Suicide Prevention in Primary Care

A Toolkit for Primary Care Provider Teams



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Suicide Experiences are NOT Uncommon

Each year, approximately 10 million Americans adults think seriously about killing themselves, 3 million make suicide plans, and 1 million make a suicide attempt.

Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 13-4795 2013



Discussion for Workshop

- · Primary Care's Role in Suicide Safer Care
- · Identifying Patients at Risk for Suicide
- · Assessing Patients at Risk for Suicide
- Safety Planning
- · Interventions for Providers

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A Call to Action for Primary Care Providers

THE OPPORTUNITY

- Primary care patients who are at risk of suicide often do not tell their provider that they are experiencing thoughts of suicide, and too often, providers do not ask.
- One study found that 45% of people who have died by suicide visited their primary care physician within a month of their death.
- The data shows that primary care providers are in a unique position to leverage their patients' trust to create a sense that suicide is not the only option available to ease their pain. The actions taken by primary care providers and staff can help to save a life by engaging the patient—and the patient's family and other loved ones—in planning for safety and ultimately reducing suicide rates.



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Why Focus on Health Care Settings?

- 84% of those who die by suicide have a health care visit in the year before their death.
- 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.
- Almost 40% of individuals who died by suicide had an ED visit, but not a mental health diagnosis.

Luoma, J.B., Martin, C.E., & Pearson, J.L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. American Journal of Psychiatry, 159(6), 909-916..

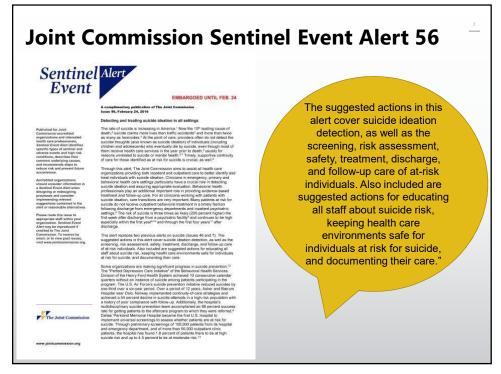


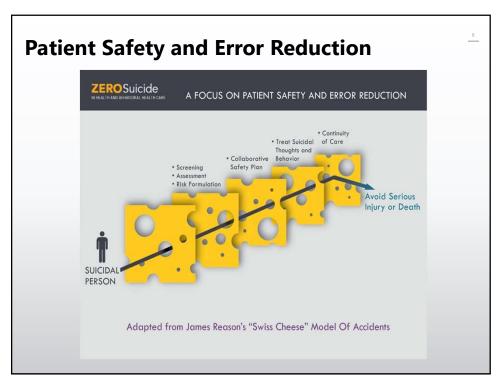
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What We Sometimes Hear.....

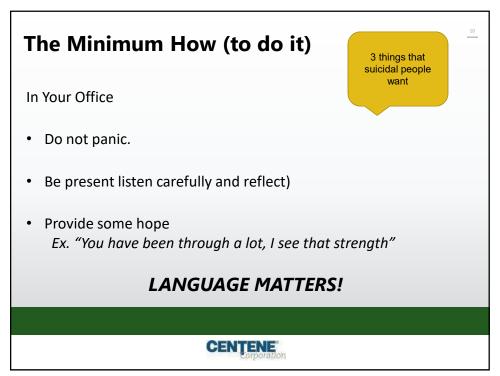
- · I refer all of my patients out to mental health
- I don't have the knowledge to assess or intervene
- With such a short amount of time I don't have time to ask or address suicide risk
- · We have so many other initiatives

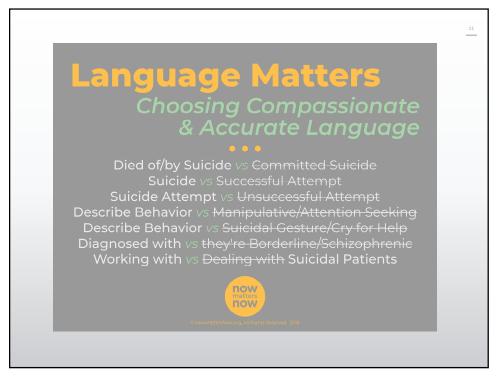












Identification

- Many offices are screening for depression
- Ask patients directly (ask what you want to know)
- Social determinants play a role
- Many patients don't have depression
- Substance and alcohol use play a role
- · Transitions are a time of risk

Do you know how many patients in your practice are at risk?



The Patient Health Questionnaire (PH	Q-9)				
Patient Name	Da	te of Visit			
Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days		
Little interest or pleasure in doing things	0	1	2	3	
Feeling down, depressed or hopeless	0	1	2	3	
 Trouble falling asleep, staying asleep, or sleeping too much 	0	1	2	3	
Feeling tired or having little energy	0	1	2	3	
Poor appetite or overeating	0	1	2	3	
 Feeling bad about yourself - or that you're a failure or have let yourself or your family down 	0	1	2	3	
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
 Moving or speaking so slowly that other people could have noticed. Or, the opposite- being so fidgety or restless that you have been moving around a lot more than usual 	0	1	2	3	
 Thoughts that you would be better off dead or of hurting yourself in some way 	0	1	2	3	
Column	Totals		+	-	
Add Totals To	gether				

"I just always run into the issue where as soon as things start becoming difficult, they just immediately suggest that I go to the mental hospital and I just cannot stress enough that it was not a good environment for me. And, they still suggest that I go back, when it'll just make things worse... It just seems like that's one of their first options when it should be a last resort (P168)."

Assessing Risk

- · Can and does happen in primary care settings
- Helpful to know speak the same language and understand assessment process
- This is the primary care visit



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What is the Columbia Suicide Severity Rating Scale(CSSRS)

- The CSSRS supports the assessment through a series of simple, plain-language questions that anyone can ask.
- The answer helps users.
- Identifies whether someone is at risk for suicide.
- Assesses the severity and immediacy of that risk.
- Gauges the level of support that the person needs.



Why Use the CSSRS?

- Simple: Ask all the questions in a few moments or minutes with no mental health training required to ask them.
- Efficient: Use of the C-SSRS redirects resources to where they're needed most.
- Effective: Real-world experience and data show that the scale has helped prevent suicide.
- Universal: The C-SSRS is suitable for all ages and special populations in different settings and is available in more than 100 country-specific languages.

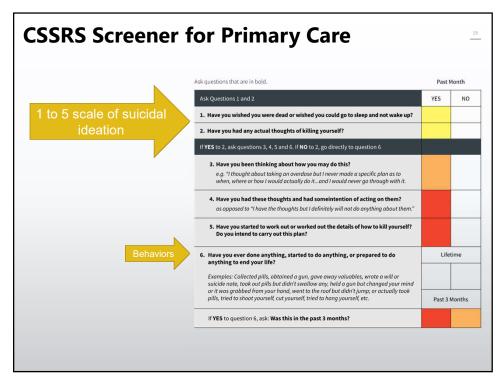


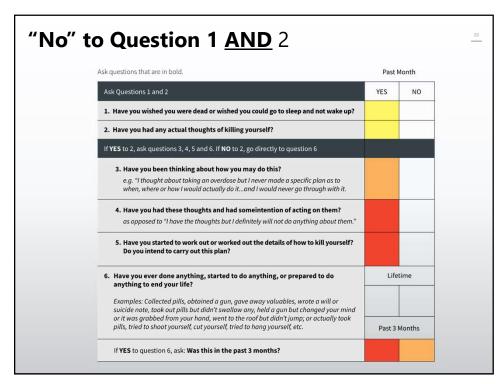
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Why Use the CSSRS? (continued)

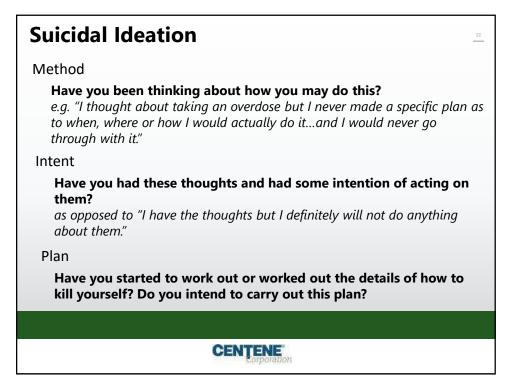
- Evidence-supported: An unprecedented amount of research has validated the relevance and effectiveness of the questions used in the C-SSRS to assess suicide risk, making it the most evidencebased tool of its kind.
- Free: The scale and the training on how to use it are available free of charge for use in community and healthcare settings, as well as in federally funded or nonprofit research.
- Consistent: Provides consistency of language and classification within and across settings.
- Non-judgmental: Avoids use of stigmatizing language.

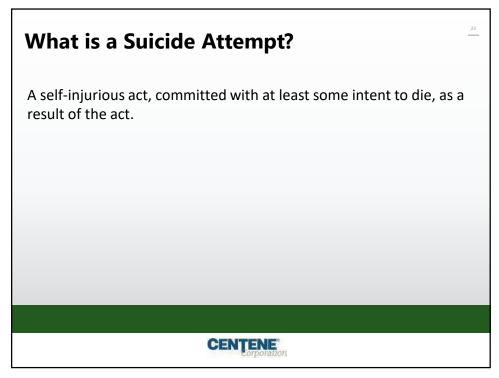


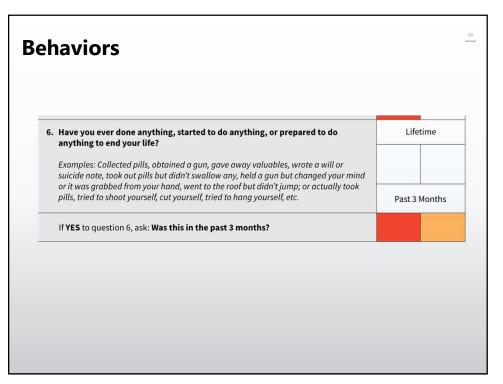


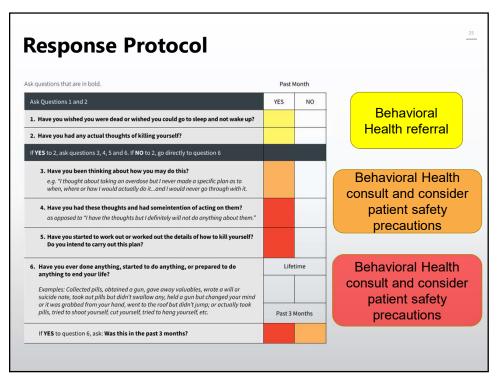


Ask questions that are in bold.	Past	Month	
Ask Questions 1 and 2	YES	NC	
Have you wished you were dead or wished you could go to sleep and not wak	e up?		
2. Have you had any actual thoughts of killing yourself?			
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6			
Have you been thinking about how you may do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do itand I would never go through with			
4. Have you had these thoughts and had someintention of acting on them as opposed to "I have the thoughts but I definitely will not do anything about the state of the state o	10		
5. Have you started to work out or worked out the details of how to kill your Do you intend to carry out this plan?	self?		
Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Lif	Lifetime	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		8 Months	









Using the CSSRS

- Increases efficiency and saves resources and lives by focusing attention on people at elevated risk.
- · Can be administered in under 1 minute.
- Provides simple to use and consistent language within and across sites.
- Guides next steps.



CSSR Trainings Links and trainings can be found at: http://cssrs.columbia.edu/training/training-options/

CENTENE

What is Safety Planning?

Safety Planning Intervention consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.

CENTENE"

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The Minimum What (to do)

Before they leave your office

- Suicide Prevention Lifeline or Crisis Text Line in their phone –1-800-273-8255 and text the word "Hello" to 741741
- Address guns in the home and preferred method of suicide
- · Give them a caring message. Visit NowMattersNow.org

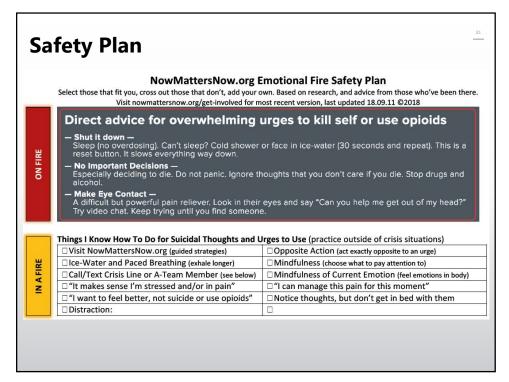


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NowMattersNow.org Works

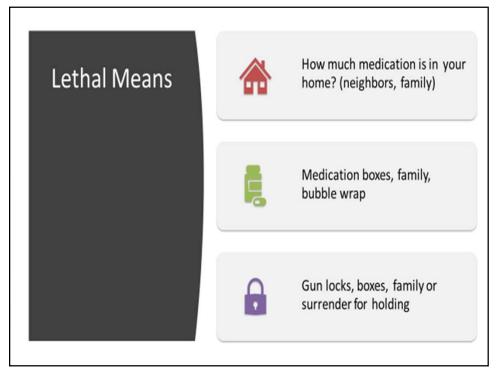
Website visits are associated with decreased intensity of suicidal thoughts and negative emotions. This includes people whose rated their thoughts as "completely overwhelming"





Patient Safety Plar Step 1: Warning signs (thoughts, images, mood, sits developing: 1. 2. 3. Step 2: Internal coping strategies - Things I can do	uation, behavior) that a crisis may be
1,	
3,	
3.	
Sten 2: Internal coning strategies - Things I can do t	
	take my mind off my problems
without contacting another person (relaxati	
1	
2. 3.	
3.	- The state of the
Step 3: People and social settings that provide distr	action:
1. Name	
2. Name	
3. Place4. Pla	ce
Step 4: People whom I can ask for help:	
1. Name	Phone
2. Name	Phone
3. Name	Phone
Step 5: Professionals or agencies I can contact durin	g a crisis:
1. Clinician Name	Phone
Clinician Pager or Emergency Contact #	- 10010
2. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
3. Local Urgent Care Services	
Urgent Care Services Address Urgent Care Services Phone	
Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Step 6: Making the environment safe:	
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 Safety Plan Template 82008 Backars Standey and Gregory K. Brown, is reprinted with the express permission. Was can certact the pulmon at thicky. 	





Caring Contact

Henry,

I don't know you well yet, I am glad that you told me a little more about your life. I have lots of hope for you – you've been through a lot. I hope you'll remember that and come back to see us. With care, -Nurse Matt

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