VA/DOD Clinical Practice Guidelines (CPG) for the Assessment and Management of Patients at Risk for Suicide (2019)

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Disclosure Statement

This presentation is based on work supported, in part, by the Department of Veterans Affairs, but does not necessarily represent the views of the Department of Veterans Affairs or the United States Government.

22 Recommendations

- Strength of the recommendations follows the level of evidence
  - 4 domains used to determine strength and direction of the evidence
    - Relative strength (Strong or Weak)
    - Direction (For or Against)

- In many cases, sufficient research has yet to be conducted; thereby highlighting an opportunity to engage in continued rigorous efforts to evaluate practices to augment the existing evidence-base

Evidence-Based Process

- VA and DoD Multi-disciplinary experts
- 12 Key Questions
- Systematic Review of the Evidence (conducted by independent third party)
- Evaluation of individual studies (U.S. Preventive Services Task Force (USPSTF))
- Evaluation of the body of evidence (Grading of Recommendations, Assessment, Development and Evaluations (GRADE))
- Peer Review Process

Organization of the Recommendations

- Screening and Evaluation (5)
- Risk Management and Treatment (12)
  - Non-Pharmacologic (4)
  - Pharmacologic (3)
  - Post-Acute Care (3)
  - Technology-Based Modalities (2)
- Other Management Modalities (5)
  - Population & Community-Based Interventions

Exemplar Recommendations by Area

Screening and Evaluation

- We recommend an assessment of risk factors as part of a comprehensive evaluation of suicide risk, including but not limited to: current suicidal ideation, prior suicide attempt(s), current psychiatric conditions (e.g., mood disorders, substance use disorders) or symptoms (e.g., hopelessness, insomnia, and agitation), prior psychiatric hospitalization, recent bio-psychosocial stressors, and the availability of firearms.”
- Strong For

Risk Management and Treatment Non-Pharmacologic

- We recommend using cognitive behavioral therapy-based interventions focused on suicide prevention for patients with a recent history of self-directed violence to reduce incidents of future self-directed violence.
  - Strong For

- We suggest offering Dialectical Behavioral Therapy to individuals with borderline personality disorder and recent self-directed violence.
  - Weak For

Risk Management and Treatment Non-Pharmacologic

- We suggest completing a crisis response plan for individuals with suicidal ideation and/or a lifetime history of suicide attempts.
  - Weak For

Crisis Response Planning vs. Safety Planning

CRP	SPI
• Semi-structured interview of recent suicidal 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, caregivers, 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 prevention lifeline (1-800-273-8255) • Referral to treatment including follow up appointments and other referrals as needed	• Semi-structured interview of a recent suicidal crisis • Recognizing warning signs of an impending suicidal crisis • Recognizing how an increase and decrease in suicidal risk provides an opportunity to engaging in coping strategies • Employing internal coping strategies without contacting another person for distraction from suicidal thoughts • Utilizing social contacts and social settings as a means of distraction from suicidal thoughts • Utilizing family members, caregivers or friends to help resolve the crisis • Contacting mental health professionals or agencies, including crisis intervention services (e.g., the Veteran/Military Crisis Line: 1-800-273-8255) • Limiting access to lethal means ○ Consider prescribing naloxone for patients at risk for opioid overdose (see VA/DoD Opioid Therapy CPG[12])

Abbreviations: CPG: clinical practice guideline; CRP: Crisis Response Planning; DoD: Department of Defense; SPI: Safety Planning Intervention

Risk Management and Treatment
Pharmacologic Treatments

- In patients with the presence of suicidal ideation and major depressive disorder, we suggest offering ketamine infusion as an adjunctive treatment for short-term reduction in suicidal ideation.
  - Weak For

- We suggest offering lithium alone (among patients with bipolar disorder) or in combination with another psychotropic agent (among patients with unipolar depression or bipolar disorder) to decrease the risk of death by suicide in patients with mood disorders.
  - Weak For

Risk Management and Treatment
Post-Acute Care

- We suggest sending periodic caring communications (e.g., postcards) for 12-24 months in addition to usual care after psychiatric hospitalization for suicidal ideation or a suicide attempt.
  - Weak For

- We suggest offering a home visit to support reengagement in outpatient care among patients not presenting for outpatient care following hospitalization for a suicide attempt.
  - Weak For

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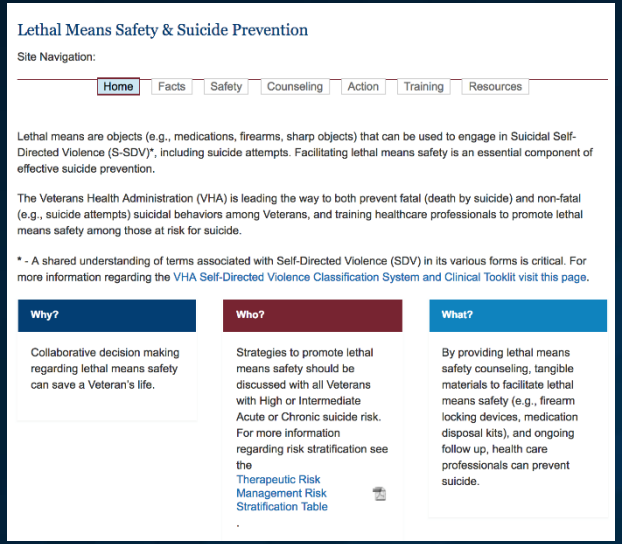
Technology-Based Modalities

- Behavioral health treatment modalities for suicidal ideation
  - Insufficient Evidence
    - Neither for nor against
- Technology-based adjuncts
  - Insufficient Evidence
    - Neither for nor against

Other Management Modalities
Population & Community-Based Interventions

- We suggest reducing access to lethal means to decrease suicide rates at the population level.
  - Weak For



Lethal Means Safety & Suicide Prevention

Site Navigation:

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Lethal means are objects (e.g., medications, firearms, sharp objects) that can be used to engage in Suicidal Self-Directed Violence (S-SDV)*, including suicide attempts. Facilitating lethal means safety is an essential component of effective suicide prevention.

The Veterans Health Administration (VHA) is leading the way to both prevent fatal (death by suicide) and non-fatal (e.g., suicide attempts) suicidal behaviors among Veterans, and training healthcare professionals to promote lethal means safety among those at risk for suicide.

* - A shared understanding of terms associated with Self-Directed Violence (SDV) in its various forms is critical. For more information regarding the VHA Self-Directed Violence Classification System and Clinical Toolkit visit this page.

Why?

Collaborative decision making regarding lethal means safety can save a Veteran's life.

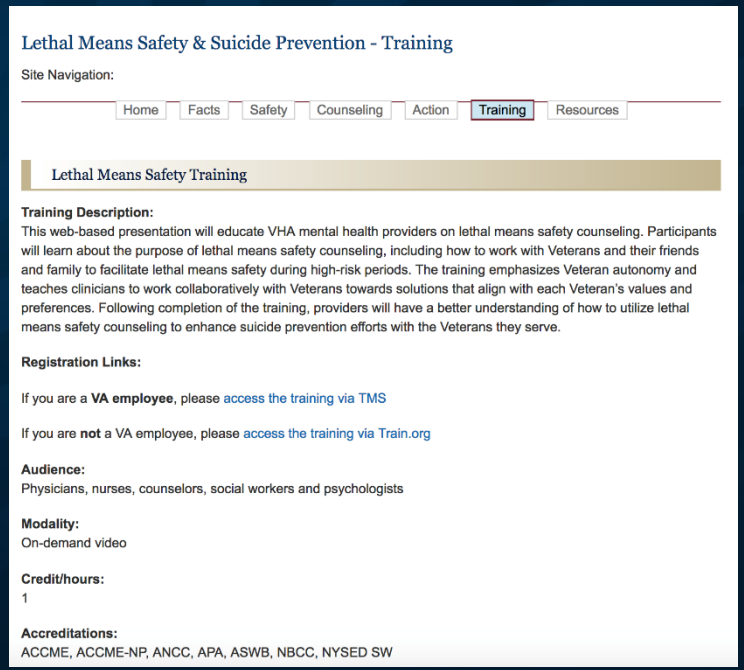
Who?

Strategies to promote lethal means safety should be discussed with all Veterans with High or Intermediate Acute or Chronic suicide risk. For more information regarding risk stratification see the Therapeutic Risk Management Risk Stratification Table .

What?

By providing lethal means safety counseling, tangible materials to facilitate lethal means safety (e.g., firearm locking devices, medication disposal kits), and ongoing follow up, health care professionals can prevent suicide.

https://www.mirecc.va.gov/lethalmeanssafety/training/



Lethal Means Safety & Suicide Prevention - Training

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Lethal Means Safety Training

Training Description:
This web-based presentation will educate VHA mental health providers on lethal means safety counseling. Participants will learn about the purpose of lethal means safety counseling, including how to work with Veterans and their friends and family to facilitate lethal means safety during high-risk periods. The training emphasizes Veteran autonomy and teaches clinicians to work collaboratively with Veterans towards solutions that align with each Veteran's values and preferences. Following completion of the training, providers will have a better understanding of how to utilize lethal means safety counseling to enhance suicide prevention efforts with the Veterans they serve.

Registration Links:

If you are a **VA employee**, please access the training via TMS

If you are **not** a VA employee, please access the training via Train.org

Audience:
Physicians, nurses, counselors, social workers and psychologists

Modality:
On-demand video

Credit/hours:
1

Accreditations:
ACCME, ACCME-NP, ANCC, APA, ASWB, NBCC, NYSED SW

Other Management Modalities
Population & Community-Based Interventions

- There is insufficient evidence to recommend for or against:
  - Community-based interventions targeting patients at risk for suicide.
  - Community-based interventions to reduce population-level suicide rates.
  - Gatekeeper training alone to reduce population-level suicide rates.

  - Neither for nor against

Algorithms

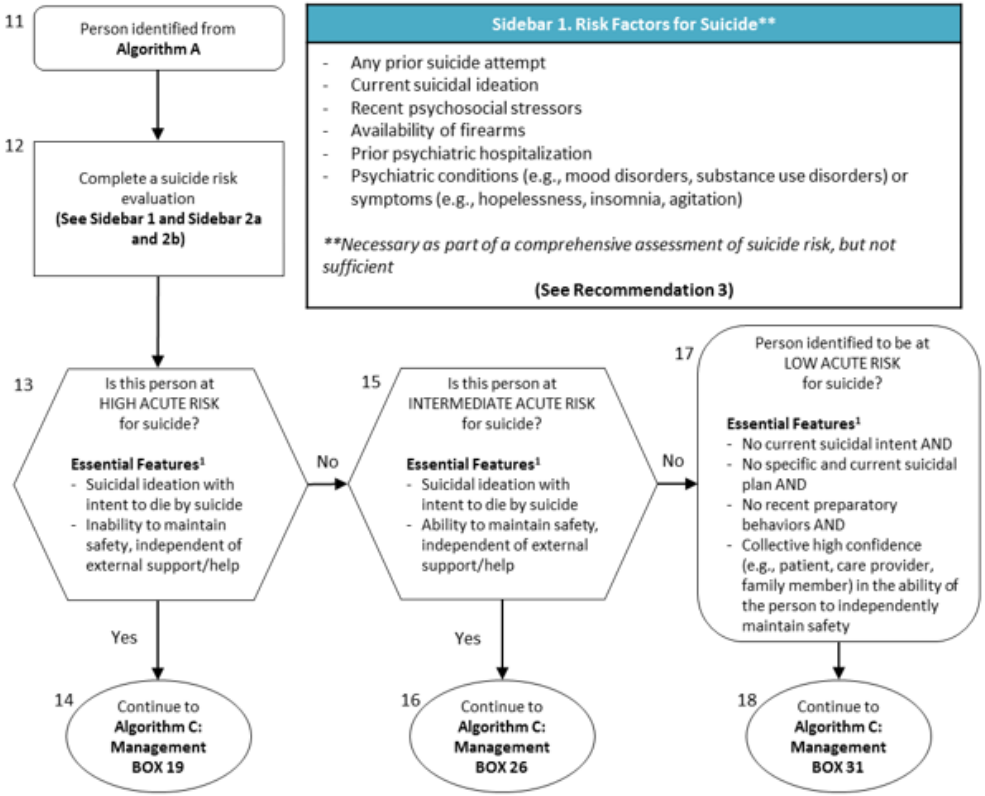
- Algorithmic format outlines step-by-step decision points
- Allows providers to follow linear approaches to critical information

A: Identification of Risk

B: Evaluation by Provider

C: Management of Patient at Acute Risk

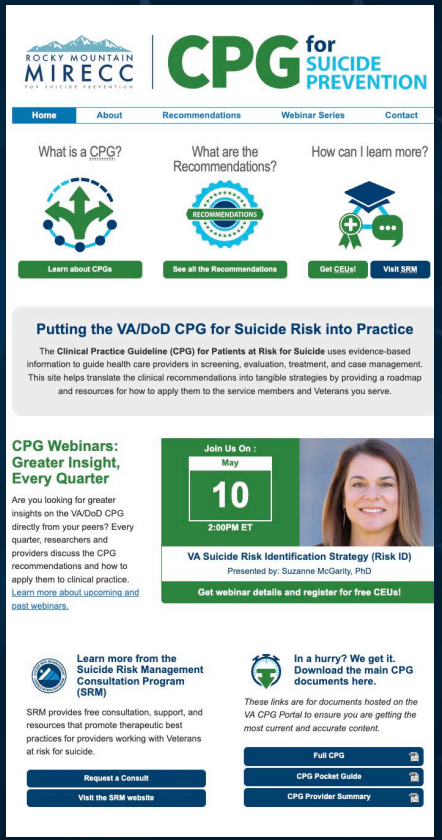
Algorithm B: Evaluation by Provider



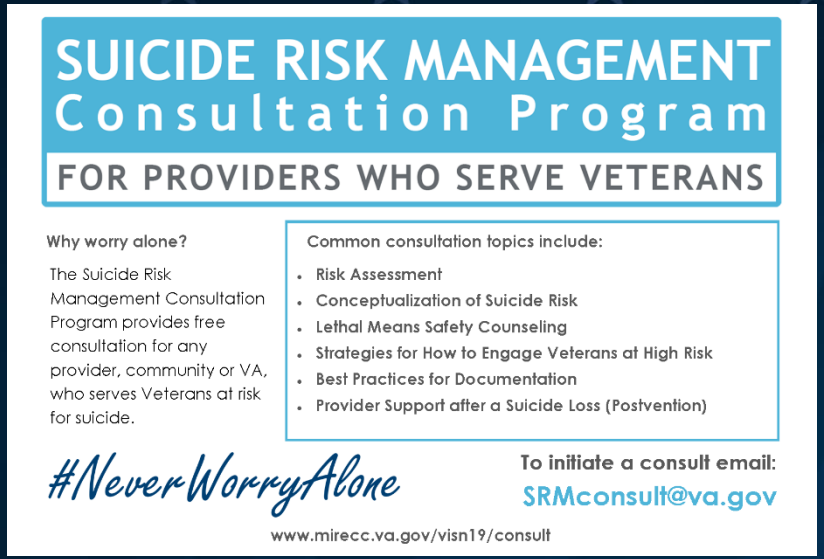
[1]Source: Rocky Mountain MIRECC Therapeutic Risk Management – Risk Stratification Table. Available at: https://www.mirecc.va.gov/visn19/trm/#tool

Support Tools

- Clinician Summary
- Pocket Card
- Patient Education
- Family Education
- Website - https://www.mirecc.va.gov/visn19/cpg/
- Webinars



Work on updating the CPG is underway



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