Suicide Prevention in Primary Care Settings:
A new resource guide

Stan Collins and Anara Guard
International stats and perspective

Age-standardized suicide rates (per 100 000 population), both sexes, 2012

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

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Why focus on primary care?

- Affordable Care Act
- It is where people come
- Antidepressants
- American College of Preventive Medicine
Why focus on suicide prevention in primary care settings?

“Key gatekeepers, those people who regularly come into contact with individuals or families in distress, must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene before the behaviors and early signs of risk evolve further.”

U.S. National Strategy for Suicide Prevention
Why focus on suicide prevention in the primary care setting?

- Warning signs / physical symptoms
- Less stigma
- Ongoing relationships

- Approximately 45% of people who died by suicide were seen by a primary care provider within a month before their death
About the Guide

The Training Resource Guide 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
About the Guide

The Training Resource Guide is intended for:

- advocates
- behavioral health organizations
- suicide prevention trainers, and others

To use to educate primary care clinicians and staff about suicide prevention
Topics covered

1. Key principles
2. Why focus on primary care settings?
3. Epidemiology of suicide
4. Warning signs and risk factors
5. Suicide risk assessment
6. Safety Planning
7. Office plan of action
8. Resources
Warning Signs and Risk Factors

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

- **Risk Factors**: Conditions or circumstances which may elevate a person’s risk for suicide

- **Protective Factors**: Conditions or circumstances which may reduce a person’s risk for suicide—and may “balance” risk factors
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.
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 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?
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 Mobile Application

Target audience: Those at-risk for suicide

Purpose: Getting them connected to their primary support network when they are in crisis; also provides safety planning and other helpful resources.
My3 Mobile Application

Sample Safety Plan

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:
1. Name________________________ Phone________________________
2. Name________________________ Phone________________________
3. Place________________________ 4. Place________________________

Step 4: People whom I can ask for help:
1. Name________________________ Phone________________________
2. Name________________________ Phone________________________
3. Name________________________ Phone________________________
Tools clinicians can use

Office Protocol Development Guide for Suicidal Patients

The purpose of an Office Protocol for Suicidal Patients is to anticipate and have an appropriate plan in a “crisis plan” for the office allows providers and office staff a safe environment for a patient who is assessed to be at eminently suicidal patient can be conducted by a member of the office protocol will simplify the process of a high risk patient.

Your office protocol are:

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 suicidal behavior
- Patient has made a suicide plan within the last 24 hours
- Patient shows signs of hopelessness, despair, or worthlessness
- Patient has a history of suicide attempts

Moderate Risk

- Patient has suicidal ideation, but limited suicidal intent and no clear plan may have had previous attempt
- Patient shows signs of depression, anxiety, or stress
- Patient has access to lethal means
- Patient has a history of suicide attempts

Low Risk

- Patient has thoughts of death,-suicide, or thoughts of suicide
- Patient has access to lethal means
- Patient shows signs of depression, anxiety, or stress

Safety Planning Guide

A Quick Guide for Clinicians used in conjunction with the “Safety Plan Template”

Safety Plan FAQs?

1. How can I ensure a safety plan is a priority?
   - Create a prioritized list of coping strategies and if support patients can use before or during crisis. Patients can use these strategies if needed.

2. How can I ensure a safety plan is safe?
   - Ensure that the plan is shared with the patient in an environment where they feel safe and supported.

3. How can I ensure a safety plan is effective?
   - Review the plan periodically and make adjustments as necessary.

4. How can I ensure a safety plan is accessible?
   - Keep a copy of the plan in a safe place and make copies available to the patient and any other parties involved in the plan.

5. How can I ensure a safety plan is comprehensive?
   - Include all relevant information and strategies for managing the patient's condition.

6. How can I ensure a safety plan is effective?
   - Review the plan periodically and make adjustments as necessary.
Example of Use in the Field

• Lake County, California
  – Conducted “train the trainer” workshop
  – Utilized local suicide prevention trainers (QPR, ASIST)
  – During training, familiarized trainers with medical provider background and perspective
  – Introduced and rehearsed training in workshop
What you can do with the guide

• Download it and disseminate to local primary care clinicians
• Use it to provide trainings to primary care providers of all kinds in your community
• Find others who can train with it
Questions?

Thank you for your support of suicide prevention.

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