Mellstrom Script

Key: Blue font = my spoken words (for teleprompter).
Black font = All other (inserts for slides & video, etc.)

"Thank you.

Since this is such a short talk, I'll have to refer you to the handouts and to the VISN 21 MIRECC Website for further information.

Okay, so how can we identify our patients at risk for suicidal behavior (either attempt or completion)?

To answer this, we need to first distinguish between **long-term**, **short-term**, and **immediate** risk. Long-term risk refers to months and years… while short-term refers to weeks. But immediate risk refers to the next 24-72 hours. Of those who are at long-term risk, only a tiny fraction are at short-term or immediate risk at any given time.

So, what are the risk factors and warning signs to watch for?

[Display Slide #1 "At Risk Patients..." — Mellstrom narrates Slide as follows]:

[Mellstrom pauses for 4 seconds while audience reads the Slide, then resumes talking.]

As this slide shows, the first major risk factor is a predisposing mental disorder.

Experts agree that the vast majority of suicide victims were vulnerable or predisposed to suicide because of an underlying mental disorder. This is a long-term risk factor

Most experts also agree that these predisposed individuals commit suicide only after they have been experiencing what, to them, is some type of stressful life circumstances. I use the term "stress" in its broadest sense." Common sources of stress in suicide victims are: Major health problems, chronic pain, financial or legal problems, and any loss of self-esteem, valued relationship, or ability to perform valued functions.
So, stress in the context of a mental disorder can be a short-term risk factor.

[Display Slide #2 "At Risk Patients..." — Mellstrom narrates Slide as follows]:

[Mellstrom pauses for 4 seconds while audience reads the Slide, then resumes talking.]

This slide lists the major predisposing mental disorders.

They are more deadly in combination, especially depression and substance abuse. When these two are combined with any others on the list, the risk of suicide increases greatly.

The first one listed, depression, is the most important. But it is also the one most often overlooked and undiagnosed in Primary Care and other medical/surgical settings.

[Display Slide #3 "Major Risk Factor..." — Mellstrom narrates Slide as follows]:

[Mellstrom pauses for 4 seconds while audience reads the Slide, then resumes talking.]

Note that undetected, untreated depression increases suicide risk 50 times over the population base rate of 11 per 100,000! This is a critical point.

[Display Slide #4 "Relative Risk…" — Mellstrom narrates Slide as follows]:

[Mellstrom pauses for 4 seconds while audience reads the Slide, then resumes talking.]

You can see in this next slide just how much **more important** than gender and age are **previous suicide attempt** and Mental Disorders like depression! Look first for these! Without one of these, gender and age will overwhelm you with false positives.

[Display Slide #5 "Balance: Risk vs. Protective Factors."] — NOTE: THIS IS THE ONLY SLIDE THAT HAS ANIMATION. IT'S SET TO AUTOMATIC (NO MOUSE-CLICKS NEEDED).
[Mellstrom narrates Slide as follows]:

This Slide shows how the various risk factors may combine to produce suicidal urges.

On the left side of this Balance Scale, notice something called "Protective Factors." These work to reduce suicide risk. Examples are: 1) Responsibility for a minor, and 2) Presence of spiritual, cultural, or family taboos against

suicide, and 3) Close supportive relationships.

On the right side of the Balance Scale, notice that the combined weight of the predisposing factors and trigger events (perceived stress) has tilted the Scale toward suicide. At this point, we need to assess the patient's coping ability, strength, and resilience.

Now, what about other risk factors and warning signs?

Extremely important, but easily overlooked are the **verbal and behavioral clues**. These are **short-term**, and possibly even **immediate** risk factors!

[Display Slide #6 "Warning Signs: *Behavior*." — Mellstrom narrates Slide as follows]:

Listed here are things that suicidal people may do.

[Stop speaking for 4 seconds.]

The value of these behaviors as Red Flags is greatest when the patient has never shown them before… and when several are found.

[Display Slide #7 "Warning Signs: *Talk*." — Mellstrom narrates Slide as follows]:

Listed here are examples of verbal red flags, that is, things that someone contemplating suicide might say.

As with the behavioral clues, these clues are more significant when several are found.

[End of Slide #7. Return to live shot of Mellstrom speaking.]

So, to identify your patients at risk, look for those things.

But… is that it? End of story? Not quite. There's one final critical element: your interview skills.

Case in point: What if the patient you're with shows one or more of the suicide risk factors or cues, and you suspect he or she may be at risk for suicide? How would you conduct the interview so as to confirm or refute your suspicions, and to determine if the risk is imminent?

[Display Slide #8 "How to Probe: Part 1" — Mellstrom narrates Slide as follows]:

This Slide shows the first of several important principles for the suicide inquiry.

[Stop speaking for 4 seconds.]

"Privacy," refers to both the physical environment and confidentiality.

To help make the patient more comfortable with revealing suididal thoughts or urges, you say that this is not unusual among people in circumstances like those of the patient.

Open-ended questions are essential. They open up the dialog.

Now let's see what else you should know about probing.

[Display Slide #9 "How to Probe: Part 2" — Mellstrom narrates Slide as follows]:

These are all very important.

Let's start with empathy. Empathic statements usually reflect the patient's current emotion or feeling. They help to make the patient feel understood. Then he or she is more likely to open up.

How about the other bullet items we saw on the slide, such as: "Asking about Events, Risk factors, and suicidal Ideation?" or… "Don't flinch?" …or "Say 'no' to suicide?"

It is easiest to understand these by seeing some examples.

See how many you can spot in the following clips. actors simulating the suicide inquiry.

[Roll video clips having these TimeCodes:

[Ray: FYI ->See Attachment 1 to see the "scripts" prepared for the actors in the Video "Shoots."

Time Code:	Total Time	Content:
01 : 05 : 41 to 01 : 08 : 16	2 min, 35 sec	From Shoot #1, Donna & Matt. At end of this segment, fade to black before starting segment from Shoot #2.
02 : 07 : 43 to 02: 08 : 11	38 sec	From Shoot #2, Vickie & John. At end of this segment, fade to black then return to live shot of panelist Mellstrom

[At end of these clips, return to live shot of Mellstrom speaking.]

By the way, don't over-rely on patient's denial of suicide ideation/behavior. It can be unreliable.

Now let's see how well you can do. Watch the following clip and imagine that you are the clinician. How would you respond?

[Roll video clip having this TimeCodes:

Time Code:	Total Time	Content from Shoot #4:
03 : 05 : 16-28		[Matt]: 'What kind of doctor are you anyway? How do you know what I've been going through?"

Not sure? Well, according to the developers of the well-validated Suicide Intervention Response Inventory ("SIRI" by Neimeyer and Pfeiffer), a good response here would be something like this…

[Roll video clip having this TimeCodes:

Time Code:	Total Time	Content from Shoot #4:
03 : 05 : 29-33		[Lorne]: So you're wondering if I can understand how you feel.

Let's try another one. How would you respond to this:

[Roll video clip having this TimeCodes:

Time Code:	Total Time	Content from Shoot #4:
03 : 05 : 34-53		[Matt]: "How can I believe in God anymore? No God would ever l this happen to me; I've never done anything to deserve what's happened…"

Not sure? Well, once again, according to the SIRI, a good response here would be something like this…

[Roll video clip having this TimeCodes:

Time Code:	Total Time	Content from Shoot #4:
03 : 05 : 54-56		[Lorne]: "So things have gotten so bad…to make you question your faith."

Let's try another one. How would you respond to this:

[Roll video clip having this TimeCodes:

Time Code:	Total Time	Content from Shoot #4:
03 : 05 : 57- 03:06:11	.	[Matt]: [Saddened] "I have no faith anymore… in anything… or anybody."

Need help? How does this sound?

Time Code:	Total Time	Content from Shoot #4:
03 : 06 : 17-21		[Lorne]: " You look sad right now … tired."

So… plenty of empathic responses — reflecting back the patient's feelings.

Try this one:

Time Code:	Total Time	Content from Shoot #4:
03 : 06 : 22-46		[Matt]: I'm tired of fighting this battle. [pause] Why don't you just leave me alone? Nobody can do anything to make it better. "I know what I can do to make it better.

Okay, it would be good here to ask directly about suicidal thoughts.

[Roll video clip having this TimeCodes:

Time Code:	Total Time	Content from Shoot #4:
03 : 06 : 47-52		[Lorne]: "What do you mean? Are you considering suicide?".

Time for just one more:

Time Code:	Total Time	Content from Shoot #4:
03 : 06 : 53-03:07:00		"Yes! OK! There… you got it out of me! You happy now?.

And you would say…?

Time Code:	Total Time	Content from Shoot #4:
03:07:01-04		[Lorne: "Have you thought about how you might do it?"

Yes, that's right — probe for suicide planning.

At this point, let us assume that you and a few other clinicians have gathered quite a bit of information about this patient's risk factors, protective factors, current circumstances, and current emotional state.

Now you must combine all this information to estimate suicide risk and assure life safety.

One of the best ways to do this is by assembing all the clinicians who evaluated the patient. The following clip shows how such a team meeting might proceed. This is a simulation of an Inpatient Mental Health Team."

[Until Mellstrom's time expires, Roll video clips having these TimeCodes (with audio)**:]**

Time Code:	Content:
02:12:15 Thru 02:12:25	Wide angle shot of Team. Start of meeting. Michelle. "We've finished listing all the Risk and Protective Factors. Now we need to decide on the level of Mr. Smith's current (immediate) suicide risk. Who would like to start us off? How about you, Dr. Porter?"
02 : 26 : 10 Thru 02 : 27 : 56	Close-up: Michelle & white board.
02:12:15 Thru 02:14:15	Resume wide-angle dialog between Team members
02:15:55 Thru 02:17:00	Close-ups: Sharon & Dana

END OF MELLSTROM SCRIPT

Atttachment 1: Actor's Scripts that were prepared for Video "Shoots"

(For Ray Iggulden's FYI reference only)

Shoot #1:

Time: **9:30am:**

Location: D-621 (6th floor)

Actors: Donna (as Social Worker in Primary Care Clinic)
Matt (as Patient)

Scenario: Clinican—Patient interview.
Scene opens with Donna & Matt seated in her office. Matt is looking down at floor.

Donna: "Hello, Mr. Smith. My name is Donna and I'm the Social Worker in this Pri Care Clinic.

One of my jobs is to review the results of some of the annual screenings you just took.

On one question, I see that you feel like *the future is hopeless and things cannot improve*. Can you tell me about that?"

Matt: [Annoyed, agitated, & aloof] "Not much to say."

Donna: [nodding] "Sounds like you're in a bad situation. It must take a lot just to keep going."

Matt: Yeah sure. Hey I'm here to see the Doc. Are we done?"

Donna: "Just about. I was just wondering if anything has happened lately to make things worse."

Matt: [Angry & agitated] "Worse? How could they get worse?

I have the body of an 80 year old! Pain in my back for 5 years! Lot of things I can't do.

And the Doctors say there's nothing more they can do about it!"

Donna: "That must be very frustrating.

[pauses] Many people in your situation might feel like life was not worth living.

I wonder if you've ever felt like that?"

Matt: "Yeah you could say that."

Donna: "Have you thought about doing something to end your life?"

Matt: "When the time comes, I know exactly what I'm going to do."

Donna: "And when will that be?"

Matt: "Maybe soon… or maybe not. We'll see. They'll all see."

Donna: "Now you're worrying me."

Matt: "Why should you care what I do?"

Donna: Because I think your death would be a terrible waste, and it concerns me that things are so bad that you are considering suicide.

You need help to get through this critical period.

[Pause. Matt is silent]…"I'd like you to talk to someone who can help… right now.

Let me make a phone call and set it up right now."

End of Shoot #1

Shoot #2:

Time:	**10:30AM:**
Location:	5C Nursing Station (5th floor)
Actors:	Vickie (as Mental Health Nurse)
	John: As voice of patient calling in to Suicide Hotline.
Scenario:	Vickie pretends to take a suicidal call on the Hotline Phone.
	Scene opens with Vickie picking up phone (as if it just rang).
	John's voice will be heard (just like Vickie would here it thru phone), but John is never on camera.

Dialog: Vickie & John will ad lib this entire shoot! But here's a sample of the dialog they might use:

John:	I decided to call in tonight because I really feel like I might do something to myself.
	I've been thinking about suicide.
Vickie:	Can you tell me more about your suicidal feelings?
John:	I have a gun pointed at my head right now, and if you don't help me. I'm going to pull the trigger!
Vickie:	I want you to put down the gun so we can talk.
John:	[Voice is slurred and unclear over telephone.]
Vickie:	Your voice sounds so sleepy. Have you taken anything?

End of Shoot #2

Shoot #3:

Time: **Noon**

Location: D-149 (1st floor)

Actors: Michelle (as Team Leader/Facilitator).

Lorne, John, Jean, Dana, Sharon (as Team Members).

Scenario: Patient's (Matt's) Inpatient Mental Health Team must review his Risk Factors & Protective Factors
then reach consensus on his suicide risk (Imminent Vs. Long-term).

Then Team must decide on appropriate INTERVENTIONS & ACTIONS
to assure patient safety and begin treatment that targets patient's modifiable risk factors.

Scene opens with Michelle standing next to WhiteBoard.

Camera zooms to the WhiteBoard, on which Michelle has already written
patient's (Matt's) Risk Factors & Protective Factors.

Info on WhiteBoard looks as follows:

RISK FACTOR:	**PROTECTIVE FACTOR:**
Suicide ideation	Spiritual beliefs (if can be restored)
Secretive. Help-rejecting?	Intact reasoning ability
No therapeutic alliance	Intact self-esteem (?)
Plan unknown but presumed lethal (gun?)	
Depression (with agitation) seen as anger	
Hopelessness	
Helplessness & exhaustion	
Chronic pain (back)	
Isolation (lives along)	
Hx of substance abuse	

Estimated Suicide Risk (immediate) HIGH MOD LO

Justification? ____

Plan:

Patient Safety: (e.g., Level of Obs): _______________________________

Tx (e.g., Psych Meds): ____

Find or develop Support network: ________________________________

Other: ____

DIALOG OF TEAM MEETING:

Michelle: "We've finished listing all the Risk and Protective Factors.

Now we need to decide on the level of Mr. Smith's current (immediate) suicide risk.

Who would like to start us off? How about you, Dr. Porter?"

Lorne: "Yes, thanks for inviting me to your Team Meeting.

I think Mr. Smith's immediate risk is quite high.

He shows many powerful risk factors and has few offsets or Protective Factors.

He worries me.

John: "I would tend to agree.

When I saw him on intake (as the Unit Psychiatrist),
he was very agitated and complained on insomnia, severe back pain
a miserable life, and feeling like he was trapped in a personal hell."

Michelle: "Thank you for that input, Dr. Rodriguez.

Do either of you think Mr. Smith might try to suicide while on the Unit?

Lorne: I think that depends on how he experiences the Unit.

If, in his perception, the admission is not helping as promised…
…and he believes that our staff doesn't really care about him…
he could feel betrayed, angry, and vengeful.

Then he might try something.

Michelle: How about you, Jean? What do you think?

Jean: When I did my Nursing Assessment, he admitted to having a gun at home.

When I asked about substance use, he admitted to drinking alcohol "for the pain,"
but he was very vague about quanity."

Michelle: "Anything else?"

Jean: "When I asked about history of any suicide attempts, he denied any…
but stated that he sometimes takes out his gun (a 357 Magnum) and…
points it at his head while wondering what it would be like to pull the trigger."

John: "Has he ever considered other methods of suicide?"

Sharon: "When I saw him in my role as the Team Psychologist,
he told me that he once saw a movie in which a man hung himself.

Afterwards, he bought some rope and taught himself how to make a noose."

Michelle: "Oh boy… this guy is getting more & more scary.

Anyone else have any input?"

Dana: When I saw him to do the Social Work Assessment,
he denied having any support network of any kind.

He seems very isolated — a real loner.

Sharon: "And we know that isolation can breed aberrant thoughts & behavior
because the usual social feedback is missing."

Michelle: "OK. So what's our decision about level of observation?"

Jean: "I think he needs ward restriction and q15-minute checks.

John: "Yes, let's start with that and re-assess his suicidality every day."

Michelle: OK. All agreed?"

[All nod]

OK. So now let's move on to the next question:

What will be our initial treatments? Meds etc.?"

— End of Shoot #3 —

Shoot #4:

Time: 2:00pm:

Location: D-621 (6th floor)

Actors: Lorne (as Psychiatrist in Mental Health)
Matt (as Patient) — acts angry & agitated for most of interview.

Scenario: Clinican—Patient interview.
Scene opens with Lorne & Matt seated in Lorne's office, making eye contact.

Shoot #4: Lorne & Matt

Time Code	Actor	Actor's Line
Not used	Lorne:	"Hello, Mr. Smith. My name is Dr. Porter. As you know, Donna was concerned about you, and she thought I could help. Can you tell me how things have been going for you lately?"
03:05:16-28	Matt:	[Annoyed, agitated, & aloof] What kind of doctor are you anyway? How do you know what I've been going through?
03:05:29-33	Lorne:	So you're wondering if I can understand how you feel.
03:05:34-53	Matt:	[Pause]…How can I believe in God anymore? No God would ever let this happen to me; I've never done anything to deserve what's happened.
03:05:54-56	Lorne:	So things have gotten so bad…to make you question your faith.
03:05:57 - 03:06:11	Matt:	[Saddened] I have no faith anymore… in anything… or anybody.
03:06:17-21	Lorne:	You look sad right now and tired."
03:06:22-46	Matt:	[Nearly crying] I'm tired of fighting this battle. [pause] Why don't you just leave me alone? Nobody can do anything to make it better. [Stiffening, anger returning] "I don't know why I agreed to see you anyway!"
03:06:47-52	Lorne:	"What do you mean? Are you considering suicide?"
03:06:53 - 03:07:00	Matt:	[Angry, agitated]"Yes! OK! There… you got it out of me! You happy now?
03:07:01-04	Lorne:	"Have you thought about how you might do it?"
03:07:05-09	Matt:	"Just know that when I do something… I do it right."
03:07:10-11	Lorne:	"Do you own a gun?"
03:07:11-14	Matt:	[Silence]
03:07:11 -	Lorne:	"Mr. Smith… please… I think we need to consider a brief hospitalization… …So we can work together to sort things out. I'm certain we can do some things to reduce your suffering. Please… let's give this a try… before it's too late."

End of Shoot #4 --