

# Indian Health Service Division of Behavioral Health



## Indian Health Manual Chapter 34: Suicide Prevention and Care Policy May 16, 2019

# Objectives

- Define standards of care related to the treatment of suicide prevention within Indian Health Service.
- Apply specific standards of care to patients presenting with suicide related behaviors.
- Appraise treatment implications unique to American Indians/Alaska Native related to prevention and care of suicide.

# Rising Rates, Undetected Risk

45K

- Nearly 45,000 lives lost to suicide in 2016

↑30%

- Suicide rates went up more than 30% in half of US states since 1999.

54%

- More than half of people who died by suicide did not have a known mental health condition.

# Scope of the Problem

- Suicide Rate for American Indian/Alaska Native (AI/AN) adolescents and young adult ages 15 to 34 (19.1/100,000) was 1.3 times that of the national average for that age group (14/100,000).
- Suicide is the 8<sup>th</sup> leading cause of death among all AI/AN across all ages.



# Policy... Practice..



# Policy

- All behavioral health, emergency departments and primary care clinics, including family practice, internal medicine, pediatrics, and obstetrics/gynecology, will screen patients 12 years and older for suicide, when appropriate systems exist to ensure adequate diagnosis, intervention, treatment, and follow-up;
- Patients who screen positive for depression or exhibit suicide warning signs will receive an assessment, intervention and referral, when appropriate; and
- Every facility will participate in community approaches and coordination of care for prevention of suicide.



Talking the talk...

# Definitions

- Clinical Staff. All members of the health care staff who provide direct patient care.
- Licensed Independent Practitioner. All licensed and independent members of the health care team (Physician, Physician Assistant, Advance Practice Registered Nurse, Psychologist, and Social Work) accessing and documenting the medical record and who can conduct an assessment [[See Indian Health Manual \(IHM\) Part 3, Professional Services, Chapter 1, Medical Credentials and Privileges Review Process](#)].

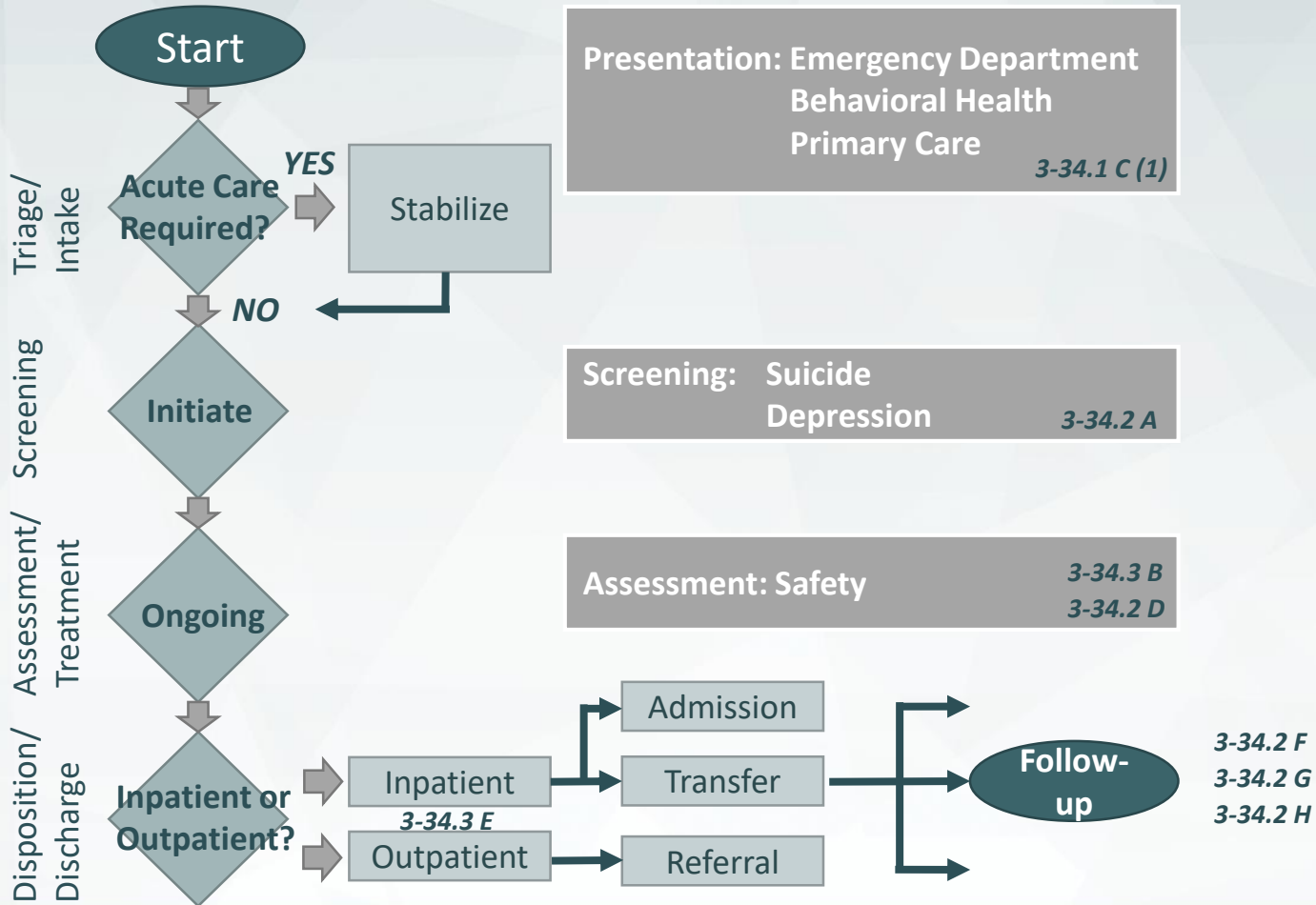
# Intent vs. Non-intent

- Self-Directed Violence. Behavior that is self-directed and deliberately results in the specific injury goal of or including injury or the potential for injury to oneself. This does not include behaviors such as parachuting, gambling, substance abuse, tobacco use or other risk taking activities, such as excessive speeding in motor vehicles.
- Suicidal Ideation. Thoughts of engaging in suicide-related behavior (Various degrees of frequency, intensity, and duration).
- Suicidal Intent. There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill himself/herself, and understands the probable consequences of his/her actions or potential actions. Suicidal intent can be determined retrospectively and inferred in the absence of suicidal behavior.
- Suicide. Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- Suicide Attempt. A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not be fatal.

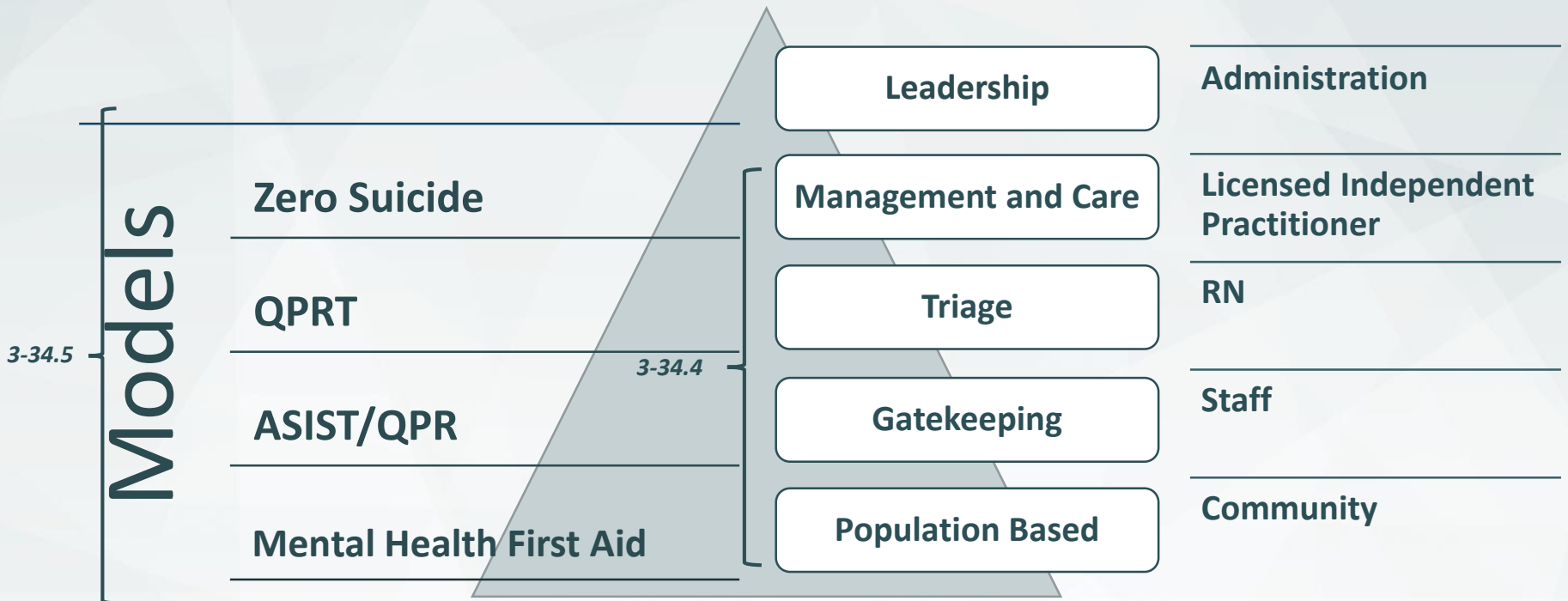
# The Ins and Outs of Suicide Care

What we do, how do we do it and when should it be done?

# Clinical Care Pathway



# Continuum of Care



# Q & A



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# References

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