

COVID GUIDANCE: Screening for Suicide Risk during Telehealth Visits

An Addendum to the 2018 Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe

Background

The COVID-19 pandemic has prompted a rapid shift from traditional face-to-face health care encounters to various forms of virtual care, including telephone encounters, video encounters, asynchronous or “chat” meetings, and mHealth or eHealth tools. In 2018, the National Action Alliance for Suicide Prevention (Action Alliance) published *Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe*. The report suggested suicide screening, with indicated care as needed, for all individuals receiving care for behavioral health conditions as a core responsibility for health care organizations. In 2019, both CARF and The Joint Commission included these recommendations in their accreditation requirements. Increasingly, more health care systems have worked to improve suicide risk detention and consequent workflows to reduce patients’ suicide risk. However, with the pandemic, screening for or assessment of suicide risk must now occur virtually in addition to face-to-face interactions. Some of this shift to virtual or online care will likely persist after the pandemic subsides, based on expanded access to care and patient preferences.

As health care organizations work to adapt their practices to telehealth, continuing to screen for suicide risk in the same manner as face-to-face visits has raised some concerns. For example, some health system leaders have expressed concern that screening for or assessment of suicide risk outside of a face-to-face encounter might create liability risk. The perceived concern is greatest for asynchronous screening, such as a questionnaire including questions related to suicidal ideation sent in advance of a telephone or video visit.

Principles

According to [SAMHSA survey data](#),¹ 12 million adult Americans had serious suicidal ideation in 2019.” Recent [CDC data](#) indicated that 40% of Americans reported mental health or behavioral health problems, and 11% seriously considered suicide in the past 30 days.² Given the mental health impacts of the COVID-19 pandemic, identifying people at increased risk of self-harm or suicide is a higher priority than ever. More people are at risk, and those who have been under care may find their care interrupted or altered.

1 Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

2 Czeisler, M. E., et al. (2020). Mental health, substance use, and suicidal ideation during COVID-19 pandemic – United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69, 1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

Asking about suicidal ideation or behavior can accurately identify people at risk, and the evidence is clear that inquiring about suicidal ideation or behavior does not create or increase risk. Importantly, life-saving interventions and clinical care are impossible to render if potential suicide risk remains unknown.

Recommendations

1. Routinely assess risk for self-harm and suicide for those receiving treatment for behavioral health disorders, whether that treatment occurs face-to-face or virtually.
2. Screening for depression and other mental health disorders, in primary care or general medical settings, should include screening for risk of self-harm and suicide, whether that treatment occurs face-to-face or virtually. Within their routine practice, providers should send screeners or questionnaires home for patients to complete before their visit (e.g., part of a form filled out within a patient portal or on paper).
3. Asynchronous screening or assessment should include specific questions regarding the risk of suicidal ideation and self-harm..
4. Establish clear protocols for identifying when a person screens positive for suicide risk during the routine workflow. The protocols should include:
 - » **Electronic health record alerts** when an electronic screening is completed
 - » **A designated individual** responsible for scoring and reviewing paper instruments
 - » **Mechanisms for alerting clinicians** when a screening is positive using a message channel determined by the clinic, such as voice to ear, instant messaging, or inbox tasking
 - » **Clinician review of screening results by the next business day**
 - » **An approach to provide a brief intervention to manage risk via telehealth** (e.g., safety planning that includes reducing access to lethal means)³
5. Asynchronous screening or assessment tools should provide clear information regarding the following:
 - » **If the screened patient is a minor**, inform the patient of the suicide risk screening results, your care recommendations, and collaboratively develop a plan for involving their parent or guardian.
 - » When a clinician will review responses. For example:
 - “The questionnaire results are not reviewed in real-time. Instead, they are reviewed immediately before or during the visit, but no later than the next business day.”
 - » Where and how to seek more immediate help:
 - Provide information at the bottom of the questionnaire or in a pop-up field for how the individual can access immediate help with a crisis or suicidal thoughts. For example:
 - Contact the suicide prevention lifeline (1-800-273-8255) or the crisis text line (text the word HOME to 741741)
 - Call your primary care provider’s office to discuss the situation
 - Access the following websites: *List useful websites relevant to your patients*
 - Contact your local mental health emergency crisis line: *List relevant resources*
 - If the situation is urgent and imminent, Call 911

A note about liability

To reduce exposure to liability, providers need to follow best practice guidelines, continue to screen for suicidal thoughts and behaviors, seek consultation when indicated, document their decisions and interventions, and provide indicated evidence-based care. For more information on best practices, see the Action Alliance’s 2018 [Recommended Standard Care for People with Suicide Risk](#) report.

³ The Zero Suicide Website lists resources for telehealth suicide risk screening and risk management resources: <http://zerosuicide.edc.org/covid-19>