A Guide to Suicide Prevention in Primary Care Settings

Background

Suicide is one of Oregon's most persistent public health problems. Suicide is the second leading cause of death among Oregonians aged 15 to 34 years, and the eighth leading cause of death among all Oregonians in 2012.

The Role of Primary Care in Suicide Prevention

People who die by suicide are more likely to have seen their PCP shortly before their death than any other health care professional. In fact 64% of suicide decedents saw their primary care provider in the year before death. This creates a prime opportunity to intervene and save lives. PCPs can identify warning signs, engage patients in life-saving treatments, and maintain continuity of care for patients with suicide risk.

- The U.S. Preventative Services Task Force recommends that PCPs screen adolescents and adults for depression when appropriate systems are in place to ensure adequate diagnosis, treatment, and follow-up.
- Patients who screen positive for depression should be screened for suicide risk, and PCPs should also focus on patients during periods of high suicide risk, such as immediately after discharge from a psychiatric hospital or after an emergency department visit for deliberate self-harm.
- Recent evidence suggests that interventions during these high-risk periods are effective in reducing suicide deaths.

Key Components of Suicide Prevention in Primary Care

Primary care providers and practices can implement suicide prevention practices in three key areas:

(1) Develop office protocols with defined roles for all staff;

(2) Implement clinical suicide prevention practices including screening, risk assessment, brief intervention, and referral; and

(3) Train office staff and clinicians on new protocols.

Developing Office Protocols

Refer to the Suicide Prevention Toolkit for Rural Primary Care Practices available at: www.sprc.org/webform/primary-care-toolkit for comprehensive information on developing office protocols including an Office Protocol Development Guide, Tips and Strategies for Billing, and Patient Management Tools.

The Toolkit also provides guidance on developing protocols to address an emergency with patients at high or imminent risk of suicide.

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Implementing Clinical Suicide Prevention Practices

Listed below are six key suicide prevention practices primary care providers may use to assess and manage patients with suicide risk. Each includes a brief description and resources.

(1) Screening – Patients who screen positive for depression, exhibit suicide warning signs, or present with a combination of suicide risk factors should be screened for suicide. Screening Tools: Many PCP offices use Question 9 on the PHQ-9 to screen for suicide risk. The PHQ-9 has been validated for use with pediatric populations. *Note: PCPs should always note and respond appropriately to any positive responses to Question 9, especially when being administered for depression screening only*. Pediatric offices may also use the ASQ (Ask Suicide Screening Questions) available at: http://www.nimh.nih.gov/news/science-news/ask-suicide-screening-questions-asq.shtml.

Suicide Warning Signs for Youth

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe / overwhelming emotional pain or distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, significant:
  - withdrawal from or changing in social connections/situations
  - recent increased agitation or irritability
  - anger or hostility that seems out of character or out of context
  - changes in sleep (increased or decreased)

Source: Draft Consensus Warning Signs for Youth (Wintersteen, Silverman, King, Reidenberg, McKeon), presented at the American Association of Suicidology annual conference, April 2014.

(2) Risk assessment – Patients who screen positive for suicide risk, have concerned family members, and/or have individual patient presentations such as depression and a recent loss, should receive a suicide risk assessment to inform decision making about the patient's risk and protective factors, immediate danger, and treatment needs. PCPs may use the SAFE-T available at: http://store.samhsa.gov/shin/content//SMA09-4432/SMA09-4432.pdf or as a phone app at: http://store.samhsa.gov/apps/suicidesafe/. Or may consult the literature for an extensive review of existing risk assessment tools: Emergency Nurses Association: www.sprc.org/library_resources/items/clinical-practice-guideline-suicide-risk-assessment and the Columbia Suicide Severity Rating Scale (CSSRS) at: www.cssrs.columbia.edu/.

(3) Brief primary care-based intervention (e.g., safety plans) – Brief interventions, particularly developing Safety Plans, can be used to help patients manage their suicidal thoughts or feelings and help families members know how to help.

a. Safety Planning. In safety planning, the provider works with the patient to develop a list of coping strategies and resources that he or she can use before or during suicidal crises. Available at: www.sprc.org/library_resources/items/safety-planning-guide-quick-guide-clinicians.

b. Lethal Means Counseling. In lethal means counseling, the provider assesses whether a patient at risk for suicide has access to firearms or other lethal means (e.g., prescription medications), and works with the patient and his or her friends, family, or outpatient provider to discuss ways to limit this

access until the patient is no longer feeling suicidal. Online training (Counseling on Access to Lethal Means) available at: http://training.sprc.org/ and Lethal Means Counseling Recommendations for Clinicians, available at: www.hsph.harvard.edu/means-matter/recommendations/clinicians/.

c. Brief Patient Education. Brief patient education helps the patient understand his or her condition and treatment options, and may facilitate patient and family adherence to the follow-up plan. Communicate what to do if the patient's condition worsens.

(4) Crisis information – Patients with any level of suicide risk should receive information about how to access the Deschutes County Crisis Center. In Central Oregon, Deschutes County Health Services supports 24-hour crisis response by phone or face-to-face as part of a mobile crisis unit. Crisis services are provided to any individual in need; Oregon Health Plan coverage is not required. Services may include assessment, intervention planning, and information and referral services. In addition, the County provides brief crisis stabilization through individual or group treatment. Persons in crisis should contact the clinic by phone or walk in during regular working hours. Walk-in services are available at 2577 NE Courtney Drive, in Bend.

If you feel your patient is in imminent danger and in need of immediate assistance you may contact the Deschutes County Mobile Crisis Unit at 1-800-875-7364. The mobile crisis unit is available 24/7.

Additionally the Bend Police Department, Redmond Police Department and Deschutes County Sheriff's Office maintain a Crisis Intervention Team that has been trained in mental health crisis intervention. You may access a member of this team by calling 911 and asking for a CIT trained officer.

(5) Rapid referral to specialty care – Patients with suicide risk who don't need immediate specialty care should follow-up with a mental health provider within 7 days of your visit. Maintain a list of mental health specialists and develop rapid referral agreements to facilitate prompt scheduling for patient referrals with suicide risk. Deschutes County Health Services maintains a list of mental health professionals – See Supportive Resources at this link http://www.deschutes.org/health/page/suicide-prevention

(6) Follow-up – Work with the suicidal patient to manage his or her risk in the same manner that you manage chronic disease in other patients. Ask the patient to schedule regular appointments (frequency should be determined by the provider) until the patient's suicidal risk has decreased.

Resources

Deschutes County Health Services: http://www.deschutes.org/health/page/suicide-prevention
The SPRC website: www.sprc.org/for-providers/primary-care.
National Suicide Prevention Lifeline, call 1-800-273-TALK (8255) or
visit www.suicidepreventionlifeline.org. Available 24/7.
For Veterans, press #1
Ayuda en español llame 1-888-628-9454.
Hearing and speech impaired, call 1-800-799-4TTY (4889)