Suicide Prevention in Primary Care Settings

Rhonda R. Goen, M.D.  COPC Lead Psychiatrist
Agenda

1. Key principles in our approach
2. Why focus on primary care settings?
3. Epidemiology of suicide
4. Warning signs and risk factors
5. Suicide risk assessment
6. Office plan of action
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 in 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
Lesbians and suicide

Results from an anonymous survey administered in 33 healthcare sites across the United States found that:

Lesbian and bisexual women who were “out” experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women; and

Lesbian and bisexual women who were not “out” were more likely to have attempted suicide than heterosexual women.

Gay Men and Mental Health

Multiple studies have shown that depression and anxiety affect gay men at a higher rate than the general population, and are often more severe for men who remain “in the closet.”

REFERENCES:


Gay Men and Suicide

Factors such as verbal and physical harassment, negative experiences related to “coming out” (including level of family acceptance), substance use, and isolation all contribute to higher rates of suicidal attempts and completions among gay men and youth than among other populations.

REFERENCES:
Bisexuals and Mental Health

Researchers have suggested that bisexual adults have the lowest level of emotional well-being among people of other sexual orientations. Studies have also shown that bisexual men and women report consistently higher levels of depression and anxiety than heterosexuals. In some studies, bisexual adults were twice as likely (37.2 percent) to report depression-related symptoms than heterosexual adults (17.2 percent).

REFERENCES:


Bisexuals and Suicide

Studies have suggested that bisexuals are much more likely to report higher levels of self-harm, thoughts of suicide, and suicidal attempts than heterosexuals, gay men, and lesbians.

One study also found that a significantly higher percentage of bisexual adults (13.3 percent) reported being dissatisfied or very dissatisfied with their lives as compared to straight adults (5.2 percent).

REFERENCES:


Transgender People and Mental Health

Data about the prevalence of mental health disorders such as depression, anxiety, and other clinical conditions among transgender people are extremely limited. In addition, few studies compare the mental health of transgender to non-transgender people.

REFERENCES:


Transgender People and Suicide

Studies have shown that suicidal ideation is widely reported among transgender people and can range from 38 to 65 percent. Studies have also found that suicide attempts among this population can range from 16 to 32 percent.

REFERENCES:


Warning signs and risk 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
Texas statistics

ICD-10 Death Statistics for the State of Texas

<table>
<thead>
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<th>Year</th>
<th>Number</th>
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<tbody>
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<td>3,225</td>
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**Cause of Death**

**Intentional Self-Harm (Suicide) (X60-X84, Y87.0)**

*dshs.texas.gov/chs/vstat/vs09/data.shtm*
Local statistics

ICD-10 Death Statistics for Dallas County

**Intentional Self-Harm (Suicide) (X60-X84, Y87.0)**

<table>
<thead>
<tr>
<th>Year</th>
<th>County</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Dallas County</td>
<td>237</td>
</tr>
</tbody>
</table>

[dhs.texas.gov/chs/vstat/vs09/data.shtm](dhs.texas.gov/chs/vstat/vs09/data.shtm)
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 continued:

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: continued

Major physical illnesses, especially with chronic pain

Central nervous system disorders, including traumatic brain injury (TBI)

Impulsive and/or aggressive tendencies

History of trauma or abuse

Family history of suicide
Social/Environmental risk factors

Chaotic family history (divorce, change in living situation, incarceration)

Lack of social support and increasing isolation

Easy access to lethal means

Local clusters of suicides, contagion

Legal difficulties, incarceration

Barriers to accessing health and behavioral health care
Precipitating event

RISK

FACTORS + EVENT = ↑ RISK of suicide

∴ Screen, assess and treat
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

1. Assess risk factors - Colombia suicide screen, follow guidelines.

2. Ask about suicidal thoughts, plan, and intent

3. Assess protective factors

4. Apply clinical judgment

5. Document
How to start 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?
Guiding questions to assess suicide intent:

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 protective factors:

- Sense of responsibility to family
- Life satisfaction
- Social support; belongingness
- Coping/problem-solving skills
- Strong therapeutic relationship
- Religious faith
Safety planning and support-in most cases done by BH or SW at PHHS

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
Assessment and interventions:

Assessment and Interventions with Potentially Suicidal Patients

- **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

- **Low Risk**
  - Patient has thoughts of death only; no plan or behavior

Evaluate for psychiatric disorders, stressors, and additional risk factors

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.
Assessing suicidal 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?
Brief office interventions

1. Follow-up visits
2. Referrals and warm handoff
3. Crisis support and safety planning (pocket safety plan guide, crisis support form)
4. Documentation
Documentation: at PHHS done by BH or SW.

Thoroughly document a suicide risk assessment, rationale, treatment plan, and follow-up actions in the patient’s record.
Suicide Prevention Resources

Suicide and Crisis Center of North Texas
24/7 Crisis Line (214) 828-1000 or (800) 273-8255

Crisis Hotlines
National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or TTY: 1-800-799-4TTY (4889) A free, 24-hour hotline, with a person available to anyone in suicidal crisis or emotional distress. Confidential online chat is also available at www.suicidepreventionlifeline.org.

Red Nacional de Prevencion del Suicidio 1-888-628-9454

Veterans Suicide Prevention Hotline: 1-800-273-TALK (8255) and press 1

Lesbian Gay Bisexual Transgender or Questioning Youth (LGBTQ) call The Trevor Hotline toll-free at 1-866-488-7386

Texas Local Mental Health Authority (LMHA) Crisis Hotlines -
These centers operate or contract with a hotline provider for persons in crisis. You may view an alphabetical list of LMHAs and their crisis numbers on our LMHA Crisis Hotline page, or you may search for the crisis hotline number by county, city, or ZIP code on our mental health services search page.
BH/SW contact Information

Rhonda R. Goen, M.D. Lead Psychiatrist
Pager 214-786-8883

Diane Francis, Social Work Supervisor, LMSW

Waseem Ahmed, M.D. Medical Director Psychiatry PHHS