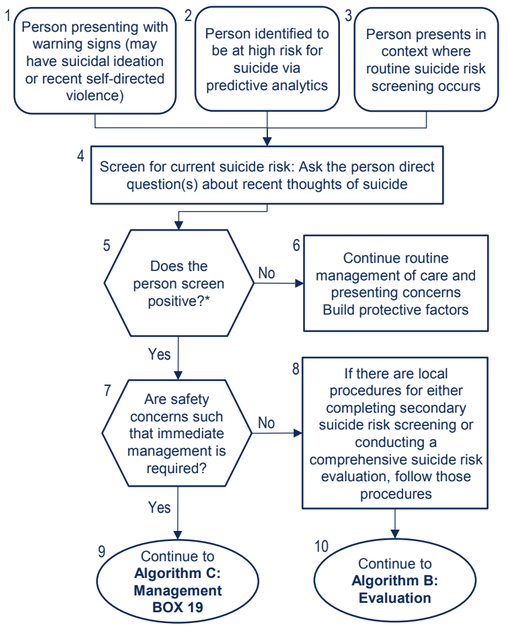
VA/DoD CLINICAL PRACTICE GUIDELINES

The Assessment and Management of Patients at Risk for Suicide

VA/DoD Evidence-Based Practice

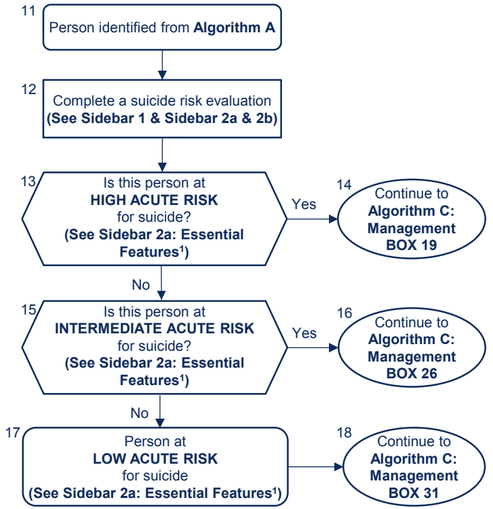
ALGORITHM A: IDENTIFICATION OF RISK FOR SUICIDE



*Note: Follow to Box 7 if screen is negative but additional evidence (e.g., collateral) suggests the need for continued screening and/or evaluation

Access to full guideline and toolkit: https://www.healthquality.va.gov/guidelines/mh/srb/index.asp

ALGORITHM B: EVALUATION BY PROVIDER



Sidebar 1. Risk Factors for Suicide**

- Any prior suicide attempt
- Current suicidal ideation
- Recent psychosocial stressors
- Availability of firearms
- Prior psychiatric hospitalization
- Psychiatric conditions (e.g., mood disorders, substance use disorders) or symptoms (e.g., hopelessness, insomnia, agitation)

***Necessary as part of a comprehensive assessment of suicide risk, but not sufficient*

(See Recommendation 3)

Sidebar 2a. Essential Features from Risk Stratification Table – Acute Risk[1]

Level of Risk	Essential Features	Action
High Acute Risk	- Suicidal ideation with intent to die by suicide - Inability to maintain safety, independent of external support/help Common warning signs: - A plan for suicide - Recent attempt and/or ongoing preparatory behaviors - Acute major mental illness (e.g., major depressive episode, acute mania, acute psychosis, recent/ current drug relapse) - Exacerbation of personality disorder (e.g., increased borderline symptomatology)	- Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors - These individuals may need to be directly observed until they are transferred to a secure unit and kept in an environment with limited access to lethal means (e.g., keep away from sharps, cords or tubing, toxic substances) - During hospitalization co-occurring conditions should also be addressed
Intermediate Acute Risk	- Suicidal ideation to die by suicide - Ability to maintain safety, independent of external support/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.	- Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g., acute psychosis) - Outpatient management of suicidal thoughts and/or behaviors should be intensive and include: frequent contact, regular re-assessment of risk, and a well-articulated safety plan - Mental health treatment should also address co-occurring conditions
Low Acute Risk	- No current suicidal intent AND - No specific and current suicidal plan AND - No recent preparatory behaviors AND - Collective high confidence (e.g., patient, care provider, family member) in the ability of the person to independently maintain safety Individuals may have 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 (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These patients will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.	- Can be managed in primary care - Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and co-occurring conditions exist

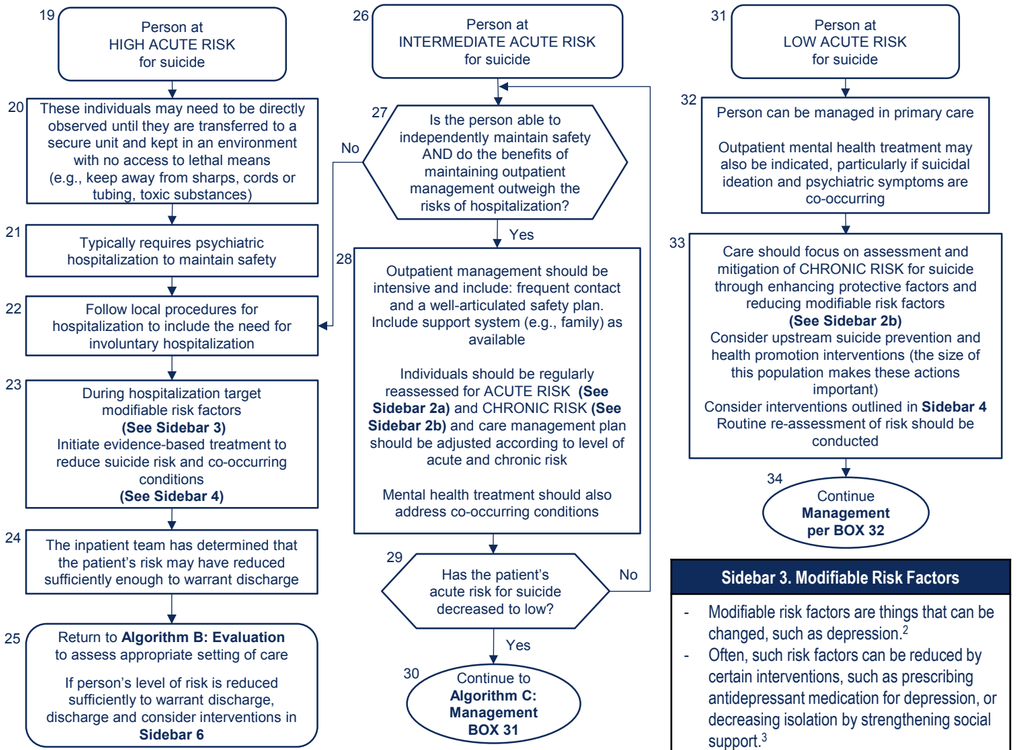
Sidebar 2b. Essential Features from Risk Stratification Table – Chronic Risk[1]

Level of Risk	Essential Features	Action
High Chronic Risk	Common warning sign: - Chronic suicidal ideation Common risk factors: - Chronic major mental illness and/or personality disorder - History of prior suicide attempt(s) - History of substance use disorders - Chronic pain - Chronic medical condition - Limited coping skills - Unstable or turbulent psychosocial status (e.g., unstable housing, erratic relationships, marginal employment) - Limited ability to identify reasons for living	These individuals are considered to be at chronic risk for becoming acutely suicidal, often in the context of unpredictable situational contingencies (e.g., job loss, loss of relationships, relapse on drugs). These individuals typically require: - Routine mental health follow-up - A well-articulated safety plan, including lethal means safety (e.g., no access to guns, limited medication supply) - Routine suicide risk screening - Coping skills building - Management of co-occurring conditions
Intermediate Chronic Risk	- These individuals may feature similar chronicity as those at high chronic risk with respect to psychiatric, substance use, medical and pain disorders - Protective factors, coping skills, reasons for living, and relative psychosocial stability suggest enhanced ability to endure future crisis without engaging in self-directed violence	These individuals typically require: - Routine mental health care to optimize psychiatric conditions and maintain/enhance coping skills and protective factors - A well-articulated safety plan, including lethal means safety (e.g., safe storage of lethal means, medication disposal, blister packaging) - Management of co-occurring conditions

Low Chronic Risk	- These individuals may range from persons with no or little in the way of mental health or substance use problems, to persons with significant mental illness that is associated with relatively abundant strengths/ resources
	- Stressors historically have typically been endured absent suicidal ideation
	- The following factors will generally be missing:
	  - History of self-directed violence
	  - Chronic suicidal ideation
	  - Tendency towards being highly impulsive
	  - Risky behaviors
	  - Marginal psychosocial functioning
		- Appropriate for mental health care on an as needed basis, some may be managed in primary care settings
		- Others may require mental health follow-up to continue successful treatments

[1]Source: Rocky Mountain MIRECC Therapeutic Risk Management – Risk Stratification Table. Available at: https://www.mirecc.va.gov/visn19/trm/

ALGORITHM C: MANAGEMENT OF PATIENTS AT ACUTE RISK FOR SUICIDE



Sidebar 3. Modifiable Risk Factors

- Modifiable risk factors are things that can be changed, such as depression.[2]
- Often, such risk factors can be reduced by certain interventions, such as prescribing antidepressant medication for depression, or decreasing isolation by strengthening social support.[3]

Sidebar 4. Evidence-Based Treatment to Reduce Repetition of Suicide Behavior

Non-pharmacologic Treatments (Recommendations 6-9)
- Cognitive Behavioral Therapy-based interventions for suicide prevention
- Dialectical Behavioral Therapy
- Problem-Solving Therapy-based interventions

Crisis Response Plan (See Sidebar 5 and Recommendation 8)

Pharmacotherapy for Suicide Prevention* (Recommendations 10-12)
- Ketamine infusion (among patients with suicidal ideation and major depressive disorder)
- Lithium alone (among patients with bipolar disorder) or in combination with another psychotropic agent
- Clozapine (among patients with either suicidal ideation or a history of suicide attempt)

Reduce Access to Lethal Means (Recommendation 18)

**Other treatments may be indicated for underlying conditions (see VA/DoD CPGs for MDD, PTSD, SUD, etc.)*

Medication Safety Guidance

- Limit quantities of medications prescribed; if a patient is at higher risk, consider asking the patient to involve a family member or friend in medication management
- Ask patients to store medications in a secure area (if medications have abuse potential, consider a lockbox); dispose of any medication that is past its expiration date, no longer needed, or has not been used in 12 months
- Check with a local VA pharmacist about options and provide patients with this information

Firearm Storage Options

If Lower Risk ⇕ If Higher Risk	- Store unloaded firearms and ammunition separately - Use a gunlock - Store firearms in a safe, locking cabinet, or lockbox - Store firearms disassembled or remove the firing pin - Store firearms at the home of someone you trust* **State laws may limit temporary storage options; confirm the laws in your state before making recommendations to Veterans*

The GROW Framework

The **GROW** Framework can help you talk with your patients about means safety and options for safe firearm and medication storage.

- **G**et ready: Consider important factors before having the conversation.
  - How well do you know this patient?
  - Does the patient live with other people?
  - What is the patient's level of suicide risk?
- **R**eason for the discussion: Help the Veteran understand the rationale for the conversation.
  - "I'm glad you're not having thoughts about suicide, but sometimes a crisis hits, and people can experience suicidal feelings. There are some things you can do to help ensure your safety if that were to happen. Would it be OK if we talked about this for a minute?"
  - "Rates of suicide with firearms are high among Veterans, and depression can increase risk for suicide. I am talking with all of my patients with signs of depression about things they can do to stay safe, including about firearms and medication safety."
  - "It's common for teenagers to know exactly where firearms and medications are hidden in the house. Are you aware of options for safely storing firearms and medications when they are not in use?"
- **O**ffer brief advice: Use collaborative language that empowers the Veteran to take steps toward improving safety.
  - "Many firearm accidents in the home can be prevented by making sure firearms are kept unloaded and locked up, with ammunition stored in a separate location. Does this sound like something that could be helpful?"
  - [Higher-risk patients:] "We know that putting time and distance between suicidal thoughts and firearms can save a life. Some Veterans choose to store their firearms away from home until they are feeling better. Is this something you might consider?"
- **W**e're here to help: Offer resources to reinforce behavior change.
  - Firearms and medication safety brochure
  - National Shooting Sports Foundation Safety Kit (www.NSSF.org/safety)
  - Free firearm cable lock
  - Information on how to reach the clinic and the Veterans Crisis Line

Sidebar 5. Crisis Response Plan

- Semi-structured interview of recent suicide ideation and chronic history of suicide attempts
- Unstructured conversation about recent stressors and current complaints using supportive listening techniques
- Collaborative identification of clear signs of crisis (behavioral, cognitive, affective or physical)
- Self-management skill identification including things that can be done on the patient's own to distract or feel less stressed
- Collaborative identification of social support including friends and family members who have helped in the past and who they would feel comfortable contacting in crisis
- Review of crisis resources including medical providers, other professionals and the suicide lifeline (1-800-273-8255)
- Referral to treatment including follow up appointments and other referrals as needed
- Consider protective factors
- Additional steps for management of military Service Members
  - Inform command
  - Determine utility of command involvement
  - Address barriers to care (including stigma)
  - Ensure follow-up during transition
  - Enroll in risk management tracking

(See Recommendation 8)

Sidebar 6. Interventions to Improve Adherence

- Facilitating access to care
- Outreach (e.g., telephone contact, home visit, mailing caring letters/postcards)
- Case/care management
- Counseling and other psychosocial interventions

(See Recommendations 13-15)

Access to the full guideline and additional resources are available at the following link:
https://www.healthquality.va.gov/guidelines/mh/srb/index.asp

Veterans Crisis Line
1-800-273-8255 PRESS 1

[2]*Source: Suicide Prevention Resource Center, & Rodgers, P. Understanding risk and protective factors for suicide: A primer for preventing suicide. Newton, MA: Education Development Center, Inc. 2011.*
[3]*Source: Western Michigan University. Suicide prevention program: Risk factors. Kalamazoo, MI: 2018. https://wmich.edu/suicideprevention/basics/risk.*