Mental Health: Suicide Risk Assessment Documentation Template

Documentation Template: Conceptual Structure

Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007, CLIN0005AF

Department of Veterans Affairs (VA)

Knowledge Based Systems (KBS)
Office of Informatics and Information Governance (OIIG)
Clinical Decision Support (CDS)

Publication date 04/27/2018

Version: 1.0

Mental Health: Suicide Risk Assessment Documentation Template: Documentation Template: Conceptual Structure

by Knowledge Based Systems (KBS), Office of Informatics and Information Governance (OIIG), and Clinical Decision Support (CDS)

Publication date 04/27/2018

Table of Contents

List of Tables

Preface

Table 1. Revision History

Date	Life Cycle Event
April 27, 2018	Published
April 27, 2018	Reviewed
April 6, 2018	Created
April 6, 2018	Pre-published

Table 2. Clinical White Paper Contributors

Name	Role	Affiliation
Rani Hoff, PhD MPH	Reviewer	Director, Northeast Program Evaluation Center Office of Mental Health and Suicide Prevention (10NC5) VA Central Office; Professor of Psychiatry Yale University School of Medicine
Bridget Matarazzo	Reviewer	Director of Clinical Services Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) Denver, CO 80220
Ira Katz	Reviewer	Senior Consultant for Mental Health Program Analysis
Edd Post	Reviewer	VA HSR&D

Table 3. Artifact Identifier

Domain	Artifact ID	Name
urn:va.gov:kbs:knart:artifact:r1	7b21baf4-5b61-52a6-bcb2-fa7b88c0bdc7	B52

Artifact Applicability

Table 4. Applicability Foci, Description and Codes

Focus	Description	Code System	Code	Value Set	Value Set Version
TargetUser	Mental health providers; other physicians and nurses performing screening			N/A	N/A
ClinicalFocus	Patients identified as being at risk for suicide; members of patient cohorts identified for suicide risk screening			N/A	N/A
ClinicalVenue	Mental Health Primary Care			N/A	N/A
ClinicalVenue	Outpatient	SNOMED CT	33022008 |Hospital-based outpatient department (environment)|	N/A	N/A

Models

Table 5. Model References

Referenced Model	Description
urn:solor.io:anf-model:1.0	VA Analysis Normal Form Model

Chapter 1. External Data Definitions

No external data expression definitions and no trigger definitions are present.

Chapter 2. Expression Definitions

No expression definitions are present.

Chapter 3. Reason for Visit

prompt: Reason for patient encounter in the VA today
response: String (Single)

Chapter 4. Screening

Primary Screen - Patient Health Questionnaire – Plus (PHQ-plus)

Responses to the PHQ-plus are interpreted using the numbers following each response option below. Any score greater than 0 on the third question is a positive result for suicide risk. A score >=3 on the combined responses from the first 2 questions is considered a positive screen for depression.

□ prompt: Acknowledge

response: Boolean (Single)

Primary screen (PHQ-plus) is defined as questions 1, 2, and 9 from PHQ-9, and the PHQ-2 is defined as questions 1 and 2 from the PHQ-9

Components of this form below are adapted from (Kroenke 2001)

([APA 2018]) Patient Health Questionnaire (PHQ-9 & PHQ-2) link [https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx]

([Arrol 2010]) Validation of PHQ-2 and PHQ-9 to Screen for Major Depression in the Primary Care Population link [https://dx.doi.org/10.1370%2Fafm.1139]

([Kroenke 2001]) The PHQ-9: validity of a brief depression severity measure. link [J Gen Intern Med.]

□ prompt: Acknowledge

response: Boolean (Single)

Ask the patient the following questions:

Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?

✦ prompt: Select one.

response: Integer (Single)

response range: EnumerationConstraint (List)

item: Not at all (score =0)

item: Several days (score =1)

item: More than half the days (score =2)

item: Nearly every day (score =3)

Feeling down, depressed, or hopeless?

✦ prompt: Select One

response: Integer (Single)

response range: EnumerationConstraint (List)

item: Not at all (score =0)

item: Several days (score =1)

item: More than half the days (score =2)

item: Nearly every day (score =3)

responseBinding: Property ("feelingDown")

Thoughts that you would be better off dead or of hurting yourself in some way?

✦ prompt:	Select one.
response:	Integer (Single)
response range:	EnumerationConstraint (List)
item:	Not at all (score =0)
item:	Several days (score =1)
item:	More than half the days (score =2)
item:	Nearly every day (score =3)
responseBinding:	Property ("betterOffDead")

Condition:elm:Or (elm:Greater(elm:Property("betterOffDead" from: elm:ParameterRef (Responses)) elm:Literal())elm:GreaterOrEqual(elm:Add(elm:Add(elm:Property("betterOffDead" from: elm:ParameterRef (Responses)) elm:Property("feelingDown" from: elm:ParameterRef (Responses)))elm:Property("feelingDown" from: elm:ParameterRef (Responses)))elm:Literal()))

Calculate and display score

prompt:	PHQ-plus score for depressive symptoms
response:	Integer (Single)
prompt:	PHQ-plus result: indicate if negative or positive screen for depressive symptoms
response:	EntityName (Single)
response range:	EnumerationConstraint (List)
item:	Negative
item:	Positive
responseBinding:	Property ("phqPlusResult")

Condition:elm:Equal (elm:Property("phqPlusResult" from: elm:ParameterRef (Responses)) elm:Literal())

The secondary screen [Columbia-Suicide Severity Rating Scale (C-SSRS) screen] is required.

Represented Concepts: 3f4b945e-12b0-4733-a438-f07249f7a3a2 |Suicide risk assessment using Columbia-Suicide Severity Rating Scale (procedure)

prompt:	Acknowledge
response:	Boolean (Single)

Condition:elm:Equal (elm:Property("phqPlusResult" from: elm:ParameterRef (Responses)) elm:Literal())

The secondary screen [Columbia-Suicide Severity Rating Scale (C-SSRS) screen] is not required.

Represented Concepts: 3f4b945e-12b0-4733-a438-f07249f7a3a2 |Suicide risk assessment using Columbia-Suicide Severity Rating Scale (procedure)

prompt:	Acknowledge
response:	Boolean (Single)

Secondary Screen [Columbia-Suicide Severity Rating Scale (C-SSRS) Screen]

The secondary screen (C-SSRS screen) must be evaluated based on a step-wise analysis of question answers as described in the behaviors below. Adapted from Posner 2009 and Tri-Service Workflow 2017. Select one response per question.The timeframe for questions 1 through 5 is within the past month

The timeframe for questions 1 through 5 is within the past month

Wish to be dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

✦ prompt:	1. Patient response to "Have you wished you were dead or wished you could go to sleep and not wake up?"
response:	Boolean (Single)
response range:	EnumerationConstraint (List)
item:	Yes
item:	No

Suicidal thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

✦ prompt:	2. Patient response to: "Have you actually had any thoughts of killing yourself?"
response:	Boolean (Single)
response range:	EnumerationConstraint (List)
item:	Yes
item:	No
responseBinding:	Property ("thoughtOfKilling")

Suicidal thoughts with method (without specific plan or intent to act): Person endorses thoughts of suicide and has thought of at least one method during the assessment period.

This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."

Condition:elm:IsTrue (elm:Property("thoughtOfKilling" from: elm:ParameterRef (Responses)))

✦ prompt:	3. Patient response to "Have you been thinking about how you might do this?"
response:	Boolean (Single)
response range:	EnumerationConstraint (List)
item:	Yes
item:	No
responseBinding:	Property ("beenThinkingAboutHow")

Suicidal intent (without specific plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts, but I definitely will not do anything about them."

Condition:elm:IsTrue (elm:Property("thoughtOfKilling" from: elm:ParameterRef (Responses)))

✦ prompt: 4. Have you had these thoughts and had some intention of acting on them?

response: Boolean (Single)

response range: EnumerationConstraint (List)

item: Yes

item: No

responseBinding: Property ("intentionOfActing")

Suicide intent with specific plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

Condition:elm:IsTrue (elm:Property("thoughtOfKilling" from: elm:ParameterRef (Responses)))

✦ prompt: 5. Patient response to "have you had these thoughts and had some intention of acting on them? Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?"

response: Boolean (Single)

response range: EnumerationConstraint (List)

item: Yes

item: No

responseBinding: Property ("hadThoughtsAndHadSomeIntentionOfActing")

The timeframe for question 6a is the patient's entire lifetime

Suicidal behavior question:

✦ prompt: 6a. Patient response to: "Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc."

response: Boolean (Single)

response range: EnumerationConstraint (List)

item: Yes

item: No

responseBinding: Property ("preparedToEndLife")

The timeframe for question 6b is the past 3 months

Condition:elm:IsTrue (elm:Property("preparedToEndLife" from: elm:ParameterRef (Responses)))

✦ prompt: 6b. Were any of these in the past 3 months?
response: Boolean (Single)
response range: EnumerationConstraint (List)
item: Yes
item: No
responseBinding: Property ("preparedToEndLifeInPast3Months")

Condition:elm:AllTrue ( )

□ prompt: Additional Information
response: String (Single)

Condition:elm:Not (elm:AnyTrue())

□ prompt: Acknowledge
response: Boolean (Single)

Chapter 5. Plan

prompt: If the patient is to continue routine ambulatory care, please provide details.

response: String (Single)

- ✪ prompt: Plan to refer to mental health provider (routine)?
  response: Boolean (Single)
- ✪ prompt: Plan to refer to mental health provider now (same day)?
  response: Boolean (Single)

Chapter 6. Patient and Caregiver Education.

✦ Confirm: Provide the following information to the Veteran: We know that suicidal thoughts and urges can come on quick. If that happens for you, please reach out for some support by calling either the Veterans Crisis Line (1-800-273-TALK) or your local VA facility (___).

response: Boolean (Single)

Chapter 7. Tabular List

Terminology Service Request (TSR) Mappings

Table 7.1. Terminology Versions

Name	Identifer	Version
SNOMED CT	2.16.840.1.113883.6.96	United States Edition 20180301

Table 7.2. Terminology References

System	Code	Display Text	References
SNOMED CT	33022008 |Hospital-based outpatient department (environment)|	Outpatient	1
SNOMED CT	3f4b945e-12b0-4733-a438-f07249f7a3a2 |Suicide risk assessment using Columbia-Suicide Severity Rating Scale (procedure)	Postcoordinated Expression	2

Chapter 8. Behavior Symbols

Table 8.1. Group Organizational Behavior

Symbol	Name	Definition
▸	Sentence Group	A group of related alternative actions is a sentence group if the item referenced by the action is the same in all the actions, and each action simply constitutes a different variation on how to specify the details for that item. For example, two actions that could be in a SentenceGroup are "aspirin, 500 mg, 2 times per day" and "aspirin, 300 mg, 3 times per day". In both cases, aspirin is the item referenced by the action, and the two actions represent two different options for how aspirin might be ordered for the patient. Note that a SentenceGroup would almost always have an associated selection behavior of "AtMostOne", unless it's a required action, in which case, it would be "ExactlyOne".
▹	Logical Group	A group with this behavior logically groups its sub-elements, and may be shown as a visual group to the end user, but it is not required to do so.
➢	Visual Group	Any group marked with this behavior should be displayed as a visual group to the end user.

Table 8.2. Group Selection Behavior

Symbol	Name	Definition
□	Any	Any number of the items in the group may be chosen, from zero to all.
◉	All	All the items in the group must be selected as a single unit.
◎	AllOrNone	All the items in the group are meant to be chosen as a single unit: either all must be selected by the end user, or none may be selected.
○	ExactlyOne	The end user must choose one and only one of the selectable items in the group. The user may not choose none of the items in the group.
✪	AtMostOne	The end user may choose zero or at most one of the items in the group.
❁	OneOrMore	The end user must choose a minimum of one, and as many additional as desired.

Table 8.3. Required Behavior

Symbol	Name	Definition
✦	Must	An action with this behavior must be included in the actions processed by the end user; the end user may not choose not to include this action.

Symbol	Name	Definition
✧	Could	An action with this behavior may be included in the set of actions processed by the end user.
➢	MustUnlessDocumented	An action with this behavior must be included in the set of actions processed by the end user, unless the end user provides documentation as to why the action was not included.

Table 8.4. Precheck Behavior

Symbol	Name	Definition
▲	Yes	An action with this behavior is one of the most frequent actions that is, or should be, included by an end user, for the particular context in which the action occurs. The system displaying the action to the end user should consider "pre-checking" such an action as a convenience for the user.
▽	No	An action with this behavior is one of the less frequent actions included by the end user, for the particular context in which the action occurs. The system displaying the actions to the end user would typically not "pre-check" such an action.

Table 8.5. Cardinality Behavior

Symbol	Name	Definition
◆	Single	An action with this behavior may only be completed once.
❖	Multiple	An action with this behavior may be repeated multiple times.

Table 8.6. Item Flags

Symbol	Name	Definition
☞	fillIn	This item, in a list entry, allows the user to enter a fill in value that is not present in the set of presented choices.

Table 8.7. Read Only Behavior

Symbol	Name	Definition
☆	true	For a particular action or action group, specifies whether the elements are read only.

Appendix A. References

This appendix contains the list of related resources and supporting documents used in creating this KNART.

List of References

Related Resources

[CCWP] *Mental Health: Suicidality Clinical Content White Paper*

[CSD] *Mental Health: Suicide Risk Assessment Documentation Template Conceptual Structure Document*

[KVRpt] *Mental Health: Suicide Risk Assessment Documentation Template KNART Validation Report*

Supporting Evidence

[Columbia Lighthouse Project 2017] *Columbia–Suicide Severity Rating Scale Screen Version – Recent. Columbia Lighthouse Project website. Accessed October 2017* (link [https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare])

[Committee on the Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine 2013] *Committee on the Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine. Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families. Washington (DC): National Academies Press (US); Mar 2013. Available from https://www.ncbi.nlm.nih.gov/books/NBK206864/.* (link [https://www.ncbi.nlm.nih.gov/books/NBK206864/])

[Kroenke 2001] *Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001;16(9):606-613.* (link [J Gen Intern Med.])

[Office of Mental Health and Suicide Prevention 2017] *Office of Mental Health and Suicide Prevention. Suicide Among Veterans and Other Americans 2001–2014. U.S. Department of Veterans Affairs Mental Health website. https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf. Updated August 2017.* (link [https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf])

[FedRegist 2006 2010 2012] *Title 42 - Public Health. Condition of participation: Patient's rights. 71 FedRegist 71426, Dec. 8, 2006, as amended at 75 FedRegist 70844, Nov. 19, 2010; 77 FedRegist 29074, May 16, 2012. 42 CFR §482.13.* (link [https://www.federalregister.gov/])

[Tri-Service Workflow 2017] *Tri-Service Workflow (TSWF). TSWF-CORE AIM Form Version Jan-Apr 2017. TSWF CORE Paper Backup Jan Apr 2017.pdf. (Veterans Administration, materials provided in Mental Health-20170921T220116Z-001.zip, September 21, 2017).* (link [Mental Health-20170921T220116Z-001.zip September 21, 2017])

[U.S. Department of Veterans Affairs 2016] *U.S. Department of Veterans Affairs. VA Suicide Prevention Program Facts about Veteran Suicide. U.S. Department of Veterans Affairs Office of Public and Intergovernmental Affairs website. https://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf. Published July 2016.* (link [https://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf])

[U.S. Department of Veterans Affairs and Department of Defense 2013] *U.S. Department of Veterans Affairs; U.S. Department of Defense (DoD0. VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide. Version 1.0 – June 2013. VA/DoD Clinical Practice Guidelines website. https://www.healthquality.va.gov/guidelines/MH/srb/VADODCP_SuicideRisk_Full.pdf. Published June 2013.* (link [https://www.healthquality.va.gov/guidelines/MH/srb/VADODCP_SuicideRisk_Full.pdf])

[VHA 2016] *U.S. Department of Veterans Affairs; U.S. Department of Defense. VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder. Version 3.0 – 2016. VA/DoD Clinical Practice Guidelines website. https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL82916.pdf. Published April 2016.* (link [https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL82916.pdf])

[APA 2018] *American Psychological Association. Patient Health Questionnaire (PHQ-9 & PHQ-2). https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx* (link [https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx])

[Arrol 2010] *Arroll, B., Goodyear-Smith, F., Crengle, S., Gunn, J., Kerse, N., Fishman, T., … Hatcher, S. (2010). Validation of PHQ-2 and PHQ-9 to Screen for Major Depression in the Primary Care Population. Annals of Family Medicine, 8(4), 348–353. http://doi.org/10.1370/afm.1139* (link [https://dx.doi.org/10.1370%2Fafm.1139])