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# Suicide Awareness, Assessment and Intervention for Allied Health Professionals

## Module 3: Suicide Patient Referral

Angela Moss, PhD, RN, APRN-BC

Nika Ball, MOT, OTR/L, ATP

# Angela Moss, PhD, RN, APRN-BC

Dr. Angela Moss, PhD, RN, APRN-BC, is Assistant Dean of Faculty Practice and Assistant Professor, Community Systems and Mental Health, at Rush University College of Nursing in Chicago, Illinois. She is responsible for the development and maintenance of over 30 diverse community-based partnerships whereby faculty nurses and nurse practitioners provide primary and mental health care to vulnerable populations in communities across Chicago. Dr. Moss is a board certified, practicing Adult Nurse Practitioner, and beginning in 2009, founded a nurse-managed primary care health clinic with mental health integration for low-income foodservice workers near Chicago's O'Hare International Airport. Dr. Moss is passionate about mental health awareness, and is an American Foundation for Suicide Prevention (AFSP) community walk team leader and advocate.

# Nika Ball, MOT, OTR/L, ATP

Nika Ball, MOT, OTR/L, ATP, is the CEU Administrator/Assistant Editor for OccupationalTherapy.com. She has been an occupational therapist for 14 years and worked in a variety of settings, including hospital, acute rehabilitation, skilled nursing facility, outpatient, and home healthcare. Ms. Ball received her Assistive Technology Professional certification from RESNA in 2017. She is an American Foundation for Suicide Prevention (AFSP) field advocate and is passionate about mental health awareness, advocacy, and education. Ms. Ball has participated in multiple annual AFSP fundraiser/awareness community walks for suicide prevention as team leader and participant.

# Disclosures

- **Presenter Disclosure:** Financial: Angela Moss received an honorarium for presenting this course. Nika Ball is an employee of continued.com. Non-financial: Nika Ball and Angela Moss have no relevant non-financial relationships to disclose.
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# Learning Objectives

At the completion of this 60 minute module, participants will be able to:

- Identify the suicide prevention team members
- Differentiate between patient referral to hospital or to outpatient setting
- Identify key clinical reasoning components for suicidal patient referral

# Introduction

- ~50% of persons who died by suicide saw a healthcare provider *who was not a mental health specialist* within 30 days of completing suicide
- 54% did not have a known mental health disorder when they died by suicide – BUT – it is estimated 90% of people who die by suicide have a mental disorder at the time of their deaths
- Mental health treatment prevents suicide
- Professionals with specialized training are best equipped to provide mental health treatment for persons at risk or displaying warning signs of suicide

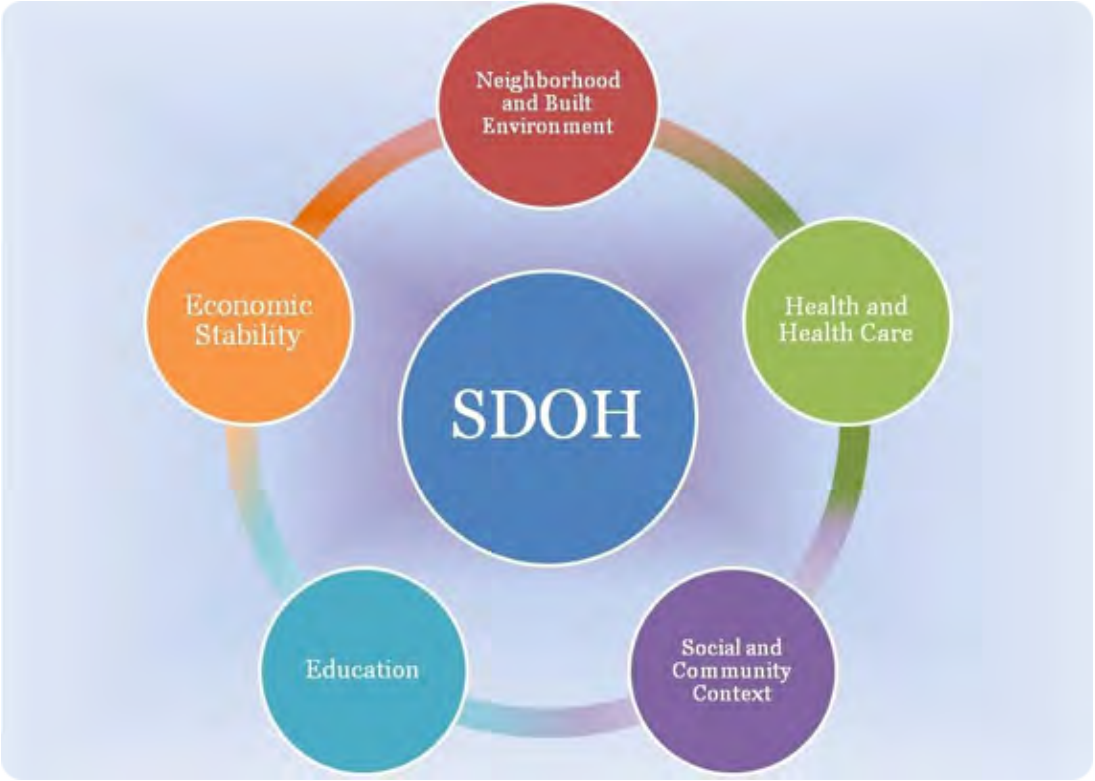
# The British Coal Gas Story

- Prior to 1970, homes in Great Britain were heated with coal-gas furnaces which had high levels of toxic carbon monoxide
- Poisoning by gas inhalation was the leading means of suicide in the U.K.

  "Sticking one's head in the oven" became a preferred method of suicide
- The government began to phase out coal-gas for natural gas as it was cleaner - by 1971, nearly 70% of homes were using natural gas
- By 1971, the overall suicide rate for men dropped by ~16% and the numbers haven't changed since!

# Social Determinants of Health Framework

- The framework for addressing Social Determinants of Health (SDoH) is applicable to suicide prevention and intervention
- The suicide prevention “team” is everyone



# Suicide Prevention Team Members

## !!!EVERYONE!!!

- Family
- Friends
- Co-workers
- Neighbors
- Community leaders
- Politicians
- Media
- Healthcare providers

# Outpatient vs. Hospitalization Referral

# Clinical Reasoning

Enables providers to:

- Meet the needs of the patients within their context and considering their preferences
- Meet the needs of patients within the context of uncertainty
- Consider alternatives, resulting in higher-quality care
- To think reflectively, rather than simply accepting statements and performing tasks without significant understanding and evaluation

# Clinical Reasoning

- Implies that one has a knowledge base from which to reason AND the ability to analyze and evaluate evidence
- Influenced by interpersonal relationships with colleagues, patient conditions, availability of resources, knowledge, and experience

# Clinical Reasoning

It is important to understand each referral option to make an informed referral decision. This includes understanding:

- What the patient can reasonably expect to happen with each option
- The steps you will need to take to complete each referral
- The pros and cons of each option weighed against what your patient can reasonably do

# Clinical Reasoning

- The more informed you are about the referral options, the better equipped you will be to help your patient find their best option
- Ideally you will be making this decision together with your patient

# SBAR

## What is SBAR?

- **Situation** – clearly and briefly describe the situation
- **Background** – provide clear, relevant background information that relates to the situation
- **Assessment** – a statement of your professional conclusion
- **Recommendation** – invitation to collaborate, explanation of why you have contacted this individual, and/or direct question of what they can do to help the patient in this given situation

# SBAR

- The SBAR techniques provides a framework for effective communication among the healthcare team
- A well-executed referral is one where the referrer and the referred arrive at the required best action collaboratively
- Improving communication between providers prevents negative patient outcomes and strengthens a teamwork approach to care

# Outpatient Referral Options

- Primary care provider
- Mental health professional
- Suicide help line

ACCESS TO MENTAL HEALTH CARE DEPENDS ON THE NUMBER OF PRACTICING MENTAL HEALTH PROVIDERS RELATIVE TO THE POPULATION

- Currently the U.S. is experiencing a critical shortage of both primary care and mental health care providers

# Outpatient Referral Options

Primary Care Provider:

- Only 20% of patients with mental health disorders are treated by mental health specialists due to:
  - -Poor insurance coverage
  - -Personal financial issues
  - -Inability to follow up
  - -Limited availability of specialty services
- Depression and anxiety are often managed in primary care settings
- Use SBAR
- PROS = may already have an established, trusting relationship with patient; may be easier to reach or contact than a mental health professional; can do a “warm” hand off
- CONS = may not have experience specific to suicide management

# Outpatient Referral Options

Mental Health Professional:

- No consensus exists on which provider types make up the mental health workforce
- According to the U.S. Bureau of Labor Statistics, there are 552,000 mental health professionals practicing in the U.S. today. Loosely defined, these include:
  - -Clinical and counseling psychologists
  - -Mental health and substance abuse social workers
  - -Mental health counselors
  - -Substance abuse counselors
  - -Child, family and school social workers
  - -Medical and public health social workers
  - -Mental health and substance abuse social workers
  - -Educational, vocational and school counselors

# Outpatient Referral Options

Mental Health Professional:

- A 2018 Congressional Research Report focused on the five provider types identified by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS). These are:
  - -Clinical social workers
  - -Clinical psychologists
  - -Marriage and family therapists
  - -Psychiatrists
  - -Advanced practice psychiatric nurses

- Of note, the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of mental health workers includes mental health counselors and paraprofessionals such as case manager

# Outpatient Referral Options

## Common Licensure Requirements by Mental Health Provider Type

| Provider Type | Degree | Supervised Practice | Exam |
|---|---|---|---|
| Clinical Social Worker | Master of Social Work, typically requires 2 years | 3,000 post-degree supervised clinical hours | Requires a passing score on the Clinical Exam of the Association of Social Work Boards |
| Clinical Psychologist | Doctoral degree in psychology or a related field, generally 5-7 years | 3,000 hours of supervised clinical training | Requires a passing score on the Examination for Professional Practice in Psychology (EPPP) |
| Marriage and Family Therapist | Master's degree (2-3 years), doctoral degree (3-5 years) or postgraduate clinical training (3-4 years) | 2 years of post-degree supervised clinical training | Requires a passing score on the Association of Marital and Family Therapy Regulatory Board's Exam |
| Psychiatrist | Medical Doctorate (MD) or Doctorate of Osteopathic Medicine (DO) - both typically 4 years to complete | 3 or 4 years of post-graduate supervised clinical training (residency) in the specialty of psychiatry | Requires a passing score on the US Medical Licensing Exam and board certification requires a passing score on an exam administered by the American Board of Psychiatry and Neurology |
| Advanced Practice Psychiatric Nurse | Master of Science in nursing, following Bachelor of Science in nursing, 2-3 years post-baccalaureate coursework | 500 hours or more | Requires a passing score on an exam offered by the American Nurses Credentialing Center |

# Outpatient Referral Options

## Scope of Practice by Mental Health Provider Type

| Provider Type | Can Diagnose Mental Disorders | Can Provide Psychological Treatment for Individuals, Families, and Groups | Can Administer and Interpret Psychological Tests | Can Diagnose and Treat Physical Conditions | Can Prescribe Medication |
|---|---|---|---|---|---|
| Clinical Social Worker | Yes | Yes | No | No | No |
| Clinical Psychologist | Yes | Yes | Yes | No | No |
| Marriage and Family Therapist (MFT) | Yes | Yes | No | No | No |
| Psychiatrist | Yes | Yes | No | Yes | Yes |
| Advanced Practice Psychiatric Nurse | Yes | Yes | No | Yes | Yes |

# Outpatient Referral Options

- Deciding which mental health professional for referral is largely dependent upon who is available in your area
- Familiarize yourself with the mental health professional workforce in your city, county, region, etc.
- Use SBAR
- PROS = will have had specific training on suicide management
- CONS = may not be available or taking new patients

# Outpatient Referral Options

Telehealth:

- The process of providing health care from a distance through technology, often using videoconferencing
- May also use a mobile app, text messaging, or instant chat platform
- Referral process varies based upon telehealth provider
- PROS = convenience; increased access to specialized mental health service providers
- CONS = *a patient at risk of harming themselves or others is generally NOT a candidate for telehealth* – BUT – it can be helpful in the management of depression; not all patients have access to a computer, internet and webcam

# Outpatient Referral Options

Suicide Hotline:

- Staffed by nurses, social workers, or other trained operators
- Typically the 1-800 call is routed to a local trained counselor located in the area from which the call was placed
- Telephone calls are available, but also online chat, email and text messaging are options
- You will need to decide whether to call together or have the person
- PROS = Available 24/7; trained counselors staff the phones; will have locally-based resources
- CONS = A step removed from urgent care

# Inpatient Referral Options

- Local Emergency Department for hospital admission
- Direct admission to an inpatient mental health facility
- Secondary resources include:
  - -Local police
  - -Ambulance
  - -Call 9-1-1

# Inpatient Referral Options

Emergency Department:

- Use SBAR
- PROS = available 24/7 for acute situations
- CONS = some emergency departments (EDs) do not have a referral location, meaning the patient will stay in the ED until they are deemed “safe” to depart or can be released to a family member

# Inpatient Referral Options

Inpatient Mental Health Facility:

- Some hospitals have an inpatient psychiatric unit, some are free-standing
- Use SBAR
- PROS = specialized, intense psychiatric care for acute situations
- CONS = expense may be prohibitive; limited availability

# Case Studies

# Case Study #1

Mr. L is an immigrant worker from Mexico residing in a large metropolitan city in the United States. He is employed full-time at the airport in a food service position. He presents to his employer-provided health clinic at the airport for a routine physical and you discover that he's lost 25 lbs. in the past three months. You question Mr. L about his sudden weight-loss and he reports that he's had increased stress related to marital problems. He states that his wife moved out and took the children with her one day while he was gone at work. He's tried to reconcile but his wife is adamant that she wants a divorce and she is moving back to Mexico where the rest of their family resides. Mr. L reports that he can't sleep at night and has no appetite. He states that he misses his children and doesn't see the point of living if he can't be with his family.

# Points To Consider

- No support network present
- Limited knowledge of local resources
- Financial strain
- Emotional strain

# Case Study #2

Ms. J is a 30-yr-old female who recently gave birth to twins. This was her first pregnancy and she was thrilled to find out she was going to become a mother. Prior to having the twins, she worked full time as a successful hair stylist. She was granted a 6-week paid maternity leave from the salon where she was employed after the birth of her children. Ms. J's intention was to have her mother babysit the twins after maternity leave so that she could return to work part-time then slowly increase her workload as able. Unfortunately, Ms. J's mother was involved in an automobile accident the second week of Ms. J's maternity leave sustaining multiple injuries so she will no longer be able to assist with babysitting. Ms. J arrives at your outpatient therapy clinic for bladder incontinence intervention. As time progresses, you notice that she seems increasingly stressed and tense during therapy sessions. She becomes tearful during your therapy session and reports that she does not want to go home.

# Points To Consider

- Stress of new role as mother
- Stress over injured parent
- Work-life balance
- Financial stress/strain
- Mental health resources
- First time mothers support group

# Song: 1-800-273-8255

- In 2017, the American rapper, Logic, released a song that was titled “1-800-273-8255”
- This is the phone number for the American National Suicide Prevention Lifeline
- Impact:

  -Calls directed to the National Suicide Prevention Hotline (NSPH) rose by 27% following the release of the single

  -Increase of 100,000 visits to the NSPH website

  -50% surge in calls following the 2017 MTV Video Music Awards

# Summary

- Suicide is a public health issue
- With a public health approach, prevention occurs at all levels of society—from the individual, family, and community levels to the broader social environment
- Effective prevention strategies are needed to promote awareness of suicide while also promoting prevention, resilience, and a commitment to social change
- Health care providers must use clinical reasoning to determine if and when to refer at risk patients showing warning signs

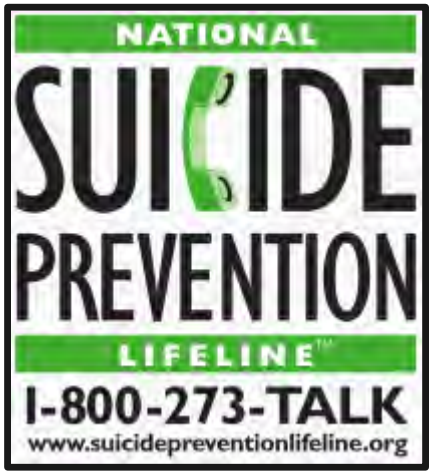
# Resources

- National Suicide Prevention Lifeline

  1-800-273-TALK (8255)

  A national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week

- Text **741-741** if in crisis to talk to a trained counselor 24 hours a day, 7 days a week




- Online Resources

  www.Suicide.org

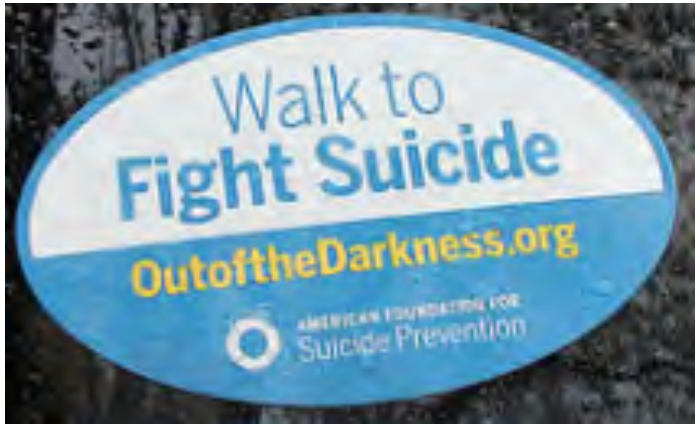
  www.CDC.gov

- Local Resources

  Example: Chicago's Sip of Hope coffee shop

# Resources

- American Foundation for Suicide Prevention (AFSP)
- American Association of Suicidology
- Substance Abuse and Mental Health Services Administration Suicide Prevention Program (SAMHSA)



# Resources

- Indian Health Service Suicide Prevention Program
- National Alliance for Suicide Prevention
- National Child Traumatic Stress Network
- National Institute of Mental Health
- U.S Department of Defense Suicide Prevention Office
- U.S. Department of Veterans Affairs (VA) Suicide Prevention

# Cultural Competence

- For additional information regarding standards and indicators for cultural competence, please review the NASW resource: ***Standards and Indicators for Cultural Competence in Social Work Practice***
  https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk=&portalid=0

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