Suicide Prevention Webinar
Sean Convoy, DNP, PMHNP-BC
CDR, USN, Retired

Presentation Disclaimer

• The views expressed in this presentation are those of the author and do not reflect the official policy or position of the Department of Defense, Department of the Navy, or the United States Government.
• I have no conflicts of interest to report.
Learning Objectives

• This training will introduce strategies about how to assess, communicate with and engage at risk military service members, veterans and family members who are potentially at risk for harm to self or others.
  • Explore how to assess for risk to self-harm and others among military service members and veterans.
  • Discuss strategies for deescalating at risk military service members and veterans.
  • Identify anticipatory tactics, techniques and procedures that can be used to streamline crisis intervention work.
  • Develop a standardized approach about how to discuss gun and weapon ownership with at risk military service members and veterans.

Where my motivation comes from...
Perspective...

• Everything we do (and don’t do) matters.

Suicide Prevention Analogous to the Red Zone...

• Suicide is the distal projection of the problem
• Unidentified, untreated or undertreated mental illness is the proximal etiology of the problem
• Mental healthcare delivery system commonly hyper focus on the distal projection.
• Public health sector commonly hyper focus on the proximal etiology.
• Today’s presentation is about the “red zone” of suicide but please don’t forget about the other 98 yards!
Johari’s Window

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Jody’s Case

• 28 year old veteran with unreported MST history who is 9 months post service release (no VA/DoD filing) with dual diagnosis history (PTSD and AUD) presently adverse to DoD/Veteran care (alleged assaulter affiliated with military medicine).
• Trauma symptoms are profoundly functionally impairing making school, work and intimate relationships inconceivable.
Viewing Jody’s Case Through Johari’s Window

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Knowns | Unknowns
Viewing Jody’s Case Through Johari’s Window

**Known**
- Population Risk Factors
- Subjective History
- Mental Status Examination
- Safety Assessment

**Unknown**
- Clinical Deficiencies/Myopias
- Counter Transference

**Knowns**
**Unknowns**

- Intentional Withholding of Relevant Clinical Data
- Incidental Withholding of Relevant Clinical Data

- Literally Everything Else
**Jody’s Case**

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**Risk Assessment**

*Population Screening*

- Patient population identification
- Developing granular knowledge of high volume population
  - Feeder Service/Commands
  - Military Occupational Specialties
  - Critical Service/Command History
- Reaching out to area Military Treatment and Veterans Affairs Facilities for population health data
Risk Assessment

Silo Effect

- Lack of information flowing between groups or parts of a system
- Reinforced by equal doses of privacy concerns and stigma
- Can occur at many different levels

Risk Assessment

Patient Screening

- Milieu messaging
- Family friendly messaging
- Patient health history
- Two factor screening
- Serial assessment
- Risk & protective factors
- HIPPA compliant patient portals
- Ancillary staff utilization
- Established crisis intervention plan
Risk Assessment

Screening Instruments

- Outcome Questionnaire 45.2 (OQ®-45.2)
  https://www.oqmeasures.com/measures/adult-measures/oq-45/
- Suicide Assessment Five-step Evaluation and Triage (SAFE-T)
  https://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-SMA09-4432
- Ask Suicide Screening Questions (ASQ)
- Columbia – Suicide Severity Rating Scale (C-SSRS)
  http://www.ccssr.columbia.edu/documents/C-SSRSClinicalPracticeScreeners.docx

Risk Assessment

Bottom Line Up Front (BLUF)

- Reticence to ask the question(s) is unintentionally stigmatizing
- Distinguishing suicidality as a symptom to treat, rather than a state of being
- Reframing suicidality in non absolute terms
- Clinically acting on intent, rather than presence
De-escalation Strategies

*Suicide Contracts*

Kay R. Jamison’s *Locus of Control*

- Suicide as the ultimate manifestation of control
- Resisting the urge to take control from the patient
- Alternatively shifting the risk to the right and “reshuffling the deck.”
- Employing a strategy to realign efforts in pursuit of living rather than dying
De-escalation Strategies

• Cognitive Restructuring
• Emotional Regulation
• Collaborative Assessment and Management of Suicide (CAMS)
• Safety Planning

Warrior Ethos

I will always place the mission first. I will never accept defeat. I will never quit. I will never leave a fallen comrade.
Mental Illness Stigma
Sussman’s Mental Illness Stigma Quiz

1. There’s no real difference between the terms “mentally ill” and “has a mental illness.”
2. People with mental illness tend to be dangerous and unpredictable.
3. I would worry about my son or daughter marrying someone with a mental illness.
4. I’ve made fun of people with mental illness in the past.
5. I don’t know if I could trust a co-worker who has a mental illness.
6. I’m scared of or stay away from people who appear to have a mental illness.
7. People with a mental illness are lazy or weak and need to just “get over it.”
8. Once someone has a mental illness, they will never recover.
9. I would hesitate to hire someone with a history of mental illness.
10. I’ve used terms like “crazy,” “psycho,” “nut job,” or “retarded” in reference to someone with a mental illness.

http://davidsusman.com/2015/04/30/5-simple-steps-to-reduce-stigma-about-mental-illness/

Risk Assessment Vignette
Jody’s Assessment

• Purposeful use of patient centered space
• On line patient health history gave insight into symptoms prior to patient’s evaluation
• Ancillary staff screening (by algorithm) sensitized provider to present focused risks prior to evaluation
• Jody was actively suicidal with intent, means and plan.
Risk Assessment

Gun & Weapon Safety

That Which We Can Potentially Control
- Thoroughness of assessment
- Ability to ask difficult questions
- Understanding our roles, responsibilities and limitations
- Collaboratively managing risk
- Documentation
- Staying up to date with law

That Which We Cant Necessarily Control
- State & federal gun laws
- The patient

Focus on the things you can control.
Clinical Pearls

• Remember the patient’s remote control and mute button
• Johari’s Window can help you grow the green of your known knowns
• A community health assessment represents an investment into your patient’s health and wellbeing as well as your quality of life
• Better utilizing ancillary staff improves outcomes and saves time
• When it comes to suicide contracts, just say no
• Resist the urge to try to control suicide, rather shift the risk to the right

De-escalation Strategies

Warrior Ethos
References


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