Suicide Prevention in Primary Care Settings

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Each Mind Matters

California’s mental health movement creating a community of individuals and organizations dedicated to a shared vision of mental wellness and equality.
A statewide suicide prevention social marketing campaign with the overarching goal to increase Californians’ capacity to prevent suicide by encouraging individuals to **know the signs**, **find the words** to talk to someone they are concerned about, and to **reach out** to resources.

[Suicide is preventable.org](http://suicideispreventable.org)
[elsucidioesprevenible.org](http://elsucidioesprevenible.org)
About This Presentation

This presentation is based on information found in:

• *Suicide Prevention Toolkit for Rural Primary Care Practices* by the Suicide Prevention Resource Center (SPRC) and the Western Interstate Commission for Higher Education (WICHE)

• A training for primary care settings created by the San Diego Health and Human Services Agency and Suicide Prevention Council
Agenda

1. Key principles in our approach
2. Why focus on primary care settings?
3. Epidemiology of suicide
4. Warning signs and risk and protective factors
5. Suicide risk assessment
6. Safety planning
7. Resources and Q&A
Key Principles

1. Comprehensive Suicide Prevention
2. Systems Approach: Involve Everyone
3. Asking the Right Questions and Connecting to Help
4. Utilize Community Resources
Why focus on suicide prevention in the primary care setting?

1. The 2010 Affordable Care Act created a framework for integrating behavioral health and primary care and strengthening prevention services.

2. Primary care, especially in rural areas, is where people come for most of their health needs (both physical and mental).

3. 70% to 80% of antidepressants are prescribed in primary care.


5. Approximately 45% of people who died by suicide were seen by their primary care provider within a month before their death.
Why focus on suicide prevention in the primary care setting? (cont’d)

6. Many warning signs are often seen in a primary care setting: sleep disturbances, pain, anxiety, and depression.

7. There is less stigma associated with visiting primary care than with visiting mental health services.

8. Primary care staff often have ongoing relationships with patients and their families, ideally increasing trust.
Populations at Highest Risk Include:

- Middle-aged and older adults, especially white males
- American Indians and Alaska Natives
- Lesbian, gay, bisexual, and transgendered individuals
- Military veterans
California Statistics

American Indians/Alaskan Natives have the lowest suicide rate across all racial groups in California at 4 per 100,000.

This is notably lower than the national suicide rate for American Indians/Alaskan Natives: 11 per 100,000.

- RAND Suicide Rates in California
  Trends and Implications for Prevention and Early Intervention Programs

http://epicenter.cdph.ca.gov/
California Statistics

2008–2010, Age-Adjusted Suicide Rates by Region

Adjusted Rate
7.51 – 10.00
10.01 – 12.50
12.51 – 15.00
15.01 – 17.50
17.51 – 20.00

Superior
Bay Area
Central
Southern

Sacramento
Oakland
San Francisco
San Jose
Fresno
Bakersfield
Los Angeles
Anaheim
Long Beach
San Diego

Know the Signs >> Find the Words >> Reach Out
Warning Signs, Risk and Protective Factors

**Warning signs:**
Specific behavioral or emotional clues that may indicate suicidal intent (“red flags”)

**Risk factors:**
Conditions or circumstances that may elevate a person’s risk for suicide *especially when there is a precipitating crisis or loss*

**Protective factors:**
Conditions or circumstances which may reduce a person’s risk for suicide—and may “balance” risk factors
Key Warning Signs

• Threatening to hurt or kill oneself, or talking of wanting to hurt or kill oneself

• Looking for ways to kill oneself (purchasing a gun, stockpiling pills, etc.)

• Talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person
Additional Warning Signs

- Feeling hopeless
- Feeling rage, uncontrolled anger, or seeking revenge
- Acting reckless or engaging in risky activities
- Feeling trapped
- Increasing alcohol or drug use
Additional Warning Signs (cont’d)

• Withdrawing from friends, family, and society

• Feeling anxious, agitated, or unable to sleep or sleeping all the time

• Experiencing dramatic mood changes

• Seeing no reason for living or having no sense of purpose in life
Individual Risk Factors

- Previous suicide attempt
- Mental disorders, especially major depression
- Substance abuse disorders or significant changes in substance use
- Major physical illnesses, especially with chronic pain
- Easy access to lethal means
John Jones

John Jones is a 74-year-old African American male with high blood pressure. He was successfully treated for prostate cancer ten years ago. Currently, he is being treated for severe chronic back pain associated with degenerative changes in the lumbar spine. He takes medication daily for blood pressure, pain, cholesterol, and arthritis. He was recently widowed. He says that he has little hope that his back pain will improve.
When to Conduct a Risk Assessment

A suicide risk assessment is warranted:

• If any suicide warning signs are evident

• If significant risk factors are present

Generally, the more warning signs and risk factors present, the greater the individual’s risk.
Key Components of a Suicide Risk Assessment

1. Assess risk factors
2. Ask about suicidal thoughts, plan, and intent
3. Assess protective factors
4. Apply clinical judgment
5. Document
Assessing Risk Factors

• Use of screening tools – PHQ-2 or PHQ-9 are often recommended

• Observation or knowledge of patient history

• Interviewing the patient
Starting the Conversation
Starting the Conversation

Some questions to start the conversation:

• Sometimes, people in your situation lose hope. I’m wondering if you may have lost hope, too?

• Have you ever thought things would be better if you were dead?

• With this much stress, have you ever thought of hurting yourself?
Assessing Suicide Intent

Guiding questions:

• Are you thinking about suicide? Are you thinking about killing yourself?
• When did you begin thinking about suicide?
• Did any event cause these thoughts?
• How often do you think about suicide?
• How long do these thoughts last?
Assessing Suicide Planning

- Do you have a plan? If so, how would you do it? Where would you do it?
- Do you have the _____ (means) that you would use? Where is it right now?
- What have you done to begin carrying out your plan? Have you made other preparations?
- What stops you from carrying out your plan?
Assessing Protective Factors

- Sense of responsibility to family
- Life satisfaction
- Social support; belongingness
- Coping/problem-solving skills
- Strong therapeutic relationship
- Religious faith
Clinical Judgment

Assessment and Interventions with Potentially Suicidal Patients

Patient has suicidal ideation or any past attempt(s) within the past two months. See right for risk factors and back for assessment questions.

High Risk
- Patient has a suicide plan with preparatory or rehearsal behavior
  - Patient has severe psychiatric symptoms and/or acute precipitating event, access to lethal means, poor social support, impaired judgment
  - Hospitalize, or call 911 or local police if no hospital is available. If patient refuses hospitalization, consider involuntary commitment if state permits

Moderate Risk
- Patient has suicidal ideation, but limited suicidal intent and no clear plan; may have had previous attempt
  - Patient does not have access to lethal means, has good social support, intact judgment; psychiatric symptoms, if present, have been addressed
  - Take action to prevent the plan
    - Consider (locally or via telemedicine):
      1) psychopharmacological treatment with psychiatric consultation
      2) alcohol/drug assessment and referral, and/or
      3) individual or family therapy referral
  - Encourage social support, involving family members, close friends and community resources. If patient has therapist, call him/her in presence of patient.
  - Record risk assessment, rationale, and treatment plan in patient record. Complete tracking log entry, and continue to monitor patient status via repeat interviews, follow-up contacts, and collaboration with other providers. Make continued entries in tracking log.

Low Risk
- Patient has thoughts of death only; no plan or behavior
  - Evaluate for psychiatric disorders, stressors, and additional risk factors
Safety Planning and Support

1. Recognizing the signs of crisis
2. Identifying coping strategies
3. Having social contacts who may distract from the crisis
4. Contacting friends and family for crisis support
5. Contacting health professionals, including 911 or crisis hotlines
6. Reducing access to lethal means
MY3 Suicide Prevention Mobile Application

Target audience:
Those at risk for suicide

Purpose:
Getting those at risk for suicide connected to their primary support network when they are in crisis; also provides safety planning and other helpful resources

Know the Signs >> Find the Words >> Reach Out
MY3 Features: Safety Plan

- Adapted from Safety Plan by Barbara Stanley & Gregory Brown (2008)
- A tiered plan that provides activities for distraction, and people to call on depending on degree of suicidality
- A tool in your therapeutic relationship; a plan to stay safe for the individual
- Can be emailed to providers
Brief Office Intervention

1. Follow-up visits

2. Referrals and warm handoff

3. Crisis support and safety planning (pocket safety plan guide, crisis support form)

4. Documentation
Office Plan of Action—To Do Next

Who will do what?

– Who will review screenings?

– Who will provide assessments?

– Who will notify the hospital if immediate hospitalization is required?
Suicide Prevention Resources

• National Suicide Prevention Lifeline
  – 1-800-273-8255 (TALK)
  – www.suicidepreventionlifeline.org

• Know the Signs
  – www.suicideispreventable.org

• www.MDHelpSD.org

• Counseling on Access to Lethal Means training course
  – http://training.sprc.org/
Suggestions for Local Resources

- Walk-in counseling clinics
- Mental health warm lines
- Substance abuse programs and services
- Grief survivor and attempt survivor support programs
- Others?
Contact Information

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Please complete the evaluation!