b>The following factors will generally be missing:</b> <ul style="list-style-type: none"><li>• History of self-directed violence</li><li>• Chronic suicidal ideation</li><li>• Tendency toward being impulsive</li><li>• Risky behaviors</li><li>• Marginal psychosocial functioning</li></ul>

Whether warning signs have been recognized or the Veteran has been identified via screening or predictive analytics tools, **demonstrating compassion, and making a connection with those suffering from suicidality is vital.**



# Demonstrating compassion and making a connection

According to a 2013 qualitative study of Veterans who screened positive for suicidal ideation (SI) in non-mental health ambulatory care settings, **Veterans who report such experiences may feel a great degree of shame and fear of being seen as weak.**<sup>10</sup>

*"That's the heartache...I just try to cover it up and faking it to make it. I know I am hurting, ...physically and mentally, but the thought of trying to get help is a sign of weakness."*

*"Cause I've seen people do that on their screen, 'Have you ever attempted suicide?' Click on the screen. He didn't do that. He actually sat down."*

**They are more comfortable and willing to admit suicidal thoughts to those expressing genuine concern, personal interest, and a caring attitude.**<sup>10</sup>

*"He talked to me. He looked at me. He didn't take his eyes off me. He talked to me and that's what made me feel a lot better about it..."*

**Disclosing suicidal ideation requires vulnerability and being asked by someone they know and trust is important.**<sup>10</sup>

*"I think that I would be less likely to talk about it with a stranger...I mean you don't want to talk to a different person every time you come to a doctor...you feel vulnerable when you talk about things, especially mental things."*

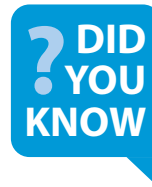
## What you can do to build trust and connect with the Veteran when asking about suicide:

- ✓ Be aware of the potential for perceived shame and avoidance around suicidal thoughts.<sup>10</sup>
- ✓ Acknowledge and explore discomfort and difficulty discussing suicidal thoughts.<sup>10</sup>
- ✓ Explore misperceptions about disclosure of suicidal thoughts and give patients time to clarify thoughts of death and suicide.<sup>10</sup>
- ✓ Explain the rationale and goals of suicide screening and assessment.<sup>10</sup>
- ✓ Face the Veteran and maintain appropriate eye contact; avoid filling out or making computer entries during the process.<sup>10</sup>
- ✓ If the Veteran is experiencing a high-risk acute crisis, get him/her help immediately. Contact your Suicide Crisis Team, your Suicide Prevention Coordinator, the Veterans Crisis Line, or hospital/local police.



**Show compassion and connect with the Veteran when using the C-SSRS and CSRE to screen and evaluate for suicide risk.**

# Risk management and treatment

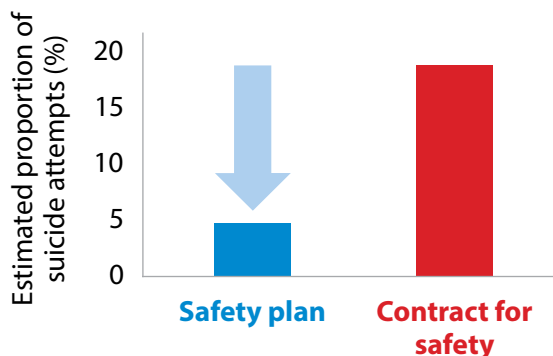


## Suicide Prevention Safety Planning

Suicide Prevention Safety Planning is an evidence-based clinical intervention that is developed in the context of a collaboration between the clinician and Veteran. It has been shown to reduce suicide attempts, suicidal ideation, and psychiatric hospitalization in patients with suicidal ideation or a history of attempts.<sup>2,11,12</sup>

**You do not have to be a mental health provider to develop or update a Veteran's safety plan!**

**Figure 5. Safety planning reduces suicide attempts.**



A randomized controlled trial of high-risk active duty U.S. Army Soldiers found that those who received a safety planning intervention were significantly less likely to make a suicide attempt than those in the contract for safety group. The study also found that having a safety plan was associated with significantly faster decline in suicidal ideation and fewer inpatient psychiatric hospitalization days.<sup>11</sup>

**During a period of emotional crisis, the intent to die and impulse to act can override rational thinking and judgment.** The safety plan is a prioritized written list of coping strategies and sources of support that should be brief, easy to read, and in the Veteran's own words.

**Safety plan development includes 6 steps.** Please refer to the *VA/DoD Safety Plan Worksheet: Brief Instructions for Providers* for more information.

- 1 **Warning signs**
- 2 **Internal coping strategies**
- 3 **Social contacts who may distract from the crisis**
- 4 **Family members or friends who may offer help**
- 5 **Professionals and agencies to contact for help**
- 6 **Making the environment safe**

***Collaborate with Veterans when developing a safety plan and update the safety plan with current information to increase the likelihood of its use.***



## Lethal means safety counseling

Lethal means safety counseling is an evidence-based strategy to reduce suicide rates and a vital part of safety planning.<sup>2,13,14,15</sup>

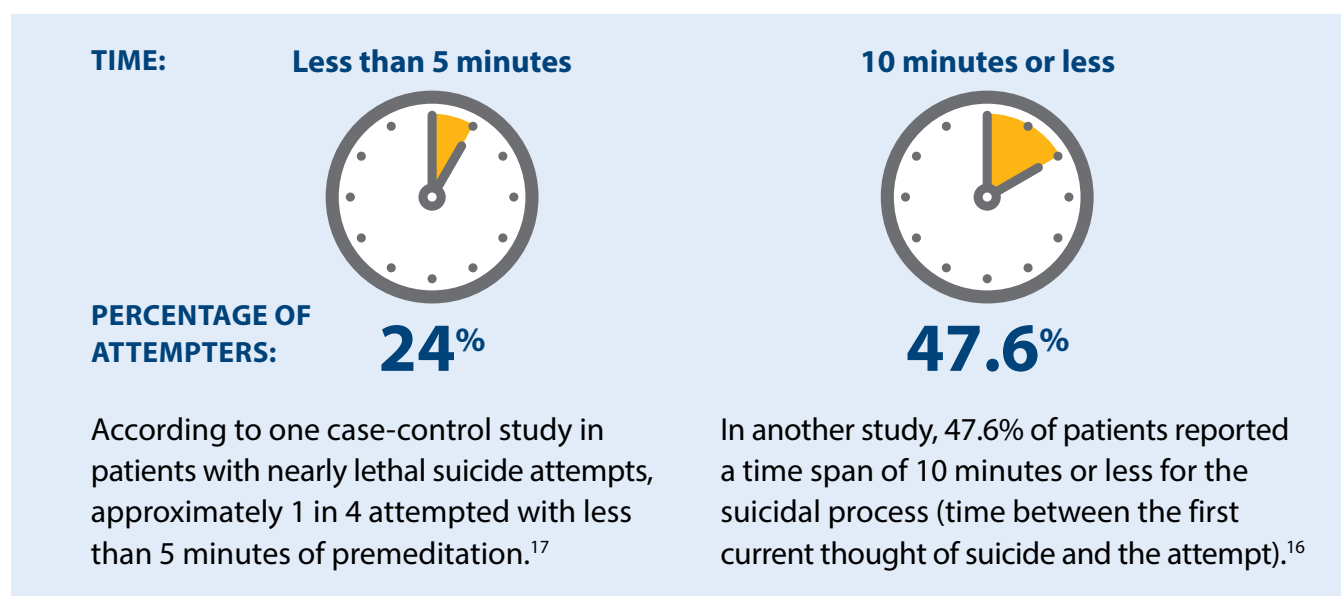
It involves first assessing whether patients are at risk for suicide, then working with them **to limit or delay access to lethal means**.

Lethal means may include firearms, prescription medications, and lethal objects that could be used for suicidal self-directed violence.

Providers can use the *Lethal Means Safety Messaging for Clinical Staff* pocket card which helps consider the steps to take when talking with Veterans about their access to firearms and other lethal means.

The term 'means safety' is significantly more acceptable and preferable than 'means restriction' and may result in higher patient adherence to means safety recommendations.<sup>14</sup>

**Figure 6. The acute phase of a suicidal crisis is often brief.** Studies have shown that many times, suicide attempts are impulsive.<sup>16,17</sup>



**Building in time and space between the impulse to act and the means to harm one's self saves lives.**<sup>2,15</sup>

### When should lethal means counseling be used?

- When Veterans currently have suicidal thoughts.
- When the Veteran or family member(s) has access to firearms.
- When Veterans in distress have attempted suicide in the past.
- When Veterans are struggling with mental health or substance use issues and are exhibiting risk factors, such as hopelessness, withdrawal, or lacking reasons for living.
- When Veterans are struggling with stressful life events that may serve as triggers for suicidal behavior, such as financial, occupational, or relationship problems.

Please see *Lethal Means Counseling: Recommendations for Providers* (va.gov) for more information.

## Suicide and firearms: facts that matter<sup>1,2,18,19,20</sup>



- In 2018, 68.2% of Veteran suicide deaths were due to a self-inflicted firearm injury (69.4% in male Veterans, 41.9% in female Veterans).
- Nearly half of Veterans own at least one firearm.
- One-third of Veterans store a firearm loaded and unlocked.
- Approximately **90% of suicide involving firearms result in death.**

**Availability of firearms is a risk factor for suicide.**

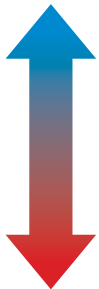
**Discuss lethal means safety with Veterans at risk for suicide.<sup>2</sup>**

### Firearm storage

Discuss firearm safe storage options with the Veteran and consider using their level of risk as a guide for discussing which options to consider.

#### Firearm storage options<sup>2</sup>

**If lower risk**



- Store unloaded firearms and ammunition separately
- Use a gunlock
- Store firearms in a safe, locking cabinet, or lockbox
- Store firearms disassembled or remove firing pin
- Store firearms at the home of someone you trust\*

\*State laws may limit temporary storage options; confirm state laws before making recommendations.



**If higher risk**

**Many Veterans own multiple firearms and will require multiple gun locks or a lock box/safe.**

#### Cable gun locks are available at no cost from the VA.

- Do not damage the gun.
- Work better than trigger locks as they are harder to break through.
- Prevent the firing of the weapon by blocking the barrel/use of ammunition.

#### Cable gun locks can be installed on many types of firearms.

- Semi-Automatic Pistols
- Semi-Automatic or Pump-Action Shot Firearms
- Modern Sporting Rifle
- Revolvers
- Bolt Action Rifles



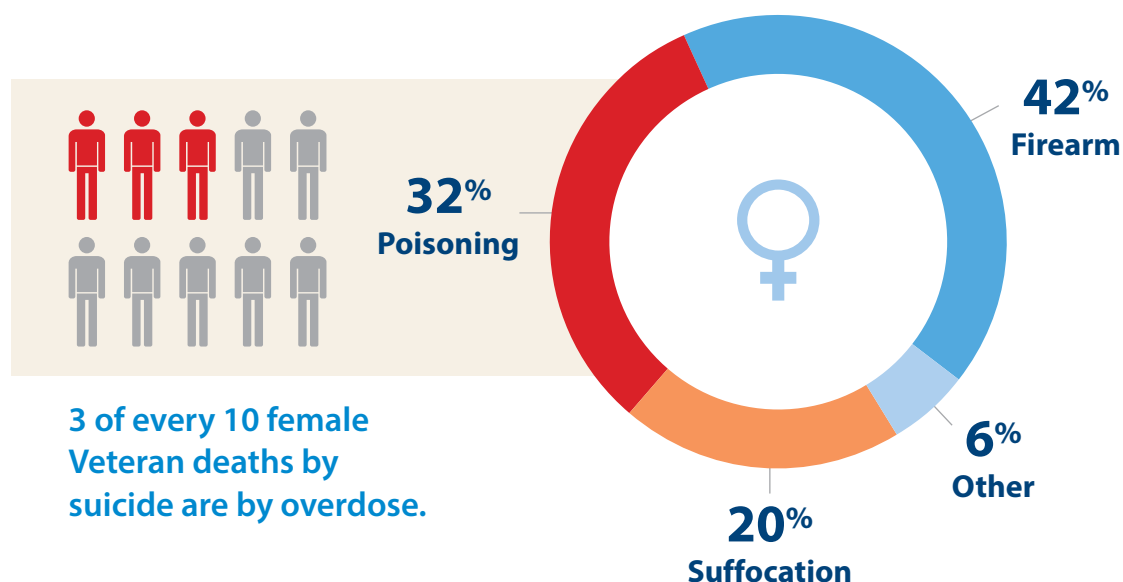
**Please note: The gun should ALWAYS be unloaded with the safety ON before applying any type of lock.** For more on firearm safety, please see: [www.mirecc.va.gov/visn19/lethalmeanssafety](http://www.mirecc.va.gov/visn19/lethalmeanssafety)

## Poisoning

Poisoning (including medication overdose) is another commonly used method for suicide among Veterans, particularly female Veterans.<sup>1,6,21</sup>



Figure 7. Method of suicide in female Veterans<sup>1</sup>



### Lethal means medication safety examples

- Provide Overdose Education and Naloxone Distribution (OEND) for Veterans at risk for opioid overdose.
- Store all medications in a safe secure area (including Tylenol® and other over the counter medications).
- Ask the pharmacy for blister packing or medication pill dispenser options if available.
- Limit amount of medications that are accessible (e.g., reducing quantity dispensed and/or refills).
- Involve friends or family members in discussions about safe storage of medications, reducing quantities, or administering them to the Veteran.
- Safely discontinue the prescription if the medication is no longer needed.
- Dispose of expired or no longer needed medications using disposal bins or VA Pharmacy disposal envelopes.
- For other options for safe disposal of medications, please see: [www.cdc.gov/wtc/prescriptionsafety.html](http://www.cdc.gov/wtc/prescriptionsafety.html)



# Psychotherapy: evidence-based treatment for suicidality

**Cognitive Therapy for Suicide Prevention (CT-SP)** should be used for patients with a recent history of self-directed violence to reduce incidents of future self-directed violence.<sup>2</sup>

**Table 1. Summary of psychotherapy treatment options<sup>2</sup>**

Type of psychotherapy	Strategy	Recommended for
<b>Cognitive Therapy for Suicide Prevention (CT-SP)</b>	Teaches patients to identify and change problematic thinking and behavioral patterns	Patients with a recent history of self-directed violence to reduce incidents of future self-directed violence
<b>Dialectical Behavior Therapy (DBT)</b>	Helps individuals develop skills in emotion regulation, interpersonal effectiveness, and distress tolerance	Patients with borderline personality disorder and recent self-directed violence
<b>Problem-Solving Therapy (PST)</b>	Improves an individual's ability to cope with stressful life experiences through active problem solving	<ul style="list-style-type: none"> <li>• Patients with a history of more than one incident of self-directed violence to reduce repeat incidents of such behaviors</li> <li>• Patients with a history of recent self-directed violence to reduce suicidal ideation</li> <li>• Patients with hopelessness and a history of moderate to severe traumatic brain injury</li> </ul>

Please see the *VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide* for more information.



## The Suicide Prevention program is launching a SP 2.0 Clinical Telehealth program in FY21-FY23.

Each VISN Clinical Resource Hub will hire Suicide Prevention Telehealth therapists, and in partnership with the EBP Training program, train them to provide the evidenced-based interventions recommended by the Clinical Practice Guidelines.




**Contact your local VISN Clinical Resource Hub or Suicide Prevention Coordinator to learn more** about which treatments may be available to Veterans in your VISN.



# Evidence-based medications shown to reduce suicidality

Clozapine, ketamine, and lithium have been studied and shown to have a role in reducing suicidality.<sup>2</sup>

**Table 2. Summary of medications shown to reduce suicidality**

Medication	Use	Evidence	Other considerations
<b>Clozapine</b> 	To reduce risk of death by suicide in patients with schizophrenia or schizoaffective disorder and either suicidal ideation or a history of suicide attempt	<ul style="list-style-type: none"> <li>Reduces suicidal behaviors in patients with schizophrenia/schizoaffective disorder (FDA-approved)</li> <li>Lower risk of death by suicide, suicide attempts, and suicidal behaviors with long-term treatment</li> </ul>	Clozapine Risk Evaluation and Mitigation Strategy (REMS) monitoring program mandates frequent visits for laboratory monitoring
<b>Ketamine</b> 	Adjunctive treatment for short-term reduction of suicidal ideation in patients with suicidal ideation and major depressive disorder (MDD)	<ul style="list-style-type: none"> <li>Moderate evidence for acute symptom improvement of suicidal ideation within 24 hours, with a moderate effect size that continues for 1-6 weeks</li> <li>In a meta-analysis of ketamine trials, 55% of patients after 24 hours and 60% at 7 days reported no suicidal ideation</li> <li>No data to support ketamine's effect on suicide attempts or deaths</li> </ul>	<ul style="list-style-type: none"> <li>Given via single dose infusion</li> <li>Longer-term, repeated administration of ketamine is not recommended due to potential risk of addiction</li> </ul>
<b>Lithium</b> 	Used alone (patients with bipolar disorder) or in combination (patients with unipolar depression or bipolar disorder) to decrease the risk of death by suicide in patients with mood disorders	<ul style="list-style-type: none"> <li>Shown to reduce the risk of suicide in patients with unipolar depression or bipolar disorder</li> <li>Several cohort studies and systematic reviews have shown lithium maintenance to be associated with fewer suicidal behaviors and deaths</li> </ul>	Low therapeutic index and potential for toxicity

Please see the *VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide* for more information.

# Follow up with Veterans to reduce future suicide risk

Documentation of suicidal behaviors and clinical interventions aimed at preventing suicidal behaviors are important components of follow-up with Veterans to reduce future suicide risk.<sup>2</sup> Be sure to collaborate with other members of the Veteran's healthcare team such as the suicide prevention coordinator and mental health providers.



## Key components of follow-up<sup>2,22</sup>



**Fill out the SBOR\* or complete/update the CSRE when applicable** (all suicidal behaviors, including preparatory, all self-directed violence (SDV) behaviors of unknown intent, and both suicidal and non-suicidal overdose behaviors should be recorded).



**Assess and adjust treatment plan as clinically appropriate** (e.g., offer treatment to patients with substance use disorders, provide overdose education and naloxone after an opioid overdose).



**Always ask Veterans about access to firearm(s) and other lethal means** and engage in a lethal means safety discussion; complete a suicide prevention safety plan.



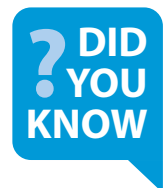
**Lean on your suicide prevention coordinator and mental health treatment team.** They are the experts who can help you develop the best plan of action for the Veteran (e.g., sending periodic caring connections, providing evidence-based psychotherapy).



**Collaborate with other healthcare providers** who can help provide follow-up.

\* Suicide Behavior and Overdose Report (SBOR) is a national VA electronic health record note template designed to standardize and streamline the process of suicide behavior and overdose reporting across VA. For more information, please click [here](#).

**Patient Record Flag Category I - High Risk for Suicide (HRS-PRF) is a national flag to alert staff members to Veterans identified as high risk for suicide.**



The HRS-PRF does not indicate a Veteran is at elevated chronic risk, but rather that the Veteran is within a period of increased acute risk. Please note, **the absence of HRS-PRF does not indicate that patients are not at risk for suicide.** Patients may be at risk for suicide, regardless of whether they have an HRS-PRF. Please reach out to your suicide prevention coordinator for guidance on the management of Veterans who are at increased risk for suicide but who do not meet criteria for HRS-PRFs.

***Document suicidal behaviors and consider clinical interventions aimed at reducing future suicide risk.***

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## No one else can play your part in preventing suicide.

By offering compassion, hope, and the appropriate level of care, you can save lives.

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**Veterans  
Crisis Line**



1-800-273-8255  
**PRESS 1**

## Suicide prevention online resources

- **Office of Mental Health and Suicide Prevention website:**  
[https://www.mentalhealth.va.gov/mentalhealth/suicide\\_prevention/veterans.asp](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/veterans.asp)
- **Suicide Risk Management Consultation Program website:**  
[www.mirecc.va.gov/VISN19/consult](http://www.mirecc.va.gov/VISN19/consult)
- **From Science To Practice Literature Review Series**  
Health Care Provider: Suicide Prevention - Mental Health (va.gov)
- **Suicide Risk Identification and Management SharePoint (internal VA site):**  
<https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx>
- **Uniting for Suicide Postvention website:**  
<https://www.mirecc.va.gov/visn19/postvention>
- **Veterans Crisis Line:**  
<https://www.veteranscrisisline.net>

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# Acknowledgments

## THIS GUIDE WAS WRITTEN BY:

Daina L. Wells, PharmD, MBA, BCPS, BCPP  
Sarah J. Popish, PharmD, BCPP  
Julianne Himstreet, PharmD, BCPS

## WE THANK OUR EXPERT REVIEWERS:

Maria G. Brown, PharmD	Chaplain Juliana Leshner, MDiv, PhD, BCC
Jesse Burgard, PsyD	Suzanne McGarity, PhD
Jill Finkle, MSW, LCSW	Lillie M. Mells, LCSW, BCD
Matthew A. Fuller, BS, PharmD, FASHP, BCPP	Andrew Moon, PsyD
Stephanie Gamble, PhD	Tera D. Moore, PharmD, BCACP
Juliana Hallows	Ashley Nordsletten, PhD
Tyler C. Hein, PhD	Elizabeth Oliva, PhD
Aimee C. Johnson, LCSW	Nicole Theriot, LCSW
Lisa K. Kearney, PhD, ABPP	Kate Vaughn, PharmD, BCPP
Brenda Kline	Jessica A. Walker, PhD, LP

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