Suicide Prevention

Take Action, Save a Life

VA

U.S. Department of Veterans Affairs
Veterans Health Administration
PBM Academic Detailing Service

Suicide Prevention:
Take Action, Save a Life

A VA Clinician's Discussion Guide

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Important Facts:

- Suicide is the 10th leading cause of death in the U.S.[1]
- Eighteen percent of all deaths by suicide among U.S. adults in 2014 were Veterans.[2]
- On average, there are 764 suicide attempts per month among Veterans receiving recent VA health care services.[3]
- **Suicide is preventable.**

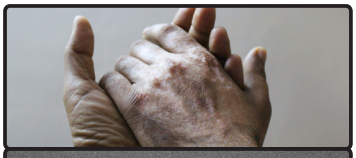
It is everyone's responsibility to help Veterans manage their risk for suicidal self-directed violence (SDV, see **Glossary** for definition). Suicide is an issue that needs to be addressed by all of us; not just a certain specialty or type of provider.

MYTH

If somebody really wants to die by suicide, there is nothing you can do about it.

vs

REALITY



The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die, you have gone a long way toward promoting a positive outcome. Helping someone find a safe environment can save a life.

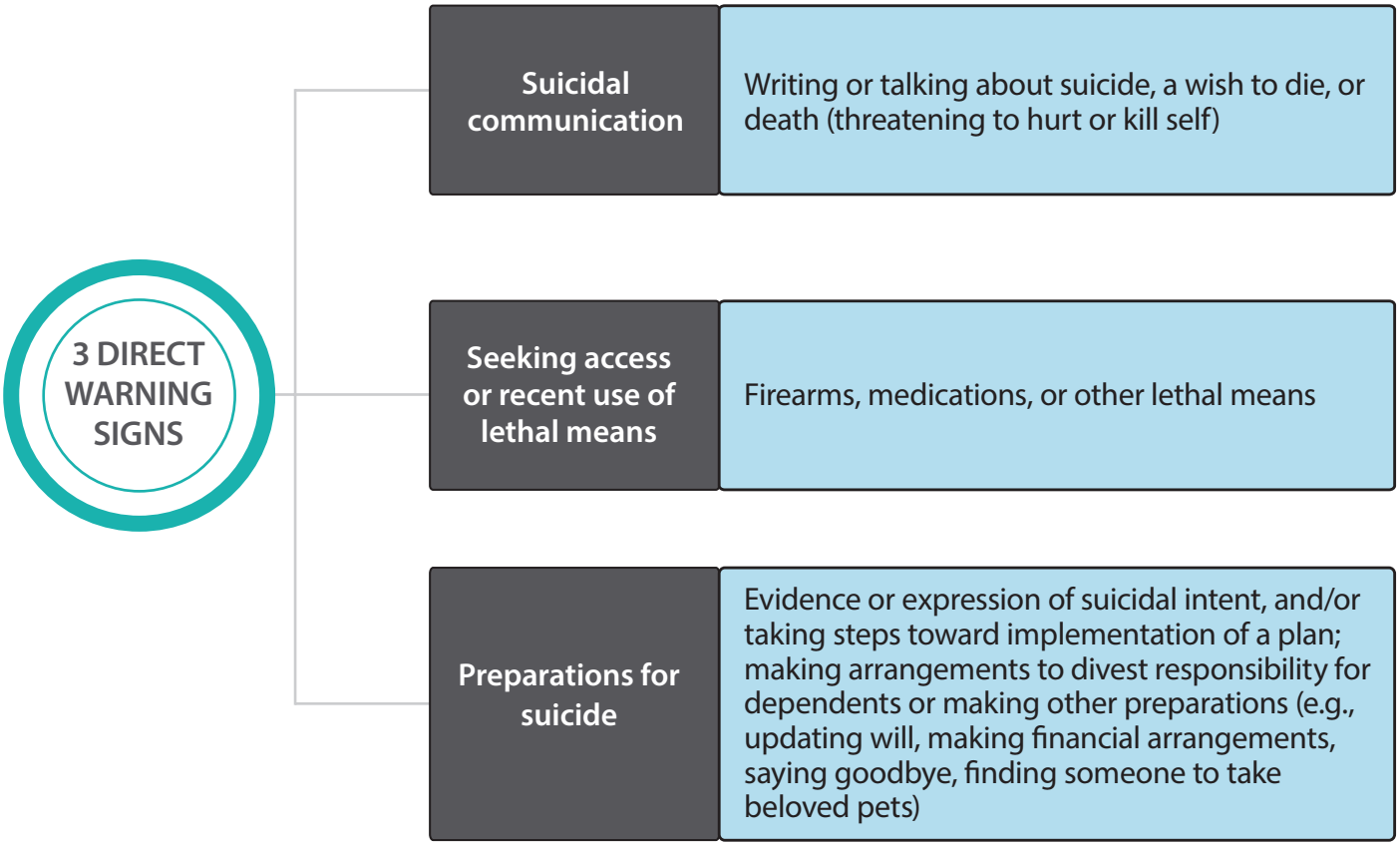
Crisis provides an opportunity to help people and give them hope. It is important for us as healthcare professionals to recognize warning signs, to talk openly about suicide, and to provide Veterans an opportunity to express their feelings.

Recognizing Warning Signs

Direct

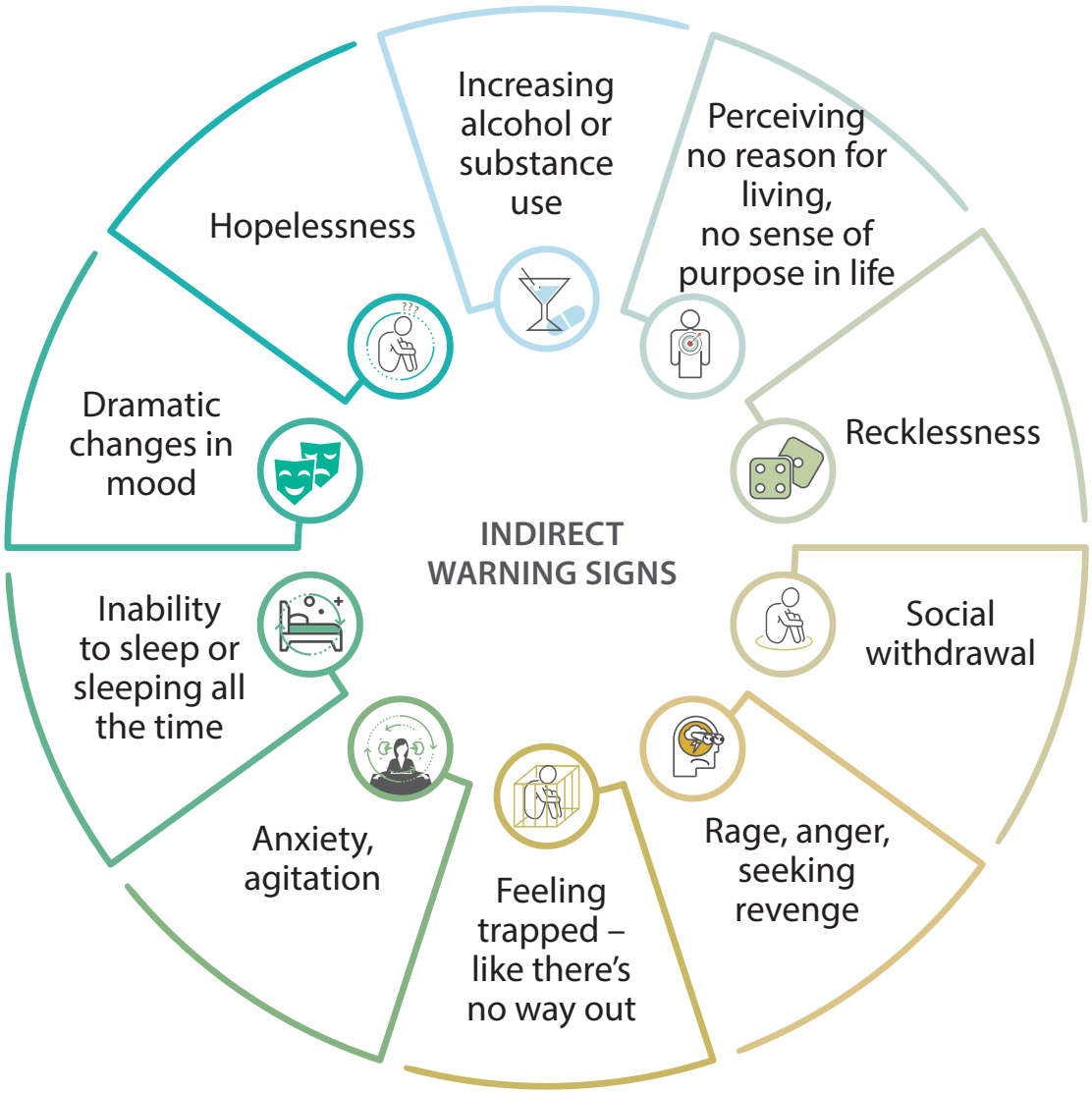
Three **direct** warning signs indicate the highest likelihood of suicidal behaviors occurring in the near future.

- Observing these warning signs warrants immediate attention (mental health evaluation, referral, or consideration of hospitalization) to ensure safety, stability, and security of the individual.
- These signals 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 a method that is lethal.



Indirect

Although some warning signs are more subtle than others, they may indicate an increased risk for suicide and urgency to address.



Clinical Pearl

Monitor antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy and at times of dosage changes.[4]

Recognize the presence of warning signs among Veterans.

Ask Veterans About Suicidal Thoughts

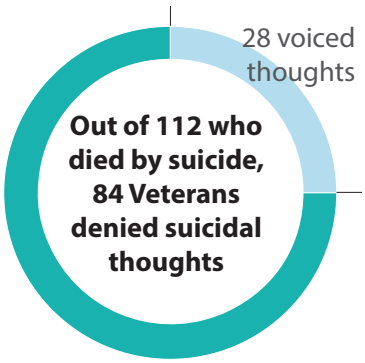
MYTH *vs* **REALITY**

Asking about suicide will plant the idea in a person's head.

Asking about suicide does not create suicidal thoughts. The act of asking the question gives the Veteran permission to talk about his or her thoughts or feelings.

As a clinician, it can sometimes be challenging and anxiety provoking to ask Veterans about suicidal thoughts or to identify Veterans who are at risk for suicide. Those in a suicidal crisis often feel a great degree of shame and tend to be exquisitely sensitive of being judged.[4]

Challenges of Identifying Veterans in Crisis



According to a small VA study, out of 112 Veterans who died by suicide, **three-quarters of patients** who were asked about thoughts of suicide at their last visit denied such thoughts (84 versus 28).[5]

By being non-judgmental, compassionate, and genuine in our conversations with Veterans, we can increase the likelihood that they will feel more comfortable sharing their thoughts or plans with us.

Please take a moment to consider the following scenarios and how you might respond if asked in a similar way.

Example Scenarios

Rushed Questioning

(Checklist-type approach)

- You aren't having thoughts of suicide, are you?
- Do you drink alcohol, smoke, or have thoughts of suicide?
- And you've never attempted suicide?

Genuine and Compassionate Questioning

(Having a thoughtful conversation)

- With everything that has been going on, have you been experiencing any thoughts of harming yourself?
- Have you ever had thoughts about taking your life?
- When was the last time you thought about harming yourself?

Things to consider as you ask Veterans about suicide:

Do not pass judgment

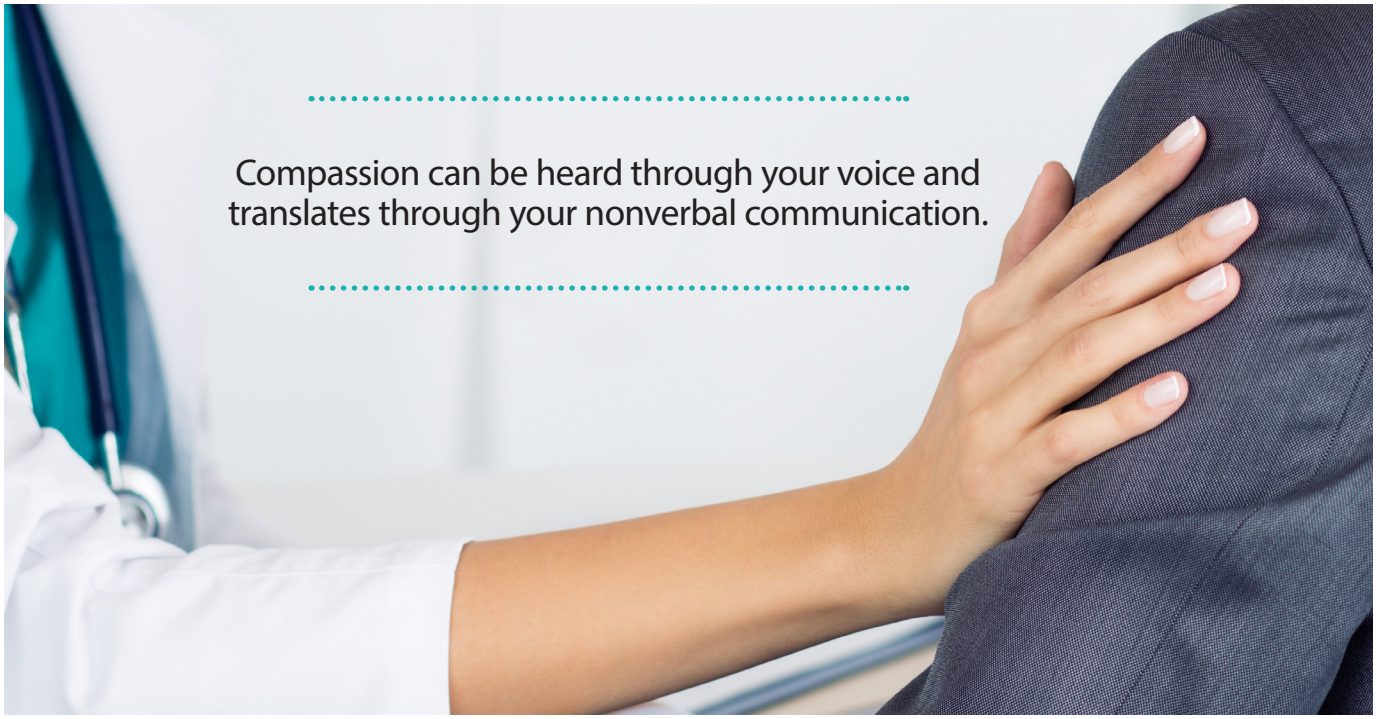
- Non-judgmental assessments are important to foster an alliance with the Veteran. Suicide can be understood by the individual as an attempt to solve a problem that they find overwhelming. It can be much easier for us as providers to be nonjudgmental when we keep this perspective in mind.

Remain calm and listen more than you speak

- Recognize that the situation is serious but remain calm, empathetic and objective.

Show genuine interest, support, and compassion

- Be aware of your non-verbal communication as well as your tone and pace. Asking about suicide quickly and not leaving time for the Veteran to respond or reflect is more likely to lead to an omission of information. In addition, simple encouraging feedback goes a long way in showing support and inspiring help-seeking. For example:
  - "You're not alone, even if you feel like you are. I'm here for you, and I want to help you in any way I can."
  - "It may not seem possible right now, but the way you're feeling will change."



How can we make more time in a schedule with no time?

- Creating time in an already packed schedule is a challenge; however, spending just 30 seconds listening to the Veteran's response may be enough time to make a difference.
- Keep in mind that if a Veteran is at intermediate or high risk (see below) for suicide, that should take priority over other issues at that visit.
- Use your team! If all members of your team are aware of these issues, Veterans at highest risk could be flagged for more in depth conversations, screening, or referral to mental health and/or substance use disorder (MH/SUD) providers.

★ High Risk Individuals

Some high-risk individuals may not explicitly express or may attempt to conceal suicidal ideation, plans, or preparatory behavior no matter how we ask.

In situations like this, you may need to rely on objective observations, demonstrated behaviors, or consultation with a mental health professional (such as your local suicide prevention coordinator).

Determining a Veteran's Level of Suicide Risk

MYTH *vs* **REALITY**

He/she really wouldn't attempt suicide because…

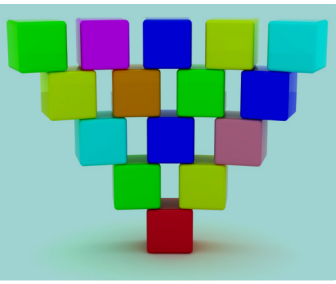
- He just made plans for a vacation
- She has young children at home
- He made a verbal or written promise

The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and evaluated further to determine their level of suicide

Primary care providers play important roles in identifying and assessing suicide risk because many Veterans feel most comfortable confiding in them. By taking the time to determine a Veteran's level of suicide risk, you can more confidently determine an individualized care plan for the Veteran.[4] Not all Veterans with suicidal ideation will need to be admitted or even referred to a behavioral health clinician immediately.

Tip

The assessment for suicidal ideation should be stepwise, from general to specific questions. More detailed exploration is indicated if risk factors for suicide become apparent.



Both acute and chronic risk for suicide can be assessed. As a primary care provider, your evaluation will primarily focus on assessing acute risk.

- Acute risk can be stratified as low, intermediate, or high. You can evaluate this by using the suicide risk assessment note available in CPRS. Ask your local suicide prevention coordinator for the note title if you are unfamiliar with it.

Table 1. Example Questions to Determine Acute Suicide Risk

Indicators of Suicide Risk	Questions
Suicidal ideation or thoughts 	• Are you feeling hopeless about the present or future? • Have you had thoughts about taking your life? • Have you had these thoughts in the last 48 hours?
Intention to act or plan 	• Do you have a plan to take your life? • Do you intend to act on that plan?
Recent suicide attempt or preparatory behavior 	• Have you ever attempted suicide? • Have you done anything to prepare for making a suicide attempt?

In Veterans at acute risk for suicide, determine the level of acute risk prior to ending your visit as action may be needed before they leave your office.

Table 2. Acute Risk Stratification[6]*

Level of Risk	Essential Features	Additional Information
High Acute Risk	• Suicidal ideation with intent to die by suicide • Inability to maintain safety independent of external support or help	**Common warning signs:** • A plan for suicide, recent attempt, ongoing preparatory behaviors, acute major mental illness**, exacerbation of personality disorder **Common risk factors:** • Access to means, acute psychosocial stressors (e.g., job loss, relationship dissolution, relapse on drugs or alcohol)
Intermediate Acute Risk	• Suicidal ideation to die by suicide • Ability to maintain safety independent of external support or help	• These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g., children), and ability to abide by a safety plan and maintain their own safety • Preparatory behaviors are likely to be absent
Low Acute Risk	No current suicidal intent AND No specific and current suicidal plan AND No preparatory behaviors AND Collective high confidence (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety	• Individuals may have current or past suicidal ideation, but it will be with little or no intent or specific current plan. If a plan is present, the plan is general and/or vague, and without any associated preparatory behaviors • These patients can engage in appropriate coping strategies and are willing and able to utilize a safety plan in a crisis situation

*Overall level of individual risk may be increased or decreased based upon warning signs, risk factors, and protective factors; if you are unable to determine the risk of suicide (e.g., difficulty determining risk, concern despite patient denial of ideation or intent), refer to a mental health provider to determine acuity of referral and/or for complete evaluation and intervention; consider having a conversation with the Veteran about temporarily limiting access to lethal means of self-harm; **Major depressive disorder episode, acute mania, acute psychosis, recent or current drug or alcohol relapse.

Perform a suicide risk evaluation when warning signs are present to determine the level of acute suicide risk.

RISK FACTORS and **PROTECTIVE FACTORS** can affect a Veteran's level of acute suicide risk and should be considered during your evaluation of the Veteran's risk.

Risk Factors

Risk factors distinguish a higher risk group from a lower risk group. Risk factors may be modifiable or non-modifiable (e.g., age, gender), and both inform the formulation of risk for suicide. Modifiable risk factors may also be targets of intervention.[4]

- Acute or active symptoms of a mental health disorder
- Active substance use
- Access to means
  (e.g., firearms, medications, toxins)
- Presence of multiple life stressors or risk factors
  (e.g., bereavement, stressful life events, legal problems)
- Lack of protective factors
  (e.g., support system, religion, optimism, responsibilities, coping skills)

Clinical Pearl

Alcohol, benzodiazepines, cannabinoids (whether legal, medical or illicit), or illicit substance use can increase impulsive behavior.

- Assess the Veteran's use of alcohol and drugs, and offer them treatment if a substance use disorder is present.[4]

Lethal Means Safety Counseling

Help the Veteran understand that risk for suicide sometimes escalates rapidly and can be triggered by any stressor (e.g., death of a family member, job loss, fight with a friend or family member). Not having access to lethal means quickly reduces bad outcomes in volatile situations.[7]

Lethal means counseling involves 2 primary actions:

- Identifying whether the Veteran has access to firearms or other lethal means.
- Collaborating with the Veteran to limit their access until they are no longer feeling suicidal. You may need to encourage the Veteran to involve friends or family members to help limit access.

Key Fact[2]

The most common means for suicide among Veterans is a firearm.

When discussing means safety, you may need to explain that limiting access does not mean "giving up" their firearm. Advise the Veteran to consider storing the firearm off-site or limit access by locking it up and giving the key to someone they trust. Other ways to restrict access include: having a trusted individual change the code to the safe where the firearm is stored; giving the firing pin(s) to someone to store; and locking the firearm and the ammunition in separate areas.[8]

COMMON QUESTIONS ABOUT LETHAL MEANS SAFETY[7,9,10]:

Q: Won't a suicidal person just substitute another method if they can't get a gun?	**A:** Reducing access to firearms reduces suicide rates and most individuals will not seek out other means. If other methods are utilized they are often less lethal and not as immediate as a firearm so it's more likely the Veteran would survive the attempt.
Q: If a suicidal person substitutes another method and doesn't die, won't they eventually figure out a way to kill themselves later?	**A:** Acute suicidal feelings can pass over time or with changes in life circumstances, treatment, or other support.

Protective Factors

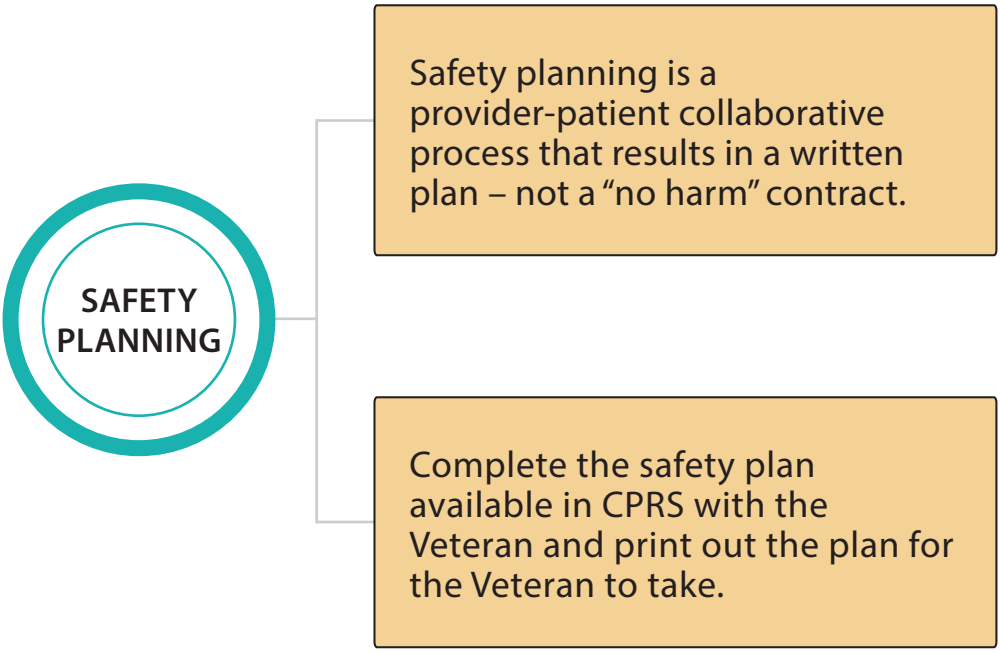
Protective factors are capacities, qualities, and environmental and personal resources that drive individuals towards growth, stability, and health and may reduce the risk for suicide.

- **Social context support system** (e.g., employed, intact marriage, child rearing responsibilities, strong interpersonal bonds)
- **Positive personal traits** (e.g., help seeking, good impulse control, problem solving skills, coping skills, conflict resolution, sense of belonging, optimistic outlook)
- **Access to health care** (e.g., ongoing medical and mental health care relationships; effective management of mental health, substance use, and physical disorders; good treatment engagement)

Veterans with **chronic** suicidal ideation can become acutely suicidal and should be monitored routinely by mental health, have a safety plan, and build coping skills.

Safety Planning

Stressful events, challenging life situations, and acute increases in mental health symptoms and substance use can precipitate a suicidal crisis. The Safety Plan is designed to empower the Veteran, manage the suicidal crisis, and engage other resources as needed.



Provide lethal means counseling and develop (or review) a safety plan for Veterans at risk for suicide.

Offering the Appropriate Level of Care

Once you have determined the level of acute suicide risk for the Veteran, use this information to help guide your recommendation for an appropriate level of care.

Table 3. Recommendations for Veterans with Acute Risk for Suicide

Level of Risk	Recommendations	
	Immediate or Initial Action	**Additional Safety and Management**
High Acute Risk	• Maintain direct observational control of the patient • Coordinate immediate transfer with escort to urgent/emergency care setting for hospitalization	• Discuss limiting access to lethal means (e.g., drugs, firearms, other avenues for self-harm) with the patient/caregiver; offer OEND* • Address co-occurring psychiatric symptoms during hospitalization

Intermediate Acute Risk	• Consider psychiatric hospitalization if related factors driving suicide risk are responsive to inpatient treatment (e.g., acute psychosis)
	• Refer to mental health; contact mental health provider or suicide prevention coordinator to determine acuity of referral
	  • Provide Veterans Crisis Line contact information
	• Develop or update safety plan if one has not already been written
		• Refer to behavioral health provider for complete evaluation and intervention
		• Limit access to lethal means of self-harm; offer OEND*
		• Outpatient management of suicidal thoughts and/or behaviors should be intensive and include:
		  • Management of co-occurring psychiatric disorders (e.g., PTSD, depression, substance use disorder)
		  • Frequent contact
		  • Regular re-assessment of risk
		  • A well-articulated safety plan

For complete information on assessment and management of patients at risk for suicide: **http://www.healthquality.va.gov/guidelines/MH/srb/**. CNS = central nervous system; *OEND = opioid overdose education and naloxone distribution (offer if the Veteran is at risk for an opioid overdose); PTSD = Posttraumatic Stress Disorder.

Table 3. Recommendations for Veterans with Acute Risk for Suicide (continued)

Level of Risk	Recommendations	
	Immediate or Initial Action	Additional Safety and Management

Low Acute Risk	• Can manage in primary care
	  • Consider consultation with mental health, particularly if suicidal ideation and psychiatric symptoms are co-occurring
	  • Provide Veterans Crisis Line information
	• Treat presenting problems and evaluate current medications for optimization
	  • CNS polypharmacy should be used as an indicator to assess a Veteran's suicide risk; review and optimize medication management
	• Address safety issues by discussing lethal means safety, and offering OEND*
	• Safety plan may be considered
		• Patients at low risk will be capable of engaging appropriate coping strategies and willing and able to use a safety plan in a crisis

For complete information on assessment and management of patients at risk for suicide: **http://www.healthquality.va.gov/guidelines/MH/srb/**. CNS = central nervous system; *OEND = opioid overdose education and naloxone distribution (offer if the Veteran is at risk for an opioid overdose); PTSD = Posttraumatic Stress Disorder.

Offer Veterans the appropriate level of care given their acute risk level.

Following-up with a Veteran after a Suicide Attempt

Fill out a **suicide behavior report** (if one hasn't already been completed for the event). This enables better tracking and planning for follow-up.

Lean on your Suicide Prevention Team. The Veteran may be flagged by the Suicide Prevention Team at your facility after they are informed of a suicide attempt. They are experts who can help you develop the best plan of action for the Veteran.

Collaborate with the Veteran's mental health providers. Veterans who have attempted suicide are at higher risk of suicide. Follow-up should commence in the immediate period after disclosure of a suicide attempt and frequency should be determined on an individual basis.

Ensure proper follow-up for Veterans following a suicide attempt. Complete a suicide behavior report for Veterans who have attempted suicide.

Other important information

- **What is REACH VET?**
  REACH VET stands for: Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment. It is a new program that uses predictive modeling to identify Veterans at high statistical risk for adverse outcomes, including suicide. The program promotes collaboration by offering providers an opportunity to involve Veterans in their own healthcare. Clinical risk for suicide should be assessed among all Veterans identified through REACH VET. Learn more at: **http://vaww.mirecc.va.gov/reachvet/index.asp**

- **What is the VA Suicide Risk Management Consultation Program?**
  One-on-one consultation at no charge for VA Providers with general or specific questions about Suicide Risk Management and can be accessed here: **https://www.mirecc.va.gov/visn19/consult/index.asp**. This service offers an opportunity for clinicians to speak directly with staff psychologists and physicians about:

  - Assessment
  - Conceptualizing Suicide Risk
  - Pharmacotherapy
  - Treatment Options
  - Evidence-based Resources for Suicide Risk Management
  - Improving Care for those with Suicidal Thoughts & Behaviors (e.g., Programmatic Issues)
  - Lethal means safety counseling
  - Postvention (provider support after a Veteran suicide attempt or death)

- **What is the Veterans Crisis Line?**
  The Veterans Crisis Line enables Veterans, their families, and friends to anonymously talk, text or chat with a trained VA Crisis Line counselor 24/7/365. It can be reached via any of the following modalities:

  - Phone: 1-800-273-8255 and press 1
  - Text: Send a text to 838255
  - Chat: **www.veteranscrisisline.net**

- **Who is the Local Suicide Prevention Coordinator?**
  Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to ensure Veterans receive needed counseling and services. Calls to the Veterans Crisis Line are referred to local SPCs.
  https://www.veteranscrisisline.net/GetHelp/ResourceLocator.aspx

Glossary[4]

Suicidal Self-Directed Violence
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself with evidence, whether implicit or explicit, of suicidal intent.

Suicide
Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt
A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.

Preparatory Behavior
Acts or preparation toward engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).

Suicidal Intent
There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions. Suicidal intent can be determined retrospectively and inferred in the absence of suicidal behavior.

Suicidal Ideation
Thoughts of engaging in suicide-related behavior. There are various degrees of frequency, intensity, and duration of suicidal ideation.

Interrupted By Self or Other
A person takes steps to injure self, but is stopped by self or another person prior to fatal injury. The interruption may occur at any point.

Physical Injury
A bodily injury resulting from the physical or toxic effects of a self-directed violent act interacting with the body.

Factors Contributing to Risk for Suicide
Warning Signs for Suicide
Observations that signal an increase in the probability that a person intends to engage in suicidal behavior in the immediate future (e.g., minutes to days). Warning signs present tangible evidence to the clinician that a person is at heightened risk for suicide in the short term and may be experienced in the absence of risk factors.

Acute Risk Factors
These are acute (of brief duration) and stressful episodes, illnesses, or life events. While not usually internally derived, these events can build upon and challenge a person's coping skills.

Chronic Risk Factors (Pre-Existing)
Relatively enduring or stable factors that may increase a person's susceptibility to suicidal behaviors, such as genetic and neurobiological factors, gender, personality, culture, socioeconomic background and level of isolation.

Protective Factors
Capacities, qualities, and environmental and personal resources that increase resilience and drive an individual toward growth, stability, and health and increase coping with different life events.

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Special thanks to our expert reviewers:

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Amy Horrex, PsyD
Scott Masters, MD
Dawn Miller, LCSW
Sonya Norman, PhD
Timothy Dawson, MD
Ilene Robeck, MD
Maggie Chartier, PsyD, MPH
Alan Teo, M.D., M.S.

REFERENCES

1. Centers for Disease Control and Prevention, *Suicide Facts at a Glance*. 2015.
2. Prevention, O.o.S., *Suicide Among Veterans and Other Americans (2001–2014)*. 2016.
3. Wolfe, A.J.a.K., *S.A.V.E - Suicide Prevention Month 2017*. 2017.
4. VA/DoD. *Assessment and Management of Patients at Risk for Suicide (2013)*. 2013; Available from: **https://www.healthquality.va.gov/guidelines/mh/srb/**.
5. Denneson, L.M., et al., *Suicide risk assessment and content of VA health care contacts before suicide completion by veterans in Oregon*. Psychiatr Serv, 2010. **61**(12): p. 1192–7.
6. MIRECC, R.M., *Therapeutic Risk Management - Risk Stratification Table*.
7. Mann, J.J. and C.A. Michel, *Prevention of Firearm Suicide in the United States: What Works and What Is Possible*. Am J Psychiatry, 2016. **173**(10): p. 969–979.
8. Health, H.S.o.P. *Means Matter*. Available from: **https://www.hsph.harvard.edu/means-matter/recommendations/clinicians/**.
9. Simon, O.R., et al., *Characteristics of impulsive suicide attempts and attempters*. Suicide Life Threat Behav, 2001. **32**(1 Suppl): p. 49–59.
10. Spicer, R.S. and T.R. Miller, *Suicide acts in 8 states: incidence and case fatality rates by demographics and method*. Am J Public Health, 2000. **90**(12): p. 1885–91.

Notes

Notes

Notes

U.S. Department of Veterans Affairs

This reference guide was created to be used as a tool for VA providers and is available to use from the Academic Detailing Service SharePoint.

These are general recommendations only; specific clinical decisions should be made by the treating provider based on an individual patient's clinical condition.

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January 2018

IB 10-1135, P96898 **www.va.gov**