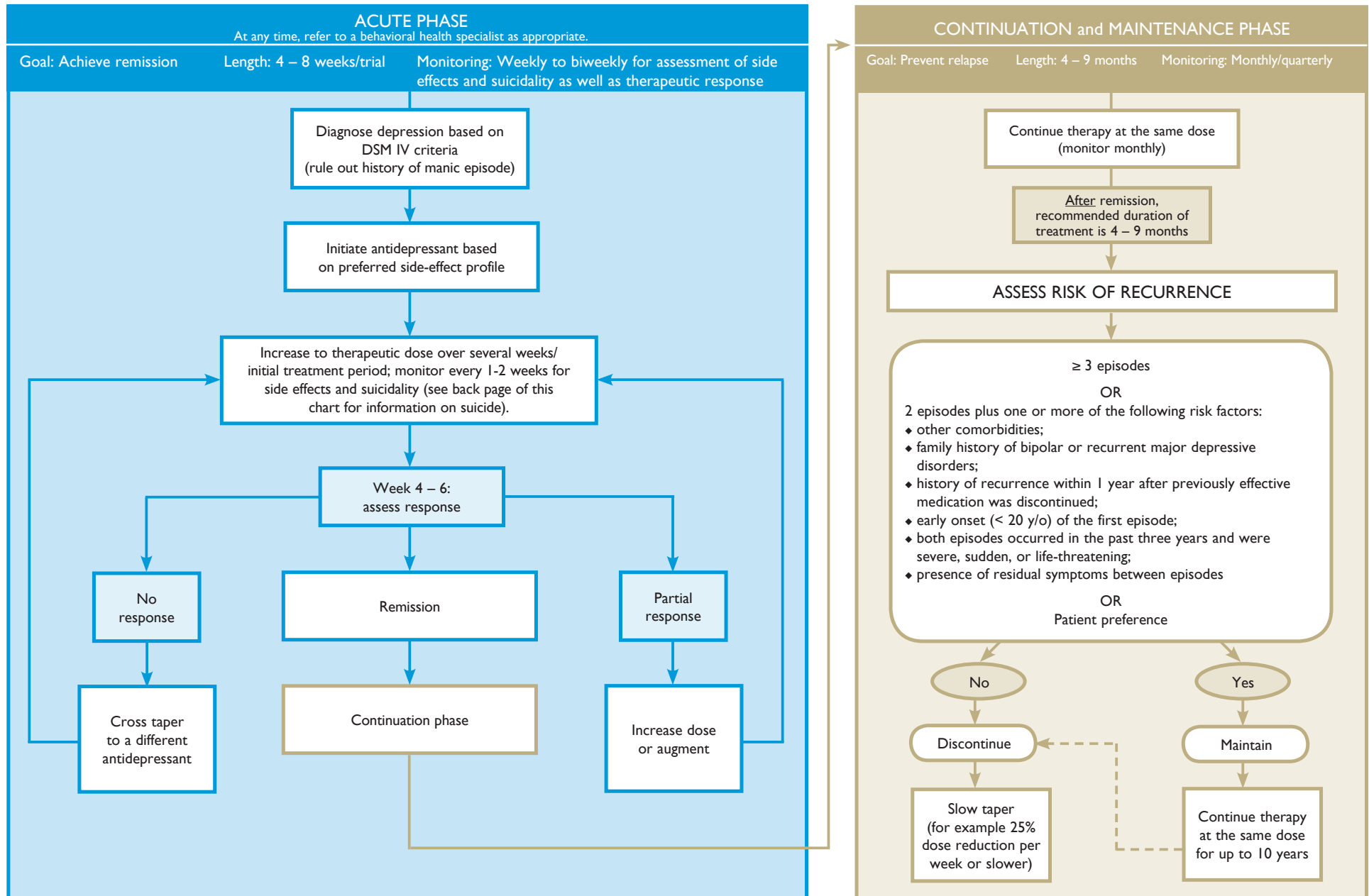


Depression treatment overview



The goal of this overview is to enhance the improvement of patient outcomes by providing you with the resources that support clinical practice consistent with nationally recognized standards of care. Individual clinical decisions should be tailored to specific patient medical and psychosocial needs.



VHA/DOD clinical practice guideline for the management of major depressive disorder in adults – 2000. APA Practice Guideline Major Depressive Disorder – 2000, update – 2005.

View the complete Independence Blue Cross plan approved depression guideline at www.ibx.com/providers

This information has been provided for general purposes for professional medical personnel only. It is not intended to be relied upon for treatment of an individual patient without a physician's independent professional review. It is not to be used to determine the terms, limitations, and exclusions of a member's coverage. Benefits may vary and individual coverage will need to be verified by the plan.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.

Assessing and managing the suicidal patient: helping to keep the patient safe

The goal of this overview is to enhance the improvement of patient outcomes by providing you with the resources that support clinical practice consistent with nationally recognized standards of care. Individual clinical decisions should be tailored to specific patient medical and psychosocial needs. This information does not constitute a statement of benefits. Individual coverage will need to be verified by the plan.

Adult

When should an assessment be conducted?

- at intake on any patient with mental illness or substance abuse diagnosis;
- on any patient with sadness, low mood, recent loss, or hopelessness;
- at each subsequent session as long as the patient remains at risk;
- any time a patient has any newly identified potential risk factors.

Each assessment, while the patient remains at risk, must be documented and include:

- findings and risk factors;
- interventions to contain, manage, and mitigate risk.

What are the elements for assessing suicide?

- elicitation of suicidal ideation;
- identifying and weighing risk factors.

How do I assess ideation and risk?

At minimum, ask directly for presence and nature of suicidal thoughts.

If present:

- determine frequency and circumstances;
- characterize thoughts as passive (“Life is not worth living”) or active (“I am planning to shoot myself”);
- make use of available assessment tools, such as the Scale for Suicide Ideation (SSI) or Beck Scale for Suicide (BSS);
- determine if there is current intent and/or a plan;
- ask for plan details including rehearsals;
- determine if there is a history of thoughts, wishes, impulses, and/or attempts;
- assess availability and lethality of means;

- assess attitudes, beliefs, and values about suicide;
- be sensitive to the different cultural views regarding suicide;
- identify internal and external factors that help prevent the patient from committing suicide;
- determine if anything is different this time that will raise or lower risk of attempting suicide;
- determine if the patient shared ideation with anyone;
- identify any support person who might be helpful in reducing the risk.

How do I weigh risk factors?

Patients are at greater risk for suicide if they:

- have had psychiatric hospitalization within the past year;
- are actively psychotic;
- have depression and/or a major life changing event;
- have had a recent or impending loss;
- have an alcohol or substance abuse disorder;
- have a history of impulsive or self-destructive behavior;
- have committed violence in the past year;
- have previously attempted suicide or self-harm;
- have access to guns;
- have a family history of suicide;
- have experienced childhood trauma (physical/sexual abuse);
- are socially isolated;
- are of advanced age;
- are experiencing physical agitation or anxiety;
- have a chronic, disabling, terminal, or painful medical disorder;

- are newly diagnosed with serious medical problems or serious chronic psychiatric disorders;
- have lost a child either to suicide or in early childhood;
- are male and older than age 65.

What are the top high risk diagnoses for completed suicides?

- depression, especially with anxiety agitation, and/or significant insomnia;
- bipolar disorder;
- alcohol and substance abuse disorders;
- schizophrenia;
- borderline personality disorder.

How do I manage the suicidal patient?

When risk appears severe and imminent, a medical emergency can exist that requires immediate containment and intensive medical treatment, usually in a hospital setting. Take direct appropriate action and/or call your behavioral health provider.

If risk does not appear severe and imminent:

- mitigate or eliminate risk factors;
- strengthen barriers and reasons for not committing suicide;
- develop outpatient safety plans, including a family plan;
- establish a therapeutic alliance;
- treat underlying disorder or call your behavioral health provider;
- address any abuse of substances.

Please refer to the full clinical practice guideline, *Assessing and Managing the Suicidal Patient* at www.ibx.com/providers, for more information.

Assessing and managing the suicidal patient: helping to keep the patient safe

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Adolescent

What are the elements for assessing adolescent suicide?

- elicitation of **suicidal ideation — purpose, isolation, premeditation**;
- identification and weighing of **risk factors** — consider **subjective** factors (expected outcomes) and **objective** factors (planning activities).

How do I assess ideation and risk in adolescent patients?

(See Adult tip sheet)

How do I weigh risk factors?

Adolescent patients are at greater risk for suicide if they have:

Girls:

- depression and/or substance use disorder;
- attempted suicide or self-harm previously.

Boys:

- attempted suicide or self-harm previously;
- depression and/or substance use disorder;
- disruptive behavior;
- anger/aggression.

All Adolescents:

- stressful psychosocial life events;
- poor communication with their parents;
- poor self-esteem/feelings of inferiority;
- a family history of suicide;
- feelings of incompetence;
- feelings of being responsible for negative events (such as parents' divorce);
- a history of physical and/or sexual abuse;
- a history of and/or current self-mutilation;
- isolation from peers; deterioration in appearance/dress;
- struggles with gender identity issues;
- suicide contagion — suicide in school or peer group.

What are the top high-risk diagnoses for completed suicide?

(See Adult tip sheet)

How do I manage the adolescent suicidal patient?

When *risk appears severe and imminent*, a medical emergency can exist requiring immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action or contact Magellan at 1-800-688-1911.

If risk does not appear severe or imminent:

- evaluate ideation, intent and plans more frequently;
- re-frame the suicide attempt as unsuccessful problem-solving;
- enlist parents/family as allies;
- educate parents about suicide;
- instruct parents to take suicidal statements seriously and limit access to any lethal means.

Please refer to the full clinical practice guideline, *Assessing and Managing the Suicidal Patient* at www.ibx.com/providers.

Adapted from Magellan approved Behavioral Health Practice Guideline for Assessing and Managing the Suicidal Patient. This overview has been developed by Magellan Behavioral Health to provide assistance to psychiatrists and other mental health professionals, and to primary care physicians, in evaluating the potentially suicidal patient. Comprehensive review of the guideline is recommended. This document is the proprietary information of Magellan Behavioral Health.

Magellan Behavioral Health, Inc., is an independent company contracted by Independence Blue Cross and its affiliates ("IBC") to manage and provide a provider network for behavioral health (mental health/substance abuse) benefits for the majority of benefit plans offered and administered by IBC.

