Helping the Department of Defense and VA Save Lives

The Columbia Suicide Severity Rating Scale

Kelly Posner, Ph.D.

Founder and Director – The Columbia Lighthouse Project

Suicide is a Global Public Health Crisis, Yet Preventable

"The under-recognized public health crisis of suicide"

Thomas Insel, Director of NIMH

More Deaths Than Natural Disasters, War and Homicide Combined

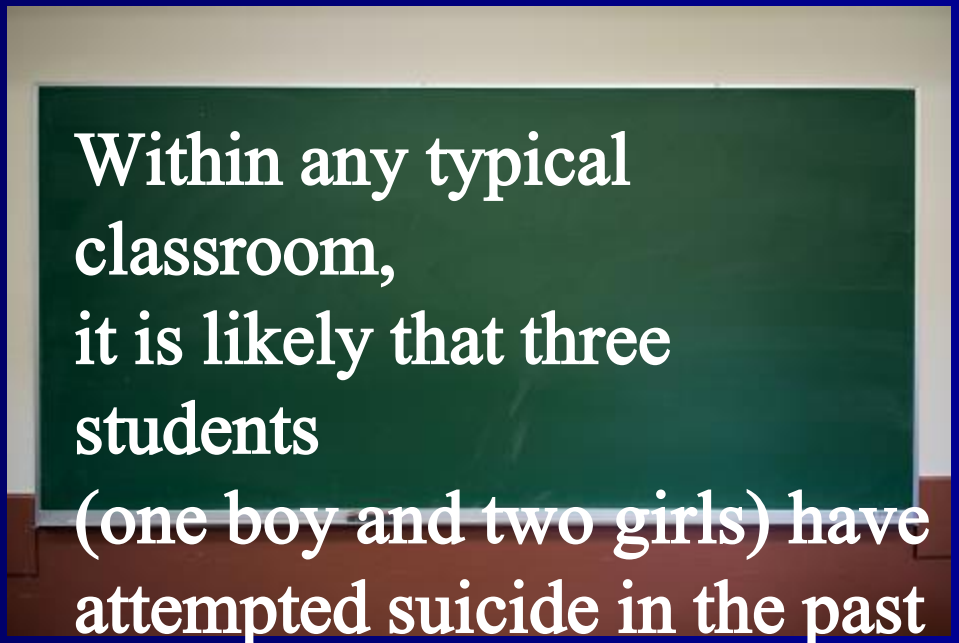
Suicide Kills More People than Car Crashes

Suicide is the #1 Killer of Teenage Girls Across the Globe, 2nd Leading Cause of Death Among 10-24 Year-olds in the US…

Suicide Ideation and Attempts Are Surprisingly Common…

IN YOUR AVERAGE HIGH SCHOOLERS

- ***8% attempted in the <u>past year!</u>***
- ***17% seriously considered it***



Suicide Touches Everyone

135 People Are Affected for Every Death And Effects Linger Across Generations Because of the Silence that Often Follows

U.S. Life Expectancy Decreases: Suicide Deaths Play a Role

Health & Science

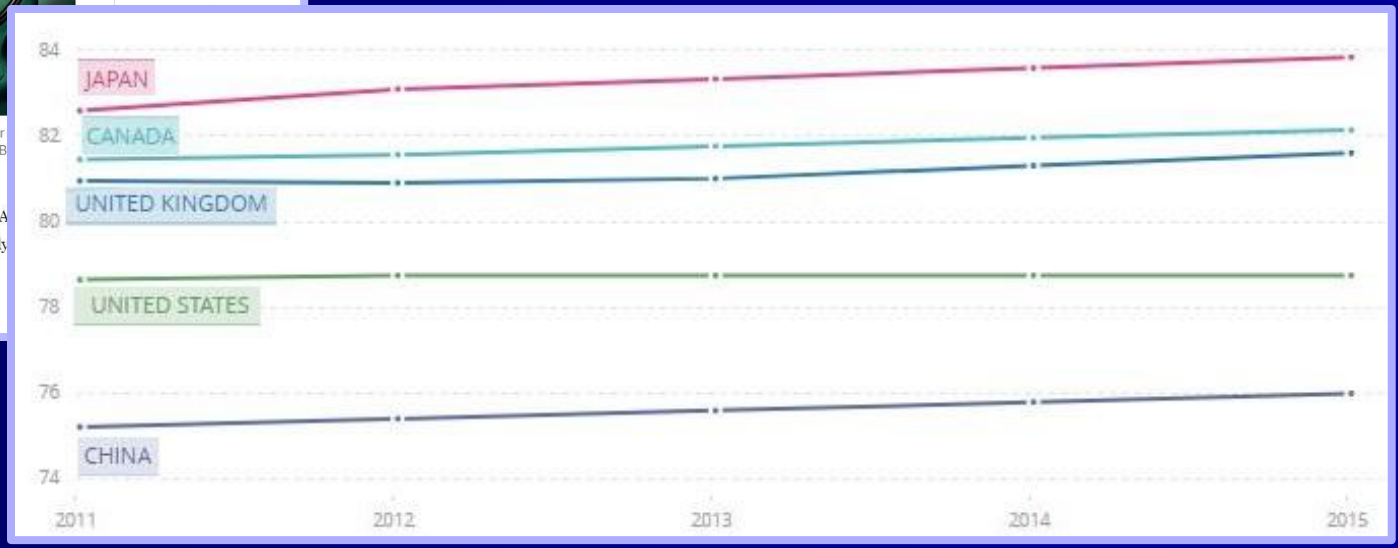
U.S. life expectancy declines for the first time since 1993

By Lenny Bernstein December 8, 2016

The Post's Lenny Bernstein explains a report that shows life expectancy for has declined in 2015 for the first time since 1993. (Monica Akhtar, Gillian B Washington Post)

For the first time in more than two decades, life expectancy for A declined last year — a troubling development linked to a panoply worsening health problems in the United States.

Anomaly Among Developed Nations



Breaking But Not Surprising News: Large Portion of Overdoses Are Suicides

Researchers | Medical & Health Professionals | Patients & Families | Parents & Educators | Children & Teens

National Institute on Drug Abuse
Advancing Addiction Science

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Opioid Use Disorders and Suicide: A Hidden Tragedy (Guest Blog)

Share

April 20, 2017

*At a Congressional briefing on April 6, the **President of the American Psychiatric Association, Dr. Maria Oquendo**, presented startling data about the opioid overdose epidemic and the role suicide is playing in many of these deaths. I invited her to write a blog on this important topic. More research needs to be done on this hidden aspect of the crisis, including whether there may be a link between pain and suicide.* —Nora

In 2015, over 33,000 Americans died from opioids—either prescription drugs or heroin or, in many cases, more powerful synthetic opioids like fentanyl. Hidden behind the terrible epidemic of opioid overdose deaths looms the fact that many of these deaths are far from accidental. They are suicides.

Let me share with you some chilling data from

About This Blog

Welcome to my blog, here I highlight important work being done at NIDA and other news related to the science of drug abuse and addiction.

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Recent Posts

Desperately Self-Medicating in lieu of proper treatment

Opioids in 1 out of 5 suicide fatalities

A Crisis in Every Sector of Society…
From Police to EAPs

Need to Screen and Care for the Caretakers

Corrections

First Responders

Often #1
Cause of death
Among police
themselves

Employees

Large corporation 100,000
Employees, every 6 days
Employee or family member
dies

WELLS FARGO

Clergy

Doctors

Need to Ask: Screen and Monitor Like Blood Pressure

Nearly 50% of people who die by suicide see their primary care doctor the month before they die

A VITAL OPPORTUNITY FOR PREVENTION

2/3 adolescent attempters in ER not present for psych reasons

If we ask, we can reach those who suffer.

Active Duty: Healthcare Utilization One Month Prior to Suicide

USAF rates of use:

45% with an outpatient visit

USAF primary care most frequently used

(Trofimovich et al, 2014, JCP)

IDF rates of use:

38% contacted primary care

IDF: contact with primary care > mental health

(Hochman et al. 2014, JCP)

Lack of Routine Assessment: ESSENTRIS Military Electronic Health Records

- Retrospective chart review: 1500 cases admitted for suicide-related events to Walter Reed, 2001-2006
- 11% admitted for serious suicidal ideation 12% with suicide attempt had no documentation of past suicide behaviors
- No suicide screening and/or assessment measure administered in a single case

Economic Burden: What Not Being Able to Identify High Risk Costs…

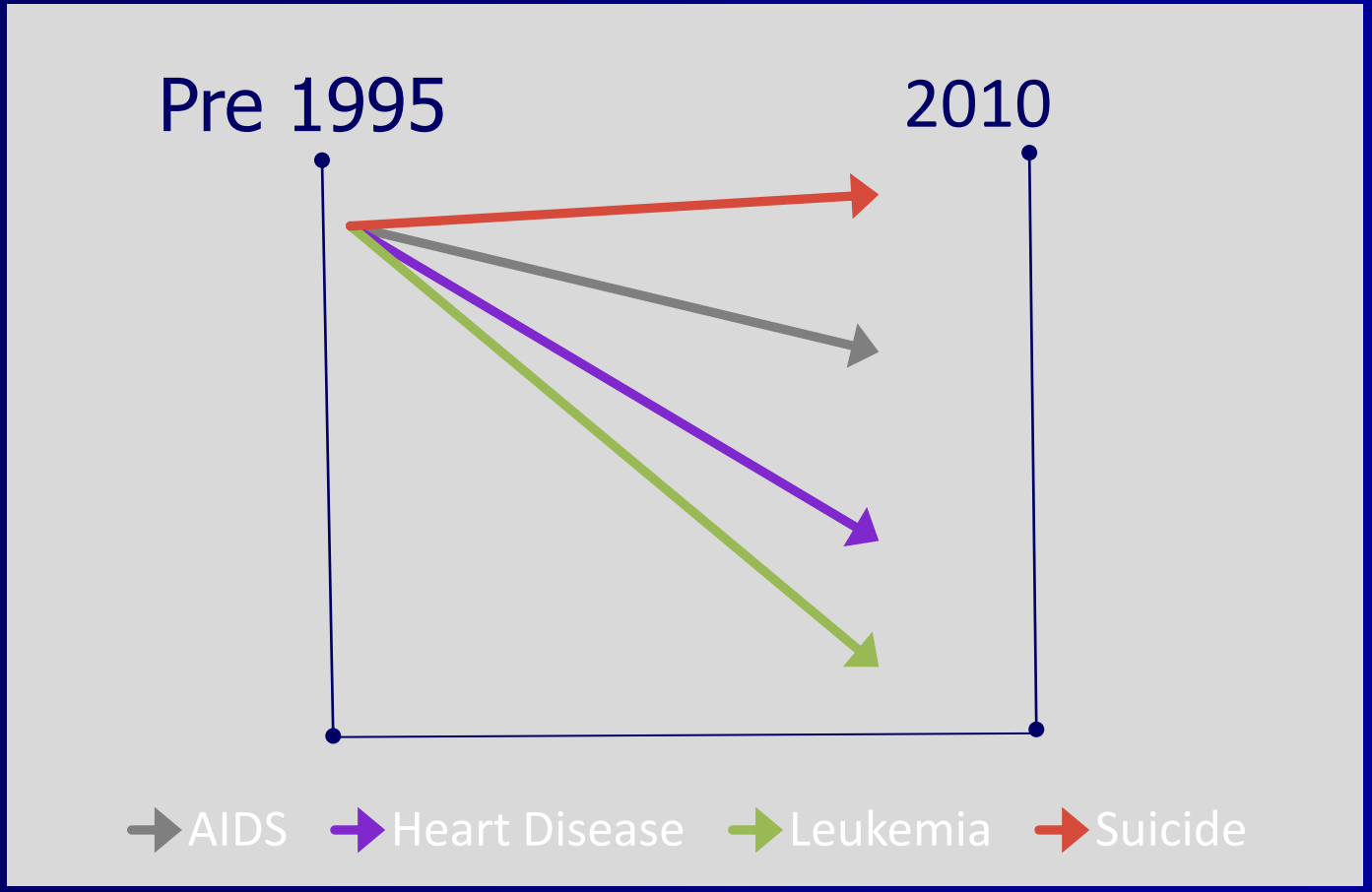
- US (2010): **$45 billion— lost wages and work productivity**
- 1,000 Non-Psychiatric Screened at Colorado University

  Prior:

  400% increase in hospitalizations over past 2 years

  300% increase in ED visits

Unlike Other Lethal Diseases Little Headway in Treating Suicide

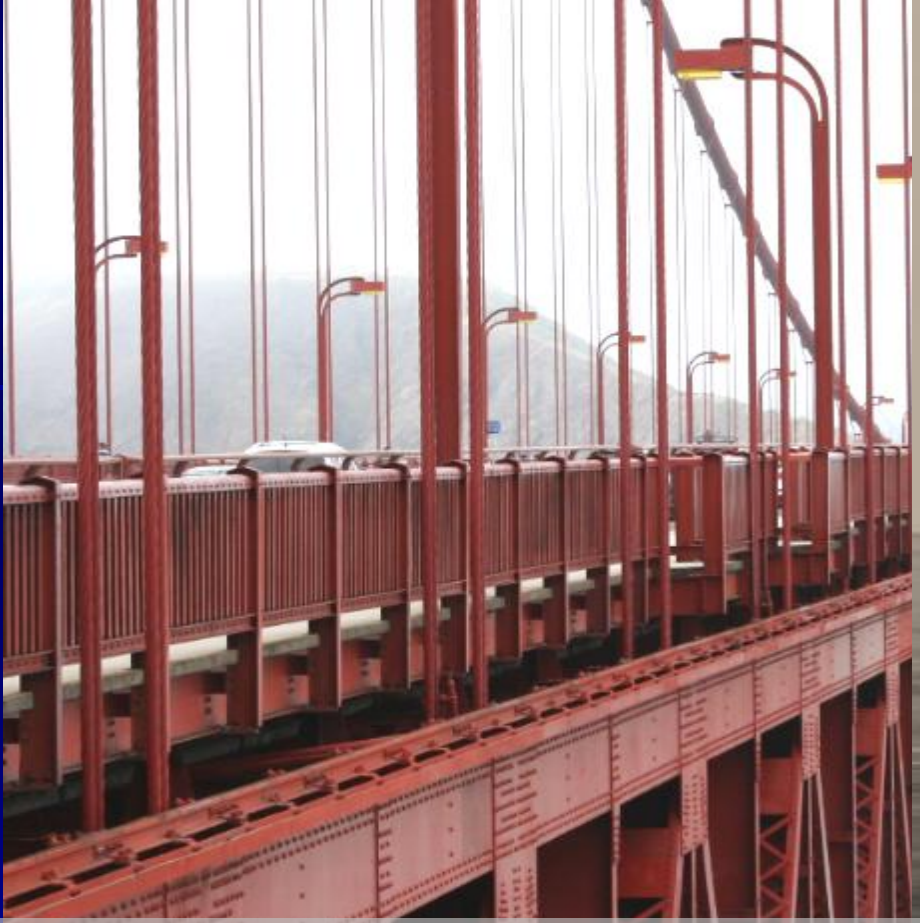


Screening Works

- Meta-analysis concluded that **screening results in lower suicide rates in adults** (Mann et al., JAMA 2005)

"…say that over the years, 3 of their patients died by suicide soon after their medical appointment with them. It is their belief that if the medical clinic-wide suicide screening (Columbia) now being implemented had been in place at the time, **those 3 patient suicides may have been prevented**

One pilot site implemented the Columbia suicide screen in their family health clinic at every medical visit**. In the first month, that clinic identified 5 patients at high risk of suicide – each of whom would almost certainly have been missed** prior to this change" – Air Force Comm



Barriers to Help: Gender Difference Less Treatment Seeking In Men

Suicide Attempts:

- Female>>male
- Rates peak in adolescence
- Concern: Latina youth and LGBTQ

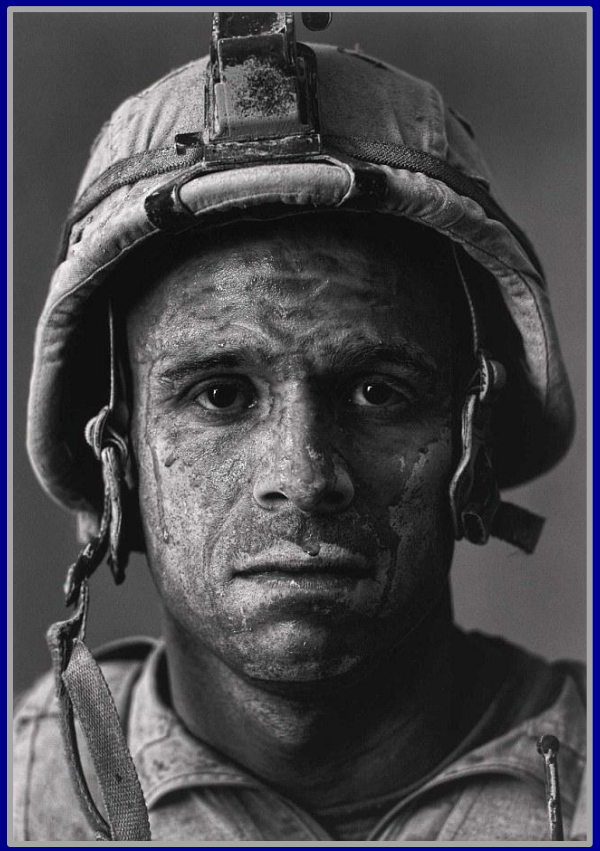
Suicide Deaths:

- Male : female = 4:1
- **41% vs 11% antidepressants in system**
- Working-age males (60%)

Stigma - Barrier to Getting Help: "Real Men Don't Get Depressed"

"We obviously have a peer-to-peer stigma, the machismo that 'I can't admit that I have to see a counselor or psychiatrist, that makes me weak and we're at war, and there can't be any chinks in the armor."

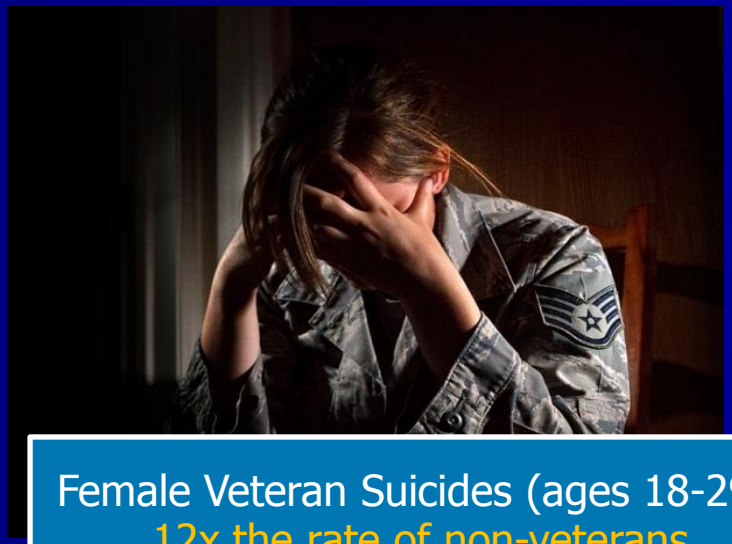
– Command Sgt. Maj. Chris Faris,
18-year veteran of Delta Force



Face of war: U.S. Marine Carlos 'OJ' Orjuela photographed by Louie Palu

Veterans: Gender Barriers

Male Veteran Suicides (ages 18-29):
4.7x the rate of non-veterans
Increased 30%



Female Veteran Suicides (ages 18-29):
12x the rate of non-veterans
Increased 80%

Male Veterans Die by Suicide 4x Female Vets

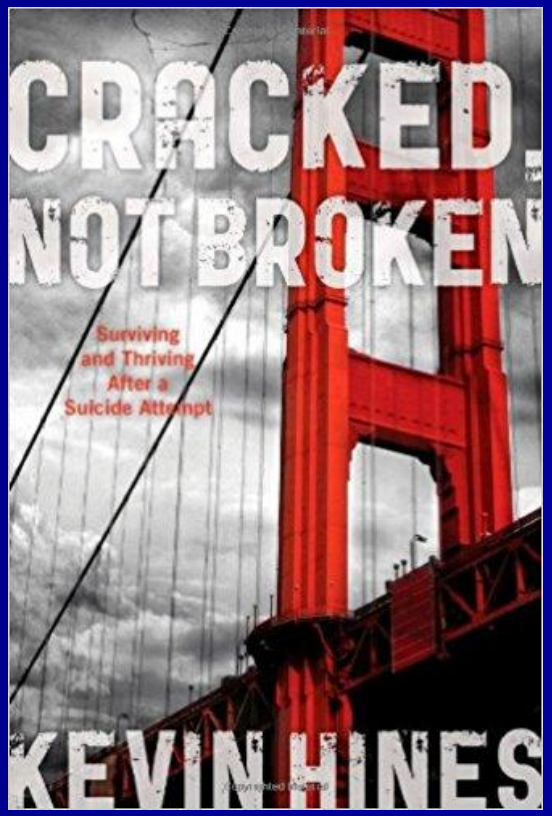
Stigma Can Be Lethal

[My husband] said to his buddy, his fellow marine, "everybody goes through this." He was empathic; he said "you know, we've all been there. Take some time, take care of yourself. But don't go to treatment and don't go on medication because you cannot do that and fly."

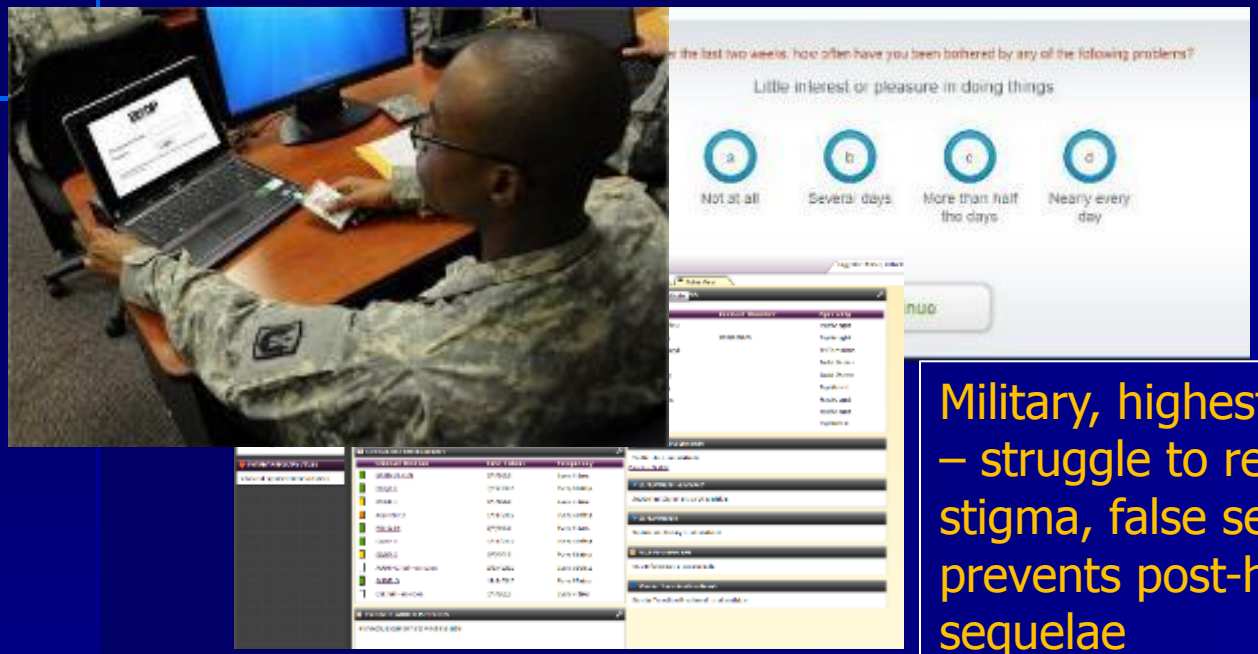
The Power of Asking: Just Ask. You Can Save a Life.

"Most people considering suicide want someone to save them. What we need is a culture in which no one is afraid to ask. What we needed were the questions people could use to help save us. That's why the pioneering change the C-SSRS is enabling is so essential to our humanity."

– Kevin Hines,
suicide attempt survivor



Reducing Stigma Saves Lives in the US Army



Military, highest risk post-hospitalization – struggle to reintegrate into unit, stigma, false sense of recovery so this prevents post-hospitalization risk sequelae

- Treatment is no longer a stigmatizing outpost
- Mental health questions are integrated into other care
- Inpatient overnights reduced 41% saving 30-40 million dollars since 2012
- Decrease in suicide

Identification is the first key to saving lives…

If we can't reach those who are suffering in silence, we can't help them

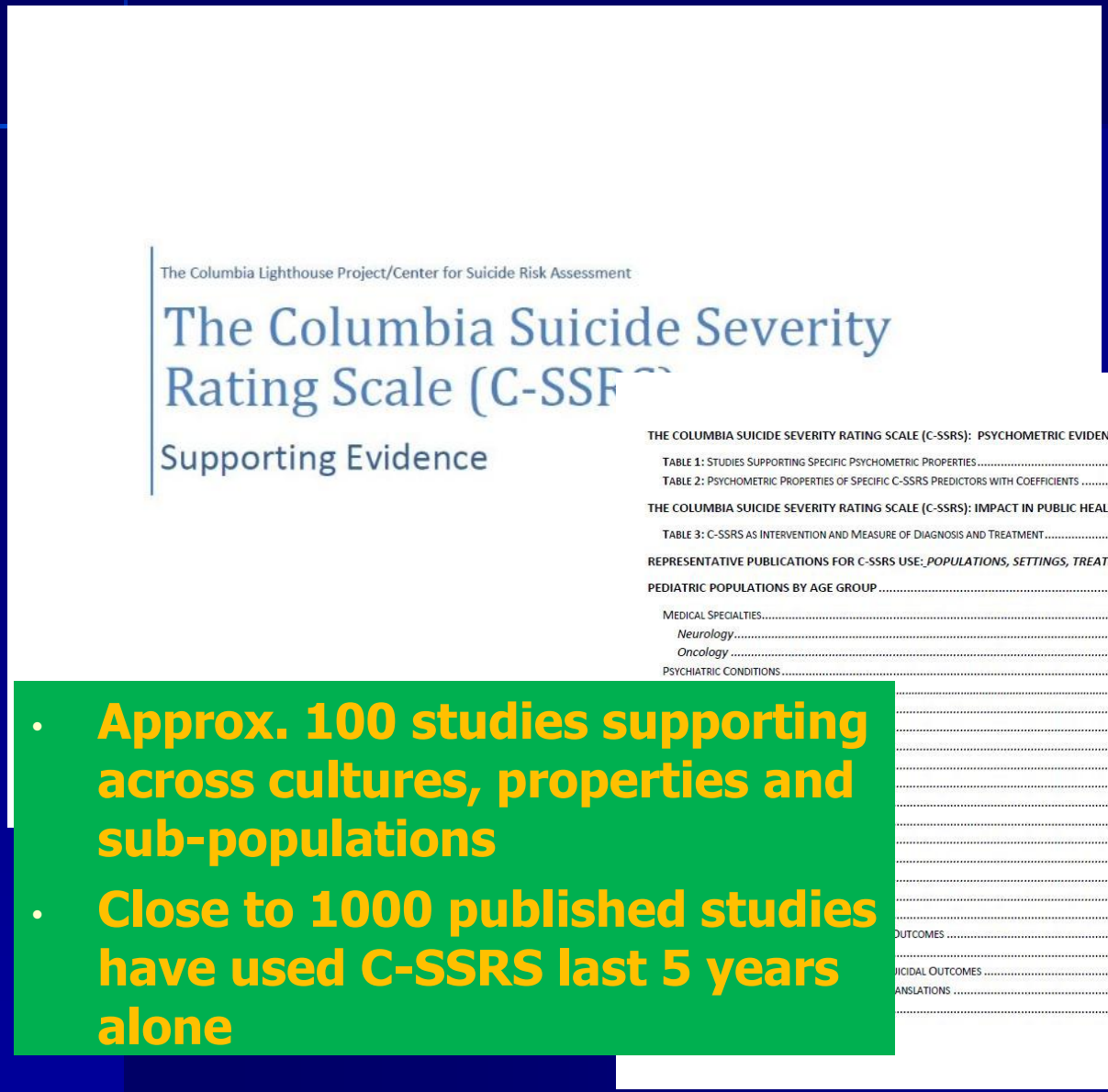
Columbia-Suicide Severity Rating Scale (C-SSRS)

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Zelazny, J.; Fisher, P.; Burke, A.; Oquendo, M.; Mann, J.

- Developed in NIMH effort to address unmet need
- 10s of millions administrations
- Available in 116 languages
- Endorsed, Recommended, Adopted or Mandated by many National and International Agencies

- Deemed "most" evidenced supported
- All ages, All Special Populations

Science To Service



The Columbia Lighthouse Project/Center for Suicide Risk Assessment

The Columbia Suicide Severity Rating Scale (C-SSR

Supporting Evidence

- **Approx. 100 studies supporting across cultures, properties and sub-populations**
- **Close to 1000 published studies have used C-SSRS last 5 years alone**

Internal and External Liability
Asking These Questions Protects Against Risk

"If a practitioner asked the questions… It would provide some legal protection"

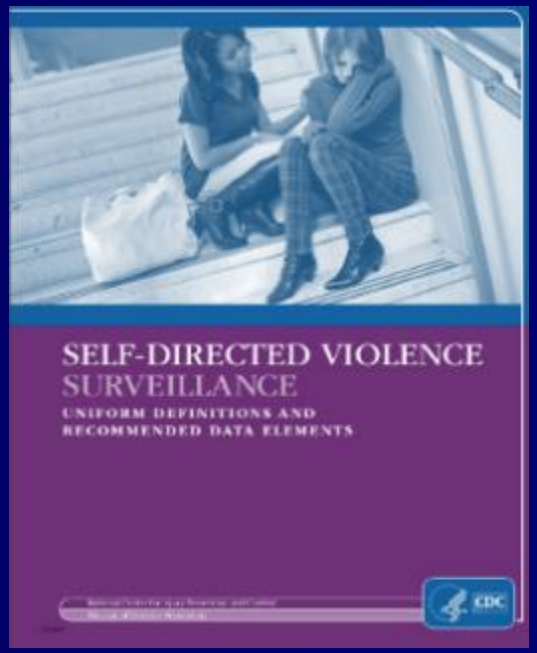
—Bruce Hillowe, mental health attorney specializing in malpractice litigation (Crain's NY, 11/8/11)

"I believe it sets the standard…we take a proactive position in patient safety" – Patient Safety Risk Manager

"People don't get sued for something bad happening, they get sued for negligence."

Adopted by CDC: Importance of a Common Language

"The C-SSRS is changing the paradigm in suicide risk assessment in the US and worldwide" – Alex Crosby



Also from CDC:
"Unacceptable Terms"

- *Completed suicide*
- Failed attempt
- Parasuicide
- *Successful suicide*
- Suicidality
- Nonfatal suicide
- Suicide gesture
- Manipulative act
- Suicide threat

Source: Posner K, Oquendo MA, Gould M, Stanley B, Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of Suicidal Events in the FDA's Pediatric Suicidal Risk Analysis of Antidepressants. Am J Psychiatry. 2007; 164:1035-1043. http://cssrs.columbia.edu/

C-SSRS… Vital Signs

Joint Commission and the C-SSRS

TheSource™
For Joint Commission Compliance Strategies

[Hospitals and health care systems] have either developed something themselves or they're using a piecemeal approach, with different tools in different departments: What may appear to be a person at risk in one area may not appear to be at risk in another. **When the ED is asking their set of questions, and then the social worker asks another set**, then the psychiatrist asks another, you're reducing the signal strength. **You're not honing in on the needle in the haystack.**

"The research shows that **this tool** will help organizations **focus on folks who are at highest risk**."

"By adopting the C-SSRS, organizations ensure that **one tool is being used by all caregivers**, who can then use the same terminology when communicating with other caregivers…Using **the same language helps all caregivers** understand what the patient needs."

Why it's good to do one thing… Science and the Public Health Demand Uniformity

- Moving away from a single instrument inherently degrades the precision of the signal
- The impact of imprecision **grows when incidence rates are low**
- Multiple measures increase noise, decrease precision and weaken rigor of epidemiological and research data

FDA: "It should be noted that the use of different instruments is likely to increase measurement variability…decreasing the opportunity to identify potential signals in future meta-analyses…this type of imprecision is particularly problematic in dealing with events that have a low incidence, as is the case for suicidal ideation and behavior occurring in clinical trials."

NIMH: PHEN-X

"Same Sheet of Music"

A Few Simple Questions to Save A Life: Identify Who Needs Help and Connect Them to Care

Minimum of 2 Questions — Maximum of 6 Questions

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month YES	Past month NO
Ask questions that are bolded and underlined.		
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***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) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*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.*" ***Have you been thinking about how you might do this?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question:	**Lifetime**	
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: ***Were any of these in the past 3 months?***	**Past 3 Months**	

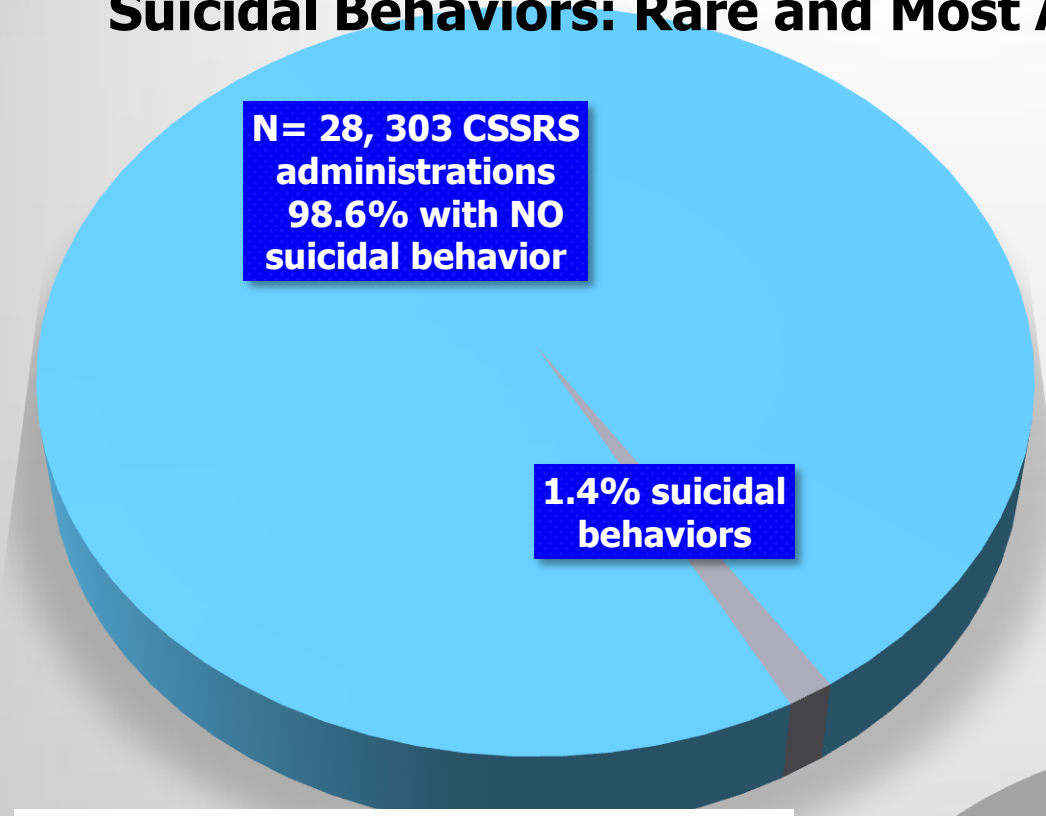
Low Risk
Moderate Risk
High Risk

If 2 is Yes, ask 3-6

If 2 is No, go to 6

Highlights from the Science:

Suicidal Behaviors: Rare and Most Are NOT Suicidal Attempts

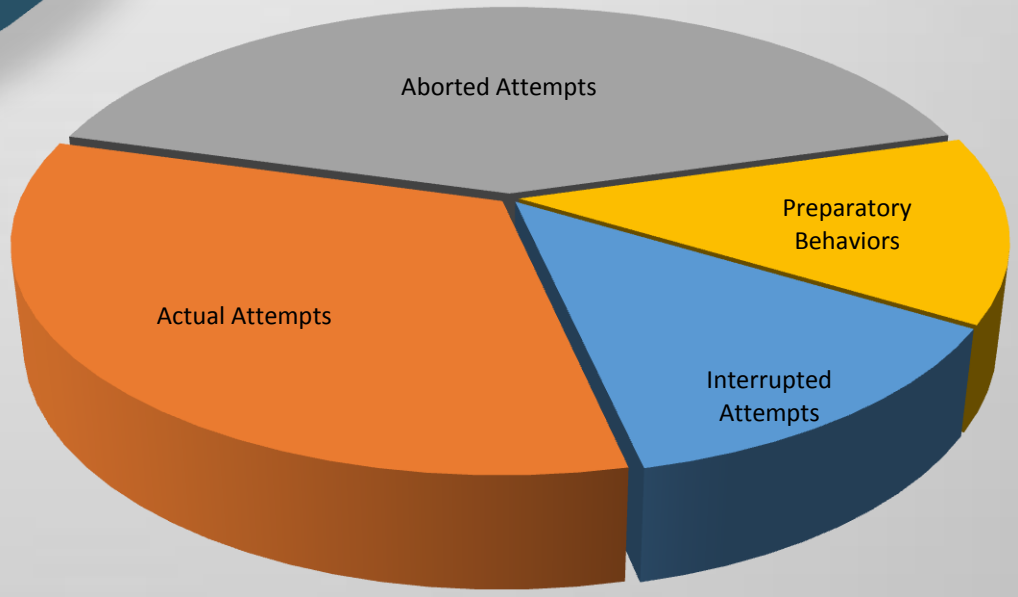


Of the 1.4% suicidal behaviors:
87% (472) = interrupted + aborted + preparatory
vs.
Only 13% (70) actual attempts

Each type of suicidal behavior is equally predictive

Multiple behaviors = greater risk

Must ask about all



Everyone, Everywhere Can Ask and Need to Ask

"This is prevention for the masses now, not just the educated, the wealthy or those in the medical field. It is available and accessible for all of humanity."

Helping Find Those At Risk in the EOD Community

ACE CARD

ASK YOUR SPOUSE
CARE FOR YOUR SPOUSE
ESCORT YOUR SPOUSE

See Reverse for Questions that Can Save a Life

Answer Questions 1 and 2	In the Past Month 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?*		
Always Ask Question 6	**In the Past 3 Months**	
6) *Have you 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, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		

ACE CARD

Ask Your Fellow Tech
Care for Your Fellow Tech
Escort Your Fellow Tech

See Reverse for Questions that Can Save a Life

Answer Questions 1 and 2	In The Past Month 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?*		
Always Ask Question 6	**In the Past 3 Months**	
6) *Have you 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, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		

Any YES must be taken seriously. Seek help from friends, family, co-worker, and inform them as soon as possible.

If the answer to 4, 5, or 6 is YES, immediately ESCORT to the nearest Mental Health Provider, Emergency Department/Emergency Personnel.

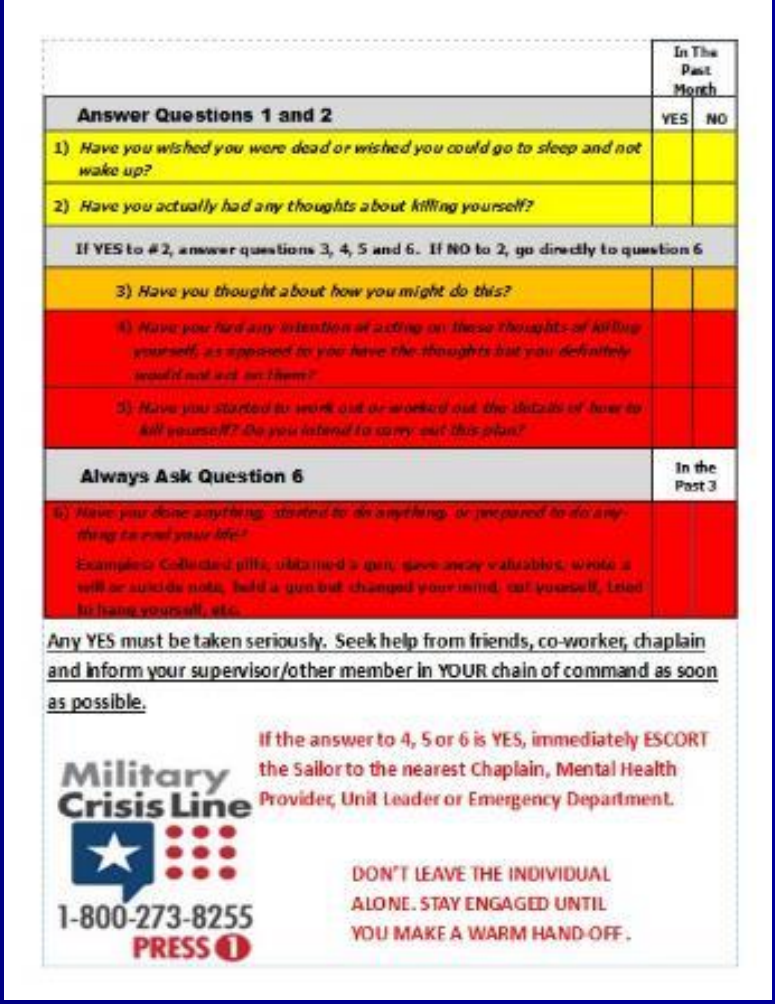
DON'T LEAVE THE INDIVIDUAL ALONE.
STAY ENGAGED UNTIL YOU MAKE A WARM HAND-OFF TO SOMEONE WHO CAN HELP.

EOD WARRIOR FOUNDATION

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

THE COLUMBIA LIGHTHOUSE PROJECT

Air Force ACE Cards for all Airmen and their Spouses



Empowering Everyone in the Military to Make a Difference

Medical Model

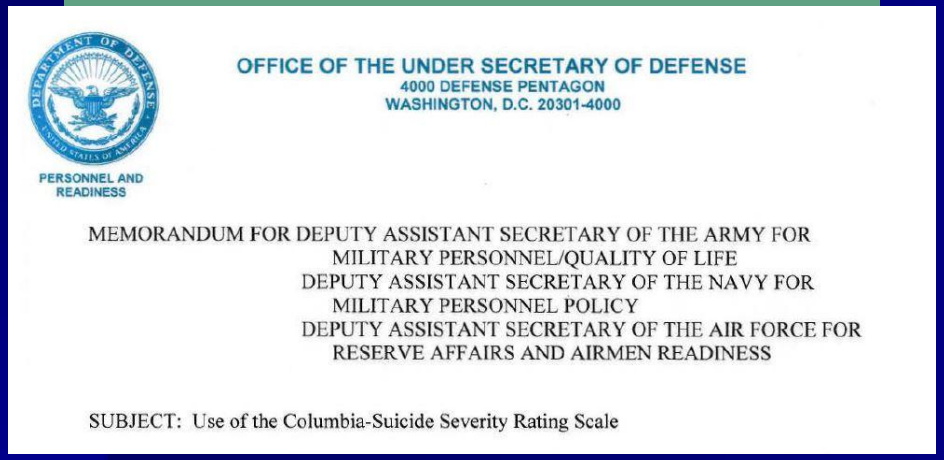
- Narrow approach
- Mental health treatment by clinicians in hospitals & clinics
- Majority of servicemen and their families do not seek specialized treatment

Public Health Model

- Broad approach
- Target: whole community
- Training of all gatekeepers within military community
  - military commands
  - community counselors
  - chaplains
  - law enforcement
  - firefighters
  - first responders
  - attorneys
  - peers

Must Go Beyond the Medical Model Towards A Community Approach: Marines Reduce Suicide by 22%

Undersecretary of Defense Urgent Memo



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

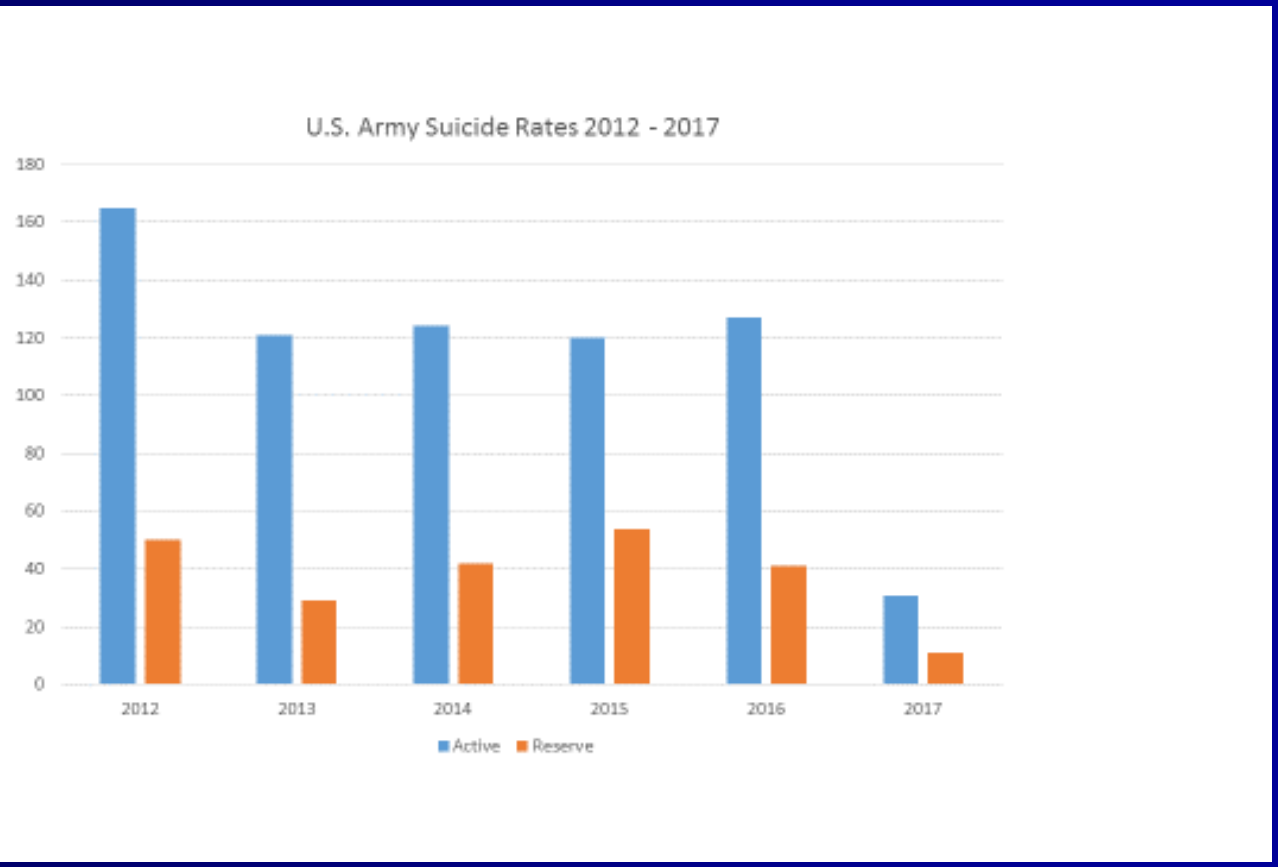
MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR MILITARY PERSONNEL/QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale

- Total force roll-out
- In the hands of whole community
- ALL support workers: lawyers, financial aid counselors, chaplains

EOD - Facebook

Must Go Beyond Medical Model: Army Suicide Decrease Steeper in Active Duty



Whole Community Systems Approach in the Air Force: Zero Suicide

Support Workers
- Clergy
- Legal Assistants
- Financial Aid Counselors
- Advocates
- Case Managers

Peers & Leadership

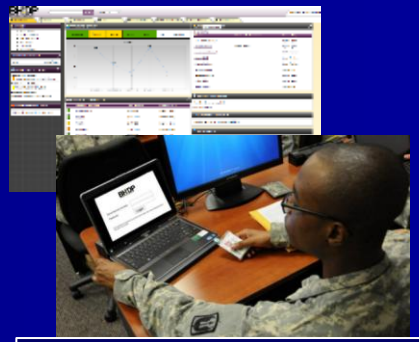
Security/Safety
- Overnights
- Explosive Ordinance Disposal
- Military Police

Spouses

When A Community Comes Together There is Hope

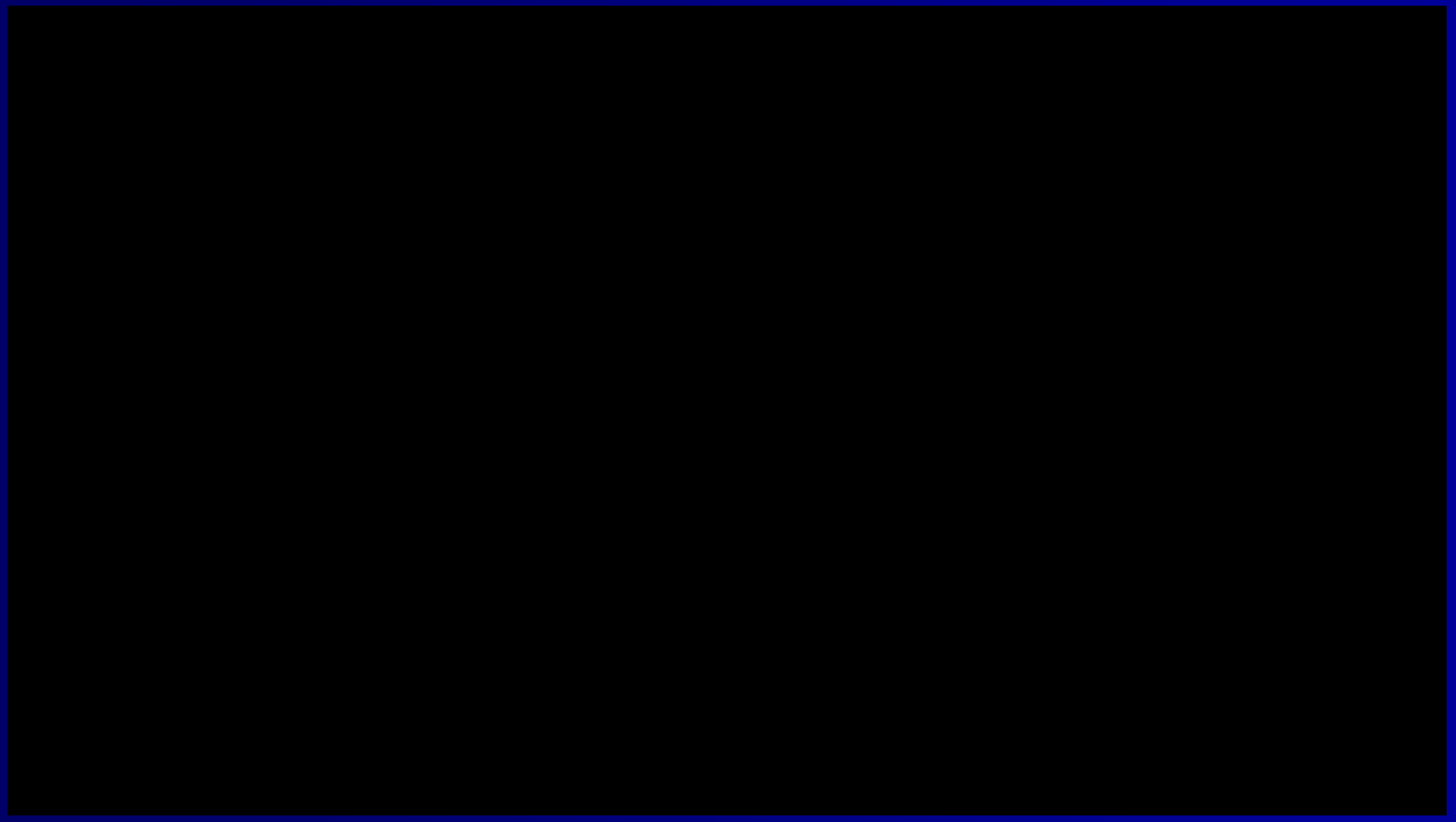
Primary Care, Dentistry

Schools, Child & Family Services



Behavioral Health

Policy/Training Chaplains Remote - Peer to Peer in the USAF



Community Approach: On-Post/Off-Post Connections Ft. Carson Model

On-Post

- BH Providers in Schools

- Non-hospital Soldier assessment and care agencies

Training Together
Improved Communication

Off-Post

- Outpatient BH Clinics

- Hospital Screening

County-Wide Dissemination

One Example: Lapeer County, Michigan

"Complete Blanket Coverage"

**Especially critical in rural areas*

- Highest rates of suicide
- Large populations, spread out across great distances
- Less consistent access to primary care
- Closest physicians may be several hours away and overburdened
- High rates of gun ownership

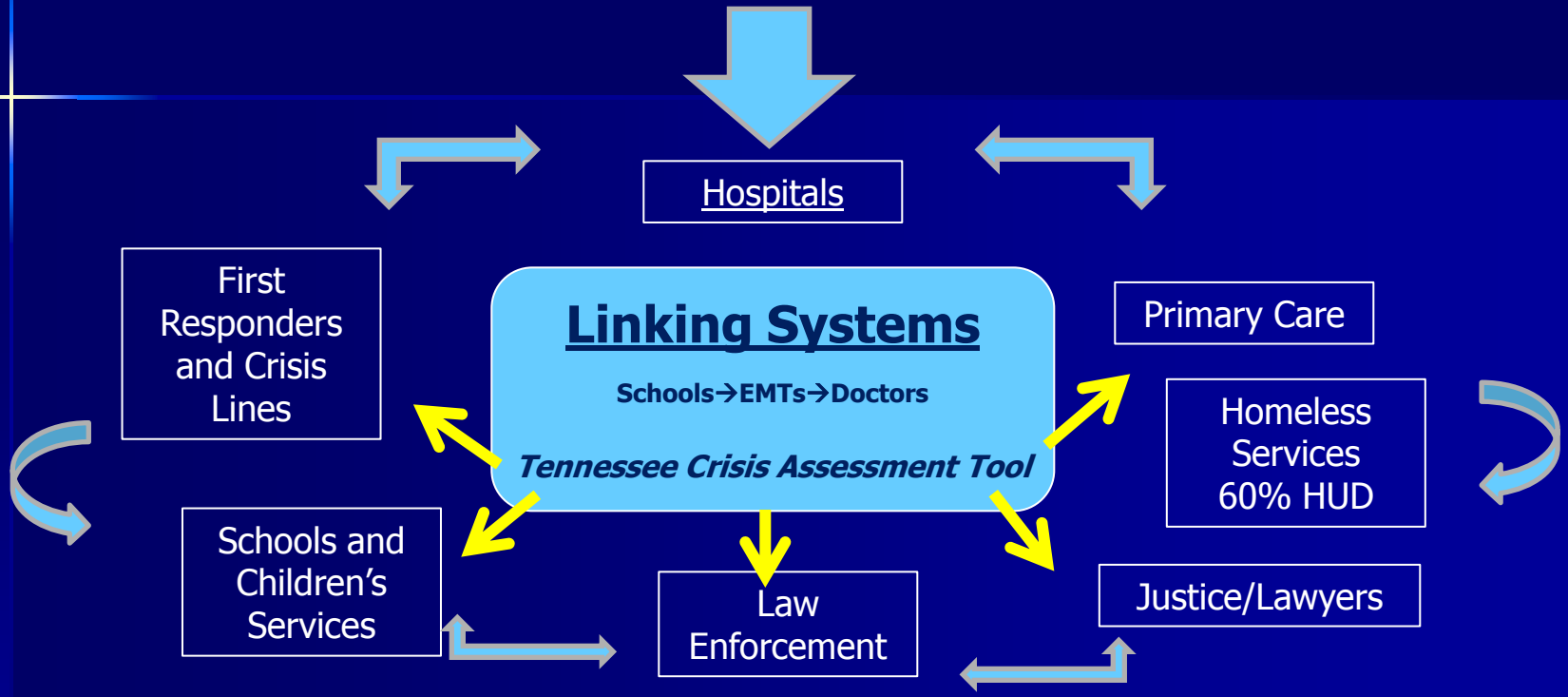
- Court workers
- Mental health workers
- K-12 school staff: teachers, bus drivers, cafeteria workers, etc.
- Clergy
- Law enforcement
- ER staff
- Child welfare workers
- Police Officers, Sheriff, Road Patrol, Village & State Troopers

*** All first responders:** *EMT, Fire Department, Police Officers, etc.*

When A Community Comes Together There is Hope: Linking of Systems

Department Health & Mental Health

Provider By Provider | **All Services** | **Between Services** | **All Systems of Care**



Policy at the state level, even legislation: 45-50 States

" …made a big difference. Historically, "turfed out" to their psychologist. However, after the entire team ….**discussions about suicide became more team wide and robust**. Everyone was now providing observations and ideas about suicide risk management and **wanting to take responsibility for client care."** – OMH, NY

The Power of Asking…

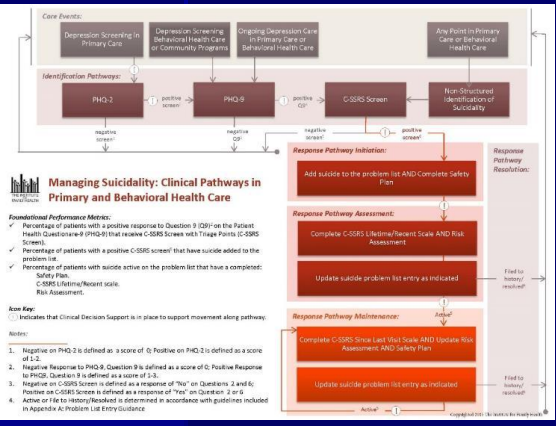
The largest provider of outpatient community behavioral healthcare in the United States reduced their suicide rates 65% over 20 months.

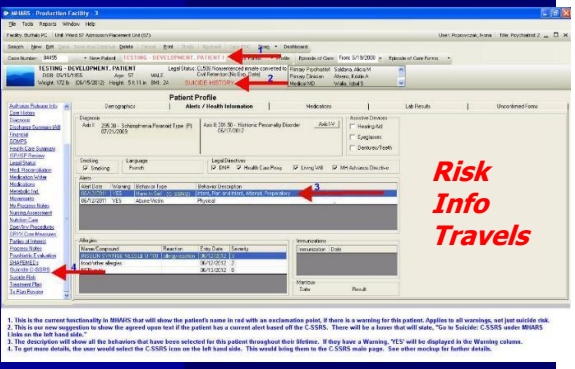
U.S.News & WORLD REPORT

The Care Pathway:

"with so many patients its like mining for gold and the Columbia is the sifter"

Alerting System… suicide reduction in primary care





CENTERSTONE

Clinical Pathway for Suicide Prevention

Intake	Therapy Appointment	Case Management	Medical Provider
Lifetime/Recent Screening Questions	Since Last Visit Screening Questions	Since Last Visit Screening Questions	Since Last Visit Screening Questions

Positive Screen above results in full C-SSRS and placement in Clinical Pathway
4 or 5—past month
6—past 3 months

- Populate in EHR in **purple**
- Weekly Therapy
- Crisis Management Plan with Means Restriction Education

No-show results in placement on **Suicide Pathway Referral Follow-Up Report** where specialists continuously reach out to client to assess with C-SSRS and re-engage which **never shuts down**

Alert and Monitoring System

The Electronic Health Record (EHR) is designed to offer assistance to providers assessing service recipients for high suicide risk. Based on information collected in the applicable Columbia SSRS tool, a service recipient can be identified as being at high risk for suicide. Those who will be considered at high risk for suicide will have a positive endorsement of **either** of the following (research found these to be highly predictive of completed suicides):

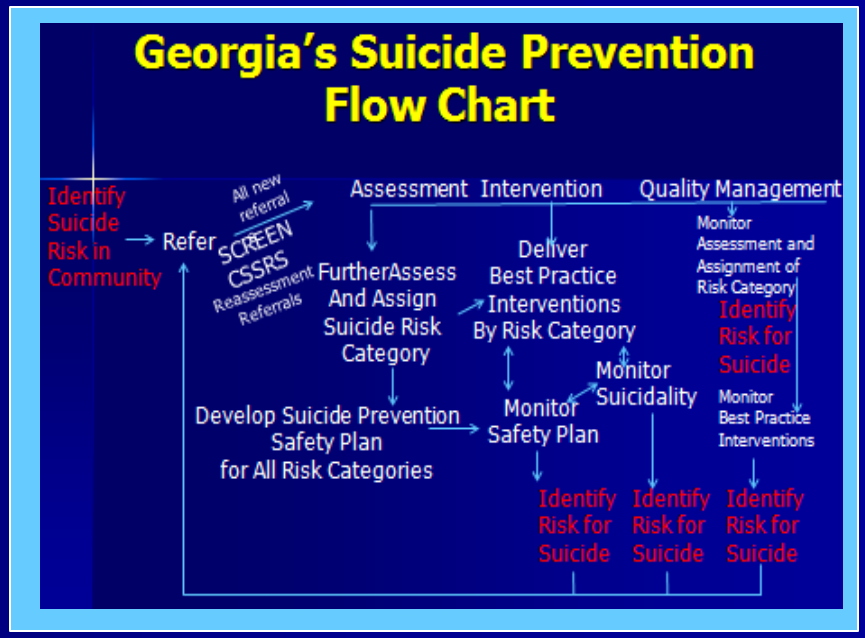
A positive endorsement, relative to the past 30 days, in the "Suicidal Thoughts" section of item # 4 (Have you had these thoughts and had some intention of acting on them?) or item # 5 (Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?).

A positive endorsement, relative to the past 90 days, in the "Suicide Behavior" section of item # 6 (Have you ever done anything, started to do anything, or prepared to do anything to end your life?).

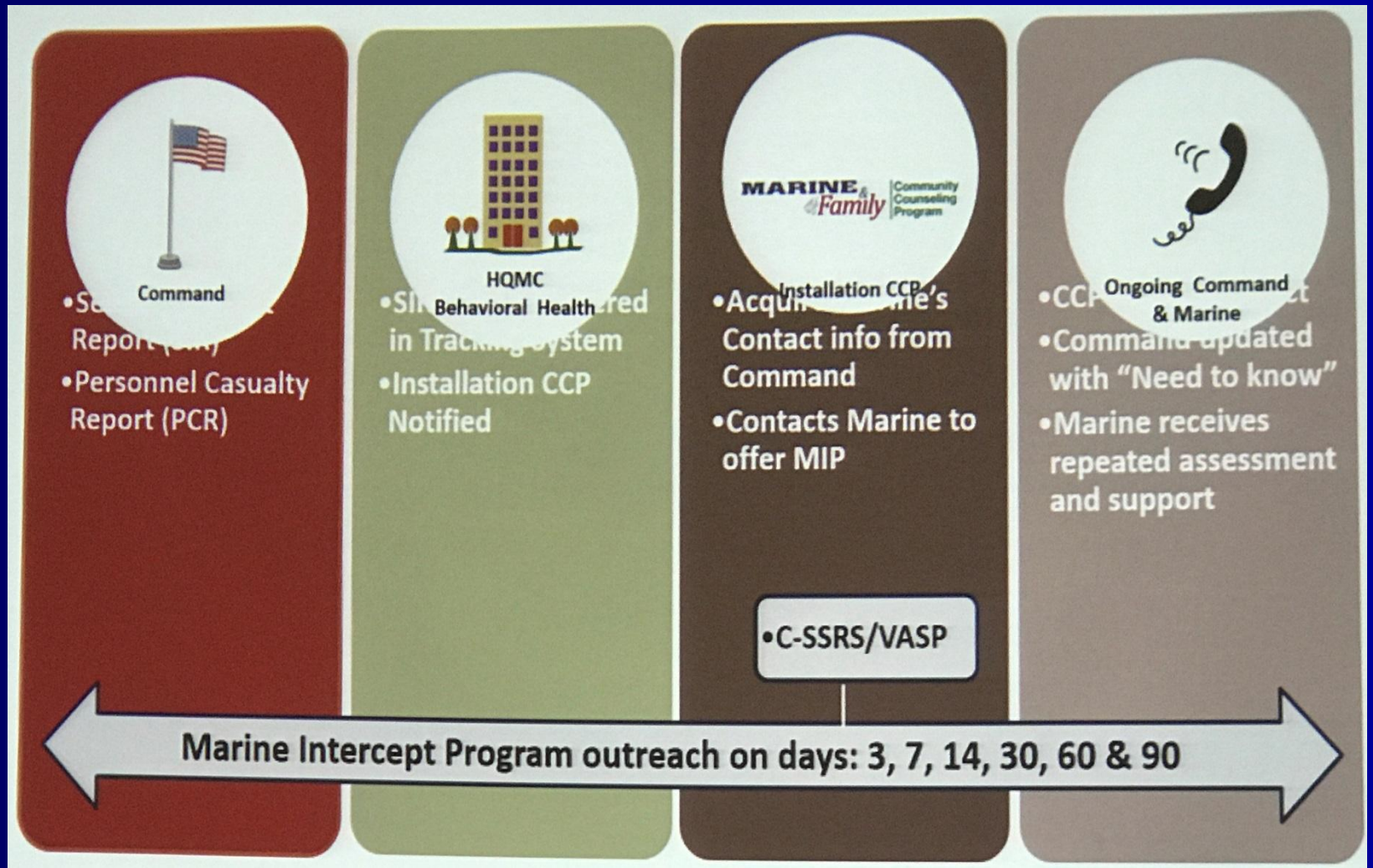
"AIM" Assessment, Intervention and Monitoring

Georgia DBHDD Implementation Plan

1. Introduced Statewide
2. Overview by Region and regional support
3. Policy development at state level for **all Medicaid providers**
4. Provider by Provider implementation
5. Providers implement in all services, between services, and in systems of care

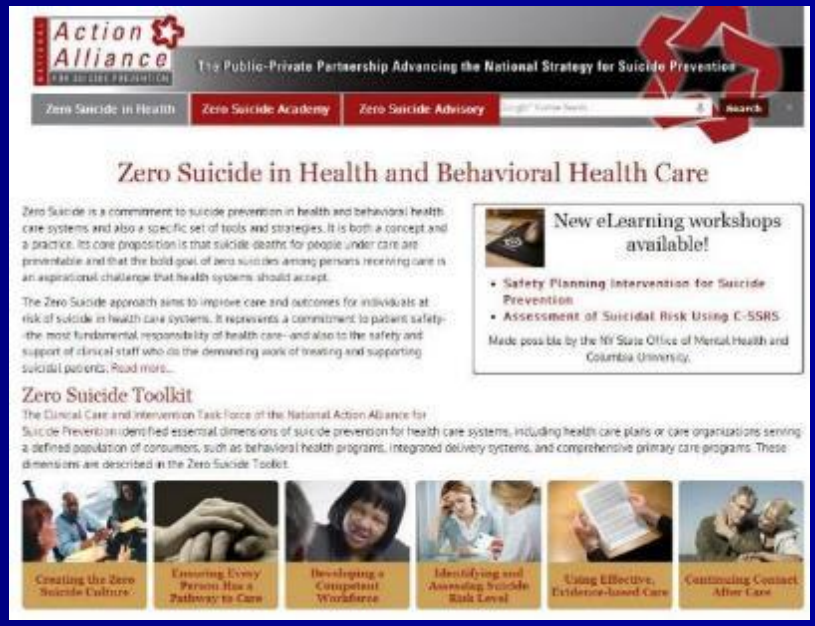


Marine Intercept Program and C-SSRS Implementation Cycle



Public-Private Partnership: National Action Alliance – Toolkit for Zero Suicide

- NY- Eval of recent suicides all same picture: *No good risk assessment, no safety plan, no warm hand-off*
- Organizational vision of zero suicides
- C-SSRS and Safety Planning to be used in training <u>all</u> staff to screen *all patients* statewide



Policy connects risk level from Columbia to Safety Planning

Standardization Across Services: "Services Learning From Each Other"

-Director, Defense Suicide Prevention Office, Department of Defense

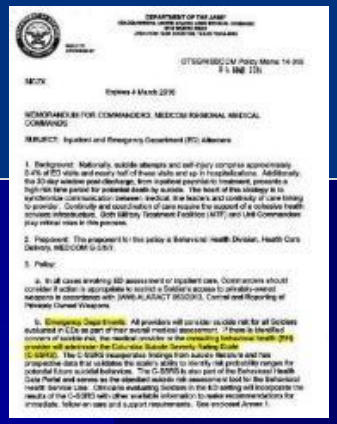
-Director of 21st Century Sailor Office, U.S. Navy

-Director of Marine and Family Programs Division, United States Marine Corps

https://youtu.be/wnoAMC4voLI

Central to National Strategy: Military-Wide Instruction

Recommendation to Tri-Service Surgeon Generals for Use in All Treatment Facilities



Medcom Required in ED

Behavioral Health Data Portal: Over 2 Million Screens

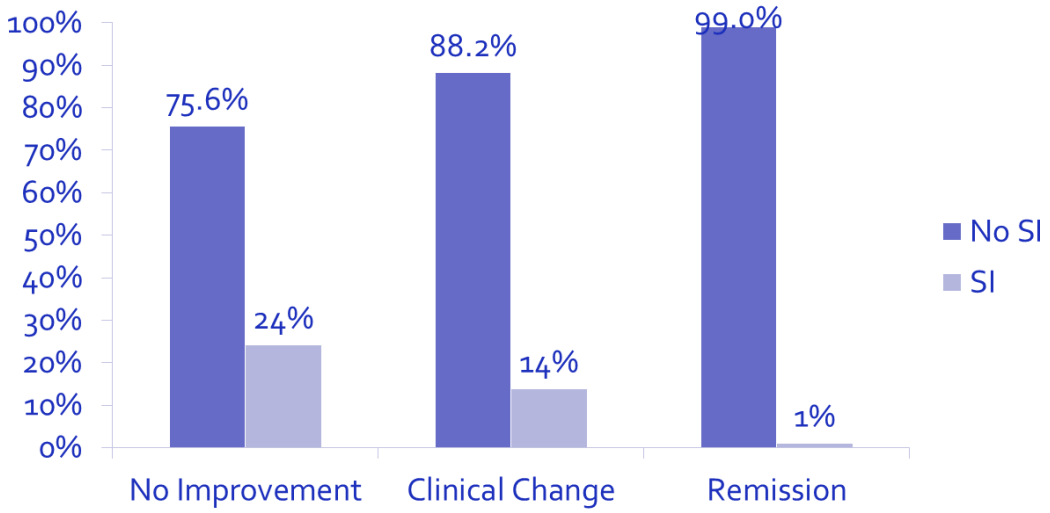
ARMY MEDICINE
Bringing Value...Inspiring Trust
BHDP

"There is literally no other suicide screening measure that has as much predictive capability of future suicidal behaviors, is feasible for executing in the real-world, and as immediately clinically useful in saving lives."

- Millard Brown

Tracking Improvement During Treatment

U.S. Army PTSD Treatment Outcome



Ketamine Treatment for SI/SB

THE JOURNAL OF CLINICAL PSYCHIATRY

Rapid and Sustained Reductions in Current Suicidal Ideation Following Repeated Doses of Intravenous Ketamine:

Secondary Analysis of an Open-Label Study

Dawn F. Ionescu, MD[a,d,*]; Michaela B. Swee, BA[a]; Kara J. Pavone, BS[a,b]; Norman Taylor, MD[b,d]; Oluwaseun Akeju, MD[b,c]; Lee Baer, PhD[a,d]; Maren Nyer, PhD[a,d]; Paolo Cassano, MD[a,d]; David Mischoulon, MD, PhD[a,d]; Jonathan E. Alpert, MD, PhD[a,d]; Emery N. Brown, MD, PhD[b,d]; Matthew K. Nock, PhD[c,d]; Maurizio Fava, MD[a,d]; and Cristina Cusin, MD[a,d]

It's not just about depression, higher C-SSRS correlates with higher behavioral health symptom distress across domains

Helping Cadets

Navy Chief of Chaplains office screened all Coast Guard Cadets anonymously & communicated results to leadership

"Due to the results, they were given the resources to conduct better-than usual prevention training. Training **resulted in several Cadets coming forward to ask for help."**

Highlights Across the Military…

Non - Medical

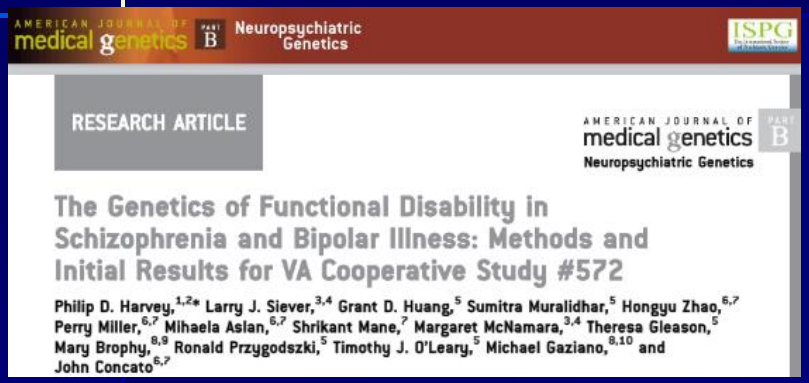
- ACE Schools
- C Schools
- Independent Duty
- Chaplains
- VASP
- Peer to Peer
- Unit Commanders
- Navy SAIL
- Marine Intercept Program

Medical

- Primary Care
- Tri Service
- Navy Corpsman
- Mental Health
- Army Emergency Department Mandate
- Essentris

Navy: embedded mental health…in submarines, now care comes to them

VA System: C-SSRS in the Study and Identification of Suicide Risk


AMERICAN JOURNAL OF medical genetics PART B Neuropsychiatric Genetics

RESEARCH ARTICLE

AMERICAN JOURNAL OF medical genetics PART B Neuropsychiatric Genetics

The Genetics of Functional Disability in Schizophrenia and Bipolar Illness: Methods and Initial Results for VA Cooperative Study #572

Philip D. Harvey,[1,2*] Larry J. Siever,[3,4] Grant D. Huang,[5] Sumitra Muralidhar,[5] Hongyu Zhao,[6,7] Perry Miller,[6,7] Mihaela Aslan,[6,7] Shrikant Mane,[7] Margaret McNamara,[3,4] Theresa Gleason,[5] Mary Brophy,[8,9] Ronald Przygodszki,[5] Timothy J. O'Leary,[5] Michael Gaziano,[8,10] and John Concato[6,7]

Tennessee Valley VA Healthcare System:

"Valuable tool to ensure that necessary steps were ***taken to safeguard an individual or return them back home with support. It can help avoid unnecessary hospitalization or save a life."***

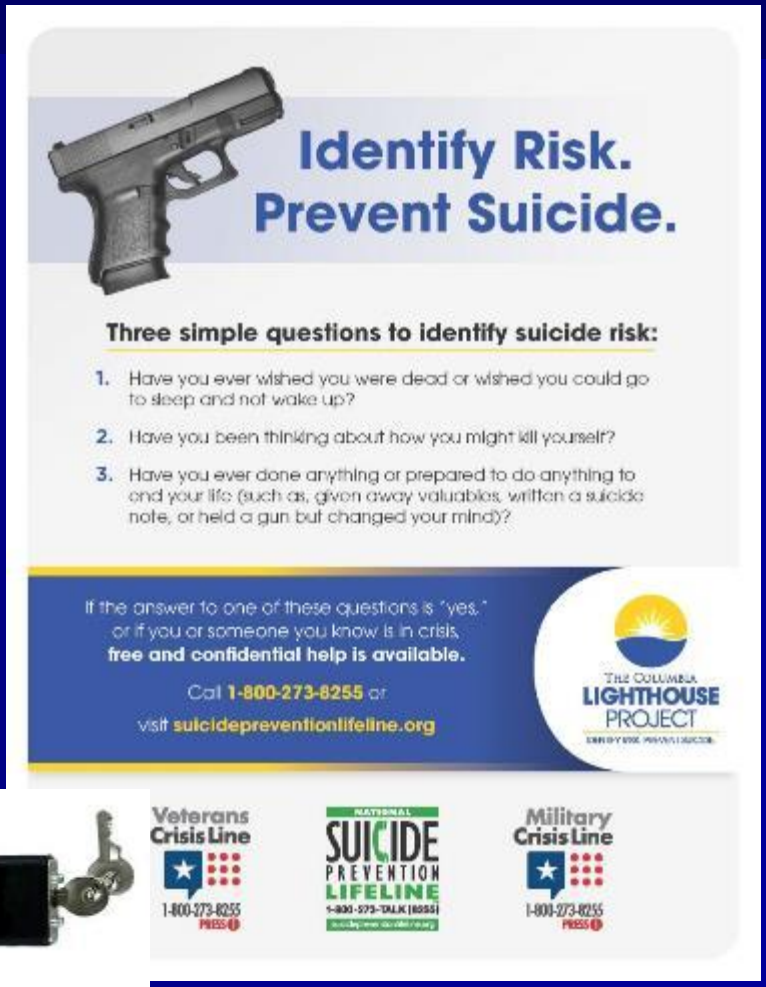
- 8,000 Veterans in the VA system
- NO suicides during 4-year monitoring
- 3 of 8,000 Vets (.03%) high risk
- 3.65% of 4000 Vets with Schizophrenia had ideation with intent
- 46% had any lifetime behavior

The Power of Asking: The Gun Buyer Wants to Be Saved

Working with gun community to ask……

An estimated 55 million Americans own a firearm

2/3 of gun deaths are suicide



The Power of Asking- Help Address One of Our Nation's Prominent Crises

Over 1000 Mass Shootings in the US Since Sandy Hook Alone

Up to 90% of school shooters had history of suicide attempts or thoughts prior to attack

The Power of Asking: Orlando Hostage Negotiators Seek Guidance in the Wake of Tragedy

Many hostage takers are suicidal

"both identifying those in crisis and in enabling us to keep more personnel out on the street instead of in the mental health facility….. can reduce law enforcement officer suicide rates with this tool as well."

- Lieutenant/ Crisis Negotiations Commander

Impact on Care Delivery and Service Utilization…

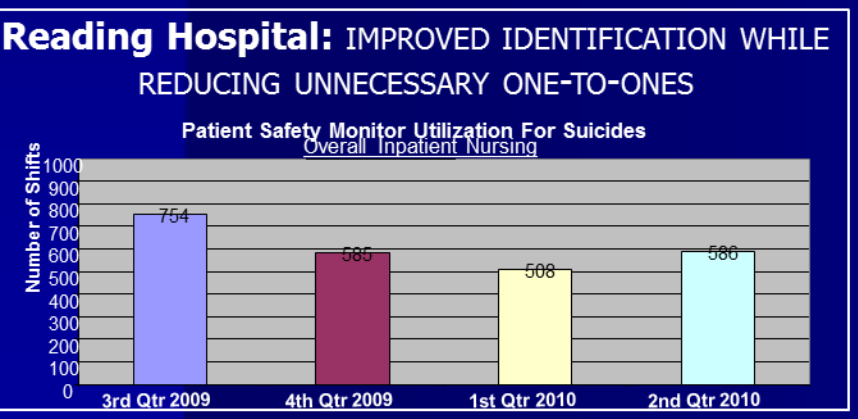
Research Supported Thresholds for Imminent Risk Identification

Operationalized criteria for triage and next steps whatever they may be (e.g. referral to mental health, one-to-one, etc.)

Indicated clinical management response

Implications:
Determining if able to return "fit for full duty"
Ability to deploy

Reading Hospital: IMPROVED IDENTIFICATION WHILE REDUCING UNNECESSARY ONE-TO-ONES



COLUMBIA-SUICIDE SEVERITY RATING SCALE
Primary Care Screen with Triage Points

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past month YES	NO
Ask questions that are in bold and underlined.		
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide. "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan." ***Have you had any actual 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) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*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.*" ***Have you been thinking about how you might do this?***		
Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question ***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 3 months?***	Lifetime / Past 3 Months	

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Disposition:
- Behavioral Health Referral
- Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Behavioral Health Consultation and Patient Safety Precautions

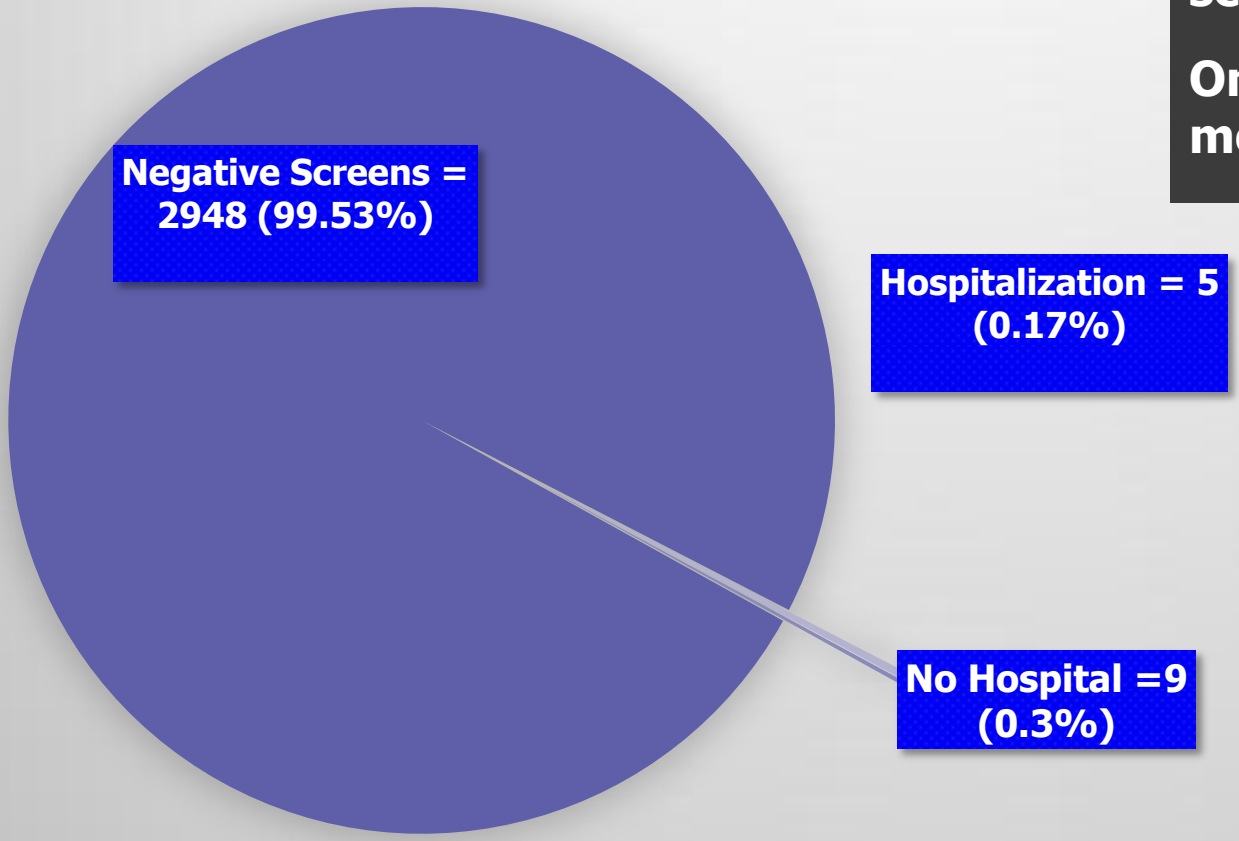
Questions Used to Facilitate Appropriate Care

http://youtu.be/fx3N3uDUQbo

Screening Vets with C-SSRS: Only .17% Required Referral to More Acute Care

Only 14 out of 2962 screened positive (.47%)

Only 5 (.17%) required more acute care



VA SAFE-VET demonstration project – First large-scale study of C-SSRS in the VA
Bridget Matarazo and Lisa Brenner Severity, Intensity and Behavior subscales predict suicidal behavior 6 months later

Connecticut Army National Guard

- Policy - used in every soldier-soldier and leadership-soldier interaction.
- Over 3000 screenings completed in PHA Oct 2014-Sept 2015 identifying 11 soldiers needing assistance.
- **No suicides** in any of those screened

Improving Suicide Screening at the Cleveland Clinic through Electronic Self-Reports: PHQ-9 and the Columbia-Suicide Severity Rating Scale (C-SSRS)

Irene L. Katzan[1], M.D.; Adele C. Viguera[1], M.D., M.P.H; Taylor Burke[2], B.A.; Jacqueline Buchanan[2], A.B.; Kelly Posner[2], Ph.D.
[1]Cleveland Clinic [2]Columbia University Medical Center

Improved Identification with Decreased False Positives

PHQ-9 Suicide Item: Thoughts that you would be ***better off dead*** or of ***hurting yourself*** in some way

Outpatient Psychiatry Pilot – Self Report Computer Version (523 Encounters)

- 6.2% positive screen on C-SSRS
  vs.
- 23.8% endorsed item #9 of PHQ-9

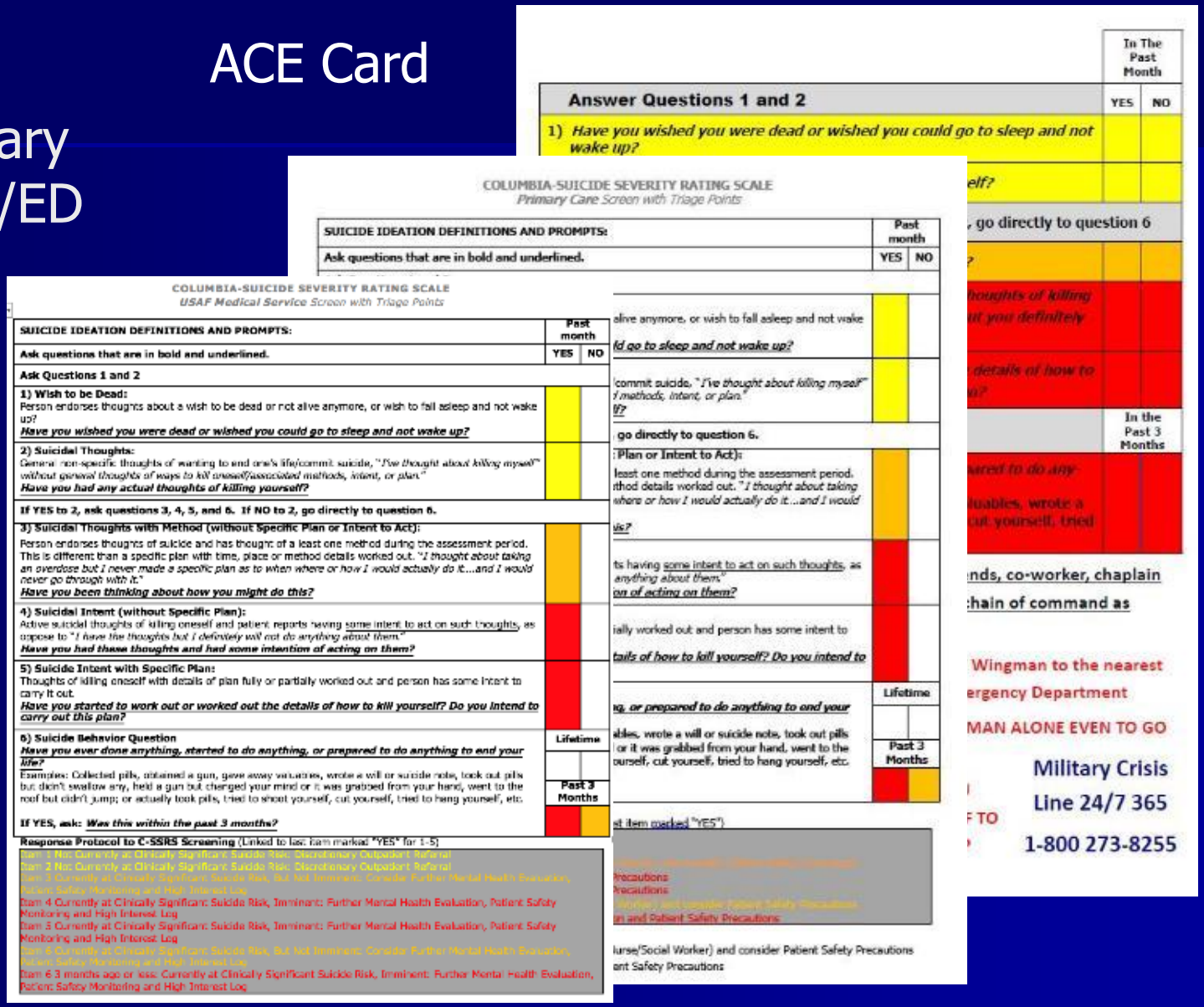
Most, but not all, of the positive Columbia screen patients endorsed #9 of PHQ9 e.g. Cases were missed

Flexible Toolbox: Same Triage Points – Unique Next Steps

ACE Card

Primary Care/ED

USAF Medical Service Screener with Triage Points



Easily Integrated into Existing Checklists

California corrections department spent approx. **$24 million in 2010** on a suicide-watch program, which they believe **could be cut in half by these methods**

MENTAL STATUS SCREENING

The following six questions ask about how you have been feeling. For each question tell me if you have felt this way NONE of the time, A LITTLE of the time, SOME of the time, MOST of the time, or ALL of the time.

In the past 30 days about how often did you feel...	NONE	A LITTLE	SOME	MOST	ALL
1. ...nervous?	0	1	2	3	4
2. ...hopeless?	0	1	2	3	4
3. ...restless or fidgety?	0	1	2	3	4
4. ...so depressed that nothing could cheer you up?	0	1	2	3	4
5. ...that everything was an effort?	0	1	2	3	4
6 ...worthless?	0	1	2	3	4
TOTAL SCORE FOR 1-6 = ____ Column Total =					

In the past month:	YES	NO
7. ...have you wished you were dead, or wished you could go to sleep and not wake up?		
8. ...have you *actually* had any thoughts of killing yourself?		
If NO to Question 8, SKIP to Question 12		
9. ...have you been thinking about how you might do this?		
10. ...have you had these thoughts and had some intention of acting on them?		
11. ...have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
12. Have you ever done anything, started to do anything, or prepared to do anything with any intent to die? (*For example collected pills or a razor blade, made a noose, given things away, or written a goodbye or suicide note.*)		

If YES, ask: How long ago did you do any of these things?

- ☐ More than one year ago?
- ☐ Between three months and one year ago?
- ☐ Within the past month?

13. If YES, ask: How many times have you done any of these things? ☐ times

Scoring Rules

1. If the total of 1 thru 6 = 8 to 12 → ROUTINE REFERRAL
2. If the total of 1 thru 6 = 13 to 17 → URGENT REFERRAL
3. If the total of 1 thru 6 >= 18 → EMERGENT REFERRAL

Questions 7-13

4. If item 7 = YES → ROUTINE REFERRAL
5. If item 8 or 9 = YES → URGENT REFERRAL
5. If item 10 or 11 = YES → EMERGENT REFERRAL
6. If item 12 = More than one year ago → ROUTINE REFERRAL
7. If item 12 = 3 month to 1 year ago → URGENT REFERRAL
8. If item 12 = Within past month → EMERGENT REFERRAL
9. If item 13 = 2 or more → URGENT REFERRAL

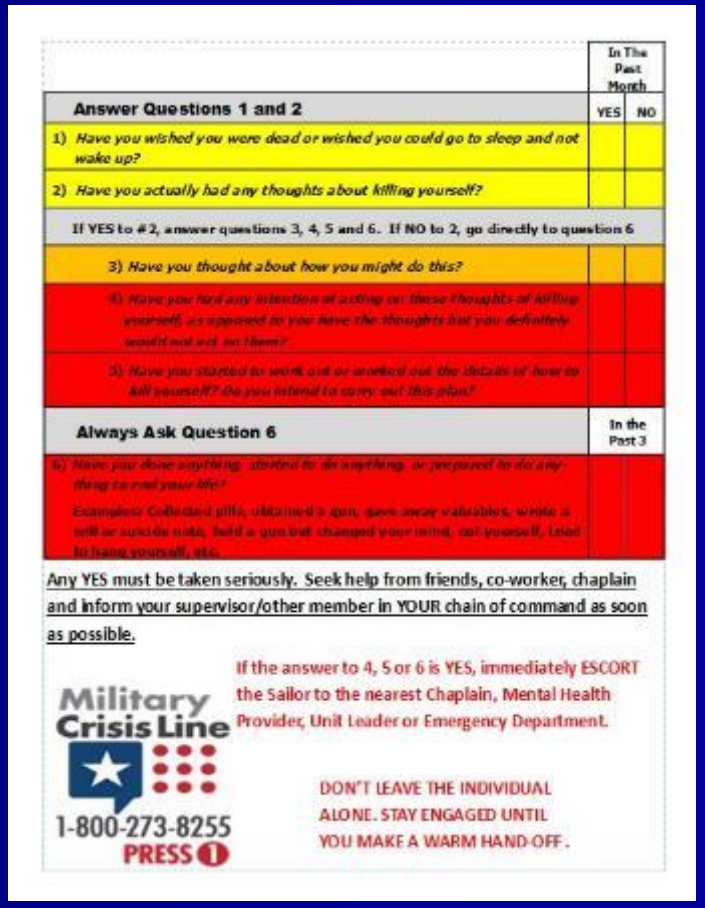
Instructions

1. Ask ONLY non-MHSDS inmates
2. Ask all questions just as they are written.
3. All questions (except 12) apply to the last 30 days.
4. Repeat questions as necessary.
5. Score questions 1-6 by totaling the numbers in the boxes.
6. Questions 7-12 are YES/NO.
7. Use the scoring rules to determine need for referral for further evaluation.
8. If the inmate refuses → EMERGENT referral.
9. In all cases, use best judgment to refer – no matter the answers to the questions.

Signature of Person Completing Form _____ Date _____ Time _____

Printed Name of Person Completing Form _____ Inmate Name & CDCR Number _____

DoD and Military ACE Cards for use across all military branches



Answer Questions 1 and 2	In The Past Month: 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?*		
Always Ask Question 6	**In the Past 3**	
6) *Have you 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, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		

Any YES must be taken seriously. Seek help from friends, co-worker, chaplain and inform your supervisor/other member in YOUR chain of command as soon as possible.

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

If the answer to 4, 5 or 6 is YES, immediately ESCORT the Sailor to the nearest Chaplain, Mental Health Provider, Unit Leader or Emergency Department.

DON'T LEAVE THE INDIVIDUAL ALONE. STAY ENGAGED UNTIL YOU MAKE A WARM HAND-OFF.

Breaking the Silence

When We "Just Ask" We Break the Silence and Give Permission to Connect and Build a Path to Openness and Resilience Across Generations

"This is not only saving millions of lives, it is literally changing the way we live our lives, breaking down barriers that have been built over thousands of years. But we are just one nation and every nation deserves this lifesaving tool."

Common Language in an Intervention in and of Itself: Peers Helping Each Other

- Building buddy-to-buddy quick-response support systems
- "Just Ask" is much more than a screening intervention
- Common language builds connections
- It's a method with a message that fights loneliness and hopelessness that cause suicide.

For questions and other inquiries, email: posnerk@nyspi.columbia.edu

Website address for more information:

www.cssrs.columbia.edu