

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



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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



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Joint Commission Sentinel Event Alert 56

Sentinel Alert Event

EMBARGOED UNTIL FEB. 24

A complimentary publication of The Joint Commission
Issue 56, February 24, 2016

Detecting and treating suicide ideation in all settings

Published for Joint Commission-accredited organizations and interested health care professionals, Sentinel Event Alert identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a Sentinel Event Alert when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

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www.jointcommission.org

The rate of suicide is increasing in America.¹ Now the 10th leading cause of death,² suicide claims more lives than traffic accidents³ and more than twice as many as homicides.⁴ At the point of care, providers often do not detect the suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most of them receive health care services in the year prior to death,⁵ usually for reasons unrelated to suicide or mental health.^{6,7} Timely, supportive continuity of care for those identified as at risk for suicide is crucial, as well.⁸

Through this alert, The Joint Commission aims to assist all health care organizations providing both inpatient and outpatient care to better identify and treat individuals with suicide ideation. Clinicians in emergency, primary and behavioral health care settings particularly have a crucial role in detecting suicide ideation and assuring appropriate evaluation. Behavioral health professionals play an additional important role in providing evidence-based treatment and follow-up care. For all clinicians working with patients with suicide ideation, care transitions are very important. Many patients at risk for suicide do not receive outpatient behavioral treatment in a timely fashion following discharge from emergency departments and inpatient psychiatric settings.⁹ The risk of suicide is three times as high (200 percent higher) the first week after discharge from a psychiatric facility¹⁰ and continues to be high especially within the first year¹¹ and through the first four years¹² after discharge.

This alert replaces two previous alerts on suicide (issues 46 and 7). The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care.

Some organizations are making significant progress in suicide prevention.¹³ The "Perfected Depression Care Initiative" of the Behavioral Health Services Division of the Henry Ford Health System achieved 10 consecutive calendar quarters without an instance of suicide among patients participating in the program. The U.S. Air Force's suicide prevention initiative reduced suicides by one-third over a six-year period. Over a period of 12 years, Asker and Baranum Hospital near Oslo, Norway implemented continuity-of-care strategies and achieved a 54 percent decline in suicide attempts in a high-risk population with a history of prior completed suicide. Additionally, the hospital's multidisciplinary suicide prevention team accomplished an 88 percent success rate for getting patients to the aftercare program to which they were referred.¹⁴ Dallas Parkland Memorial Hospital became the first U.S. hospital to implement universal screenings to assess whether patients are at risk for suicide. Through preliminary screenings of 100,000 patients from its hospital and emergency department, and of more than 50,000 outpatient clinic patients, the hospital has found 1.8 percent of patients there to be at high suicide risk and up to 4.8 percent to be at moderate risk.¹⁵

The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care."

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Patient Safety and Error Reduction



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Zero Suicide



Access at:

www.zerosuicide.com

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The Minimum How (to do it)

In Your Office

- Do not panic.
- Be present listen carefully and reflect)
- Provide some hope
Ex. "You have been through a lot, I see that strength"

3 things that
suicidal people
want

LANGUAGE MATTERS!

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Language Matters

Choosing Compassionate & Accurate Language

• • •

Died of/by Suicide *vs* Committed Suicide
 Suicide *vs* Successful Attempt
 Suicide Attempt *vs* Unsuccessful Attempt
 Describe Behavior *vs* Manipulative/Attention Seeking
 Describe Behavior *vs* Suicidal Gesture/Cry for Help
 Diagnosed with *vs* they're Borderline/Schizophrenic
 Working with *vs* Dealing with Suicidal Patients



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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?



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The Patient Health Questionnaire (PHQ-9)

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The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date 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	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

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"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)."

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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)

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- 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.

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Why Use the CSSRS?

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- 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)

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- 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 evidence-based 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.



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CSSRS Screener for Primary Care

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1 to 5 scale of suicidal ideation

Behaviors

Ask questions that are in bold.

Past Month

Ask Questions 1 and 2	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake 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		
3. Have you been thinking about how you may do this? <i>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 it...and I would never go through with it."</i>		
4. Have you had these thoughts and had some intention of acting on them? <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? <i>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.</i>	Lifetime	
		Past 3 Months
If YES to question 6, ask: Was this in the past 3 months?		

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"No" to Question 1 AND 2

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Ask questions that are in bold.

Past Month

Ask Questions 1 and 2	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake 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		
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		Past 3 Months
If YES to question 6, ask: Was this in the past 3 months?		

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"Yes" to Question 2

21

Ask questions that are in bold.

Past Month

Ask Questions 1 and 2	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake 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		
3. Have you been thinking about how you may do this? <i>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 it...and I would never go through with it."</i>		
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	Past 3 Months	
If YES to question 6, ask: Was this in the past 3 months?		

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Suicidal Ideation

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Method

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 it...and I would never go through with it."

Intent

Have you had these thoughts and had some intention of acting on them?

as opposed to "I have the thoughts but I definitely will not do anything about them."

Plan

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

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What is a Suicide Attempt?

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A self-injurious act, committed with at least some intent to die, as a result of the act.

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Behaviors

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6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

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.

Lifetime

Past 3 Months

If **YES** to question 6, ask: **Was this in the past 3 months?**

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Response Protocol

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Ask questions that are in bold.

Past Month

Ask Questions 1 and 2	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake 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		
3. Have you been thinking about how you may do this? <i>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 it...and I would never go through with it."</i>		
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	Past 3 Months	
If YES to question 6, ask: Was this in the past 3 months?		

Behavioral
Health referral

Behavioral Health
consult and consider
patient safety
precautions

Behavioral Health
consult and consider
patient safety
precautions

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Using the CSSRS

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- 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.

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CSSR Trainings

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Links and trainings can be found at:

<http://cssrs.columbia.edu/training/training-options/>



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What is Safety Planning?

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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.



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The Minimum What (to do)

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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

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



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Safety Plan

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NowMattersNow.org Emotional Fire Safety Plan

Select those that fit you, cross out those that don't, add your own. Based on research, and advice from those who've been there.

Visit nowmattersnow.org/get-involved for most recent version, last updated 18.09.11 ©2018

ON FIRE

Direct advice for overwhelming urges to kill self or use opioids

— Shut it down —

Sleep (no overdosing). Can't sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— No Important Decisions —

Especially deciding to die. Do not panic. Ignore thoughts that you don't care if you die. Stop drugs and alcohol.

— Make Eye Contact —

A difficult but powerful pain reliever. Look in their eyes and say "Can you help me get out of my head?" Try video chat. Keep trying until you find someone.

IN A FIRE

Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

<input type="checkbox"/> Visit NowMattersNow.org (guided strategies)	<input type="checkbox"/> Opposite Action (act exactly opposite to an urge)
<input type="checkbox"/> Ice-Water and Paced Breathing (exhale longer)	<input type="checkbox"/> Mindfulness (choose what to pay attention to)
<input type="checkbox"/> Call/Text Crisis Line or A-Team Member (see below)	<input type="checkbox"/> Mindfulness of Current Emotion (feel emotions in body)
<input type="checkbox"/> "It makes sense I'm stressed and/or in pain"	<input type="checkbox"/> "I can manage this pain for this moment"
<input type="checkbox"/> "I want to feel better, not suicide or use opioids"	<input type="checkbox"/> Notice thoughts, but don't get in bed with them
<input type="checkbox"/> Distraction:	<input type="checkbox"/>

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Patient Safety Plan

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Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

- _____
- _____
- _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

- _____
- _____
- _____

Step 3: People and social settings that provide distraction:

- Name _____ Phone _____
- Name _____ Phone _____
- Place _____ 4. Place _____

Step 4: People whom I can ask for help:

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

- Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
- Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
- 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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The one thing that is most important to me and worth living for is:

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Safety Planning



Program Lifeline or hotline into phone and call "I am going to step out to see my next patient....."



Call someone from the patient's team " Sarah and I would like to speak with you. She has listed you on her suicide safety plan "




Be creative – Walmart!




Pictures

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Lethal Means



How much medication is in your home? (neighbors, family)



Medication boxes, family, bubble wrap



Gun locks, boxes, family or surrender for holding

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Caring Contact

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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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Caring Messages

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Caring Messages

We asked over 1000 people. Here are the top results. Please use and adapt these any way you like for those you care about.

Dear you. Yes you! Remember that one time you felt connected to the universe. No one can take that away from you. It's yours.
— Ursula Whiteside

You may feel you don't matter but you do and see no future, yet it is there. Please let it evolve because the world needs you and your contributions.
— Kristine Lianman

When things have been rough, I think of things or touch items that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I'm okay and things often change quickly. I don't know if that would help for you.
— Daniel DeBrule

Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light.
— Debbie Reiser

Please don't stop fighting. You are being prepared for something far greater than this moment.
— Breanna Laughlin

I was trapped in the Dark Place. Growing in it. Lost in the fog. Struggling in the darkness. Unable to get out. Slowly, slowly, slowly. I am. You might be able to too. Just get through today.
— Amy Dietz

I've found this Franklin D. Roosevelt quote helpful. "A smooth sea never made a skilled sailor." We'll be prepared for something bigger.
— Ursula Whiteside

You're a human being, not a human doing. Your worth is intrinsic, and your strength is likely greater than you think it is.
— John Brown

If I could fill the world with more people who feel the world, I would. Understanding suffering is a heavy burden to carry at times for sure - but you are never a burden for feeling it.
— Nina Smith

This is part of a poem from Jane Hirshfield. "The world asks of us only the strength we have and we give it. Then it asks more, and we give it."
— Sara Smucker Barnwell

Things can be completely dark for some of us sometimes. I don't know where you are at today, or if this message can shine through, but I'm here sending you a tiny bit of light - a light beam.
— Ursula Whiteside

Wanting to be rid of pain is the most human of impulses. You are brave to hold that. You are worth so much. Because you exist. And breathe air. Confronting on nothing else.
— Sara Smucker Barnwell

Live. If only at times, because it is an act of radical defiance.
— Ursula Whiteside

Your story doesn't have to end in this storm. Please stay for the calm after the storm. The possibility is a rainbow. Maybe not tomorrow or next week, but you can weather this.
— Breanna Laughlin

I've been there: that place where you'd do anything to stop the pain. It's a dark, suffocating birth canal to a better place. Life changes can suck, but nothing ever changing sucks more.
— Kathleen Bartholomew

This is a favorite line of mine from Desiderata. "You are a child of the universe, no less than the trees and the stars; you have a right to be here."
— Andy Bogart

now matters now

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