Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Part 2: Suicide Prevention in Primary Care

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Liza Tupa, Ph.D.
WICHE Behavioral Health Program

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Who am I and why am I here?

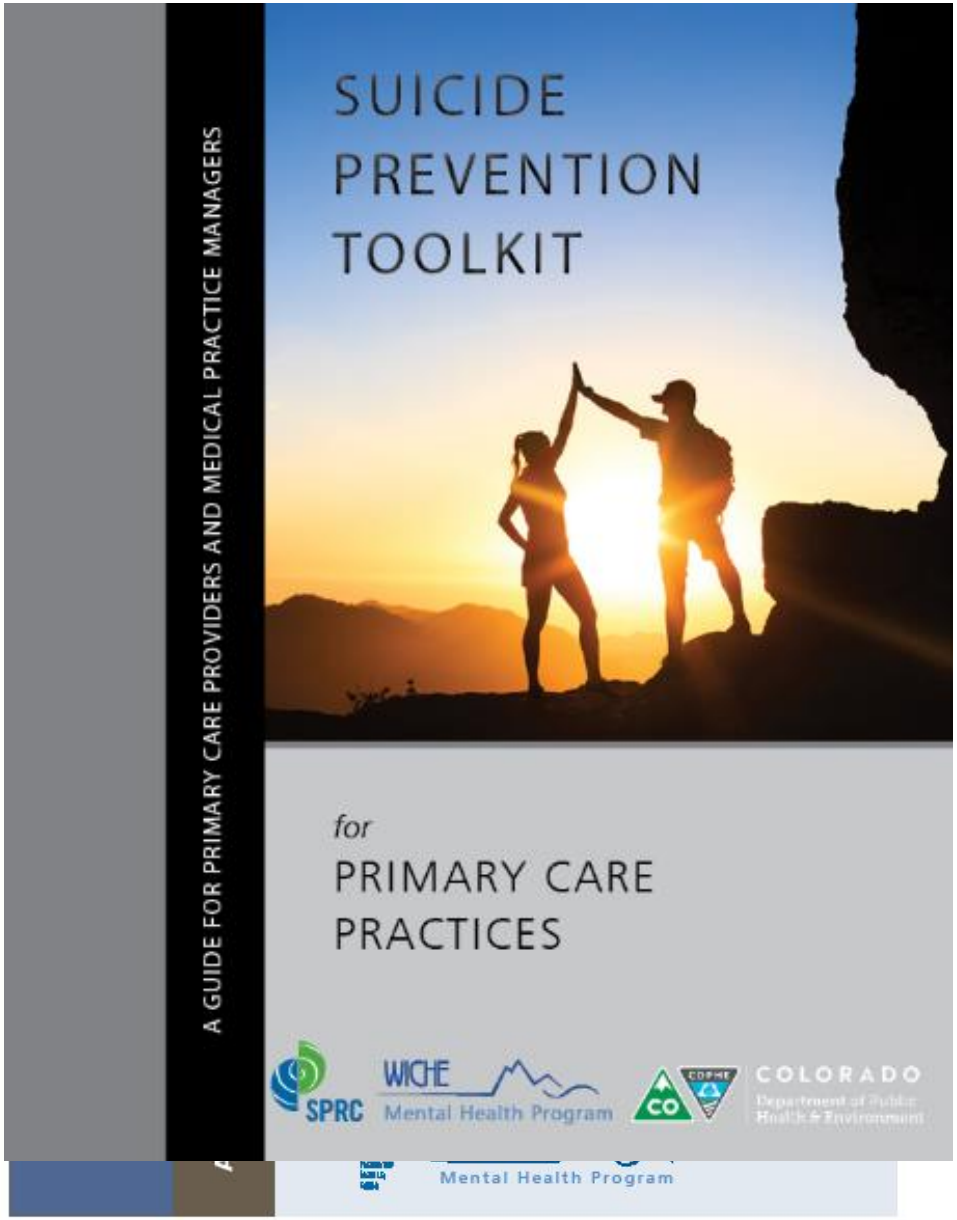
- Mountain Plains Mental Health Technology Transfer Center- MP MHTTC
- WICHE BHP; UND
- Primary care system primed for prevention
- Community and whole-practice approach
- Toolkit funding from Health Resources and Services Administration (HRSA) and Colorado Department of Public Health and Environment

Getting to know your setting

- Disciplines?
- Behavioral health on site?
- Level of integration?
- Electronic health record?
- Behavioral health screening?
- How do referrals generally occur?
- Other resources in the community?

The Suicide Prevention Toolkit for Primary Care Practices

Funded by HRSA & the Colorado Department of Public Health and Environment



Why Primary Care?

- People who die by suicide are more likely to have seen a PCP in the previous month before their death than any other health care provider
- For a patient at risk for suicide, a visit with the PCP may be the only chance to access needed care
- Chronic medical conditions

Rural Primary Care

- Fewer behavioral health resources.
  - More than 65% of rural Americans get their mental health care from their primary care provider
- Elderly
- Veterans returning to rural areas (especially National Guard)
  - 44% of U.S. Military recruits are from rural areas
  - Many aren't service connected

Toolkit Organization

Chapters:

1. Getting Started
2. Toolkit Primer – 5 Modules
3. Developing Mental Health Partnerships
4. Patient Management Tools
5. State Resources, Policy, and Reimbursement
6. Physician self-care
7. Patient Education Tools/Other Resources

Primer Module 3: Effective Prevention Strategies

Suicide Prevention Strategies in Primary Care

1. Train staff to recognize and respond to warning signs of suicide
2. Screen for and treat depression
3. Screen all patients for suicide risk
4. Educate patients about warning signs for suicide
5. Safety Plan/Temporarily restrict means for lethal self-harm

Module 4:
Suicide Risk Assessment

Key components of a suicide risk assessment

1. Assess warning signs and risk factors
2. Assess protective factors
3. Suicide Inquiry: thoughts/plan/intent/access to means
4. Clinical judgment

Joiner's Model

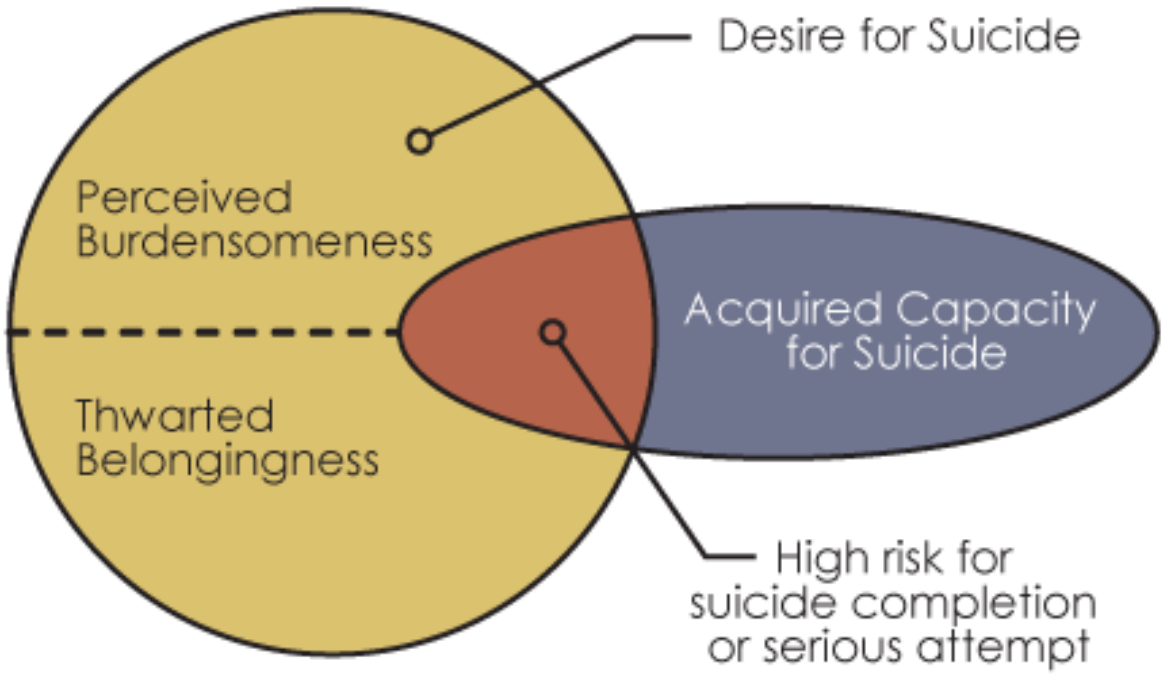


Figure 1: Thomas Joiner's model of suicide risk, 2006

Module 5: Intervention

1. PCP Treatment
2. Collaborative Safety Planning
3. Referral to Evidence Based Treatment
4. Documentation and Follow-up Care

PCP Treatment

- More Americans receive psychiatric medications from PCPs than from psychiatrists
- Antidepressants are typically the first line choice for treating depression
- Monitor frequently for efficacy and side effects- LISTEN to patient reports
- Encourage patients to use/form a support network
- https://www.pcpcc.org/content/services-and-tools-behavioral-health-integration

Module 5: Safety Planning

- Recognizing warning signs
- Identifying internal coping strategies
- Utilizing friends and family members to distract from thoughts or help resolve crises
- Contacting health professionals, agencies, hotlines
- Making the environment safe- reducing access to lethal means

The Patient Safety Plan Template

Patient Safety Plan Template

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_____

The Patient Safety Plan Template, cont'd

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Safety Planning: Lethal Means Restriction

- Firearms are used in over 50% of male suicides
- Putting time and distance between someone who is at risk for suicide and a firearm
- Strong collaboration/relationship increases likelihood patient will relinquish access to lethal means
- Family members or other supportive persons can assist with temporarily limiting access.
- Medications

<u>What it's not:</u>

- Political or moral discussion
- Discussion of permanent removal of means

www.meansmatter.org

Lethal Means Restriction

For all and for these groups:

- Youth
- Elderly
- Veterans

www.meansmatter.org

Referral to Evidence Based Care

The Warm Handoff

Tracking and Follow-up

- Chart level of risk and interventions, response to interventions
  - Flag chart
- Phone call within 24-48 hours
- Schedule a follow-up visit
- Always follow-up quickly upon discharge from hospital

Telehealth Modifications

- Start out calls by verifying location
- Always provide national and local support line numbers
  - Nat'l Suicide Prevention Lifeline 1-800-273-8255
- Enable texting whenever possible
- Prioritize anxious patients for in-person visits
- Access collateral contacts when possible, encourage support network
- Complete safety plan on the phone and make sure that patients get a copy
- Check in frequently

Section 4: Patient Management Tools

Pocket Guide

- Pocket Card assessment questions
- Pocket Card decision tree

Screening: uncovering suicidality[2]

Transition Question: Confirm Suicidal Ideation
Have you had recent thoughts of killing yourself? Is there other evidence of suicidal thoughts, such as reports from family or friends? **(Note: the transitional question is not part of scoring.)**

1. **Thoughts of carrying out a plan.** Recently, have you been thinking about how you might kill yourself? **If yes, consider the immediate safety needs of the patient.**
2. **Suicide intent.** Do you have any intention of killing yourself?
3. **Past suicide attempt.** Have you ever tried to kill yourself?
4. **Significant mental health condition.** Have you had treatment for mental health problems? Do you have a mental health issue that affects your ability to do things in life?
5. **Substance use disorder.** Have you had four or more (female) or five or more (male) drinks on one occasion in the past month or have you used drugs or medication for non-medical reasons in the past month? Has drinking or drug use been a problem for you?
6. **Irritability/agitation/aggression.** Recently, have you been feeling very anxious or agitated? Have you been having conflicts or getting into fights? Is there direct evidence of irritability, agitation, or aggression.

Scoring: Score 1 point for each of the Yes responses on questions 1-6. If the answer to the transition question and any of the other six items is "Yes", further intervention, including assessment by a mental health professional, is needed.

Assess suicide ideation and plans[3]

- Assess suicidal ideation – frequency, duration, and intensity
  - When did you begin having suicidal thoughts?
  - Did any event (stressor) precipitate the suicidal thoughts?
  - How often do you have thoughts of suicide?
  - How strong are the thoughts of suicide?
  - What is the worst they have ever been?
  - What do you do when you have suicidal thoughts?
- Assess suicide plans
  - Do you have a plan or have you been planning to end your life? If so, how would you do it? Where would you do it?
  - Do you have the (drugs, gun, rope) that you would use? Where is it right now?
  - Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger the plan?

Assess suicide intent

- What would it accomplish if you were to end your life?
- Do you feel as if you're a burden to others?
- What have you done to begin to carry out the plan? For instance, have you rehearsed what you would do (e.g., held pills or gun, tied the rope)?
- Have you made other preparations (e.g., updated life insurance, made arrangements for pets)?
- What makes you feel better (e.g., contact with family, use of substances)?
- What makes you feel worse (e.g., being alone, thinking about a situation)?

Endnotes:

[1] SAFE-T pocket card. Suicide Prevention Resource Center & Mental Health Screening. (n/d).

[2] *Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments.* Suicide Prevention Resource Center. Newton, MA. http://www.sprc.org/sites/default/files/EDGuide_quickversion.pdf.

[3] Gliatto, M.F., & Rai, K.A. Evaluation and treatment of patients with suicidal ideation. American Family Physician, 59 (1999), 1500-1506.

Call the Colorado Crisis Services 24/7 Hotline at 1-844-493-TALK (8255) for mental health crisis services including mobile crisis response.

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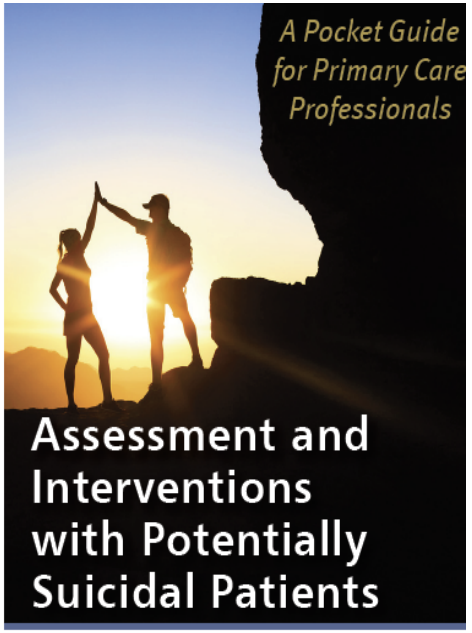
WICHE

Western Interstate Commission for Higher Education
3035 Center Green Drive, Suite 200 Boulder, CO 80301-2204
303.541.0200 (ph) 303.541.0291 (fax)
www.wiche.edu/mentalhealth/



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Safety Planning Guide

- For methods with **low lethality**, clinicians may ask patients to remove or limit their access to these methods themselves.
- Restricting the patient's access to a **highly lethal method**, such as a firearm, should be done by a designated, responsible person – usually a family member or close friend, or the police.

WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

ASSESS the likelihood that the overall safety plan will be used and problem solve with the patient to identify barriers or obstacles to using the plan.

DISCUSS where the patient will keep the safety plan and how it will be located during a crisis.

EVALUATE if the format is appropriate for patient's capacity and circumstances.

REVIEW the plan periodically when patient's circumstances or needs change.

REMEMBER: THE SAFETY PLAN IS A TOOL TO ENGAGE THE PATIENT AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN

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WICHE

Western Interstate Commission for Higher Education
3035 Center Green Drive, Suite 200 Boulder, CO 80301-2204
303.541.0200 (ph) 303.541.0291 (fax)
www.wiche.edu/mentalhealth/

Safety Planning Guide

A Quick Guide for Clinicians

may be used in conjunction with the "Safety Plan Template"

Safety Plan FAQs?

WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis. The plan is **brief**, is in the **patient's own words**, and is **easy** to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.

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Safety Planning Guide, 2nd Side

Implementing the Safety Plan: 6 Step Process

Step 1: Warning Signs

- Ask: **"How will you know when the safety plan should be used?"**
- Ask: **"What do you experience when you start to think about suicide or feel extremely depressed?"**
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patient's **own words.**

Step 2: Internal Coping Strategies

- Ask: **"What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"**
- Assess likelihood of use: Ask: **"How likely do you think you would be able to do this step during a time of crisis?"**
- If doubt about use is expressed, ask: **"What might stand in the way of you thinking of these activities or doing them if you think of them?"**
- Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask: **"Who or what social settings help you take your mind off your problems at least for a little while?" "Who helps you feel better when you socialize with them?"**
- Ask for safe places they can go to be around people (i.e. coffee shop).
- Ask patient to list several people and social settings in case the first option is unavailable.
- Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that patient will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: Family Members or Friends Who May Offer Help

- Instruct patients to use Step 4 if Step 3 does not resolve crisis or lower risk.
- Ask: **"Among your family or friends, who do you think you could contact for help during a crisis?"** or **"Who is supportive of you and who do you feel that you can talk with when you're under stress?"**
- Ask patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

Step 5: Professionals and Agencies to Contact for Help

- Instruct the patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask: **"Who are the mental health professionals that we should identify to be on your safety plan?"** and **"Are there other health care providers?"**
- List names, numbers and/or locations of clinicians, local urgent care services.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

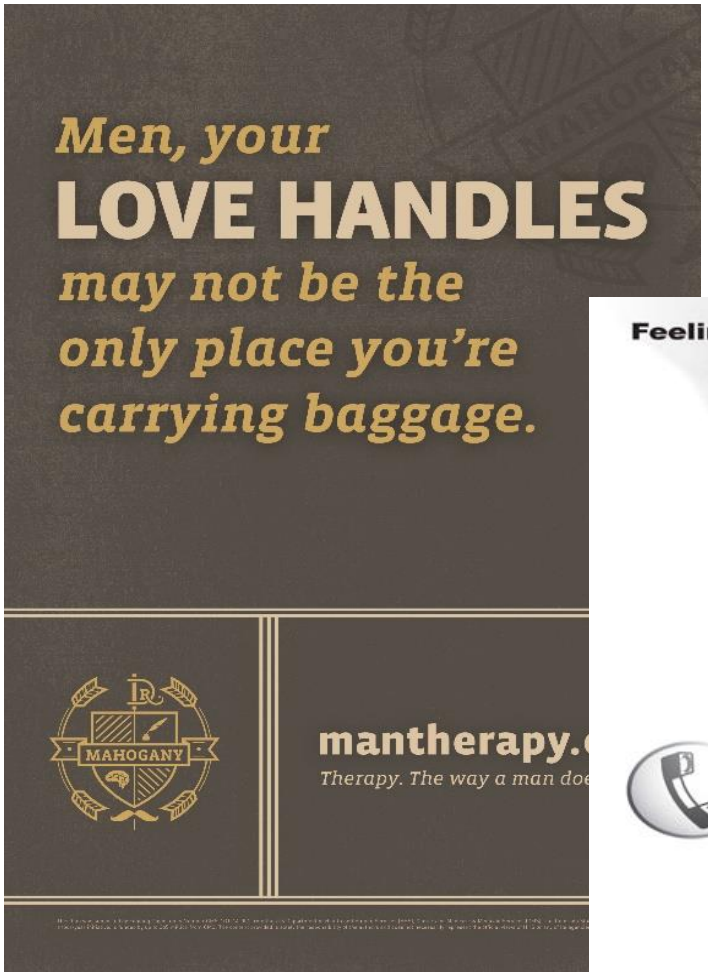
Step 6: Making the Environment Safe

- Ask patients which means they would consider using during a suicidal crisis.
- Ask: **"Do you own a firearm, such as a gun or rifle??"** and **"What other means do you have access to and may use to attempt to kill yourself?"**
- Collaboratively identify ways to secure or limit access to lethal means: Ask: **"How can we go about developing a plan to limit your access to these means?"**

Section 6: Provider Self Care

- Physician Suicide
- Tips for self-care
  - Awareness
  - Connections
  - Balance
  - Help

Section 7: Patient Ed Tools, Other Resources



Messaging and Stigma

- We talk about this stuff here
- Display public awareness materials- many are free!
- Communicate comfort with the topic
- Providers are not alone
  - Rally all staff levels in your clinic
  - Identify natural helpers/resources in the community

Thank you !!

For working to help impact this health crisis

Liza Tupa, PhD
Western Interstate Commission for Higher Education
Behavioral Health Program WICHE BHP
ltupa@wiche.edu
mentalhealthemail@wiche.edu

https://wiche.edu/mentalHealth/suicide-prevention-toolkits