HEADS UP...

TOPIC: Reduce the Risk of Suicide

***SETTING:* Behavioral Health Care (BHC) Programs**

The Joint Commission

Why is this important?

An important aspect of suicide prevention is screening for suicidal ideation. All individuals served should be screened using a validated tool. Validated screening tools/instruments enable health care professionals to identify traces of suicidal ideation and initiate preventative and individualized care when an individual is identified as being at risk for suicide. Organization policies should identify which tools are appropriate based on the needs of the individuals they serve and should outline the training, education, and competency required for staff who conduct screenings and care for at risk individuals. Proper risk screening and staff competency are both essential processes in reducing the risk for suicide in behavioral health care organizations.

Scope of the Problem:

Time period of inquiries: **January 1, 2020 – December 31, 2020**
Number of full surveys performed: **718**
Number of high and moderate risk findings: 157 (EP 2); 128 (EP 5) = 285 (40%)
Relevant Standard/EP: **NPSG.15.01.01 EP 2 & 5 –** Reduce the risk for suicide. **EP 2** - Screen all individuals served for suicidal ideation using a validated screening tool. **EP 5** - Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. At a minimum, these should include the following: Training and competence assessment of staff who care for individuals served at risk for suicide; guidelines for reassessment; monitoring individuals served who are at high risk for suicide.

Sample survey observations and contributing factors)

- A validated tool was not used to screen for suicidal ideation.
- A "home-grown" screening tool was used to screen for suicidal ideation but was never tested for reliability, validity, sensitivity, and specificity in a research study designed for the purpose of tool validation.
- Suicide prevention policy did not include guidelines for suicide risk reassessments.
- Suicide risk was not reassessed after an individual voiced suicidal ideation *or* made a suicidal gesture.
- Staff performing 1:1 observation for an individual determined to be high risk for suicide had no evidence of training or demonstrated competence.

Potential contributing factors:

- Policies and/or guidelines regarding suicide risk screening, monitoring, and assessment are unclear or outdated.
- Staff was not properly trained or educated to identify risks of suicide and care for individuals served at risk for suicide
- Lack of clear processes for conducting reassessment of staff competence.
- Staff did not have access to validated suicide screening tools or resources.

How to identify potential problems in your organization

Review your policies and procedures

☐ Does the organization have a clearly defined process for identifying/screening individuals at risk of suicide?

- Does the organization use a validated tool(s)/screening instrument to identify those at risk for suicide?
- Was this tool selected based on the needs of the individual/populations served?
- Does the process define what steps should be taken when an individual is identified as being at risk for suicide (e.g. a suicide risk assessment, mitigation recommendations such as observation, 1:1 monitoring, including an environmental risk assessment for items that could be used for self-harm)?
- Does the process define when further assessment of suicide risk is required?

☐ Does the organizational policy identify the training and competence level needed for staff who screen and care for individuals served at risk for suicide?

- Does the policy define what training, education, and competence assessment staff receive for suicide screening and prevention?
- Does the policy outline the process for verifying staff competency and the intervals for competency reassessments?
- Does the policy outline guidelines for assessment and reassessment?
- Does the policy outline monitoring for patients at-risk for suicide?

☐ Does the policy define how the organization monitors staff compliance with suicide risk policies and procedures (e.g. audits, oversight)?

Interview staff

☐ Can staff describe the process in place to screen the risk of suicide among the individuals served? Can staff describe the assessment and reassessment processes?

- Are staff familiar with the validated/tool instrument and how it is used?
- How is suicide screening documented?
- Are staff able to identify the screening triggers that require further assessment?
- What mitigation strategies are implemented when potential risk is identified?

☐ Have staff received training on the screening tool? Can staff demonstrate knowledge of required items/elements of the risk screening process?

☐ Do leaders provide appropriate oversight and ensure risk screenings are completed per organization policy?

Assess and monitor

☐ Monitor the suicide risk screening process to ensure that it is comprehensive (e.g. through observation/auditing/tracing).

☐ Review screening tools and resources to ensure they meet the needs of the individuals/populations served.

☐ Review training and competencies related to risk screening/assessments.

Evaluate implementation

☐ Evaluate the pol for risk screening, assessments, and reassessments annually to ensure that the process is continuously updated.

☐ Review the employee file for someone who was hired within the last year. Does it include documentation of training and competency?

☐ Check the documentation in the medical record of any individual served. Was he or she screened according to policies? Now, choose an individual served who was identified through screening as at risk for suicide. Was a suicide risk assessment done? Was he or she effectively monitored? Did the individual require further assessment and/or reassessment?

What are some resources that can assist in mitigating risks in these areas?

The Joint Commission Suicide Prevention Portal: https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/