Mental Health Risk Retention Group, Inc.
A Liability Insurance Company Owned by its Policyholders
P. O. Box 206 • 388 Pompton Avenue • Cedar Grove, New Jersey 07009
Phone:973-239-9107 • Fax:973-239-6241 • 1-800-845-1209

Avoiding Liability for Suicide

by Spokane Mental Health

Recipient of the 1998 Chairman's Award in the Negley Awards for Excellence in Risk Management

In response to the reality of suicide in our culture[1] and the resulting liability and malpractice exposure in the present behavioral health care environment, Spokane Mental Health (SMH) developed and installed the Greentree Behavioral Health Suicide Risk Reduction Program (GBH SRRP) in the fall of 1997.

Spokane Mental Health recognizes that improved standards of care simultaneously enhance consumer safety while reducing professional liability exposure. In a comprehensive, integrated and programmatic approach, this program recognizes the need to protect behavioral health care provider organizations from allegations of malpractice by improving in-house standards of care.

HISTORY AND BACKGROUND

SMH's Suicide Risk Reduction Program evolved over several years with the development of the following specific methodologies to limit potential exposure associated with the suicidal consumer: (1) policies and procedures regarding staff training, (2) supervision and consultation, (3) documentation, (4) inclusion of family in treatment planning, (5) use of community referral and support systems, and (6) postvention policies and clinical interventions.

The early phases of the program involved: (1) routine screening for suicidal ideation at intake; (2) outreach to family members of completed suicides to offer support and assessment services at no cost, (3) assistance in the funding and volunteer staffing for a community-based suicide survivors group (4) provision of staff to serve on a Governor's State Task Force for Youth Suicide Prevention and a national suicide prevention board (Suicide Prevention Advocacy Network), and (5) institutional membership in the American Association of Suicidology.

Over the course of this work, a comprehensive educational program was developed and is comprised of three key components: prevention, intervention and postvention. In addition to the *QPR, CPR for Suicide Prevention* component for road public training[2], program components to compensate for limited academic preparation in the area of suicidology were developed for healthcare providers. These include professional workshops for clinical staff in suicide risk assessment, management and treatment (QPRT)[3]; the relationship of chemical dependency and relapse prevention to suicide (QPR-CD)[4]; and Postvention in the Aftermath of Suicide[5].

This program was developed in response to suicidal deaths experienced by consumers of SM~ services, as well as a perceived national need for better training and education for the prevention of suicide. While comparative baseline data for suicide malpractice is difficult to establish, SMI records indicate that in 29 years of service to thousands of at-risk consumers, only one suit was brought for the suicidal death of a consumer. Th suit, filed in 1982, was settled out of court for less than $5,000.

LOSS CONTROL PRACTICES

Since suicide is always multi-determined and multi-dimensional, a comprehensive, multi-level approach to loss control was undertaken. Building on strong existing methodologies and protocols, this suicide risk reduction program has been integrated into current best practices. The program addresses training needs of clinicians providing services to at-risk populations, as well the educational and network communication needs of consumers, their friends and family members. Families and advocates are provided specific resources for emergency response and user-friendly competent evaluation services, as well as immediate access to acute care services.

Our current loss control effort includes: routine screening and assessment of all consumers continuing education efforts; Quality Improvement review[6] , including ongoing research and evaluation; professional publications[7]; financial and volunteer staff support of community suicide survivors group; use of specific postvention policies and procedures; and written protocols to assist families in the event of a completed suicide[8]. Prevention, intervention and postvention are all critical elements to a comprehensive suicide risk reduction program. A matrix describing these elements and the stakeholders in suicide prevention is included[9].

GREENTREE BEHAVIORAL HEALTH'S SUICIDE RISK REDUCTION PROGRAM

Greentree Behavioral Health's Suicide Risk Reduction Program included the following steps:

An SMH QI subcommittee wrote, published and promulgated suicide-specific clinical policies and procedures to address: suicide prevention, suicide intervention/risk assessment and management, documentation, supervision/consultation, training requirements for all staff, postvention and death review. These were reviewed by SMH's Medical Director, all Clinical Directors and legal counsel[10].

- GBH produced three post-graduate training modules to address issues of suicide risk assessment, suicide and chemical dependency and suicide postvention.

- A GBH teaching team taught a mandatory eight-hour, post-graduate course on suicide risk assessment and management to all SMH clinicians, with specialty sections for youth, adults and elders.

- QPR gatekeeper training was taught to all administrative, support staff and volunteer staff.

- QPR gatekeeper training was offered to consumers, their family mentors and concerned citizens. More than 7,000 people have been trained in the Spokane area.

- To help deal with survivors of trauma and death by suicide, a seven-hour suicide postvention training

program was offered to staff and community healthcare providers.

- Two 24-page booklets for public and family education about suicide prevention were distributed to each trainee: QPR booklets to QPR trainees, and "Helping Someone Survive a Suicide Crisis" to others".

- A collection of books, journal articles and suicidology literature was made available to all clinical staff through the staff library.

- A combined research and program evaluation project was initiated with the Washington Institute for Mental Illness Research and Training.

- The entire program was reviewed by Counsel for content and exposure risk[12].

REDUCING MALPRACTICE EXPOSURE EQUALS INCREASING QUALITY CARE

The GBH SRRP improves quality of care by:

- Requiring routine suicide risk detection questioning at intake.

- Requiring standardized, comprehensive assessment of suicide risk, if present.

- Requiring monitoring and reassessment of suicide risk at treatment transitions, periods of high stress, and other times associated with increased suicide attempts and completions.

- Establishing a consumer-shared safety plan part of the treatment alliance and plan.

- Matching level of care to level of assess risk.

- Improving the skill and knowledge of clinic providers.

- Educating consumers, families and concerned others on how they can respond in a helpful fashion when someone they care about is suicidal.

SMH staff took pre- and post-competency surveys as part of their suicide risk assessment training and completed evaluation forms. Training evaluations reflected staff appreciation for a standardized and effective procedure for suicide risk assessment. Statistically significant gains in baseline knowledge about suicide risk factors, assessment and management were found in all participating groups[13].

Consumer satisfaction with the QPRT Suicide Risk Management Inventory interview receives ongoing evaluation. Following a formal assessment with the QPRT by Urgent Care staff and as part of a developing research protocol, several questions are asked to determine satisfaction with the interview format and final outcome. Last, QPRT training was evaluated by those who received it and also earned high marks for satisfaction[15].

In reviewing the standard text in the field (*The Suicidal Patient, Clinical and Legal Standards of*

Care by Dr. Bruce Bonger), we believe our QPRT suicide risk assessment, intervention and management approach, when integrated into an already high standard of care, provides state-of-the-art risk assessment and management services to our consumers. Enhancing quality of care not only reduces the risk of suicidal behaviors among consumers by creating a safer, more knowledgeable and caring treatment environment, but helps protect staff from the trauma of losing a consumer to suicide for lack of skill or knowledge. Enhanced quality of care in the areas of prevention, intervention and postvention greatly reduces the risk of accusations of malpractice.

SUMMARY

The GBH SRRP program installed at SMH, addresses all aspects of suicide liability. Basing standards of care on national and international research, designing each component to fit into any service delivery system at any locale, allows this program a unique portability. The videos, training guides, forms and educational booklets are generic by nature and can be customized to fit any community, institution or service delivery system.

The GBH SRRP is policy driven. Policy and procedures drive clinical protocols for routine questioning of consumers for suicidal thoughts, feelings and past behaviors which, if present, then triggers a standardized, automatic, guided suicide risk assessment, leading to a suicide risk management safety plan. The safety plan is family-centric and invites the consumer and his or her loved ones to assist the clinician in establishing a safety plan and monitoring network of supportive others who can, should a crisis worsen or reappear, activate a suicide prevention/intervention effort.

This program not only reduces malpractice exposure by raising the standard of care for consumer safety, but leads to improved professionalism and morale of those who work with at-risk individuals. By eliminating systemic institutional inadequacies noted in the introduction through state-of-the-an education and protective policies, procedures and protocols, tragedies can be avoided. When lives are at stake, consumers and their families deserve nothing less.

Top of Page Close