Behavioral Health Autopsy Program

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Systems for Collecting Data on Suicides and Suicide Attempts

- The VA obtains information on the characteristics and outcomes of suicide and suicide attempts from multiple sources including:
  - Root cause analyses and issue briefs
  - Suicide Behavior Reports entered through the Suicide Prevention Applications Network
  - Linkage of VA administrative records and mortality data obtained from the National Death Index
  - Information obtained from state mortality records (including data on all reported suicides between 1999-2011)
- Data from these sources are managed by the Suicide Prevention Program and used to inform recommendations for program modifications and identify potential barriers to care.
- Routine reporting on suicide, suicide attempts, and facility characteristics are managed through a collaboration between the VISN 2 Center of Excellence for Suicide Prevention and NEPEC.
Behavioral Health Autopsy Program

- The Suicide Prevention Program has expanded its efforts to collect systematic data on all deaths from suicide by implementing a Behavioral Health Autopsy Program.

- The Behavioral Health Autopsy Program, informed by Psychological Autopsy methodologies, includes reviews of clinical records, search of public records files, and interviews with family members and the last clinician on record.
Behavioral Health Autopsy Program

• Phase 1 of the Behavioral Health Autopsy Program was chart reviews.

• Phases 2 of the program consists of interviews with family, friends, and providers.

• Phase 3 will involve conducting formal psychological autopsies in a number of specific sites.
Phase 1 – Systematic Chart Review

• Systematic review of information included in the Veteran’s medical record.
• Chart reviews completed for all deaths from suicide reported through the Suicide Prevention Applications Network (SPAN).
• Reviews completed locally by Suicide Prevention Coordinators at each site and submitted electronically to a centralized repository managed by the VISN 2 Center of Excellence for Suicide Prevention.
• The chart review template includes information on demographic characteristics, risk & protective factors, use of mental health and crisis services, diagnoses and symptoms, and clinician notes.
• The chart review tool was adapted from an instrument initially developed by Marcia Valenstein and field tested in VISN 20.
Phase 2 of the Behavioral Health Autopsy Program

- Telephone interviews with family members and questionnaires completed by the last clinician with face to face contact.
- The interviews and questionnaires seek to obtain information on the context of risk, barriers to care, and suggestions for new programs to prevent suicide.
- A family interview template was developed and field tested through a collaboration between MH QUERI and VISN 2 Center of Excellence for Suicide Prevention.
- Telephone interviews are conducted by mental health professionals located at the VISN 2 Center of Excellence for Suicide Prevention.
- Data collection for Phase 2 began in FY13.
Phases 3 of the Behavioral Health Autopsy Program

- Conducting formal psychological autopsies in a number of specific sites.
- Three sites will be identified and supported to conduct formal, rigorous psychological autopsies on as many deaths from suicide as possible.
- The findings will be used to inform, and, as needed, revise the information collected by the SPCs.
- Phase 3 activities represent quality improvement activities internal to the Behavioral Health Autopsy Program.
Behavioral Health Autopsy Program Implementation Memo (Dec. 11, 2012)

• To communicate changes in existing quality improvement strategies involving Veteran suicides.

• Suicide prevention coordinators (SPCs) are required to complete a standardized medical record review utilizing the Behavioral Autopsy Program (BHAP) – Post-Mortem Chart Analysis Template for all suicides known to the facility and reported on or after November 1, 2012.

• The SPCs are required to submit these reports to the Mental Health Services (MHS) Suicide Prevention Program within 30 days of the facility becoming aware of the death by suicide via the approved SPC SharePoint portal: https://vaww.portal.va.gov/sites/visn2coe_sp/default.aspx
Behavioral Health Autopsy Program Implementation Memo

- Processes for any facility level and VISN level review prior to submission into the SharePoint are local decisions.
- Information obtained from the BHAP is protected information and will be used for quality improvement efforts and program evaluation services. The information will be managed by the Patient Safety Center of Inquiry (PSCI) for Suicide Prevention.
- As part of the Behavioral Health Autopsy program, each VISN will receive bi-annual VISN and annual facility behavioral health autopsy reports for the purpose of comparing VISN and facility information with national findings. This information is for quality improvement and program evaluation services only and will not be used to place blame or evaluate care. Again, this is protected information.
Behavioral Health Autopsy Program
Implementation Memo

- Aggregate reviews for deaths by suicide and suicide attempts are no longer required by Mental Health Services or the National Center for Patient Safety.
- For inpatient suicides, there will continue to be the requirement for an individual RCA completed within the Patient Safety Program.
- Patient Safety Managers may also decide to conduct individual RCAs for outpatient suicides as appropriate and these will remain the responsibility of the Patient Safety Program.
- All of these events will still need to be reported to the BHAP using the SPC SharePoint tool.
Post- Mortem Chart Analysis
## Behavioral Health Autopsy Program

### Post-Mortem Chart Analysis

**Suicide Information Sheet - Demographics and Mil. History**

<table>
<thead>
<tr>
<th>Case ID</th>
<th>-</th>
</tr>
</thead>
</table>

**Investigating Clinician:**

**Is the Case concerning a Veteran who WAS enrolled in VA Health Care Services?**

**Data Sources:**
- CPRS
- Death Certificate
- Family Report
- Other

**Means of Completed Suicide:**
- 11 - Other

**Overtype this, and name the "Other."**

### Demographics

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Date of Death:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select...</td>
<td>Select...</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Living Situation</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select...</td>
<td>Select...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select...</td>
<td>Select...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select...</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of Education, if Known:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Source of income:</th>
<th>Military History</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 - Other</td>
<td>Era: 7 - Other</td>
</tr>
<tr>
<td>Overtype, and enter the 'Other' source of income.</td>
<td>Overtype with the 'Other' Theatre of War</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combat Vet Status:</th>
<th>Service Connected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select...</td>
<td>Yes - ☑, No - ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traumatic Brain Injury</th>
<th>If Yes, Total %, Psych %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select...</td>
<td></td>
</tr>
</tbody>
</table>
### Symptoms/Diagnoses

**Current Active Diagnoses:**

- Depression: Yes, No, Unknown
- PTSD: Yes, No, Unknown
- Other Anxiety Disorder: Yes, No, Unknown
- Bipolar Disorder: Yes, No, Unknown
- Schizophrenia: Yes, No, Unknown
- Dementia: Yes, No, Unknown
- Gender Identity Disorder: Yes, No, Unknown
- Alcohol Abuse Disorder: Yes, No, Unknown

**Alcohol Abuse Treatment:** Yes, No, Unknown

**Substance Abuse Disorder:** Yes, No, Unknown

**Substance Abuse Treatment:** Yes, No, Unknown

**Personality Disorder(s):** Yes, No, Unknown

**Other Diagnoses:**

<table>
<thead>
<tr>
<th>Prominent Psychiatric Symptoms:</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressed Mood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruminations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intrusive Memories:** Yes, No

**Drug seeking Behaviors:** Yes, No

**Flashbacks:** Yes, No

**Guilt/Remorse:** Yes, No

**Hallucinations:** Yes, No

**Command Suicide Hallucination:** Yes, No

**Alcohol Withdrawal:** Yes, No

**Agitation:** Yes, No

**Impulsivity:** Yes, No
### Protective Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Social Support?</td>
<td>Select...</td>
</tr>
<tr>
<td>Positive Therapeutic Relationships?</td>
<td>Select...</td>
</tr>
<tr>
<td>Recipient of Gunlocks?</td>
<td>Select...</td>
</tr>
<tr>
<td>Cultural, Religious or Spiritual Beliefs?</td>
<td>Select...</td>
</tr>
<tr>
<td>Sense of Responsibility to The Family?</td>
<td>Select...</td>
</tr>
<tr>
<td>Pregnancy in The Family?</td>
<td>Select...</td>
</tr>
<tr>
<td>Hope for the Future or Optimistic?</td>
<td>Select...</td>
</tr>
<tr>
<td>Knowledge of Accessing Support and Interventions?</td>
<td>Select...</td>
</tr>
<tr>
<td>Life Satisfaction?</td>
<td>Select...</td>
</tr>
<tr>
<td>Positive Coping Skills?</td>
<td>Select...</td>
</tr>
<tr>
<td>Positive Problem Solving Skills?</td>
<td>Select...</td>
</tr>
<tr>
<td>Fear of Death / Suicide?</td>
<td>Select...</td>
</tr>
<tr>
<td>Restriction of Lethal Means?</td>
<td>1 - Yes</td>
</tr>
</tbody>
</table>

Overtypo, and enter a succinct description of the restriction.
Potential Suicide Risk Factors

Number of Previous Suicide Attempts:  

Family History of Suicide:  

Pain?: 1 - Yes  

If Yes to Pain, 

Source:  

Rating:  

Active Pain Medications?: Yes ☐, No ☐  

Overtype, and enter all Active Pain Meds, Including Opiates.

Compliance with Prescribed Psych Meds:  

Acute Suicide Risk Factors:

Recent Ideation ☐, Recent Plan ☐, Unsecured Firearms in Home ☐,

Previous Attempts ☐, Increase Alcohol Abuse ☐, Increase Substance Abuse ☐,

Impulsivity or Poor Self Control ☐, Hopelessness ☐, Decline in Physical Ability/Mobility ☐,

Recent Financial Loss/Strain ☐, Recent Legal Problem/Arrest ☐, Uncooperative with Care ☐,

Recent Discharge From an Inpatient Psychiatric Unit ☐, Increase in Health Problems ☐,

Sense of Burden to Family/Society ☐, Alienation/Sense of Not Belonging ☐,
Behavioral Health Autopsy Program
Post-Mortem Chart Analysis
Suicide Information Sheet - Suicide Circumstances

Case ID: 

SPC Contact/Referral? Check if 'yes' 
Initiated by: 3 - Other
Enter the 'Other' who Initiated the Referral

Homeless Prevention Contact? 
Select...

Homeless at TOD? 
Select...

Is There a History of Violence? 1- Yes

Was the Violence Interpersonal? 1- Yes

In the Interpersonal Violence, Which Was the Veteran? The:
Select...

What was the Veteran's relationship to the other person or people?
Overtype, Enter the relationship - e.g. Police, Neighbor, Spouse, Child, etc.

Suicide Risk Flag Set? 
Select...

Safety Plan Set? 
Select...

Behavioral Flags Set? 
Select...
Summary Descriptor of Case

Reviewers Impression of Suicide Risk at Last Contact: [Select...]

Which Category Best Fits this Case?
- 9 - Other
   Overtype, and enter the 'Other' Best Category Name.

Difficulties, Problems, or Barriers to Care: (Enter any issues that might be improved. E.g. If part of the problem was that the patient didn't know how to access emergency services, or if the communication from the inpatient team to the outpatient team was a problem, or if the evaluator in the ER couldn't access the needed information about suicide risk, etc.)

Possible Preventative Actions: (Enter any changes in policy, procedure, communication, or actions that may have reduced the risk of this suicide.)
Preliminary findings from first six months of BHAP Chart Review (n=304 deaths by suicide)

• Support previous reports of characteristics of suicide and provide new information on risk factors among Veterans who have died from suicide.
• Key findings include evidence of:
  – Increased risk for suicide involving a firearm associated with unsafe storage
  – History of relationship problems preceding suicide
  – Low prevalence of Veterans who were considered to be at “high risk” at time of death
  – Absence of previous suicide attempts among the majority of Veterans who died from suicide.
QUESTIONS?

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