Comprehensive Solutions for Saving Lives:

Enhancing Safety Planning and Lethal Means Safety Practices for Suicide Prevention

Amy Stern, LMSW
Kiersten Gutherman, LLMSW

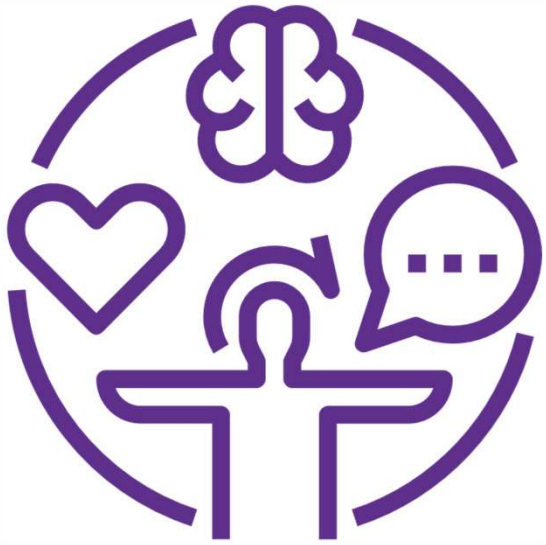


Community Mental Health Association of Michigan- Fall 2024

Presentation Objectives

- Define the evidence-based practices of safety planning and reducing access to lethal means
- Understand the efficacy of safety planning and reducing access to lethal means in preventing suicide attempts and deaths
- Identify practical implementation of strategies to reduce access to lethal means





CNS Healthcare

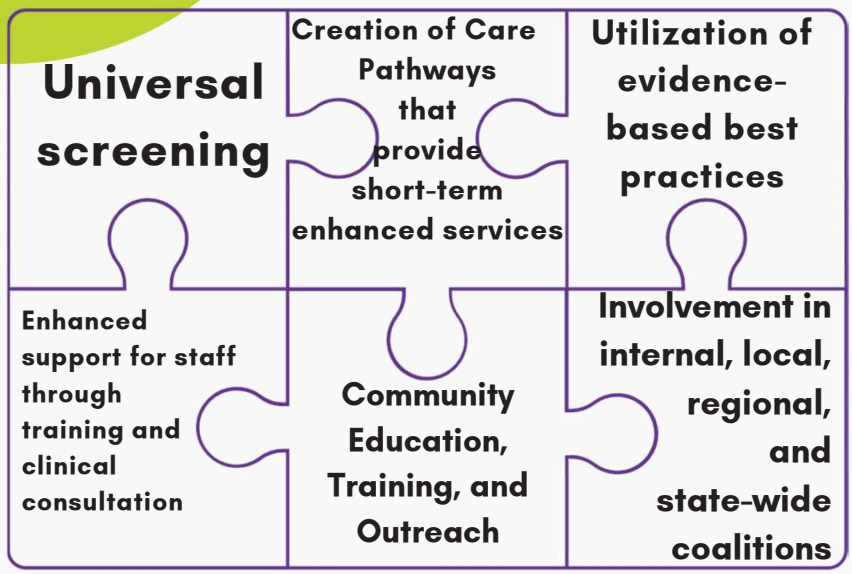
- CNS Healthcare is a behavioral healthcare organization providing services in Oakland, Wayne, and Macomb Counties
- CNS is part of the public mental health system
- CNS is a Certified Community Behavioral Health Clinic (CCBHC), and is part of the statewide CCBHC Demonstration
- Provides a full array of services throughout the lifespan
- Received SAMHSA Zero Suicide Grant is August, 2020

Zero Suicide Model

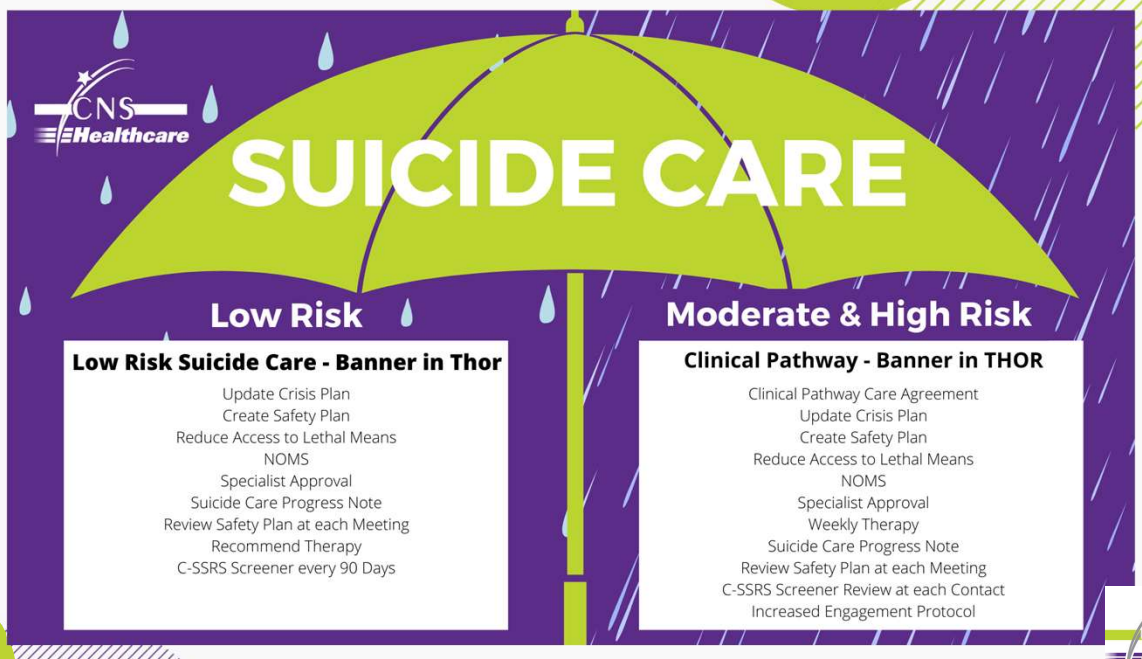
- Believes that suicide deaths for individuals under the care of health and behavioral health systems are preventable
- Presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care
- Implementation of the model began in 2019 and the CNS grant began in August, 2020
- Why is this important?
  - 95% of individuals were seen by a healthcare professional within a year before attempting suicide
  - 64% of individuals were seen by a healthcare professional within a month before attempting suicide



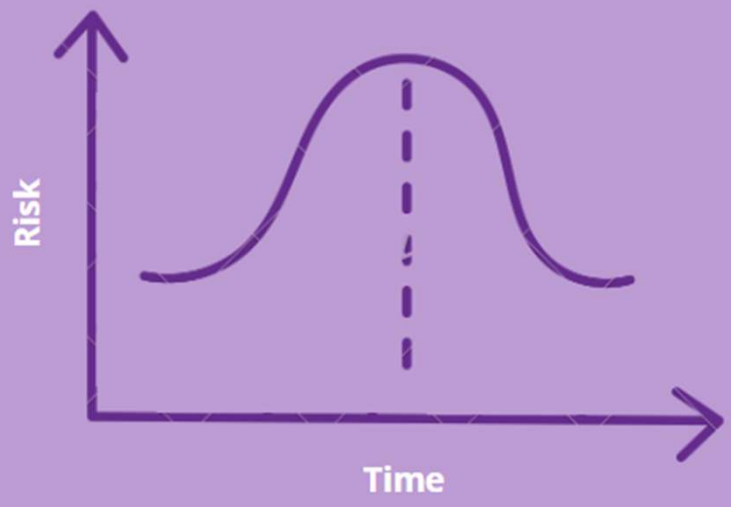
Zero Suicide at CNS Healthcare



Elements of Suicide Care



Suicide Risk Curve



- People at risk for suicide experience changes in their level of risk over time
- Acute suicide risk usually increases and then decreases over a short period of time
- The goal of safety planning is for people to become more familiar with their warning signs so they can identify BEFORE a crisis occurs
- When a crisis is arising, the individual can take action before they are in danger of suicidal thoughts or actions

Suicidal Ideation Over Time



Figure 3.2 Multiple studies indicate suicidal thinking fluctuates over time, sometimes very rapidly and dramatically. This can limit the accuracy and usefulness of suicide risk screening methods, which typically ask about the frequency or intensity of suicidal thoughts during broad windows of time (e.g., during one's entire life or during the past two weeks).

In this study, individuals were asked to monitor their level of suicidal thinking over time. Each line on this graph represents one person, and shows that level of suicide risk (y-axis) fluctuates rapidly over short periods of time (x-axis).

Bryan, C. J. (2022). Rethinking suicide: Why prevention fails, and how we can do better. Oxford University Press.

Why Safety Plans?

- Safety plans have been determined to be a best practice by the Suicide Prevention Resource Center and the American Foundation for Suicide Prevention
- Safety plan vs. No suicide contract
  - Despite the anecdotal observation that no-suicide contracts may help to lower clinician anxiety regarding potential suicide risk, there is no empirical evidence to support the effectiveness of no- suicide contracts for preventing suicidal behavior
- Safety planning is unique in that it is a systematic and comprehensive approach to maintaining safety in suicidal patients.
  - Other forms of intervention often only focus on one aspect of safety, such as means restriction or emergency contacts
  - Safety planning identifies warning signs and coping skills so that an individual can mitigate a crisis before it occurs
- Since suicidal thoughts tend to fluctuate over time, safety planning helps individuals say safe during the peak of a crisis. Making it more difficult for individuals to act on suicidal thoughts is a helpful preventive measure
- If individuals are given tools that enable them to resist or decrease suicidal urges for brief periods of time, then the risk for suicide is likely to decrease

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Safety Planning

Implementing the Safety Plan: 6 Step Process

Step 1: Warning Signs

- Ask: **"How will you know when the safety plan should be used?"**
- Ask: **"What do you experience when you start to think about suicide or feel extremely depressed?"**
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patient's own words.

Step 2: Internal Coping Strategies

- Ask: **"What can you do, on your own, if you become suidical again, to help yourself not to act on your thoughts or urges?"**
- Assess likelihood of use: Ask: **"How likely do you think you would be able to do this step during a time of crisis?"**
- If doubt about use is expressed, ask: **"What might stand in the way of you thinking of these activities or doing them if you think of them?"**
- Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask: **"Who or what social settings help you take your mind off your problems at least for a little while?" "Who helps you feel better when you socialize with them?"**
- Ask for safe places they can go to be around people (i.e. coffee shop).
- Ask patient to list several people and social settings in case the first option is unavailable.
- Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that patient will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: Family Members or Friends Who May Offer Help

- Instruct patients to use Step 4 if Step 3 does not resolve crisis or lower risk.
- Ask: **"Among your family or friends, who do you think you could contact for help during a crisis?"** or **"Who is supportive of you and who do you feel that you can talk with when you're under stress?"**
- Ask patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

Step 5: Professionals and Agencies to Contact for Help

- Instruct the patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask: **"Who are the mental health professionals that we should identify to be on your safety plan?"** and **"Are there other health care providers?"**
- List names, numbers and/or locations of clinicians, local urgent care services.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

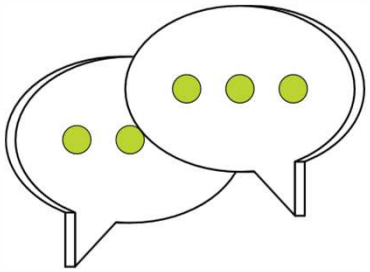
Step 6: Making the Environment Safe

- Ask patients which means they would consider using during a suicidal crisis.
- Ask: **"Do you own a firearm, such as a gun or rifle??"** and **"What other means do you have access to and may use to attempt to kill yourself?"**
- Collaboratively identify ways to secure or limit access to lethal means. Ask: **"How can we go about developing a plan to limi these means?"**

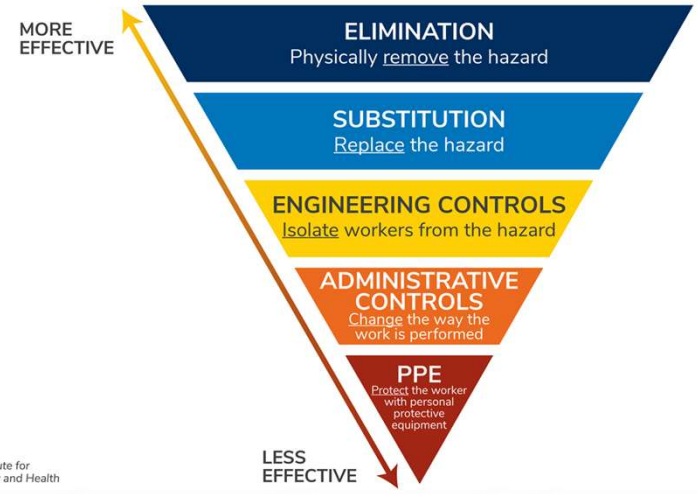
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Lethal Means Safety

- Because suicide risk can rise and fall rapidly, limiting access to lethal means during these times of acute risk decreases the chances that someone will attempt suicide at these times
- Lethal means safety is about more than just firearms!
- Requires a conversation – this is not always comfortable

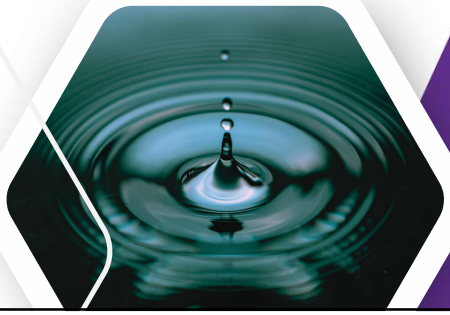


Hierarchy of Controls



Adapted from CDC/National Institute for Occupational Safety and Health

Efficacy of Lethal Means Safety



- Washington D.C Firearms Control Regulation Act
- UK- Carbon Monoxide
- UK- Paracetamol
- Sri Lanka – Pesticides

Facilitating Reducing Access to Lethal Means Discussions

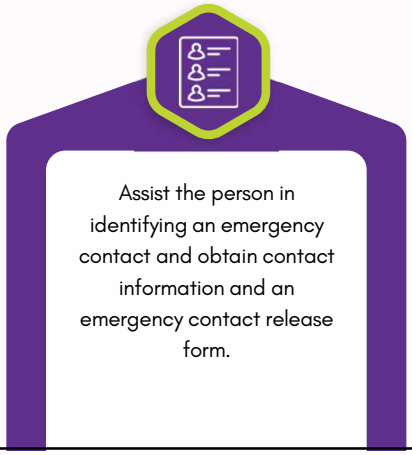
- Remember that lethal means are individualized and include more than just firearms and medication
- During discussion
  - Designate clear roles, tasks, and a timeline:
  - Who will do what?
  - When will each part of the plan be done?
  - When will you follow up to confirm lethal means have been secured?

Key Points for

Reducing Lethal Means



Document all conversations related to reducing access to lethal means in your EHR



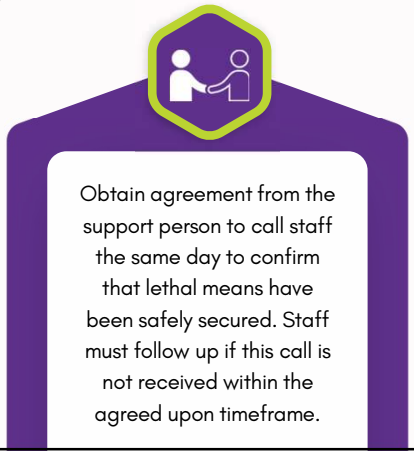
Assist the person in identifying an emergency contact and obtain contact information and an emergency contact release form.



Contact support person with individual in the room to establish a plan to secure lethal means.

Key Points for

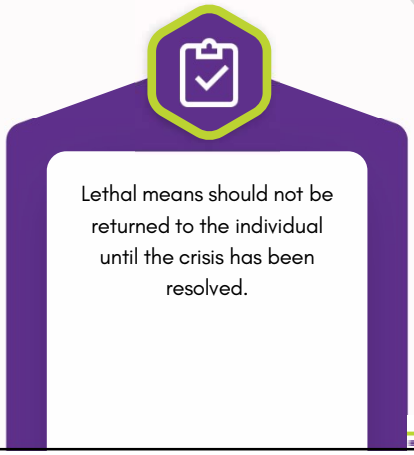
Reducing Lethal Means



Obtain agreement from the support person to call staff the same day to confirm that lethal means have been safely secured. Staff must follow up if this call is not received within the agreed upon timeframe.



If no support person is identified, assess individual's ability to implement plan to reduce access to lethal means independently.

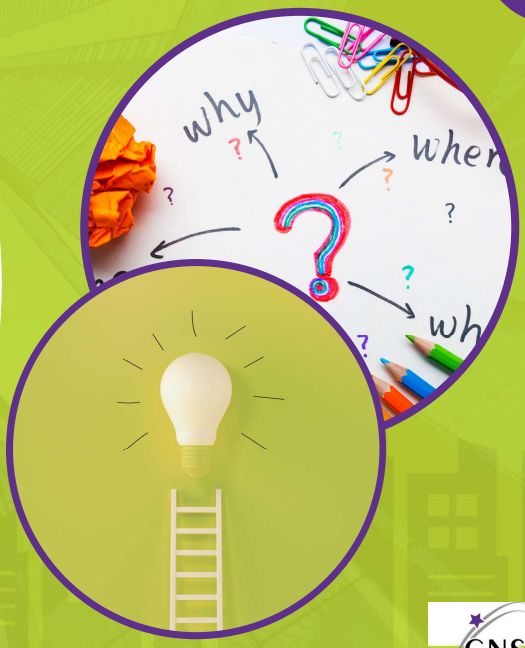


Lethal means should not be returned to the individual until the crisis has been resolved.

If the Individual Does not Agree to Lethal Means Reduction

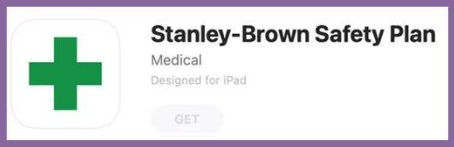
- Explicitly discuss why it is important. Document this discussion.
- Consult with your supervisor or suicide prevention lead
- Consider referrals to higher level of care, including hospitalization if necessary

Let's Safety Plan!



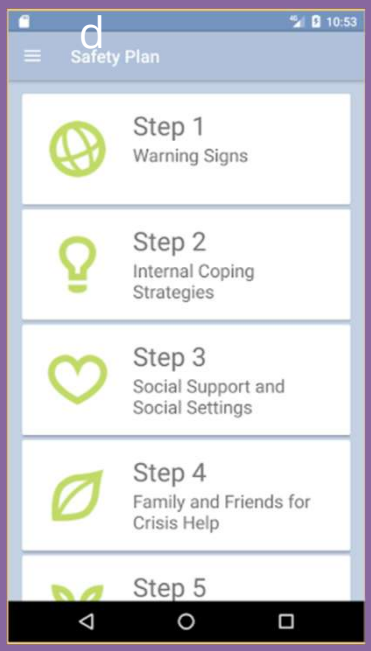


Safety Planning App

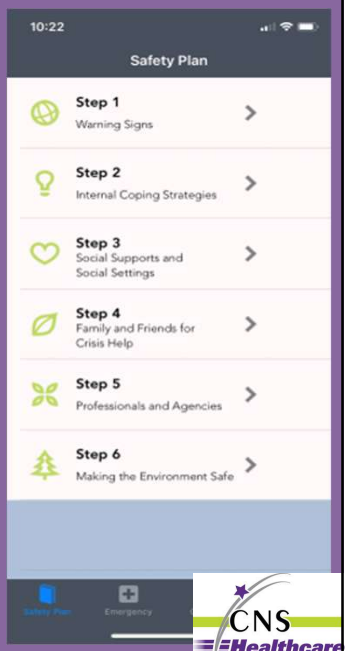


- Have the individual follow along in the app as you fill out the safety plan in THOR
- If the individual does not have access to the app for any reason, please make sure to print out the completed safety plan and provide them with a hard copy

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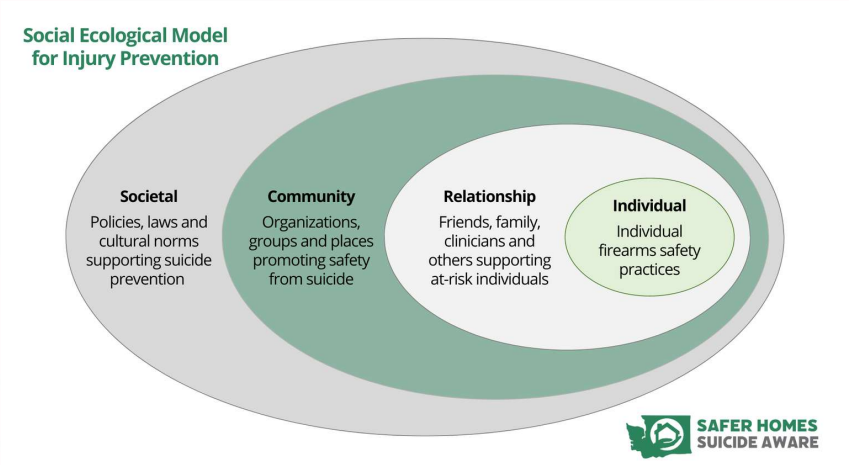


iPhone



Social Ecological Model

policy, community, and individual levels



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Questions?



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Thank you!

CNS Healthcare Suicide Prevention Team

suicideprevention@cnshealthcare.org
www.cnshealthcare.org
279 Summit Drive
Waterford, MI 48321

