

UVMHN Suicide Care Pathway Summary

We are working to create a standard workflow for suicide care for the UVM Health Network that will support safety for our community and achieve best practice and regulatory standards. Recommended practices include screening for suicide risk in hospital and outpatient settings, and providing a risk assessment with effective tools, followed by plans for reducing risk.

Based on standardized suicide risk screening and assessment, three levels of risk will be specified: low, medium, and high. This will help us to choose interventions appropriate to the person's level of risk. Interventions might include safety planning and crisis interventions.

A list of screening and assessment tools plus potential interventions is below.

Evidence-informed interventions for suicide risk:

- Complete and provide Safety Plan (i.e. <u>Stanley Brown</u>)
- Provide lethal means education
- Provide local crisis information
- Schedule follow up with primary care team and/or mental health services
- Caring contacts during high-risk periods
- Communication between care team members about risk and interventions

Screening and Assessment Tools

CSSR-S (Columbia-Suicide	Q1: In the past week, have you wished you were dead, or wished you
Severity Rating Scale)	could go to sleep and not wake up? Q2: In the past week, have you had
	any actual thoughts of killing yourself?
	Q3: Have you thought of how you might do this?
	Q4: Have you had any intention of acting on these thoughts of killing
	yourself, as opposed to you have the thoughts but you definitely would
	no act on them?
	Q5: Have you started to work or worked out the details of how to kill
	yourself? Do you intend to carry out that plan?
	Q6: Have you done anything, started to do anything, or prepared to do
	anything to end your life?
Safe-T (Suicide Safety and	1) Identify risk factors
Five Step Evaluation and	2) Identify protective factors
Triage)	3) Conduct suicide inquiry
	4) Determine risk level/intervention
	5) Document