Zero Suicide Pathways

***For all clients when discussing and assessing for risk of suicide,** tell the client a variant on the following: "In the event you begin to develop suicidal feelings, here's what I want you to do: First, use the coping strategies that we will discuss, including seeking support from friends, family, your treatment team (including me), other helping professionals, the suicide helpline, etc. Then, if suicidal feelings remain, call Jefferson Center's main number (303-425-0300) 24-7. If, for whatever reason you are unable to access help, or, if you feel that things just won't wait, call 1-844-493-TALK or walk into the Crisis Center."

<table>
<tr><th>Level</th><th>What to Look For*</th><th>What to Do</th></tr>
<tr><td rowspan="2">Low</td><td colspan="2">- Thoughts of death/ suicide ideation, no plan, intent, or behavior.
- Modifiable risk factors, strong protective factors.
- Low, but positive score on the Columbia & PHQ 9</td><td rowspan="2">What's outlined in the flowchart plus
- Give emergency numbers, including 1-800-273-TALK(8255), 1-844-493-TALK(8255), 911, etc.
- Continue to monitor risk in subsequent sessions
- Review current therapeutic intervention/level of care
- Navigation needs assessment and appropriate concrete needs referrals.</td></tr>
<tr><td>- No prior attempts: has suicide ideation of limited intensity and duration, no clear plan to carry out an attempt, no or few other risk factors.</td><td>- Prior attempts with no other current risk factors.</td></tr>
<tr><td rowspan="2">Moderate</td><td colspan="2">- Suicidal ideation with plan, but no intent or behavior.
- Multiple risk factors, few protective factors.
- Moderate score on the Columbia & PHQ 9</td><td rowspan="2">What's listed above plus
- Increase contact with a client to 1x per week (could include phone check-ins, peer interventions, individual sessions, groups, transitions, open clinic, etc).
- Confirm psychiatry appointment is scheduled, assist with seeing if sooner appointment is available and/or refer for these services if not accessed previously.
- Encourage client to seek support from friends/family
- Plan with client for someone to check-in on him/her regularly
- Get client's permission for you to contact the person who will be checking-in</td></tr>
<tr><td>- No prior attempts: has suicide ideation of moderate intensity and duration, and at least two other notable risk factors.</td><td>- Prior attempts with any other notable risk factors.</td></tr>
<tr><td rowspan="2">High</td><td colspan="2">- Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal.
- Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant.
- High score on the Columbia & PHQ 9</td><td rowspan="2">What's listed above plus
- Consult a supervisor or the emergency team before the client leaves the clinic
- Consider emergency mental health options (could include inpatient, PHP, IOP, residential)
- RTC referral for medications
- Weekly appointments with CAMS trained clinician
- Assign a peer specialist for regular phone outreach.</td></tr>
<tr><td>- No prior attempts: has suicide ideation of severe intensity and duration, and at least two other notable risk factors.</td><td>- Prior attempts with any two or more other notable risk factors.</td></tr>
</table>

*Additional information about risk factors listed on page 2 of this document.

Sources: http://www.sprc.org/ Suicide Prevention Resource Center's SAFE-T document
Dr. Thomas Joiner, Florida State University, Dept. of Psychology; Form provided for suicide malpractice training by Ron Zimmet, Esq.

Risk Factors for Suicide

	Low	Moderate	High/Imminent
Ideation	Periodic intense thoughts of death or not wanting to live that last a short while.	Regularly occurring intense thoughts of death and/or wanting to die that are often difficult to dispel.	Thoughts of death or wanting to die are very intense and seem impossible to get rid of.
Plan	No immediate suicide plan. No threats. Does not want to die.	Not sure when, but soon. Indirect threats. Ambivalent about dying.	Has imminent date/time in mind. Clear threats. Doesn't want to live. Wants to die.
Intent	Verbalize no or little intentions of following through with suicidal plan	Verbalizes intentions to follow through, is re-directable and willing to participate in safety planning.	Aborted attempts, rehearsals. Verbalizes intention to complete suicide imminently.
Access to lethal means	Means unavailable, unrealistic or not thought through.	Lethality of method is variable with some likelihood of rescue or intervention.	Lethal, available method with no change for intervention.
Emotional State or Mood	Sad, cries easily.	Pattern of "up & down" mood swings. Rarely expresses any feelings.	No vitality (emotionally numb), emotional turmoil (anxious, agitated, angry).
Level of Emotional Distress	Mild emotional hurt.	Moderately intense	Unbearable emotional distress or despair. Feels rejected, unconnected and without support.
Previous Attempts	None.	One previous attempt. Some suicidal behavior.	Previous attempts.
Isolation	Feels cared for by family, peers and/or significant others.	Minimal or fragile support. Moderate conflict with family, peers and/or significant others.	Intense conflict with family and/or significant others. Socially isolated.
Reason to Live/Hope	Wants things to change and has some hope. Has some future plans.	Pessimistic. Vague negative future plan	Feels hopeless, helpless, powerless. Sees future as meaningless, empty.
Mental Health Symptoms	Irritability, agitation, aggression, impulsivity, anxiety, insomnia		
Triggering Stressors (social/interpersonal)	Humiliation, shame, despair, breakup/relationship problems, financial crisis, recent serious diagnosis, ongoing medical illness, intoxication, family turmoil/conflict, history of physical or sexual abuse.		
Other Risk Factors	Pacing/rocking/repetitive movements, recent change in medication or serious infection, black/white thinking or other distorted thought patterns indicating that processing may be altered. Family/friend history of suicidal behavior. Cultural considerations. Current loss or unresolved grief. Substance use. Recent criminal charges. Negative attitudes regarding help-seeking. Significant others do not take the clients' suicidality seriously. Violence/homicidal ideation. Pattern of impulsive behavior. Current impairment of thinking (psychosis). Giving away possessions.		

Sources:
http://www.health.gov.bc.ca/library/publications/year/2007/MHA_WorkingWithSuicidalClient.pdf (adapted from the Regional MCFD Risk Assessment Form)
http://www.sprc.org/resources-programs/patients-risk-suicide-what-emergency-departments-need-know (Suicide Prevention Resource Center)