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# Michigan Depression Outreach and Collaborative Care (MDOCC)

## In this Issue

- MDOCC's new policy on suicide
- Suicide Risks, Assessment, and Taking Action

Care Managers can be reached at 734-936-8706 or [MDOCC-referral@med.umich.edu](mailto:MDOCC-referral@med.umich.edu)

## MDOCC PROGRAM REPLACES PHQ-8 WITH PHQ-9 TO ADDRESS SUICIDE

MDOCC recently modified the standard outcome measures to include a question regarding suicidality.

- **The additional question:** In the last two weeks-Have you had any thoughts that you would be better off dead or of hurting yourself in some way?
- **Response categories are:** 1. not at all, 2. several days, 3. more than half the days, 4. nearly every day
- **We have tentative plans to handle patient responses:**
  - For a response of "**several days**", the care managers will email the clinician and will do a brief suicide assessment with the patient
  - For responses of "**more than half the days**" and "**nearly every day**" care managers will alert the clinician by e-mail and page and do a brief suicide assessment with the patient.
- **Patients have ongoing suicidal thoughts:** We recognize some patients have ongoing thoughts and it will not be necessary to alert clinicians to every positive response to this question. We would like to request that you let the care managers know if you have a patient who falls into this category and how you would prefer to be alerted to positive responses in specific patients.

## SUICIDE ASSESSMENT & DEPRESSION

During the holidays, feelings of loneliness, sadness and hopelessness may increase as patients remember and relive the loss of loved ones. Depressive symptoms may become worse as stress levels heighten. Patients with depression are at an even higher risk of turning to alcohol during this difficult time of the year as a means of coping with stress. **Patients suffering from depression who consume alcohol are at greater risk of committing suicide than depressed patients who do not consume alcohol.**

## SUICIDE RISK FACTORS

- **Diagnosis of Psychiatric Illness (major depression, bipolar, substance dependence)**
- **Unemployment**
- **Males, especially older and Caucasian**
- **Having an organized plan**
- **Access to means (medication, gun)**
- **Chronic or terminal medical illness including chronic pain**
- **Single, widowed, separated, divorced, living alone**
- **History of suicide threats or attempts and family history of suicide attempts**



University of  
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For answers to questions,  
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## **GUIDELINES FOR ASSESSMENT**

**All patients who are depressed or who appear hopeless for any reason should be asked about suicidal thinking.** Merely asking about it will not cause suicidal thinking in someone who is not already contemplating it.

**If the patient acknowledges wishes for death or escape from his or her circumstances, the following questions need to be asked.**

- How often is the patient thinking about dying? Are they preoccupied with the subject?
- Does the patient have a specific plan & intent to kill him/herself and the means to do so?
- Does the patient believe that he/she may act on their plan?
- Has the patient made any special preparations to die, like practicing the suicide method, writing a note, or putting their financial affairs in order?
- Is the patient abusing alcohol or drugs or actively psychotic or delirious?
- Is the patient feeling hopeless about the future?

## **TAKING ACTION-Hospitalization and Psychiatric Evaluations**

**Patients can be sent home with a friend or family member ONLY if they:**

- Stated reasons not to kill themselves and have few suicide risk factors
- Are not alcohol or drug-dependent, psychotic or hopeless
- Have made a realistic plan to keep themselves safe until a psychiatric assessment can be made (guns, lethal medications removed from home)

**If the patient appears hopeless, impulsive, or unable to make a plan for safety, then further psychiatric evaluation and/or hospitalization may be needed.**

- Family or friends may be consulted.
- Clinicians can far more easily be defended in a lawsuit over a breach of confidentiality than over a wrongful death from a suicide.

**Involuntary hospitalization through civil commitment may be necessary if the patient:**

- Gives evidence of a significant suicide or homicide risk
- Is unable to care for him or herself because of a mental illness

\*This would involve further psychiatric evaluation which is available through Psychiatric Emergency Services (PES):

**PES at the University of Michigan is 936-5900.**

The staff there is available for discussion of suicidal patients, as is the staff and consultants at M-DOCC.

Care Managers, Erin Hughes-Krieger, MSW and David Maahs, MSW are available for questions and feedback with your patient's depression care. Please phone or email Erin ([enh@umich.edu](mailto:enh@umich.edu)) or David ([maahsd@umich.edu](mailto:maahsd@umich.edu)) with your referrals, tel:734-936-8706.

**Coming Soon:**

**January's newsletter will include an update on the Depression in Primary Care Initiative!**