Suicide Prevention Resource Center

Suicide Care in Primary Care Systems

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Executive Secretary
National Action Alliance for Suicide Prevention
August 6, 2013

Acknowledgments

• Matt Wintersteen, PhD
• Peggy West, PhD
• Mimi McFaul, PhD
Why did you choose this breakout session?

Suicide is Preventable
There is help and hope when individuals, organizations and communities join forces to address suicide as a preventable public health problem.

Why Primary Care?

- 88% of suicide decedents seen in primary care in year prior to suicide; 66% in month prior, 20% in past 24 hours (Luoma, 2002; Pirkis, 1998)
- Many at-risk subpopulations served (chronic illness)
- PC #1 source for MH Tx
  - PCPs prescribe over 75% of all anti-depressants (Hylan et al., 1998), although this has declined since FDA warning
- Most PC providers not prepared for suicide care
Physical Illness and Suicide

- More than 25 medical illnesses have been identified with significantly elevated risks for suicidality (Berman & Pompili, in preparation).
- Medically ill patients were 50% more likely to have suicidal ideation and 67% more likely to have made a suicide attempt than those without medical illness. Co-morbid Axis II disorders doubled the risk for ideation or attempt (Dunn & Pincus, 2000).

Suicide in Primary Care

- Suicidal ideation is present in 2-7% of all primary care patients (Olfson et al, 1996; 2003).
- PCPs have low rates of inquiry and detection of suicidal ideation (Schulberg et al, 2004; Bartels et al, 2002; Williams et al, 2002).
- Actors portrayed standardized patients with symptoms of major depression and sought help in PCP offices. PCPs inquired about suicide in less than half (42%) of these patient encounters (Feldman et al, 2007).

National Strategy for Suicide Prevention (2012)

- Goal 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
  - Primary care physicians play an important role in the assessment and management of suicide risk.
Risk Factors/Roles for Primary Care

Salient Risk Factors

- Depression
- Substance use disorders
- PTSD/anxiety disorders
- Chronic pain (esp. opiate tx)
- Physical illnesses, especially CNS disorders (TBI, MS)

Roles

- Detection and treatment or risk factors/referral
- Screening for suicide risk when indicated
- Surveillance for warning signs of suicide

What is the biggest barrier to integrating suicide care in your care setting?
Overall Layout

- The Toolkit is available in 2 forms
  - Hard copy (ordered through WICHE)
- Includes 6 sections
  - Getting Started
  - Educating Clinicians and Office Staff
  - Developing Mental Health Partnerships
  - Patient Management Tools
  - State Resources, Policy, and Billing
  - Patient Education Tools/Other Resources

Getting Started

- Quick Start Guide
- Office Protocol Development Guide
- Primary Care Suicide Prevention Model
Getting Started

1. Develop a referral network to facilitate the collaborative care of suicidal patients. Use the "Developing Mental Health Partnerships" materials in the Toolkit.

2. Read the Toolkit’s "Primer". Providers may wish to study the last two sections on Suicide Risk Assessment and Intervention. The first three sections may then be reviewed in order to gain knowledge about Prevalence, Consequences, Epidemiology, and Prevention.

3. Order community and patient education tools, such as suicide prevention posters and brochures, for your office. See the “Patient Education Tools” section of the Toolkit.

Protocol Template & Instructions

To be used with instruction sheet to create an office protocol that may be referred to when a potentially suicidal patient presents

Primary Care Suicide Prevention Practice Model

1. Staff Education:
   - All staff: warning signs, risk factors, protective factors, response decisions – suicide risk assessment; decrease screening and to
   - Strengthen communication with mental health partners

2. Prevention Practice
   - 1. Staff adherence for warning signs & key risk factors
   - Ensuring for depression and other mental health problems for adults and adolescents
   - Patient education: suicide warning signs & 1-800-273-TALK (9825)

3. Intervention
   - Warning signs: major depression, anxiety, substance use disorder, insomnia, chronic pain, PTSD, TBI
   - Questions to screen for suicidal thoughts: Yes/No, screening necessary
   - Suicide Risk Assessment: Yes, periodically
   - Risk Management: referral, treatment initiation, safety planning, crisis support planning, documentation, tracking and follow-up
Do you have a satisfactory relationship with behavioral health providers in your community?

Do you know if those providers are trained in providing suicide care?

Developing Mental Health Partnerships

• Mental Health Outreach Letter
  – Template letter for reaching out to mental health providers for collaboration
• SAFE-T Pocket Card
  – Designed by SPRC to be used by mental health experts
  – May be included with letter

Developing Mental Health Partners

• Letter of introduction to potential referral resources—template
  – Increasing vigilance for patients at risk for suicide
  – Referring more patients
  – SAFE-T card for Mental Health Providers
  – Invitation to meet to discuss collaborative management of patients
  – NSSP recommends training for health care professionals
  – Nationally disseminated trainings for MHPs
Educating Clinicians and Office Staff
• A Primer for Primary Care Providers
  – 5 brief learning modules
    • Module 1 - Prevalence & Comorbidity
    • Module 2 - Epidemiology
    • Module 3 - Prevention Practices
    • Module 4 - Suicide Risk Assessment
      – Warning Signs, Risk Factors, Suicide Inquiry,
        Protective Factors
    • Module 5 - Billing tips, State Resources and Policy
    • Module 6 - Intervention
      Referral, PCP Intervention, Documentation & Follow-up

Patient Management Tools
• Pocket Guide for Primary Care Professionals
  – Designed for PCP’s specifically
• Safety Planning Guide
  – Used to guide the development of a safety plan
• Safety Plan Template for use with/by a potentially suicidal patient
• Crisis Support Plan for use with/by the family members/friends of potentially suicidal patients
• Patient Tracking Log for at-risk patients

Pocket Guide

Assessment and Interventions with Potentially Suicidal Patients
A Pocket Guide for Primary Care Professionals

Suicide Risk and Protective Factors

RISK FACTORS
• Current or past psychiatric disabilities, especially mood
  disorders, substance abuse, and psychological trauma
• History of suicide attempts or threats
• Suicidal ideation, plans, or previous suicide attempts
• Access to lethal means
• Recent or ongoing stressors

PROTECTIVE FACTORS
• Support system, social ties
• Good coping skills
• Family or friends
• Religious endorsements
• Reason to live
• Living environment
• Sense of purpose

Note: This pocket guide is designed for use in the clinical setting and cannot replace professional medical advice.
**Patient Management**

- "Safety Plan"
  - Collaboratively developed with patient
  - Template that is filled out and posted
  - Includes lists of warning signs, coping strategies, distracting people/places, support network with phone numbers

- "Crisis Support Plan"
  - Provider collaborates with Pt and support person
  - Contract to help includes reminders for ensuring a safe environment & contacting professionals when needed
Patient Management

Crisis Lines

- National network of certified centers
- Highly trained staff
- Evidence-based intervention
- Follow-up care after a suicide crisis
Patient Management Tracking Log

- Log & Instruction sheet
- Provider uses:
  - Update PCP on suicide status of a patient
  - Remind provider of recent interventions or problems with regard to the patient’s treatment

Patient Education

Firearm Safety

Assessing and Managing Suicide Risk (AMSR)
 ISAAC Branton
  SPRC
  202-572-3789
  ibranton@edc.org
  www.sprc.org

Recognizing and Responding to Suicide Risk in Primary Care (RRSR—PC)
  Alan L. Berman
  American Association of Suicidology
  202-237-2280
  berman@suicidology.org
  www.suicidology.org

AT-RISK in PRIMARY CARE
  Ron Goldman
  Kognito
  212-675-9234
  ron@kognito.com
  www.kognito.com

Trainings: How to Ask the Question

Suicide Warning Signs
- Lying in bed or avoiding friends, family, or social situations
- Making a list or drawing a picture of how you will hurt yourself
- Saying things such as “I don’t want to be alive anymore”
- Giving away possessions or making a will
- Planning to harm oneself or family
- Recording in a journal or online
-inin
- Writing a note or letter
- Showing signs of relief after expressing intent to harm oneself
- Talking to friends, family, or through a note
- Being cooled off and agreeing to talk about it

ASIST/safeTALK
  Jerry Swanner
  Living Works
  910-867-8822
  usa@livingworks.net
  www.livingworks.net

QPR
  Kathy White
  The QPR Institute, Inc.
  888-726-7926
  qinstitute@qwest.net
  www.qprinstitute.com

Operation S.A.V.E.: VA Suicide Prevention Gatekeeper Training
  Janet Kemp, RN, Ph.D.
  VA National Suicide Prevention Coordinator
  585-393-7939
  jan.kemp@va.gov

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How to Get a Copy of the Toolkit

Order a Toolkit: Hard copies of the toolkit are available for $25.00 through WICHE Mental Health Program. For more information, please contact Tamara DeHay at tdehay@wiche.edu (preferred option) or 303-541-0254

View Online: http://www.sprc.org/for-providers/primary-care-tool-kit

AT-RISK in PRIMARY CARE

- Launched January 2013
- An online, interactive simulation
- Provides 1.50 CME & CNE
- Learn to screen and manage the treatment of patients with trauma-related mental health disorders
- Users engage in simulated conversations with virtual patient avatars

Developed by NYC Dept. of Health in collaboration with Kognito Interactive. Freely available to all NYC primary care providers.

View Demo: www.kognito.com/pcp

Dedicated to the planning and development of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

CIHS is a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development. CIHS supports providers with

- Individual Technical Assistance: Phone consultations, e-mail, site visits
- Group Learning Experiences: Learning Communities, Webinars, Trainings
- Practical Web-Based Resources (CIHS website, e-newsletter, discussion boards)
- Tools: Toolkits/Guidelines, Training Curricula, Fact Sheets

Online: integration.samhsa.gov
Phone: 202-684-7437
Email: Integration@thenationalcouncil.org

www.integration.samhsa.gov
Jot down the action steps you plan to take . . .

Contact Us:
Suicide Prevention Resource Center
Education Development Center, Inc.
1025 Thomas Jefferson Street, NW Suite 700
Washington, DC 20007
dlitts@edc.org
pwest@edc.org

http://www.sprc.org/