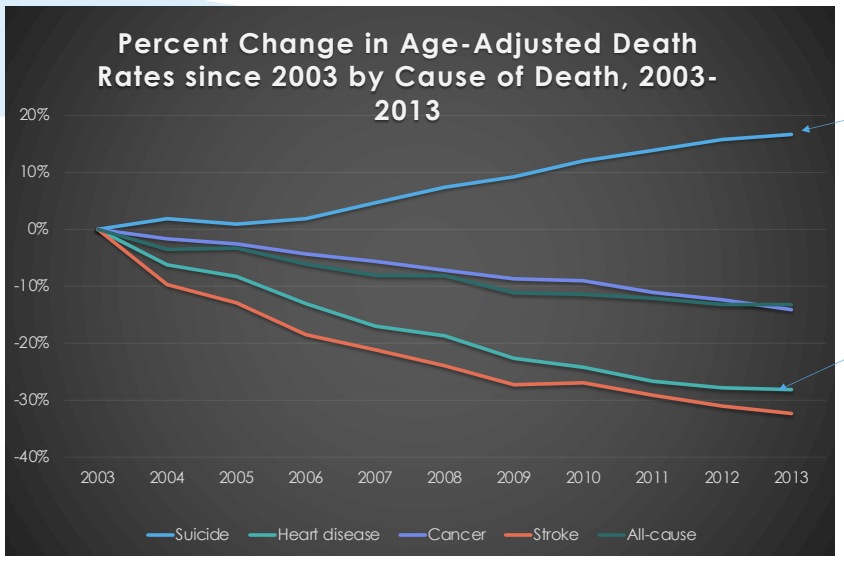
# Better Detection, Titrating Care: New Perspectives on Suicide Care

Minnesota Zero Suicide Learning Collaborative
Spring 2021

DR. MIKE HOGAN
CO-DEVELOPER--ZERO SUICIDE

## The Main Idea

- The field of suicide prevention is growing—but deaths are rising and challenges will increase. *What can turn the tide, because our current efforts are too limited or ineffectual?*
- Could we look at other causes of death where rates are decreasing, and apply their lessons?
- ***Could advances in reducing the rate of deaths from cardiovascular disease be applied to suicide?***




**Trend in suicide deaths**

**Can we learn from successes in reducing CVD deaths?**



## Considering What's Worked to Reduce CVD Deaths and Implications for Suicide Care

### What's reduced heart disease death rate?

1. **Effort**: You can't do just a little and expect a lot
   - *Our suicide prevention efforts are still seriously underpowered.*
   - We must do more…but WHAT?

2. **Focus**:
   - Impact: upstream prevention, preventive interventions, or tertiary care for CVD, suicide

3. **Effectiveness:**
   - Considering the impact of interventions for CVD and suicide

## Comparing Interventions for CVD and Suicide: Considering Spread, Impact

| | Upstream Health Promotion | Preventive Interventions for Those With Risk | Treatment |
|---|---|---|---|
| **CVD** | Prevent Smoking | ID and Manage<br>• Hi cholesterol--statins<br>• Hi BP—Reduce salt, diuretics | Interventional Cardiology:<br>• Stents<br>• Valves |
| **Suicide** | Prevent or resolve<br>• Trauma<br>• Depression<br>• Addiction | ID and Manage Suicidality:<br>• Safety Planning Interv.<br>• Reduce lethal means<br>• Caring contacts | Treat Intense Suicidality:<br>• Ct-SP<br>• Dialectical Behavior Therapy |



## Upstream Prevention is Most Desirable— But Let's Do a Reality Check

CVD Prevention by reducing smoking:

- A 50 year effort
- Over 30 Surgeon General reports
- Messaging
  - On every pack
  - Via big national and state campaigns
- Laws prevent public smoking
- No more Marlboro man
- Significant taxes on every purchase

Suicide prevention by reducing significant causes-- trauma, mental illness, addiction:

- Inadequate access to care
- Treatments are mid-range effective
- Needed investments aren't there

Reducing other "Risk Factors"

- Economic insecurity?
- Pain, loss, isolation?

The data from GLS grants: the rate of increase in suicide is slowed…as long as grants last

**Upstream Efforts to Prevent Suicide are Woefully Inadequate and Unlikely to Affect Rates of Death in the Next Several Decades**

## We *CAN* Emulate What's Worked to Reduce CVD Deaths to Prevent Suicide

- ***What's worked* to reduce heart disease death rate?**
  1. Effort: You can't do just a little and expect a lot
     - *Our suicide prevention efforts are still seriously underpowered*
  2. Following the evidence about what works

- The biggest recent reductions in CVD deaths have been from <u>targeted preventive interventions for people with elevated risk</u>
- Could this work for suicide?
  - Can we feasibly identify who has risk?
  - Do we have effective, inexpensive, preventive interventions that can be targeted?



## Effectiveness of <u>Screening</u> for Suicide

- Simon *et. al.* study (**2015**):
  - Examined subsequent history of 75k+ who completed PHQ-9
  - 80 percent of those who subsequently died by suicide had indicated elevated thoughts on question 9
  - The evidence: screening to identify need for suicide intervention is as effective as screening for CVD intervention (lipid levels, blood pressure)
  - Should we stop checking blood pressure and lipid levels because screening results don't predict death effectively?

- **Recommended Action:** Implement evidence-based brief screening tools *throughout healthcare*

## Example: Columbia Suicide Severity Rating Scale—CSSRS

| | Past Month | | Lifetime (Worst Point) | |
|---|---|---|---|---|
| **Ask questions that are bolded and underlined.** | **YES** | **NO** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | | | |
| **1) *Have you wished you were dead or wished you could go to sleep and not wake up?*** | | | | |
| **2) *Have you actually had any thoughts of killing yourself?*** | | | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | | | |
| **3) *Have you been thinking about how you might do this?*** E.g. "*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.*" | | | | |
| **4) *Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | | | |
| **5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** | | | | |

**How long ago did the Worst Point Ideation occur?**

| | YES | NO |
|---|---|---|
| **6) *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. **If YES, ask: *Was this within the past three months?*** | | |

Low Risk
Moderate Risk
High Risk

- Screening version is simple, most commonly used
- Guidance is provided on risk severity
- With risk, a more detailed assessment is indicated

http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

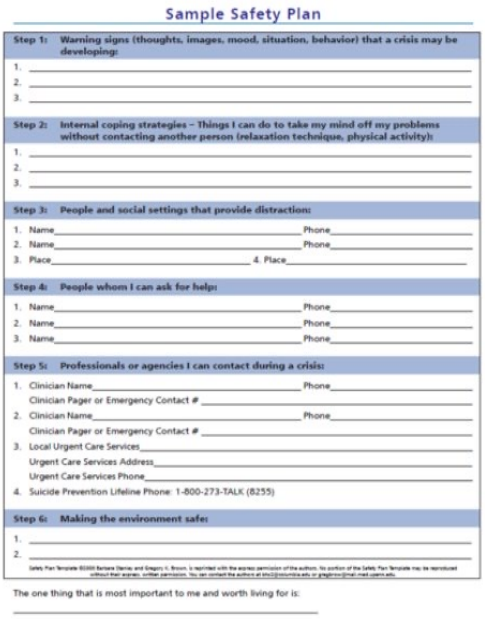


## But Do We Have Feasible Interventions that Work? Safety Planning

- Safety Planning Intervention
  - A one-session intervention (update and repeat if needed) to give people the skills and tools to keep themselves safe
  - Effectiveness Study: ED's: matched cohorts – 1,640 patients with suicide-related visit, 1,186 in comparison group
  - Tested brief Safety Planning Intervention (SPI) plus telephonic follow-up
  - Results
    - SPI+ patients had 45 percent fewer subsequent suicide behaviors
    - SPI+ patients were twice as likely to participate in follow-up care
    - **Effectiveness is better than that for statins to prevent MI**

## Safety Planning: More Information

- Safety Plan is standard part of VA suicide care protocol
- Available in the public domain
- Instructional/Training modules are available at zerosuicide.com and https://goto.webcasts.com/starthere.jsp?ei=1256866&tp_key=c42ec974e1
- Key issues:
  - **It's a Collaborative intervention**
  - Should be shared with support team
  - Must include lethal means restriction



Sample Safety Plan

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. _____
2. _____
3. _____

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. _____
2. _____
3. _____

**Step 3: People and social settings that provide distraction:**

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

**Step 4: People whom I can ask for help:**

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____



## Do We Have Effective Brief Interventions for Suicide? Caring Contacts

- Caring contacts (phone calls, letters, texts, postcards, visits) are effective **because they attack isolation and increase connectedness**
- Original (Motto) study results: 50 percent reduction in deaths from personal letters

Schoenbaum *et. al.* study (2017) on brief interventions shows cost effectiveness is better than usual thresholds for health care adoption

- Caring letters work better than usual care, cost **less**
- Phone calls work even better
- And doing a little more is even better: brief CBT is even more effective

## So How Are We Doing With ZS in Healthcare?

- Where it's been done well *and evaluated*, deaths are down: Henry Ford Centerstone, Institute for Family Health, Community Health Network
- But, ZS is only 7-8 years old:
  - Most implementation in behavioral health systems
  - Broad encouragement with SAMHSA grants
  - New CARF requirements
- But only 20-25% of deaths, among those in healthcare, are patients in BH care. Most are connected to ED visits, primary care
  - Joint Commission has stepped up
  - Primary care leadership is mixed, e.g. signals from US Preventive Services Task Force
- We're starting to win in BH, but we've only just begun

## What WILL Save Lives

- Until we can make *dramatic* changes in beliefs, policy and investments, working to make health care "suicide safe" is the best bet
- There are early leadership "bets" on this strategy:
  - AFSP's Project 2025 targets health care, shooting sports industry
  - CARF and The Joint Commission require improved suicide care now
- We have early signs of broader change (e.g. 988) but they will take years to emerge.
- Broader encouragement and action to demand suicide safe care—especially in mainstream healthcare--is still needed. Lets make health care suicide safe

- Questions?
- Discussion

- Thanks!