Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable.org

Suicide Prevention in Primary Care Settings

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CalMHSA
California Mental Health Services Authority
Compassion. Action. Change.

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

Each Mind Matters

KNOW THE SIGNS

California's mental health movement creating a community of individuals and organizations dedicated to a shared vision of mental wellness and equality

EachMind MATTERS
California's Mental Health Movement

SanaMente
Movimiento de Salud Mental de California

Suicide Prevention – Know the Signs

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
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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.
4. The American College of Preventive Medicine recommends systems of care for depression diagnosis and treatment.
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**.

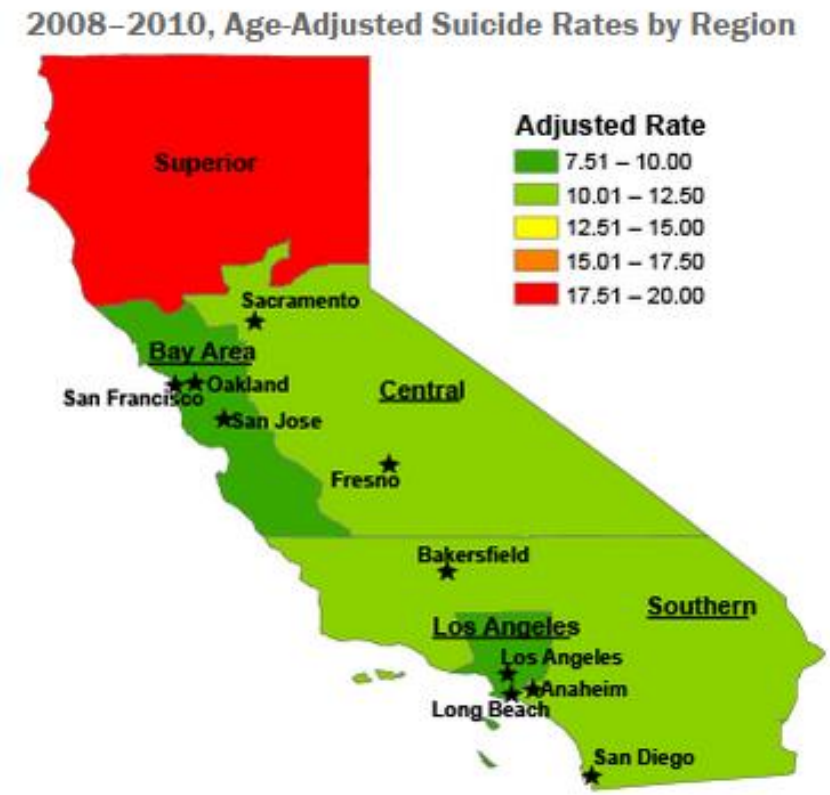
This is notably lower than the national suicide rate for American Indians/Alaskan Natives: **11 per 100,000**.

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

Race/Ethnicity	N
White	2,797
Black	166
Hispanic	661
American Indian	25
Asian/PI	338
Other/Unknown	3
Total	**3,990**
Unlisted rows have zero cases	

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

California Statistics



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?

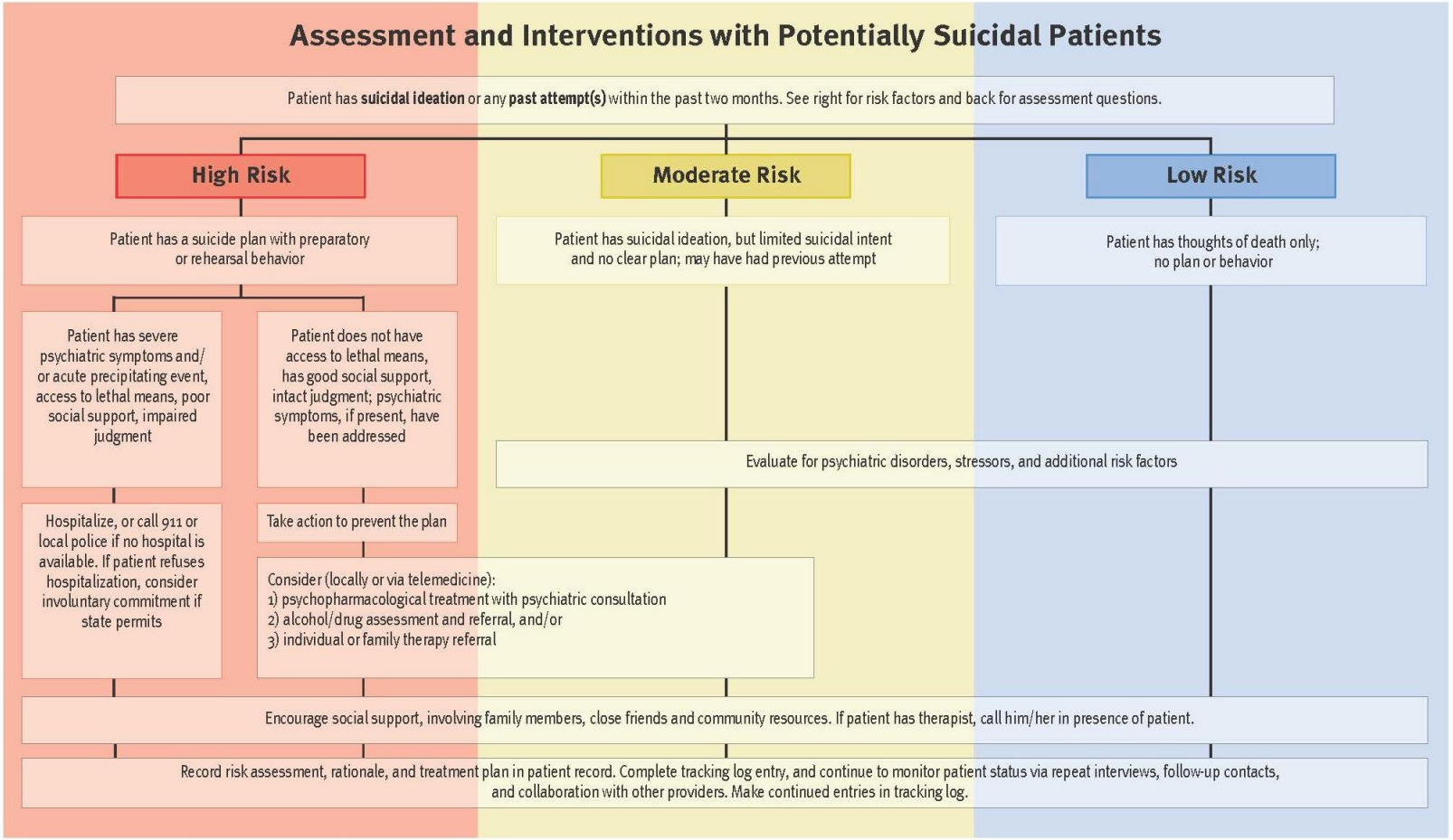
Assessing Suicide Planning

- 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

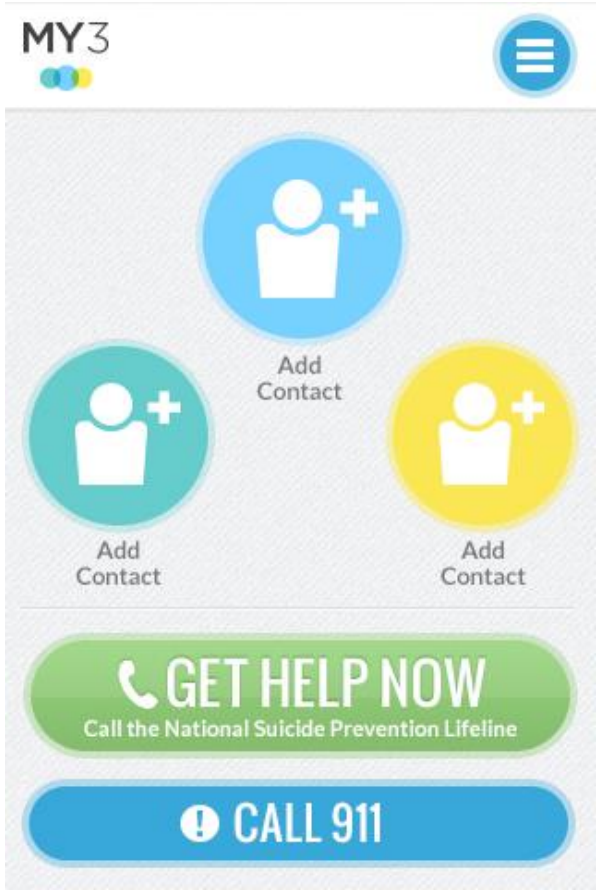
Clinical Judgment



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



www.MY3app.org

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

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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