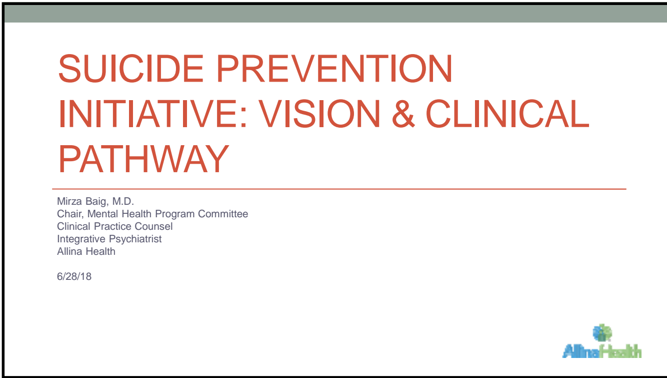
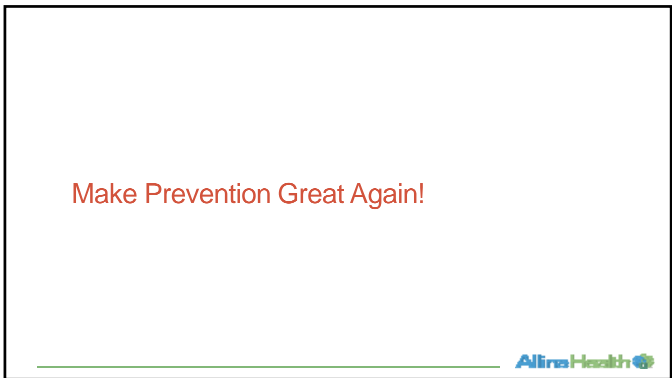


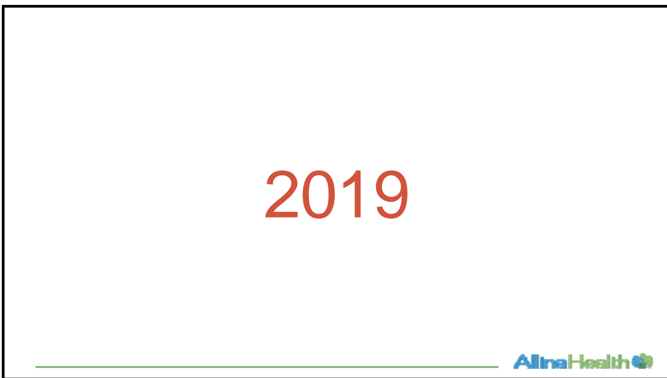

## DISCLOSURE

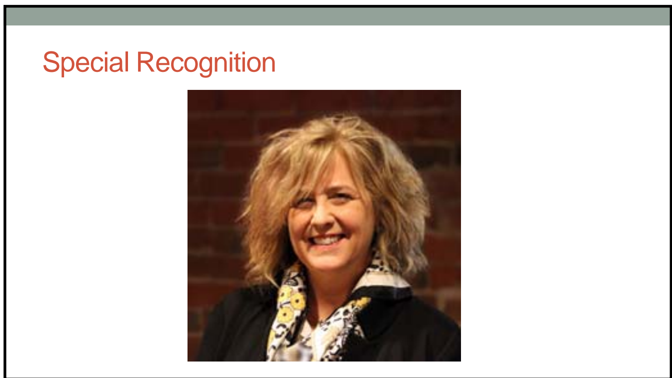
- None

## OBJECTIVES

- Introduction to Allina's Suicide Prevention Initiative
- Understand the different components necessary to prevent suicide
- Learn about specific interventions

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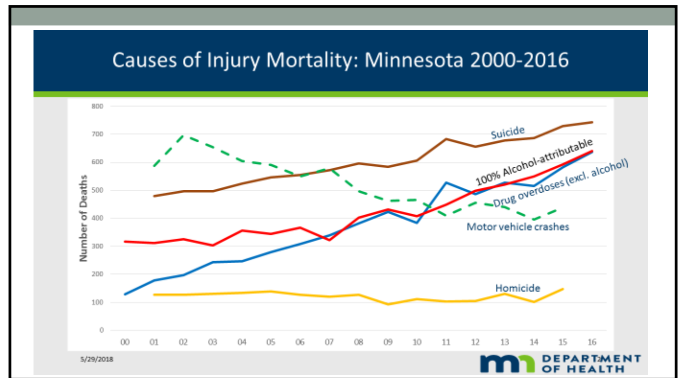
- On average, there are 123 suicides per day in the United States
- 2 Minnesotans die from suicide on a daily basis

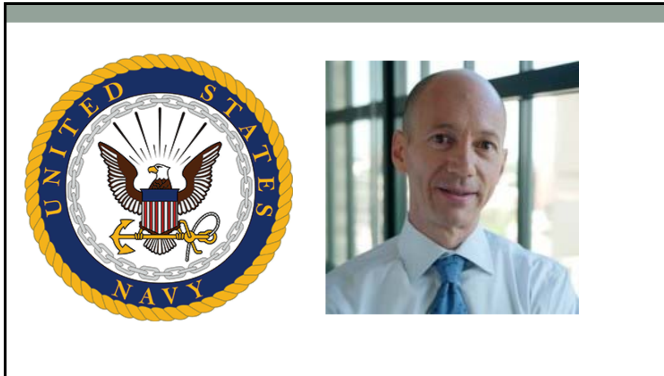



Project Codename:
**U.S.S. Nightingale**

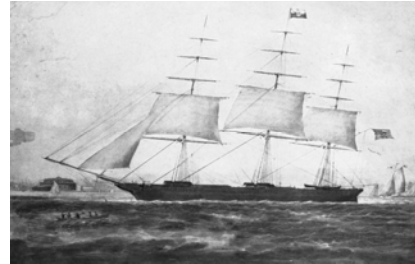
AllinaHealth

## Florence Nightingale 1820-1910

"Were there none who were discontented with what they have, the world would never reach anything better."

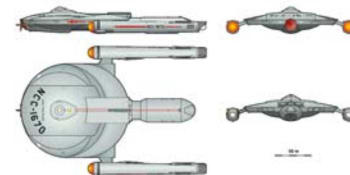



## U.S.S. Nightingale 1851



## U.S.S. Nightingale 1943

## U.S.S. Nightingale 2260



**Registration:** NCC-1671
**Designation:** *USS Nightingale* (formerly, *USS Shrelev II*)
**Role:** Crisis response; mobile hospital

## Primary Settings for Build Out ~3-5 yrs

- Emergency Department:
  - Assessment & Referral/Psychiatry
  - Emergency Medical Services
- Primary Care:
  - Physician/Nurse Practitioner/Physician Assistants
  - Nursing
  - Mental Health Consultants
- Mental Health
  - Specialty Clinics & Consultation Hubs
  - Psychologists/Therapists/Mental Health Consultants/ACA/ACT
  - Inpatient/Partial Program/Addiction Settings
- Inpatient Med/Surg

## Screening and Intervention

- The US Air Force has set new policies and initiatives for suicide screening and prevention
- The suicide rate has been decreased by 33 %.
- The Henry Ford Health system has decreased suicide rates by 80%, offsetting MI state's increase
  - Consecutive months with no suicides

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## Goals

- Dramatically reduce suicide rates
  - Target goal – at least 50%-80% reduction
- Provide patients with best practice and standardized care
- Develop **screening** and **intervention** processes
- Implement data tracking of suicide

## Why?

- Select few healthcare organizations have comprehensive processes in place
- Allina will be able to become a national leader and drive other healthcare organizations to implement suicide prevention initiatives
- We can ultimately make a staggering impact to reducing morbidity and mortality

## Understanding Suicide

- Regardless of cause, suicide results from **unbearable pain**
- Suicide is trans-diagnostic. It is about pain, not necessarily specific to depression
- Suicidality leads to reduced cognitive flexibility and problem solving
- Suicide increasingly seen as the only option to end their pain
- Suicide is viewed as a means to end **suffering**. Patients do not want to just end their life.

## Understanding Suicide II

- Patients who are coming to appointments WANT help
- They may feel afraid or ashamed to talk about it
- Most people considering suicide tell people they are considering it as an option to cope with **pain**
- This is why screening and intervention processes work – because we ask and they want help

## SUICIDE PREVENTION CLINICAL PATHWAY

## Clinical Pathway: "SIR"

- Phased Implementation:
  - I – Screening
  - II - Immediate Intervention
  - III - Rapid Followup & Referral
- Adults 18+
- Child/Adolescent 10-17

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## I - Screening

- Age-based
- Operationalized into PHQ2 ➔PHQ9 workflow (automatic)
  - with goal of universal screening
- 18+
  - C-SSRS
- 10-17
  - ASQ

## C-SSRS

- Columbia Suicide Severity Rating Scale
- C-SSRS Quick, accurate, and designed for improved patient response
- **BEING IMPLEMENTED IN ALL ALLINA EMERGENCY ROOMS**
- Implemented in Fairview, Centracare, others
- Multiple versions including for patients with cognitive impairment *
- For all ages*

## Allina Health Primary Care

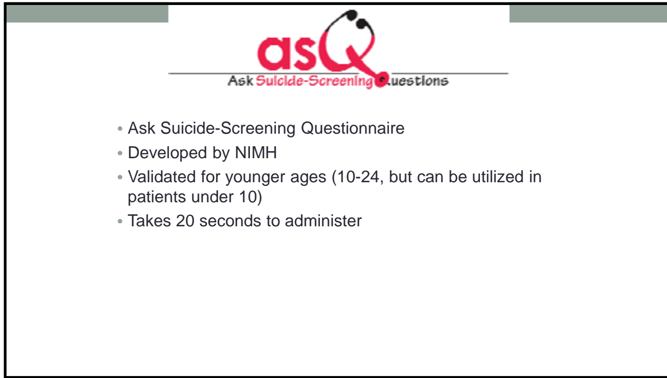
## C-SSRS Benefits

- Average Administration time less than 1 minute
- Reduced burden and cost
- Significantly Decreased false positives and burden (6.2% positive on C-SSRS vs 23.8% positive item #9 PHQ9)

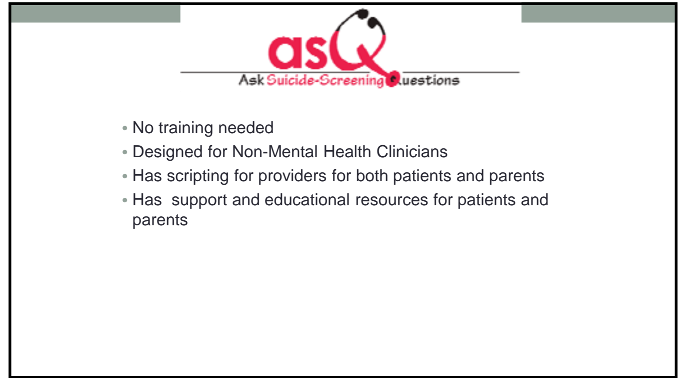
| | In The Past Month | |
|---|---|---|
| Answer Questions 1 and 2 | YES | NO |
| 1) *Have you wished you were dead or wished you could go to sleep and not wake up?* | | |
| 2) *Have you actually had any thoughts about killing yourself?* | | |
| If **YES** to 2, answer questions 3, 4, 5, and 6. If **NO** to 2, go directly to question 6 | | |
| 3) *Have you thought about how you might do this?* | | |
| 4) *Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on 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?* | | |
| | In the Past 3 Months | |
| 6) *Have you done any of the following?* ***Attempted to kill yourself even if ending your life was only part of your motivation*** ***Started to do something to end your life but someone or something stopped you before you actually did anything*** ***Started to do something to end your life but you stopped yourself before you actually did anything*** ***Taken any steps towards making a suicide attempt or preparing to kill yourself*** 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. *In your entire lifetime, how many times have you done any of these things?* | | |

## Fundamentals of CSSRS: 4 parts

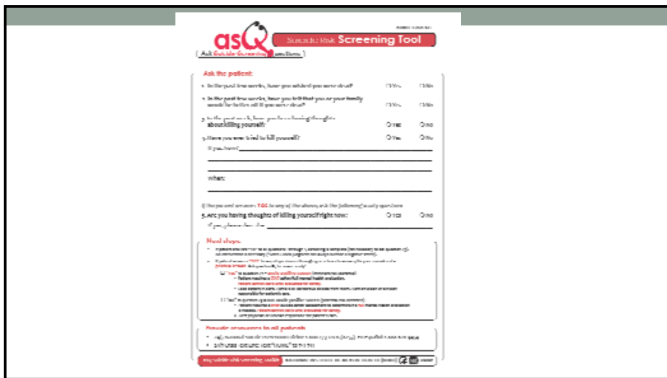
1. Wish that you were dead?
2. Thoughts of killing yourself?
3. Thoughts of how &/or with intent &/or with specific plan? (3, 4, & 5)
4. Have you ever tried to kill yourself in the past? (6)




- Ask Suicide-Screening Questionnaire
- Developed by NIMH
- Validated for younger ages (10-24, but can be utilized in patients under 10)
- Takes 20 seconds to administer




- No training needed
- Designed for Non-Mental Health Clinicians
- Has scripting for providers for both patients and parents
- Has support and educational resources for patients and parents



asQ Screening Tool

Ask the patient:

about killing yourself? ○ Yes ○ No

when:

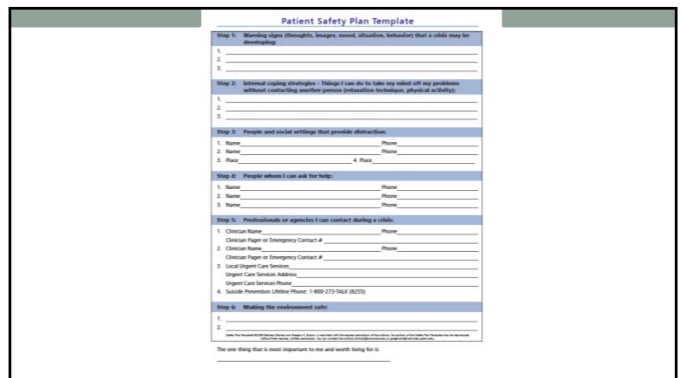
5. Are you having thoughts of killing yourself right now? ○ Yes ○ No

## II - Immediate Intervention

- Soon to be in planning phase
- To be provided by Mental Health Staff/Nursing/Providers
- 18+
  - Safety Planning Intervention
- 10-17
  - FISP
- Linehan Risk Assessment Management Protocol

## MRSP: "what" is needed to intervene

- Means Restriction & Safety Planning
- Means restriction is talking to patients about temporarily letting go of weapon they are thinking about using
- Safety planning involves teaching patients skills/resources to prevent suicide



**Patient Safety Plan Template**

**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:

____

## FISP

- Family Intervention for Suicide Prevention
- Cognitive behavioral intervention akin to Safety Planning Intervention for adolescent population

## L-RAMP

- Linehan Risk Assessment and Management Protocol
- Includes safety planning & means restriction, but more comprehensive
- Suzanne training many Allina employees – namely A&R
- Alternative: safety planning & means restriction intervention; may be more efficient but less thorough

## III - Rapid Followup & Referral

- Rapid Followup Treatment
  - CAMS
  - Cognitive Behavioral Therapy for Suicide
- Enhanced Caring Contacts Centralized System
- Rapid Referral to Mental Health services

## CAMS

- Collaborative Assessment and Management of Suicidality
- 4-12 week intervention
- Delivered by nurse or mental health clinician

## CBT-S

- Cognitive Behavioral Therapy for Suicide Prevention
- Standardized protocol shown to reduce rates of Suicide by 50%
- In addition to safety planning, includes other interventions like cognitive therapy for suicidal pathology, behavioral activation, etc.

## CAMS vs CBT-S

- CAMS more behavioral
- CAMS more likely to be implemented as standardized Phase III system intervention
- CBT-S more cognitive
- CBT-S training to be done more generally in system to support providers

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## *"Caring Contacts" Intervention: Luxton, et. al*

"Caring letters is a suicide prevention intervention that entails the sending of brief messages that espouse caring concern to patients following discharge from treatment."

Original *caring letters* study (Motto,1976; Motto & Bostrom, 2001)

Example Motto letter:

> *"Dear ____: It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you."*

Simple, non-demanding, expressions of care that...
- With multiple contacts, may contribute to a sense of belongingness (via a caring connection)
- Reminders of treatment availability may provide route to seek help
- May help patients to feel better about treatment and therefore motivate them to adhere to treatment

## **Enhanced** Caring Contacts

- Centralized/standardized system to check on suicidal patients
- "Command Center;" registry
- Use of Artificially Intelligent algorithms to detect suicide threats in patient population

## Rapid Referral to Mental Health Services

- Goal: appointment access in 1-7 days
- Will take years to build quicker access
- Will require resourcing with other organizations

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