Suicide Prevention Resource Center

Suicide Risk Assessment:
Reducing Liability and Improving Outcomes

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Debra A. Pinals, M.D.
Clinical Professor of Psychiatry
Director, Program in Psychiatry, Law and Ethics
University of Michigan Medical School

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About SPRC

The Suicide Prevention Resource Center (SPRC) is the only federally funded resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is supported through a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

SPRC builds capacity and infrastructure for effective suicide prevention through consultation, training, and resources for state, tribal, health/behavioral health, and community systems; professionals and professional education programs; and national public and private partners and stakeholders.

Disclosures

No financial relationships or conflicts of interest to report.

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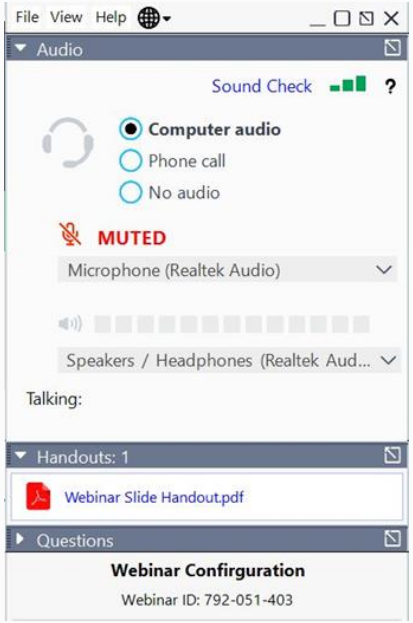

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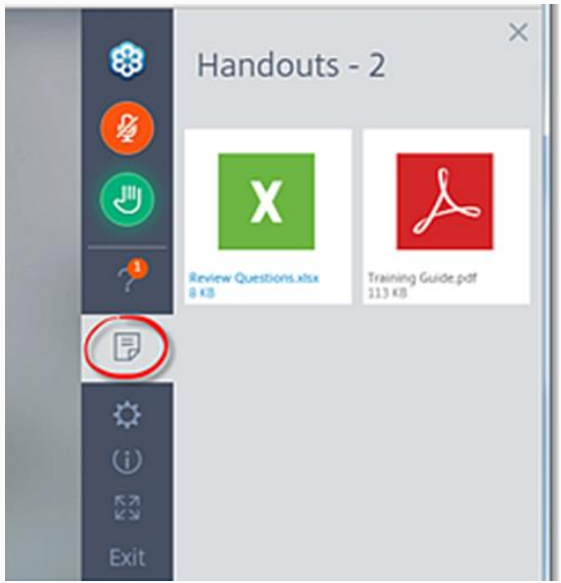

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Dr. Debra A. Pinals, MD

Clinical Professor of Psychiatry
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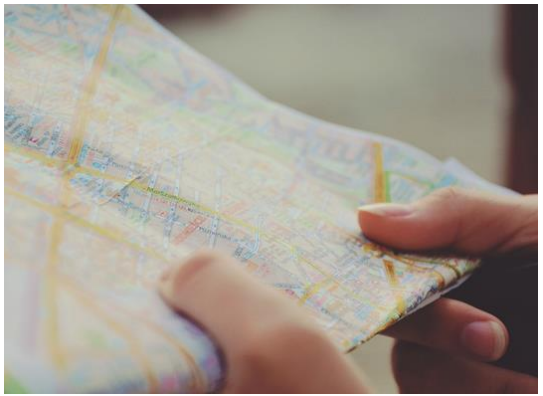
University of Michigan Medical Center

Roadmap and Learning Objectives for Today's Meeting

1. Describe the relationship between mental illness and suicide as well as firearms and suicide
2. Review how malpractice liability works
3. Describe risk assessment methods to help reduce liability and improve outcomes



Objective 1: Describe the relationship between mental illness and suicide as well as firearms and suicide

Epidemiology

- 47,478 individuals died from suicide in 2019 and another 1.4M attempted suicide that year *(American Foundation for Suicide Prevention, 2021)*
- CDC reports suicide in 2019 as the second leading cause of death for individuals age 10-34 and fourth leading cause of death for individuals ages 35-54 *(CDC, WISQARS Fatal Injury and Violence Data, 2021)*
- Suicide rates increased over 20 years prior to 2019 especially for those over age 14 *(CDC, WISQARS Fatal Injury and Violence Data, 2021)*
- Suicide accounts for 1.4% of all deaths worldwide *(Bachman, 2018)*

Special Populations

- Veterans
- Transgender individuals
- Older adults

Firearms Overview

- 37% of US population own guns *(Saad, 2020)*
- 42% of veterans own guns *(Cleveland et al., 2017)*

Firearms and Suicide

- Half of suicides in 2019 were completed with a firearm *(CDC, WISQARS Fatal Injury and Violence Data, 2021)*
- Individuals with mental illness who own a gun are more likely to use for suicide vs. homicide *(Swanson et al., 2015)*

Suicide Risk and Specific Diagnoses

- Most suicides are related to psychiatric disease, especially: *(Bachman, 2018)*
  - Depression
  - Substance use disorders
  - Psychosis
- Other conditions that increase risk: anxiety-, personality-, eating-, and trauma-related disorders, as well as organic mental disorders *(Bachman, 2018)*
- TBI as a risk for suicidal ideation and suicide *(Wasserman et al., 2008)*
- Other conditions warranting review: Chronic pain, co-occurring health issues

Serious Mental Illness and Firearms

- 255 recently discharged psychiatric patients and 490 census-matched community residents
- A total of 15.3% reported firearms access
- Patient group, including major mental disorder and other mental disorders, was no more likely to perpetrate violence but were significantly more likely to report suicidality
- Violence is much more rare; suicide risk cannot be ignored where firearms are concerned

Source: Baumann and Teasdale, 2018

Objective 2: Review how malpractice liability works

Negligence Components-Review

- Duty
- Dereliction of duty
- Direct causation
- Damages

Standard of Care

A provider is required to exercise, in both diagnosis and treatment, that ***reasonable degree*** of knowledge and skill which is ordinarily possessed and exercised by other members of his or her profession in similar circumstances.

Foreseeability

- Examination in malpractice of whether the treating professional had sufficient information, or should have acquired such information, so as to make a reasonable judgment
- “Reasonably foreseeable”
  - Caution with confirmatory bias
    - Consciously or unconsciously confirming the views of the retaining party
  - Caution with hindsight bias
    - Exaggeration of foreseeability by knowing the harm ensued *(LeBourgeois et al, 2007)*

Various Steps in a Malpractice Claim

- Complaint
- Responses
- Discovery
- Depositions
- Expert witness review
- Possible reports
- Consideration of options
  - Settle
  - Proceed to court
- Trial
- Verdict

Reducing Risk of Liability: Decreasing risk of lawsuit by family or other

- Bad feelings + bad outcome = higher chance of litigation
- In suicide cases others initiate lawsuits and they may have feelings distinct from those of the decedent
- Response following death can make a difference

Reducing Risk of Liability: Decreasing Bad Legal Outcome

- Documentation that is clear and shows reasoning in decisions
- Clear informed consent
- In some cases, documentation of patient's capacity to provide information, seek help, etc.
- Good malpractice coverage

Objective 3: Describe risk assessment methods to help reduce liability and improve outcomes

Psychiatric Evaluation

- History (biopsychosocial)
- Mental status examination
- Varied sources of information
  - Self-report
  - Collaterals
  - Case files/records

Understanding Risk Factors

- Suicidal thoughts/behaviors
- Certain Psychiatric diagnoses (e.g., MDD, Scz, BPD)
- Physical illnesses (e.g., chronic pain)
- Psychosocial features
  - Lack of social support
  - Unemployment
  - Drop in socioeconomic status
  - Poor family relations
  - Domestic partner violence*
  - Recent stressor

(*Possible higher risk of attempts but not completed suicide. APA, 2016; Jacobs et al., 2003)

Are you having any thoughts about hurting or killing yourself?

Most frequently asked question, but may not yield full picture.

Suicide Risk Assessment-Overview

Suicide-specific screening questions:

- Current suicidal thoughts?
- Current plans?
- Any steps or attempt to enact plan?
- Any prior suicide attempt/s?
- Most lethal suicide attempt?
- Family history of suicide?

Suicide Risk Assessment-Overview

Associated suicide risk screening questions:

- Current depression? Current anxiety? Current psychosis?
- Current hopelessness?
- Current homicidal ideation?
- Current insomnia?
- Current substance use?
- Current psychosocial stressors?

Understanding Risk Factors

- Childhood traumas
- Genetic and familial effects
- Psychological features
  - Hopelessness
  - Psychic pain
  - Anxiety (severe)
  - Shame or humiliation
  - Psychological turmoil
  - Decreased self-esteem and perceived burdensomeness
  - Narcissistic vulnerability
  - Impulsiveness
  - Aggression/violence
  - Agitation

Source: APA, 2016; Jacobs et al., 2003

Understanding Risk Factors

Cognitive features

- Loss of executive function*
- Tunnel vision
- Polarized thinking
- Closed-mindedness

Demographic features

- Male
- Widowed, divorced, or single (esp. for men)
- Elderly
- Adolescent and young age
- White
- Gay, lesbian, or, or bisexual*

Additional Features

- Access to firearms
- Substance intoxication
- Unstable or poor therapeutic relationship

*Possible higher risk of attempts but not completed suicide.
APA, 2016; Jacobs et al. 2003

Understanding Risk Factors

Cultural, ethnic, religious contexts

- Risk for completion vs. attempt (e.g., Whites and non-Hispanic Native Americans have higher rates of suicide)
- The role of suicide, understanding of death, understanding of higher powers
- The role of shame
- Mechanism of coping with stressor as accepted/not accepted
- Emotional expressiveness

Understanding Risk Factors

Pre-disposing risk factors, such as:

- Poor self-esteem
- Exposure to suicidal behavior
- Impulsivity
- Substance dependence
- Depression
- Hopelessness, helplessness, worthlessness

Precipitating risk factors, such as:

- Recent loss
- Anniversary reaction
- Availability of weapon
- Acute disappointment

Communication of Suicidal Intent

- Suicide communication was seen in approximately half of cases where an individual died by suicide. *(Pomplii et al., 2016)*
- Clinicians would do well to understand that suicide communication is one point of data in their risk assessments and not all people who communicate about suicide will die by suicide.

Communication of Suicidal Intent

- Not clear that suicidal communications are considered a “cry for help”
- May be a matter of personal style
- A person may verbalize suicidal ideas without really wishing to die
- A person may not verbalize suicidal ideas and really wish to die

Gun Inquiry-Standard of Care

Numerous articles/book chapters recommending inquiry

- Particularly in suicide and homicide risk assessments

General Firearm Questions

- When did you obtain your gun?
- Risk of suicide within first week of gun purchase **57x higher** than general population *(Wintemute, 1999)*
- Most suicides by firearm happen with firearms purchased years prior *(Mann and Michel, 2016)*

General Firearm Questions

- Do you have guns at home or any other place?
- Can you get a gun easily?
    - Unregulated gun access should be considered
- Do you intend to obtain or purchase a gun?

Firearm Risk Assessment

Tier 1 Questions:

- Firearm ownership
- Firearm access
- Firearm storage
- Ammunition storage
- Social support networks to assist with firearms

Source: Pinals and Anacker, 2016

Firearm Risk Assessment

Tier 2 Questions:

- Acculturation with guns
- Time spent with gun
- Violent fantasies associated with gun
- Psychodynamic attachment to gun
- Hobby/recreational or other intentionality
- Peer/family views

Source: Pinals and Anacker, 2016

Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Source: Centers for Disease Control and Prevention, 2021a; U. S. Public Health Service, 1999

Suicide Scales

Suicide Ideation Scale (SIS), Beck Hopelessness Scale (BHS), Beck Depression Inventory, Beck Scale for Suicide Ideation (BSS), etc.

- Cannot predict who will die by suicide
- CAN help in risk analysis

Columbia Suicide Severity Rating Scale *(Interian et al., 2018)*

PHQ-9 *(Simon et al., 2013)*

Other scales help anchor high, medium, low risk for consistency but also do not replace need for clinical interview and assessment

SAFE-T

Suicide Assessment Five-Step Evaluation and Triage

Identify risk factors (modifiable and fixed)

Identify protective factors (look at which protective factors can be enhanced)

Conduct suicide inquiry

Determine risk level/intervention

Document

Source: SAMHSA 2009; National Suicide Prevention Lifeline

Zero Suicide

AIM

- Aim
- Intervene
- Monitor

Risk Mitigation Strategies

Selected Risk Management Interventions

- Attend to safety
- Determine setting and supervision
  - Treat within least restrictive setting
- Work within clinician-patient relationship
- Work to understand client's sense of recovery
- Coordinate treatment among providers and client
- Provide education to client (and others when indicated)
- Somatic treatments when indicated

Summary of Key Variables to “Stop a Suicide”

- Suicide intent
- Access to lethal means
- Motivation for suicide
- Purpose to go on living
- Quality of relationship with the treater
- Family history of suicide

Risk Mitigation

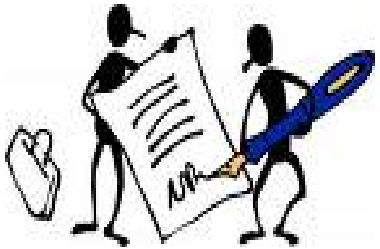
- Consider a biopsychosocial approach
- Lethal means restrictions
- Treatment of any underlying condition
  - Medications
  - Therapies
- Address substance use
- Access the proper level of care
  - Enhanced crisis services and development of “988”
- Consider voluntary options, and involuntary if necessary and appropriate
- Manage suicide risk even in treatment settings
- Consider collateral supports
- Safety planning, engagement with patient and their support system

Risk Assessment to Risk Management Example

- **Depression:** Pharmacology, therapy
- **Social isolation:** increase contact with providers, support groups
- **Co-occurring medical condition:** multi-disciplinary treatment
- **Co-occurring substance use:** tox screens, support groups
- **Access to suicide means:** Limit prescription periods
- **Multiple serious attempts:** periodic risk assessments

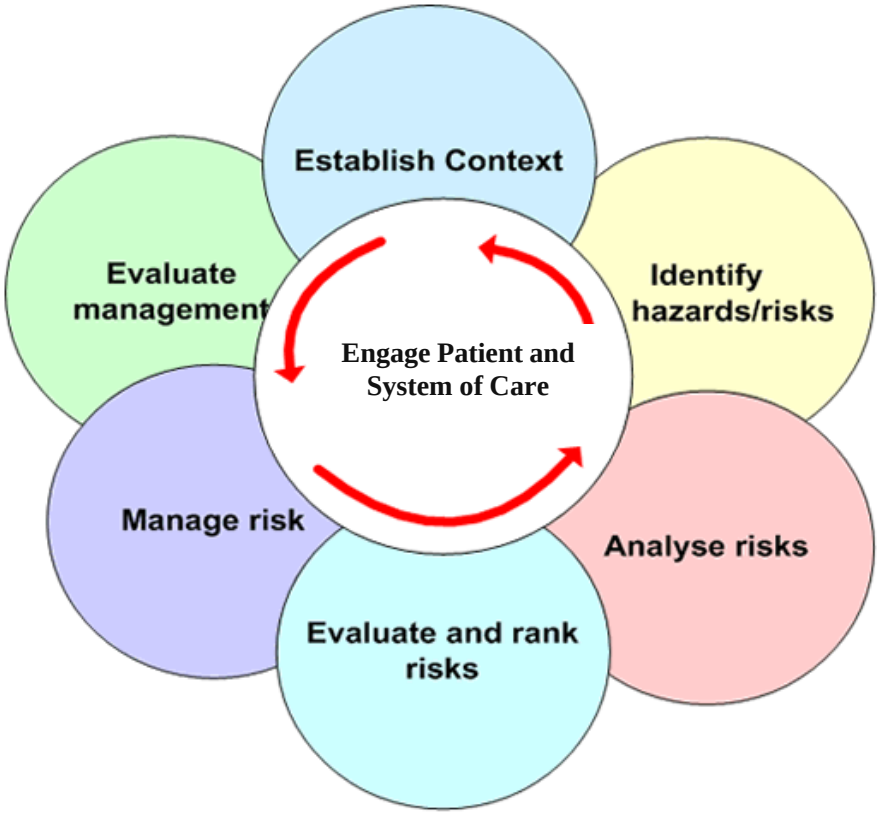
Debunking “No Suicide Contracts”

- Should not substitute for careful risk assessment
- Willingness or unwillingness to agree to such a contract is not clear indication of hospitalization/no hospitalization
- Generally not recommended as treatment plan
- Continue to assess especially for patients who are intoxicated, acutely psychotic, agitated or impulsive



Documentation for Liability Management

- Document basic content of risk assessment and sources used (including collateral sources)
- Document reasoning, not just decision
- Write plan to address risk factors
- Keep emotions out of documentation
- If you don’t write it down, it didn’t happen
- Liberal use of consultation



Source: Adapted from: http://www-edc.eng.cam.ac.uk/research/healthcaredesign/hd4/medicationsafety/

Conclusions

- Suicide is one of the leading causes of liability for mental health professionals.
- Reducing liability involves:
  - Staying informed on risk assessment approaches
  - Continually reassess risk mitigation plans
- Self-care for providers is equally important given the challenges of caring for this patient population.

Resources

- Counseling on Access to Lethal Means (CALM) https://zerosuicide.edc.org/resources/trainings-courses/CALM-course
- Suicide Assessment Five-Step Evaluation and Triage SAFE-T Pocket Card https://sprc.org/resources-programs/suicide-assessment-five-step-evaluation-and-triage-safe-t-pocket-card
- Behavioral Health Care https://sprc.org/settings/behavioral-health-care

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Suicide Prevention Resource Center

Thank you!

Debra A. Pinals, M.D.
dpinals@med.umich.edu

Suicide Prevention Resource Center

1000 N.E. 13th Street
Nicholson Tower, Suite 4900
Oklahoma City, OK 73104

sprc.org