

ALTERNATIVES TO HOSPITALIZATION FOR SUICIDAL PATIENTS

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A CASE EXAMPLE



SUICIDAL PATIENTS WORRY MOST CLINICIANS



NATIONAL AND STATE SUICIDE RATES 2014

Iowa Veteran and Overall Iowa, Midwestern Region*, and National Suicide Deaths**, by Age Group, 2014

Age Group	Iowa Veteran Suicides	Iowa Total Suicides	Midwestern Region Total Suicides	National Total Suicides	Iowa Veteran Suicide Rate	Iowa Suicide Rate	Midwestern Region Suicide Rate	National Suicide Rate
Total	75	393	8,702	41,425	37.8	16.5	16.7	17.0
18-34	<10	116	2,411	10,732	—	16.4	15.6	14.5
35-54	27	152	3,304	15,473	62.1	19.6	18.8	18.4
55-74	24	93	2,299	11,637	27.3	14.0	15.8	17.5
75+	10-20	32	688	3,583	—	13.8	15.5	18.1

THE GOOD AND BAD OF HOSPITALIZATION

- Hospitalization: the go-to tx
- When to send to ER
- The Limits of Hospitalization



IS THE THREAT OF SUICIDE OVER AFTER DISCHARGE?



ALTERNATIVES TO HOSPITALIZATION

- No Suicide Contracts
- Safety Plans
- Therapy As Risk Mitigation

THE NO-SUICIDE CONTRACT

- A statement promising that one will refrain from self-injury or suicide for a specified period of time.
- Problems and concerns



SAFETY PLANS

A series of steps that provides resources for coping with suicidal thoughts and triggers.



6 STEPS TO SAFETY PLANNING

- Step 1: Recognizing Warning Signs
- Step 2: Using Internal Coping Strategies
- Step 3: Using Social Contacts as a Distraction
- Step 4: Contacting Family Members or Friends For Support
- Step 5: Contacting Professionals and Agencies
- Step 6: Reducing Access to Lethal Means

STEP 1. RECOGNIZING WARNING SIGNS

- Purpose: To help the patient identify and pay attention to his or her warning signs
- Recognize the signs that immediately precede a suicidal crisis
- Personal situations, thoughts, images, thinking styles, mood or behavior
- Specific and personalized examples

STEP 2. USING INTERNAL COPING STRATEGIES

- Purpose: To take the patient's mind off of problems to prevent escalation of suicidal thoughts
- List activities the patient can do without contacting another person
- This step helps patients see that they can cope with their suicidal thoughts on their own

STEP 3. CONTACTING PEOPLE AND SOCIAL SETTINGS THAT CAN PROVIDE DISTRACTION

- Purpose: To engage with people and social settings that will provide distraction
- Increases social connection
- The client is not telling someone they are in distress during this step
- Importance of including phone numbers and multiple options
- Avoid listing any controversial relationships

STEP 4. CONTACTING FAMILY AND FRIENDS WHO CAN OFFER HELP

- Purpose: To explicitly tell a family member or friend that he or she is in crisis and needs support
- Can be the same people as Step 3, but different purpose
- If possible, include a family member or friend in the process by sharing the safety plan with them

STEP 5: CONTACTING PROFESSIONALS AND AGENCIES

- Purpose: The client should contact a professional if the previous steps do not work to resolve the crisis
- Include name, phone number and location
 - Primary mental health provider
 - Other providers
 - Urgent care or emergency psychiatric services
 - National Crisis Hotline 800-273-TALK (8255)
 - 911

STEP 6. REDUCE ACCESS TO LETHAL MEANS

- Purpose: Eliminate or limit access to any potential lethal means
- Complete this step, even if the client has not identified a suicide plan
- Always ask about access to firearms
- Discuss medications and how they are stored and managed
- Consider alcohol and drugs as a conduit to lethal means

THERAPY AS RISK MITIGATION

- Yen et al. (2005) followed almost 500 PD patients for 3 years to find out what events predicted suicide attempts.
- Jobes et al. (2004) interviewed suicidal patients to learn what issues were most troubling to them.

THERAPY AS RISK MITIGATION

- Effective therapy is a form of risk mitigation
 - A positive therapeutic relationship is associated with reduce likelihood of suicidal thoughts (Ilgen et al., 2009)
 - For example, CBT can reduce suicidal behavior/ideation (Tarrier, Taylor, & Gooding, 2008).

OTHER CONSIDERATIONS
