Suicide Prevention in Primary Care
A Toolkit for Primary Care Clinicians and Leaders
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
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
Discussion for Workshop

- Primary Care Providers Role in Suicide Safe Care
- Identifying Patients at Risk for Suicide
- Assessing Patients at Risk for Suicide
- Safety Planning
- Office-Based Interventions for Primary Care Providers
A Call to Action for Primary Care Providers

THE OPPORTUNITY

Americans visited primary care physicians 462 million times in 2008, a number that is expected to increase to 565 million by 2025. While the primary reason for this increase is due to population growth, it is also attributed to an aging population and expanded access to insurance. Both older adults and those who previously did not have access to care are historically underserved populations who have had difficulty accessing quality care, especially mental health care. (Peterson et al, 2012)

Primary care patients who are at risk of suicide often do not tell their provider that they are experiencing thoughts of killing themselves, and too often, providers do not ask. One study found that 45 percent of people who have died by suicide visited their primary care physician within a month of their death, with older adults having higher rates of contact with primary care providers within one month of suicide than younger adults. In one of the highest risk groups—adults suffering from a major depressive episode—60.7 percent received treatment from a primary care provider. (Ahmedani et al, 2014)

Most primary care providers are starting to screen for substance abuse; which is a significant risk factor for suicide, especially alcohol. Adults aged 18 or older with past year illicit drug or alcohol dependence or abuse were more likely than those without dependence or abuse to have had serious thoughts about suicide in the past year (12.2 vs. 3.0 percent). Adults with substance dependence or abuse also were more likely to make suicide plans compared with adults without dependence or abuse (3.1 vs. 0.9 percent) and were more likely to attempt suicide compared with adults without dependence or abuse (1.7 vs. 0.4 percent)." (SAMHSA, 2010)

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 "I began to hear about more people in my community dying by suicide, many of them were or had been my patients - I knew it was time to do something different in how I addressed suicide in my practice."
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.

What We Hear Sometimes...

- “I refer all of my patients to mental health.” (patients at risk for suicide have diabetes)

- “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.”
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.”
Patient Safety and Error Reduction

Adapted from James Reason’s “Swiss Cheese” Model Of Accidents
Zero Suicide

Access at:
www.zerosuicide.com
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”*

**LANGUAGE MATTERS!**
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?
Suicide Care Rooming and Phone Process Decision Support Tool

**Acknowledge and Thank for Sharing Suicidal Thoughts:** *Office:* “I see that you’ve been having some trouble sleeping, as well as some suicidal thoughts. Thank you for letting me know.” *Phone:* “Thank you for letting me know you are having suicidal thoughts.”

**Offer Hope by Mentioning Resources for Later:** “People are usually feeling suicidal very good reasons. I’ve got some ideas that other people have found helpful that I’d like you to have.”
Suicide Care Rooming and Phone Process

Decision Support Tool

Ask Directly about When and How (i.e., STAT or Standard Care): “First, so I can be most helpful, how soon are you planning on killing yourself? How have you been thinking about suicide?”

Orient to Provider Role: Office: “The provider is going to talk to you more about this [and if applicable: assess plan to kill self, lethal means, plan to kill self]. In the meantime, let me show you the NowMattersNow.org website.” Phone: Let me tell you about one thing [NowMattersNow.org or cold water], and let’s schedule a time to come in. Both: Also, let’s put the Suicide Prevention Lifeline in your phone together → 1-800-273-8255. Thank you again for sharing. I hope that the resources will be helpful.”
The Patient Health Questionnaire (PHQ-9)
"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 the assessment process

• This is the primary care visit…
Response Protocol

Ask questions that are in bold.

<table>
<thead>
<tr>
<th>Ask Questions 1 and 2</th>
<th>Past Month</th>
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<tbody>
<tr>
<td>1. Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>YES  NO</td>
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<tr>
<td>2. Have you had any actual thoughts of killing yourself?</td>
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<tr>
<td>If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6</td>
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<tr>
<td>3. Have you been thinking about how you may do this?</td>
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<td>e.g. &quot;I thought about taking an overdose but I never made a specific plan as to</td>
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<tr>
<td>when, where or how I would actually do it... and I would never go through with it.</td>
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<tr>
<td>4. Have you had these thoughts and had some intention of acting on them?</td>
<td></td>
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<tr>
<td>as opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
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<tr>
<td>5. Have you started to work out or worked out the details of how to kill yourself?</td>
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<tr>
<td>Do you intend to carry out this plan?</td>
<td></td>
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<tr>
<td>6. Have you ever done anything, started to do anything, or prepared to do</td>
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<td>anything to end your life?</td>
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<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or</td>
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<tr>
<td>suicide note, took out pills but didn’t swallow any, held a gun but changed your</td>
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<tr>
<td>mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually</td>
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<td>took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
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<tr>
<td>If YES to question 6, ask: Was this in the past 3 months?</td>
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Schedule follow-up

Address Lethal Means, Safety Planning, Schedule Follow-up

Evaluate Hospitalization, Address Lethal Means, Safety Planning, Schedule Follow-up
Suicidal Ideation

Method

3. 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

4. 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

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?
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.
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 (NowMattersNow.org ➔ “More”)
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.”
SuicideIsDifferent.org provides suicide caregivers with interactive tools and support to:

Learn About Suicide, Process Your Feelings, Adapt to Change, Set Safe Boundaries, Talk About Suicide

“I’m a suicide caregiver and this is exactly what I didn’t know I needed! Thanks for reminding me to take care of myself.” - Suicide Is Different User
Safety Plan

NowMattersNow.org Emotional Fire Safety Plan
Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there. Visit nowmattersnow.org/safety-plan for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

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.

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

- Visit NowMattersNow.org (guided strategies)
- Paced Breathing (make exhale longer than inhale)
- Call/Text Crisis Line or A-Team Member (see below)
- “This makes sense: I’m stressed and/or in pain”
- “I want to feel better, not suicide or use opioids”
- Distraction:

- Opposite Action (act exactly opposite to an urge)
- Mindfulness (choose what to pay attention to)
- Mindfulness of Current Emotion (feel emotions in body)
- “I can manage this pain for this moment”
- Notice thoughts, but don’t get in bed with them
# Patient Safety Plan

## Patient Safety Plan Template

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

1. 
2. 
3. 

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

1. 
2. 
3. 

### Step 3: People and social settings that provide distraction:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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<tr>
<td>Place</td>
<td>Place</td>
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</tbody>
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### Step 4: People whom I can ask for help:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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### Step 5: Professionals or agencies I can contact during a crisis:

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<thead>
<tr>
<th>Clinician Name</th>
<th>Phone</th>
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<tbody>
<tr>
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<tr>
<td>Clinician Pager or Emergency Contact #</td>
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</table>

<table>
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<tr>
<th>Clinician Name</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Local Urgent Care Services</th>
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<tbody>
<tr>
<td>Urgent Care Services Address</td>
</tr>
<tr>
<td>Urgent Care Services Phone</td>
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4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. 
2. 

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The one thing that is most important to me and worth living for is:
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 patients team “Sarah and I would like to speak with you, she has listed you on her suicide safety plan.”

• Be creative – Walmart!

• Pictures
Lethal Means Counseling

Preferred method is important.
Lethal Means Restriction

- Temporary
- Matter of Fact
- Standard Practice
- Safety Approach (Public Health!)
Lethal Means

- How much medication is in your home? (neighbors, family)
- Medication boxes, family, bubble wrap
- Gun locks, boxes, family or surrender for holding
Lethal Means

• How much medication is in your home? (neighbors, family)
• Medication boxes, family, bubble wrap
• Gun locks, boxes, family or surrender for holding
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
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 contribution. — Kristine Laaninen

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

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

Live, if only, at times, because it is an act of radical defiance. — 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

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

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 Reisert

This is part of a poem from Jane Hirschfield, “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

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

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

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. Contingent on nothing else. — Sara Smucker Barnwell

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

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