# Risk-id Safety procedure – Paper and online surveys

For several reasons, we will not be providing individual feedback or follow-up for most cases in response to survey responses. As our participants are all veterans who were recently screened for suicidal ideation, we expect participants to report high levels of suicidal ideation on their surveys; endorsement of suicidal ideation with intent or plan does not reflect any increased risk for this population. Also, participants may not have a treating clinician or regular VA care, so we lack the information to adequately assess individual risk (this is typically done by examining medical record progress notes to determine patient departures from their ‘normal’ level of risk). Survey responses will not be received in “real time” and suicidal ideation fluctuates considerably over sometimes very short periods of time. A comprehensive risk assessment follow-up on suicidal ideation reported on a survey completed many days prior may present unwanted or undue burden on the participant (Hom et al., 2017). Finally, this is an observational study and the survey is not expected to increase risk (Poindexter et al., 2018).

Our risk management activities for surveys:

1. We will inform patients on the survey cover page that we will not provide individual feedback on survey responses, as their surveys may not be reviewed in real time. We will encourage them to reach out to their clinician, the Veterans Crisis Line, or emergency services if they are experiencing distress or thoughts of suicide.
2. We will provide patients with resources on each survey cover that contains options for self-referral, depending on the participant’s self-assessed level of need:
* **Veterans Crisis Line:** Veterans and their loved ones can call **1-800-273-8255** and **Press 1**, [chat online](https://www.veteranscrisisline.net/ChatTermsOfService.aspx) at VeteransCrisisLine.net, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year.
* **Emergency Services:** As an alternative to calling the Veterans Crisis Line, participants may choose to call **911** in the case of an emergency
1. We may reach out to participants or follow up with their clinicians (as possible) if participants include written statements on their survey indicating imminent risk to themselves or others.

For surveys returned with concerning notes written in:

* If anything is concerning or questionable, get a second opinion from Steve. If he is in the office you can bring the survey to him, or if wfh, type out text in secure email. Send him an email with the persons SSN, full name, and location of screening (VA location). Steve will be looking for the date of last MH screening/care, if there is a MH follow up plan, and if there is treatment of a MH condition. If you notice these things in CAPRI, can include in email to Steve for him to review before he does an in-depth review.
* Once Steve has reviewed, save the email chain in “returned survey procedures” and put the ppt ID in the file name
* Sign and date near the note on the survey that I was reviewed on XX date.

For additional information, please see:

Hom, M. A., Podlogar, M. C., Stanley, I. H., & Joiner, T. E., Jr. (2017). Ethical issues and practical challenges in suicide research: Collaboration with institutional review boards. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 38(2), 107-114. <http://dx.doi.org/10.1027/0227-5910/a000415>

Suicidal ideation in protocols. Committee for Protection of Human Subjects, UC Berkeley. https://cphs.berkeley.edu/suicidal\_ideation.pdf

Poindexter, E. K., Nazem, S., Barnes, S. M., Hostetter, T. A., & Smith, P. N. (2018). Veteran participation in intensive suicide research protocols: no evidence of iatrogenic effects. Suicide and life-threatening behavior.