UPMC SAFE-T Training
Adapted for Pediatric Primary Care

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Prevalence of Suicide in the U.S.

- 10th most frequent cause of death for all ages
- 2nd leading cause of death for individuals 15-24
- 4,822 youth age 15-24 died by suicide, estimated 100-200 attempts for each death by suicide
- Scope of suicide:

  More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED.
- The total lifetime cost of self-inflicted injuries occurring in 2000 was approximately $33 billion

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Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

pass out SAFE-T wallet cards

Steps of the SAFE-T Model

1. **Identify risk factors** - noting those that can be modified to reduce risk.
2. **Identify protective factors** – noting those that can be enhanced.
3. **Ask specifically about suicide** – suicide thoughts, plans, behaviors, intent.
4. **Determine level of risk and choose appropriate intervention to address and reduce risk.**
5. **Document the assessment of risk, rationale, intervention and follow-up instructions.**

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Step 1: Identify Risk Factors

- Current and Past Psychiatric Disorders
- Key Symptoms
- Suicidal Behaviors
- Family History
- Precipitants/Stressors
- Access to Firearms

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Step 1: Identify Risk Factors

- **Current and Past Psychiatric Diagnoses:** Especially mood disorders (depressed or mixed phase), psychotic disorder, alcohol/substance abuse disorders, Cluster B personality disorders or traits, eating disorders and anxiety disorders. Co-morbidity and recent onset of illness increase risk.
- **Key Symptoms:** Anhedonia, impulsivity, hopelessness or despair, anxiety/panic, global insomnia and command hallucinations.
- **Suicidal Behaviors:** Current suicide ideation, intent, plan, or attempt and prior attempts aborted attempts, suicide rehearsal or non-suicidal self-injury. History of prior suicide attempts, aborted suicide attempts or self-injurious behavior.

Step 1: Identify Risk Factors

- **Family History:** Suicide, attempts (first-degree relatives) or psychiatric diagnoses requiring hospitalization.
- **Precipitants/Stressors:** Triggering events leading to humiliation, shame or despair, (i.e**.,** loss of relationship, financial, or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). History of abuse or neglect. Intoxication.
- **Change in Treatment:** Discharge from psychiatric hospital, provider or treatment change.
- **Access to firearms**

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Step 1: Identify Risk Factors

Physical Illnesses: Certain medical diagnoses and conditions are associated with higher risk of suicide. There should be a low threshold for seeking psychiatric consultation in these situations, particularly in the presence of even mild depressive symptoms.

- Malignant neoplasms
- HIV/ AIDS
- Peptic ulcer disease
- Kidney failure requiring hemodialysis
- Pain syndromes
- Functional impairment including organic brain injuries
- Diseases of nervous system, especially Multiple Sclerosis and Temporal Lobe Epilepsy

Modifying Risk Factors

The following **risk factors can be modified** through treatment and intervention in ways that may reduce suicide risk.

- **Specific psychiatric symptoms:** hopelessness, psychic pain/anxiety, decreased self-esteem, impulsivity, aggression, panic attacks, agitation and psychosis can be treated with medications and psychotherapy.
- **Environmental:** access to firearms and other lethal means of suicide can be restricted. Individuals can be observed until intoxication resolves.
- **Inadequate social supports:** family members and close friends can be educated about illness and resources to provide more social support.

Step 2. Protective Factors

The presence of protective factors may not counteract significant acute suicide risk

Internal: Stress management, hope, coping skills

Cultural and spiritual beliefs that discourage suicide and support life
History of successfully solving problems, resolving conflict and handling disputes
History of tolerating or looking at the bright side of a troubling situation
Plans for the future, other reasons for living
Sense of responsibility to family; children in home; pets
Absence of psychosis
Engaged in treatment for psychiatric, physical and substance use disorders; Willing to access treatment and support
Helpful community and family supports

Caution: Some protective factors are time sensitive

External: pets, family, relations, connections

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Interacting with a Suicidal Individual

Dos	Don'ts
Be yourself	Argue with the suicidal person
Let the person know you care, that he/she is not alone	Act shocked, lecture on the value of life, or say that suicide is wrong
The right words are often unimportant	Promise confidentiality/swear secrecy
Be sympathetic, non-judgmental, patient, calm, accepting	Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings
Reassure the person that help is available	Assume that they won't act upon their thoughts
Share your concerns and create a conversation about the concerns	Refuse to talk about it
Connect with resources 911, crisis agency, ER, etc…	Leave the person alone before you have determined risk(phone or in person)

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Suicidal Cues / Warning Signs

Vast majority of individuals who are suicidal display cues or warning signs. Some cues may include:

- Giving away possessions.
- Withdrawing from family, friends, school, work, etc…
- Loss of interest in hobbies/activities.
- Extreme behavior changes.
- Change/loss of appetite, weight.
- Statements such as: “I just can’t take it anymore”; “All of my problems will end soon”; “No one can do anything to help me now”.

Very important to seek help immediately if you have concerns that an individual may be considering suicide.

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Suicidal Cues

- **Feelings:** anger, lonely, desperation.
- **Thoughts:** escape, no future, talking of death, guilt.
- **Physical Changes:** disturbed sleep, lack of energy, complaints.
- **Behaviors:** reckless, drug/alcohol, withdrawal, changes from typical.
- **Situations:** losses, medical, relationship discord, work/school problems.

Step 3. Ask Specifically About Suicide

Barriers to asking directly about suicide

- Uncertain how to help
- Lack of training
- Lack of resources
- Unsure of next steps; “what if they say yes?”
- Make the focus about us and not the individual and their needs
- Our attitudes/beliefs
- Our experiences/losses related to suicide
- Others

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Step 3. Ask Specifically About Suicide

- Directly asking about suicide
- What's the correct way to ask directly about suicide? DIRECT
  - In the past month, including today, has there been a time when you wish you were dead, had passive suicide thoughts or believed that suicide could be an option for you?
- In order to estimate risk you must understand intent
  - Hurting oneself
  - Killing oneself

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What If They Say “Yes”?

Risk-Stratify by better understanding more about the child or adolescent’s desire to live, reasons to die/disappear,

- Modify Risk Factors (environment & access to means)
- Increase Protective Factors
- Determine appropriate level of care
- Develop Safety Plan; assess individual’s confidence to adhere to the plan and that the plan will keep them safe

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“No Suicide” Contract vs Safety Plan

What’s the Difference?

- “No Suicide” contract: committing to what a person will not do
- Safety plan is a commitment for what a person will do (to stay alive) before or during a suicidal **crisis situation**

Kirkwood & Bennett, The Shift from “No Harm Contracts” to “Safety Plans” for Suicide Prevention and Treatment: A Literature Review; retrieved 6-16.

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Safety Plan Components

- Triggers
- Warning signs
- Relaxation techniques
- Environmental changes
- Means restriction
- Social contacts and settings
- Family supports
- Professional resources

Bare Bones Safety Plan

•Coping skills

•2-3 adults the child can contact

•Crisis number

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Assess and Increase Likelihood Safety Plan Will Be Used.

- Problem solve with the individual to identify barriers or obstacles to using the plan
- Motivation can occur by identify the most helpful aspects of the plan

WICHE; Safety Planning Guide: A Quick Guide for Clinicians

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Step 4. Determine Level of Risk

High Risk include those who:

- Have made a serious or nearly lethal suicide attempt **or**
- Have persistent suicide ideation and/or planning **and**
- Have command hallucinations.
- Are psychotic.
- Have recent onset of major psychiatric syndromes, especially depression.
- Have been recently discharged from psychiatric inpatient unit.
- Have a history of acts/threats of aggression.

Interventions for high risk patients include **(As suggested by SAFE-T model)**

- Assessment of patients medical stability.
- Hospitalization if actively suicidal

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Step 4. Determine Level of Risk

Moderate Risk include those who:

- Have multiple risk factors and few protective factors.
- Display suicidal ideation with a plan, but do not have intent or behavior.

Interventions for Moderate Risk patients include (As suggested by SAFE-T model):

- Admission for inpatient behavioral health treatment may be necessary (depending on risk factors).
- Development of a crisis plan.
- Providing emergency information, including both local and national phone numbers (i.e., National Suicide Prevention Lifeline at 1-800-273-TALK).
- Outside of Allegheny County – provide information and phone number for local crisis services available in that area.

Step 4. Determine Level of Risk

Low Risk include those who:

- Have modifiable risk factors and strong protective factors.
- Have thoughts of death, but do not have a plan, intent or behavior.

Interventions for low risk patients include (As suggested by SAFE-T model)

- Outpatient referral.
- Symptom reduction.
- Providing emergency information, including both local and national phone numbers (i.e., National Suicide Prevention Lifeline at 1-800-273-TALK).
- If living in Allegheny County – provide information and phone number for re:Solve Crisis Network – 1-888-796-8226
- Outside of Allegheny County – provide information and phone number for local crisis services available in that area.

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Suggested SAFE-T Documentation

- Presence or absence of suicidal ideation (SI) and suicidal intent
- Risk/protective factors
- Risk level and rationale
- Plan to address/reduce current risk
- Contact with parents/consultation with colleagues(if it occurred)
- Firearm/means access instructions
- Follow- up & safety plans
- List of emergency contact numbers provided

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References

- American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors.
- The SAFE-T, a suicide assessment protocol for mental health care providers developed by Douglas Jacobs, MD and The Suicide Prevention Resource Center.
- The suicide risk assessment teleconference training sponsored by the National Association of Psychiatric Health Systems (NAPHS).
- *Suicide Assessment Five-step Evaluation and Triage* (2007), developed by Douglas Jacobs, MD, Screening for Mental Health, Inc. in collaboration with the Suicide Prevention Resource Center (SPRC).
- A Resource Guide for Implementing the The Joint Commission 2007 Patient Safety Goals on Suicide Featuring the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) Prepared by Douglas Jacobs, MD CEO and President, Screening for Mental Health, Inc.
- The Joint Commission, Sentinel Event Alert, *Detecting and Treating Suicide Ideation in All Settings*, Issue 56, February 24, 2016.

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