

Preventing Suicide Through Communication

A Checklist for Parents and Families of People Living with Mental Illness to Assist in Communicating with Treatment Providers **

Created by the *Oregon Council of Child and Adolescent Psychiatry*

Purpose

Preliminary statistics from Oregon indicate that 701 persons died by suicide in 2012. That was 30% greater than the number of deaths from vehicular accidents, homicide, and HIV/AIDS combined. Oregon's suicide rate in 2011, 16.9 per 100,000 persons, was far above the national average of 12.4. The rate among Oregon males ages 20-24 was a shocking 29.3. By way of comparison, the death rate from breast cancer was 12.4 per 100,000. Suicide ranks as the second leading cause of death in Oregon among people ages 15-34. But this is not for lack of care. Nationally, 35 percent of those who took their lives were being treated for mental illness at the time of their deaths and 45% of all suicide victims had contact with primary care providers within one month of taking their own lives. (Shen & Millet, 2013; Luoma et. al. 2002)

Communication between family members of persons seeking treatment for mental illness and primary care providers and/or mental health practitioners improves the quality of care provided to these persons, reduces the risk of suicide and self-harm behaviors, and encourages the use of community resources to improve overall outcomes for these persons. While confidentiality is a fundamental component of a therapeutic relationship, it is not an absolute, and the safety of the patient overrides the duty of confidentiality. Misunderstandings by clinicians about the limitations created by HIPAA, FERPA, and state laws for preserving confidentiality of patients has caused unnecessary concern regarding disclosure of relevant clinical information. Communication between family members or identified significant others and providers needs to be recognized as a clinical best practice and deviations from this should occur only in rare and special circumstances.

To address a perceived deficit of communication, the Oregon Council of Child and Adolescent Psychiatry published a checklist for health providers in 2012. This companion checklist is designed to help family members access information that might be essential to preserving the life of their loved one.

Definitions

Person involved in treatment – a person receiving care for a mental illness, which may include a child, sibling, parent, or other person whom you wish to support in treatment services, herein abbreviated to “person.”

Treatment Services – may include outpatient therapy, medication management, support groups, or other treatment supports, partial hospitalization, hospitalization, or therapeutic residential treatment programs.

Provider – may include primary care providers, emergency room physicians, psychiatrists, nurse practitioners, licensed clinical social workers, licensed professional counselors, or other qualified mental health professionals.

Family – may include first-degree biological relatives, adoptive family, foster parent(s), spouse, or other individuals who occupy a similar position in the life of the person involved in treatment.

** Note: If patient is a minor in Oregon, parents may consult ORS 109.650, 109.680 and ORS 109.675 [2] on when the provider may or must disclose patient's information to parents. ORS 109.675 (2) explicitly states:

“However, the person providing treatment shall have the parents of the minor involved before the end of treatment unless the parents refuse or unless there are clear clinical indications to the contrary, which shall be documented in the treatment record.”

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For all persons with mental health issues, families should request the following:

- Has the provider requested that the person sign an authorization to speak with the family? If not, why not? If yes and the person refused, did the provider explain the therapeutic value of speaking with the family?
- Has a comprehensive risk assessment including personal interview with the person, record review, and solicitation of information from the family been completed by the provider or another qualified professional?
- Has the provider or any other professional concluded that the person is at elevated risk of suicide?
- Has the provider reviewed the records of previous mental health providers, and communicated with all others who are involved with the persons' treatment and care (e.g., therapist, family physician, case manager, et al.)?
- You should offer to provide additional history to the provider and tell the provider what you already know about the family member's illness and need for treatment, especially any episode that suggests the potential for self-harm.

Where an elevated risk of suicide is identified in persons involved in treatment, families have a compelling interest to learn the following:

- What are the diagnoses and treatment recommendations? How can the family best support the provider's recommendations? Where can one learn more about the illness which has been diagnosed?
- What is the provider's evaluation of suicide risk in this case? What are the particular warning signs (not the same as risk factors) for suicide in this person's situation? What steps should the family take if they see these factors occurring, such as taking the person to the hospital for reassessment? You may wish to ask the provider to help create a plan to monitor and support the family member. What protective factors exist, and how can these be expanded or enhanced for this person?
- What community resources are available to help the family and the person involved in treatment, including resources for case management, peer and family support groups, and improving mental health at home?
- What type of ongoing care is required? Who should provide that care? How can the family access that care?
- What can the family do to best help the person involved in treatment? What should the family not do?
- When the person transitions from one level of care to another or from one provider to another, how will provision of care be coordinated? You may wish to request that the provider assures that follow up is in place with a specific timely appointment, that the accepting provider has full knowledge of history and risk issues/records, and that the original provider confirms that family member has attended the follow up appointment.

Where the person is at university or similar setting, the family may wish to ask the Dean of Students:

- What systems are in place to support students living with mental illness and avoid self-harm? Is peer counseling available for the student with mental illness? Are the health service and/or counseling services on call 24/7; if not what are their hours? Is there a 24-hour number to call in case of emergency?
- Is there an office to intercede with instructors for the student who feels overwhelmed or highly stressed? Will use of these resources imperil any scholarships the student might have?