SUICIDE PREVENTION IN PRIMARY CARE:
TRAININGS FOR PRIMARY CARE CLINICIANS AND THEIR TEAMS: 2020-2021

January 2021
Evaluation Report

INTRODUCTION

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EXECUTIVE SUMMARY

Suicide is a leading cause of death in the United States[1], precipitating a growing public health crisis that may only have worsened in the wake of the COVID-19 pandemic.[2] Though much work has been done to review existing evidence and plug gaps in our nation's healthcare system to address this issue, few organizations are working to promote and strengthen the integration of suicide prevention into primary care settings. Recognizing the devastating prevalence of suicide, the ACU and its partner Concert Health have led the largest effort in history to engage primary care providers in suicide prevention training—an undertaking made possible by the generous support of the Centene Corporation. In 2020, ACU built upon findings and resources developed in the earlier Suicide Safer Care (SSC) pilot program (2018-2019) to deliver further trainings to prepare primary care teams to better meet the needs of patients at elevated risk for suicide.

Overview

Suicide Safer Care aims to train primary care providers and their teams in principles of suicide prevention and tools and tactics for integration into practice. The trainings provide comprehensive, evidence-based learning opportunities offering "hands on" strategies providers can utilize during primary care visits. The training develops participants' skills in identifying patients at risk of suicide, conducting risk assessments using standardized tools (the Patient Health Questionnaire-9 and Columbia Suicide Severity Rating Scale), evidence-based interventions including strategies for reducing access to lethal means, and safety planning.

An analysis of surveys conducted with SSC participants prior to the start of the training found that 80% of participants felt that suicide prevention was an important part of their role, including 96% of primary care providers and 74% of other healthcare team members. However, one in five (21%) of all participants had never received training on how to recognize the warning signs that a patient may be at elevated risk for suicide. Additionally, survey responses from primary care providers prior to trainings identified gaps in knowledge and skills, such as:

- **44%** of providers had interacted at least once with a patient who ended his or her life by suicide, and 23% had done so more than once.
- **20%** of providers had never received training on how to recognize the warning signs that a patient may be at elevated risk for suicide.
- **32%** of providers did not feel confident in their ability to provide treatment to patients with suicidal thoughts or behaviors.
- **25%** of providers did not believe they had the knowledge and skills needed to provide care to patients who have been identified as being at elevated risk for suicide.

In 2020, the Suicide Safer Care program delivered 35 trainings to more 1,700 individuals across 16 states. In addition to providing in-person and virtual trainings with primary care associations, health centers, and other organizations, ACU conducted two national webinars to expand the reach of our offerings.

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[1] Centers for Disease Control & Prevention. 2020. "Preventing Suicide." Violence Prevention. Accessed December 22, 2020. https://www.cdc.gov/violenceprevention/pdf/Suicide-factsheet_508.pdf.

[2] Czeisler MÉ, Lane RI, Petrosky E, et al. 2020. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020." *Morbidity and Mortality Weekly Report* 69(32): 1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1.

Impact

Analysis of provider and healthcare team member[3] responses to pre- and post-training surveys from Suicide Safer Care workshops demonstrates that the training increased awareness of the important role that primary care plays in suicide prevention and positively impacted participants' knowledge and confidence in providing evidence-based care to address suicide risk. Additionally, the collected data indicates that this training was successful in bridging knowledge gaps in healthcare professionals' treatment of patients with suicidal ideation by increasing their confidence and ability in recognizing, assessing, and caring for patients at elevated risk of suicide.

The largest gains emerged in provider responses regarding their level of comfort with providing care to patients identified as being at elevated risk of suicide, with an increase of 39% from pre-to-post-test (90% of providers indicated comfort post-training). Providers' confidence in treating patients with suicidal thoughts or behaviors also increased markedly (37%), as did their belief that they had the requisite knowledge and skills to treat patients at elevated risk (34%). Furthermore, providers' belief that using a standardized approach to ensure screening, risk assessment, safety planning, and monitoring for suicidal patients will improve patient outcomes increased significantly—31%—from pre-to-post-test, with 100% of providers indicating this post-training.

Secondarily, data also indicated similarly positive gains in healthcare team members' confidence and knowledge. Notably, members' confidence that they had the knowledge and skills to conduct a suicide risk assessment increased by 25% from pre-to-post-test, as did their confidence that they had the knowledge and skills necessary to provide care to patients at elevated risk for suicide (30%) and their level of comfort in screening patients for suicide risk (26%).

This analysis and comparison of the pre- and post-surveys adds further evidence to the pilot study's findings that Suicide Safer Care trainings are effective in increasing the knowledge, skills, and confidence amongst participants in recognizing, assessing, and caring for patients at elevated risk for suicide.

Lessons Learned

One crucial finding was an alarming increase in the number of primary care providers who have interacted with patients who later died by suicide—nearly half (44%) reported having done so, a significant increase from participants in our pilot study (36%). While the prevalence of these interactions had increased, however, training in recognizing warning signs of suicide was by no means universal: 20% of providers still reported having received no training whatsoever prior to Suicide Safer Care, and 35% received no training during their professional education.

This underlines the need for greater suicide risk identification and prevention training in primary care, as does the continuingly tremendous interest in, and positive response to, these trainings from providers and healthcare team members alike. Qualitative and quantitative data from this continuing project only reinforces a key conclusion from our pilot study: that **a pragmatic introduction to suicide risk assessment, screening tools, and evidence-based brief interventions is appropriate for primary care audiences and improves participants' ability to integrate Suicide Safer Care practices into primary care settings.**

[3] This classification includes a diverse range of non-provider staff at organizations, ranging from nurses, certified medical assistants, behavioral health clinicians, and case managers to administrators, program managers, and others.

Background

A Call to Action for Primary Care

Primary care clinicians are confronting increasing concerns for patients that may be at heightened risk for suicide. **Suicide is a growing public health crisis: it is the tenth leading cause of death in the United States.**[4] In 2018 alone, more than 48,000 individuals in the U.S. died by suicide—accounting for one death every 11 minutes.[5] Despite efforts to lower this suicide rate, it increased 35% from 1999-2018, becoming the second leading cause of death for individuals between the ages of 10-34.[6] Youth suicide is rising as well: between 2007-2009 and 2016-2018, suicide rates for adolescents and young adults (ages 10-24) increased in every U.S. state.[7]

Nearly 11 million American adults seriously contemplated suicide in 2018, and the economic cost of actual and attempted deaths by suicide—to say nothing of its emotional toll—is staggering, costing the U.S. nearly $70 billion annually in medical and work-loss costs.[8] Furthermore, emerging research suggests that the COVID-19 pandemic may have further exacerbated this growing issue. Adults in the U.S. reported elevated levels of suicidal ideation in 2020,[9] and both survivors of COVID-19 and the general public may be at elevated risk of suicide due to social isolation, anxiety, fear of contagion, economic difficulties, chronic stress, and other factors associated with the pandemic.[10] Additionally, the pandemic further complicates suicide prevention efforts, requiring clinicians to address not only COVID-19 specific risk factors but also a variety of pre-pandemic factors.[11]

Furthermore, deaths by suicide rarely stem from a single cause, and they do not arise solely from behavioral health conditions. Indeed, less than half of those who die by suicide had diagnosed mental health conditions such as depression.[12] A variety of other factors contribute to deaths by suicide as well, ranging from relationship issues and life crises to substance use disorder and illnesses. To prevent such deaths, we must undertake a comprehensive approach to suicide

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[4] Centers for Disease Control & Prevention. 2020. "Preventing Suicide." Violence Prevention. Accessed December 22, 2020. https://www.cdc.gov/violenceprevention/pdf/Suicide-factsheet_508.pdf.

[5] CDC. 2020. "Web-Based Injury Statistics Query and Reporting System (WISQARS)." Atlanta, GA: National Center for Injury Prevention and Control. Accessed December 22, 2020. https://www.cdc.gov/injury/wisqars/index.html.

[6] Hedegaard, H, Curtin, SC, et al. 2020. "Increase in Suicide Mortality in the United States, 1999-2018." *NHSC Data Brief no. 362*. Hyattsville, MD: National Center for Health Statistics.

[7] Curtin, SC. 2020. "State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States, 2000-2018." *National Vital Statistics Reports* 69(11): 1-9. Accessed December 22, 2020. https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf.

[8] CDC. 2020. "Web-Based Injury Statistics Query and Reporting System (WISQARS)."

[9] Czeisler MÉ, Lane RI, Petrosky E, et al. 2020.

[10] Sher, L. 2020. "The Impact of the COVID-19 Pandemic on Suicide Rates." *QJM: An International Journal of Medicine* 113 (10): 707-712. Accessed December 22, 2020. https://academic.oup.com/qjmed/article/113/10/707/5857612.

[11] Moutier, C. 2020. "Suicide Prevention in the COVID-19 Era: Transforming Threat into Opportunity." *JAMA Psychiatry*. Accessed December 22, 2020. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2772135.

[12] Stone, DM, Simon, TR, et al. 2018. « Vital Signs: Trends in State Suicide Rates – United States, 1999-2016 and Circumstances Contributing to Suicide – 27 States, 2015." *Morbidity and Mortality Weekly Report* 67(22): 617–624. Accessed December 22, 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6722a1.

prevention at the individual, community, and societal levels.[13,14] And, given the magnitude and the variety of factors that contribute to suicide beyond mental health conditions, this effort cannot be perceived as the sole province of behavioral health organizations and providers. **Clearly, the entire U.S. healthcare system must adopt evidence-based approaches to identify and care for those at risk of suicide.**

Primary care is one of the most critical of these sectors within the healthcare system. Approximately 45% of individuals who died by suicide visited a primary care provider in the month before their death—making primary care visits a crucial opportunity to assess risk and intervene.[15,16] To do so, primary care providers and their teams can incorporate suicide prevention techniques into established health risk assessment and patient safety practices.

Response: Suicide Safer Care Program

Recognizing this growing issue, the Association of Clinicians for the Underserved partnered with Concert Health to expand the Suicide Safer Care program in 2020, offering trainings to health centers across the U.S. and expanding our *Suicide Prevention in Primary Care: A Toolkit for Primary Care Clinicians and Leaders* publication with a pediatric module. ACU's trainings instructed more than 1,700 primary care providers and healthcare team members in evidence-based practices for suicide prevention in primary care, including screening, assessment, and intervention techniques. The initiative was part of a variety of programs offered by ACU, a nonprofit, transdisciplinary association of clinicians, advocates, and organizations united in the mission to improve the health of America's underserved populations and to enhance the development and support of clinicians serving them. This project was made possible by generous support and funding from the Centene Corporation.

[13] "2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention." 2012. Washington, D.C.: US Department of Health and Human Services. Accessed December 22, 2020. https://www.ncbi.nlm.nih.gov/books/NBK109917/.

[14] Stone, D, Holland, K, et al. 2017. "Preventing Suicide: A Technical Package of Policy, Programs, and Practices." National Center for Injury Prevention and Control: Division of Violence Prevention. Accessed December 22, 2020. https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf.

[15] Ahmedani, BK, Simon GE, et al. 2014. "Health Care Contacts in the Year Before Suicide Death." *Journal of General Internal Medicine* 29(6): 870-877. Accessed December 22, 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/.

[16] Luoma JB, Martin CE, and Pearson JL. 2002. "Contact with Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence." *American Journal of Psychiatry* 159(6): 909-16. Accessed December 22, 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072576/.

SUICIDE SAFER CARE TRAINING OVERVIEW

Training Development

This project's trainings derived primarily from our accompanying toolkit, *Suicide Prevention in Primary Care: A Toolkit for Primary Care Clinicians and Leaders*. This document emerged from the 2018-2019 pilot study, which drew upon both a literature review and the comprehensive Zero Suicide Toolkit and framework. Adapted specifically for primary care organizations, providers, and teams caring for underserved populations, trainings focused on three core components:

1. Screening and assessment
2. Care management and evidence-based interventions
3. Referral processes

Beyond these core trainings for primary care providers and their teams, ACU developed further trainings in 2020 to address pandemic-specific risk factors and evolving needs relative to heightened suicide risk. ACU trainings aimed to help organizational leaders address providers' risk of suicide, to assist providers to identify and care for patients at risk of suicide during the COVID-19 pandemic, and to aid behavioral health clinicians operating in primary care settings.

Training Implementation

Trainings took place throughout 2020[17], reaching 1,704 primary care providers and healthcare team members. Thirty-five trainings occurred in 16 states: Arizona, California, Florida, Georgia, Hawaii, Maine, Montana, New Hampshire, Nevada, New York, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, and Texas. Trainers engaged participants in-person for 10 workshops. However, ACU conducted the remainder of trainings virtually via webinars to safely convene attendees during the COVID-19 pandemic. ACU conducted outreach to primary care associations (PCAs) and individual health centers to organize workshops. Furthermore, Centene Corporation's health plans in seven states (AZ, CA, FL, HI, NV, OH, and TX) helped to enhance the reach of these trainings by promoting SSC webinars to providers in their networks. Table 1 provides an overview of states and attendees.

TABLE 1: OVERVIEW OF TRAININGS BY STATE AND NUMBER OF PARTICIPANTS

State	Participants
Arizona	38
California	114
Florida	9
Georgia	17
Hawaii	54
Maine	14
Montana	7
New Hampshire	54
Nevada	10
New York	328
Ohio	40
Oklahoma	14
Oregon	33
South Carolina	20
South Dakota	10
Texas	27
National	915

ACU also held two national webinars to reach further providers:

- Caring for the Healers: Preventing Suicide Among Providers
- Identifying and Caring for Patients at Risk for Suicide during the COVID-19 Pandemic

The Centene Corporation helped to ensure these trainings reached a wide audience by publicizing the trainings to its networks of primary care clinics. Furthermore, three more trainings are planned for the first quarter of 2021.

[17] One training occurred on January 6, 2021. The total list of participants includes individuals from this training, but their survey responses are not yet reflected in the data analysis, as response were still being collected.

Training Audience

Trainings targeted a broad spectrum of primary care providers and their teams, and participants represented diverse roles within primary care settings. Table 2 includes a breakdown of training attendees by discipline.

Table 2: Training Participants by Discipline

Primary Care Providers	Primary Care Team Members	Behavioral Health Team Members	Others
Medical Doctor Nurse Midwife Nurse Practitioner Osteopathic Doctor Physician Assistant	Certified Medical Assistant Licensed Practical Nurse Registered Nurse Medical Assistant	Counselor Psychiatric Nurse Psychologist Practitioner Psychiatrist Social Worker Substance Abuse Counselor	Administrator Case Manager Dentist Others EMR Educator Program Manager Service Coordinator

Of the 711 participants of the Suicide Safer Care trainings that completed pre-tests, a total of 166 were primary care providers, the others being health care team members. New York had the highest number of providers participating in the training (41), followed by Oregon (22) and Rhode Island (22). Figures 1 and 2 show breakdowns of providers by state and licensure, respectively.

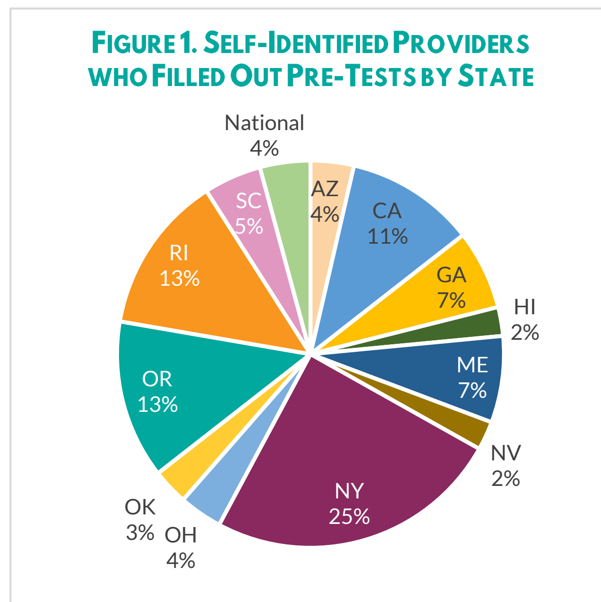


FIGURE 1. SELF-IDENTIFIED PROVIDERS WHO FILLED OUT PRE-TESTS BY STATE

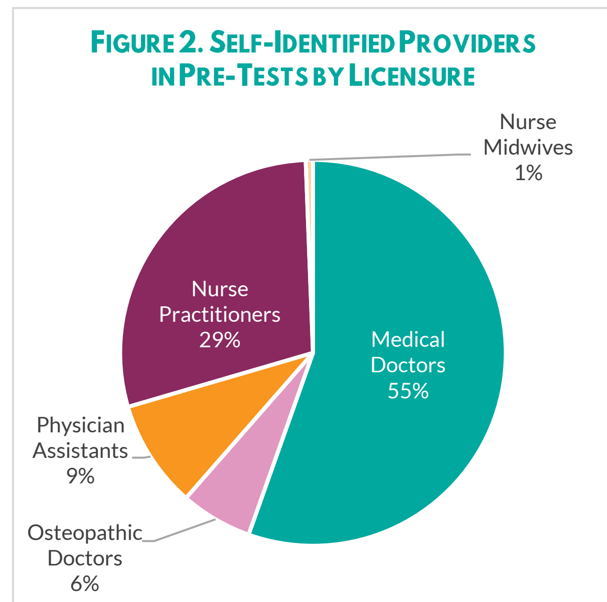


FIGURE 2. SELF-IDENTIFIED PROVIDERS IN PRE-TESTS BY LICENSURE

Most of the primary care providers trained (55%) were medical doctors. Nurse practitioners represented the second largest group of primary care providers trained (29%) along with physician assistants (9%), osteopathic doctors (6%), and midwives (1%), as shown in Figure 2.

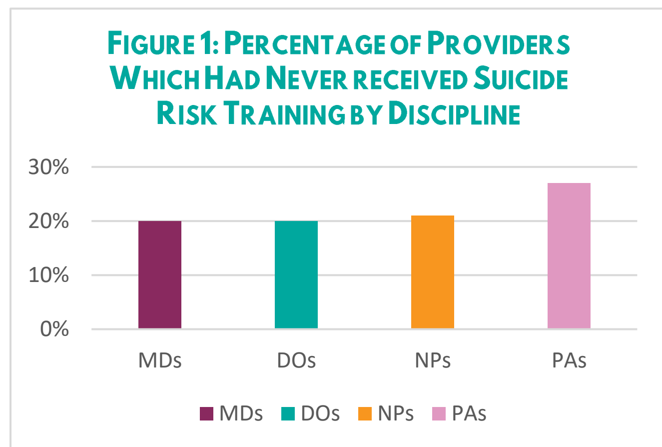
EVALUATING THE IMPACT OF SUICIDE SAFER CARE TRAINING

Trainers asked participants to complete surveys before and after each Suicide Safer Care (SSC) training. These surveys consisted of a variety of questions designed to gauge participants' perceived knowledge, need, and skills in assessing and treating patients at elevated risk for suicide. 711 individuals completed pre-tests, and 506 completed post-tests.

Identified Gaps in Provider Knowledge and Skills

The pre-training survey responses identified gaps in provider training and skills for meeting the needs of patients at risk for suicide.

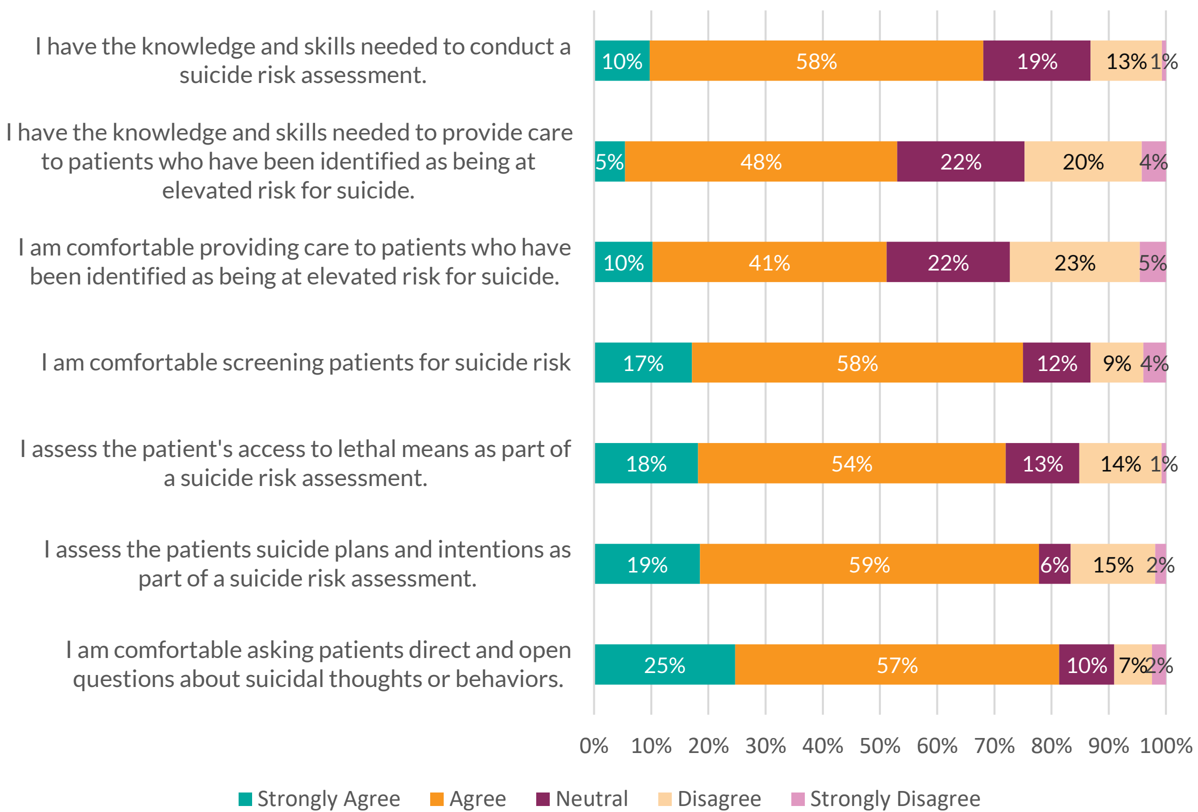
Lack of Training: Responses from SSC pre-surveys revealed that while 96% of primary care providers believed that suicide prevention was an important part of their role, 20% of providers had never received any training—either in their current position or professional education—on how to recognize the warning signs for a patient with an elevated risk for suicide. 27% of physician assistants had never received suicide prevention training, followed by 21% of nurse practitioners and 20% of medical and osteopathic doctors.



Lack of Confidence in Caring for Patients with Suicidal Thoughts: Pre-tests revealed striking disparities between providers' perceived comfort with screening for suicide risk and their confidence in their ability to care for patients with suicidal thoughts or behaviors. Two-thirds (66%) of providers believed that they had the knowledge and skills necessary to screen patients for suicide risk, 81% indicated that they were comfortable asking patients direct, open questions about suicidal thoughts and behaviors, and 75% stated that they were comfortable screening patients for suicide risk.

However, providers' confidence in their ability to provide treatment to patients with suicidal thoughts or behaviors once identified was significantly lower (47%). Indeed, 27% of primary care providers did not feel comfortable providing care to patients identified as being at elevated risk of suicide, and 25% reported not feeling that they had the knowledge and skills necessary to care for patients identified as being at elevated risk. Despite this lack of confidence, 44% of providers had interacted at least once with a patient who had died by suicide, with 20% of providers reporting one such interaction and 24% reporting multiple interactions. Figure 2 below provides a further breakdown of pre-training survey responses from providers.

Figure 2: Pre-Training Assessment of Provider Ability and Confidence in Addressing and Treating Suicide Risk



Assessing Training Impact and Outcomes on Primary Care Providers

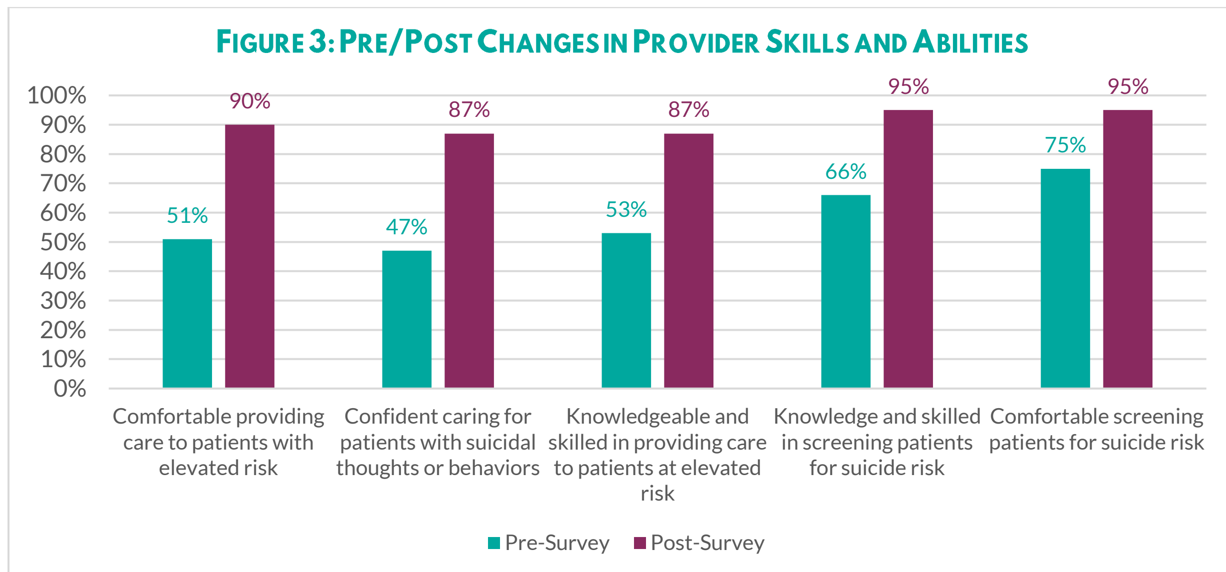
As previously noted, throughout the Suicide Safer Care program, instructors asked participants to complete pre-and post-training surveys to assess changes in primary care providers' knowledge, skills, and abilities in providing care to patients at elevated risk for suicide. Analysis of providers' responses fully demonstrated that the training increased awareness of the important role that primary care plays in suicide prevention and made a positive impact on providers' knowledge and level of comfort in providing evidence-based care addressing suicide risk.

Responses from 102 providers demonstrated tremendous gains in knowledge and comfort in assessing and providing care for patients at risk for suicide from pre- to post-survey. Notably, affirmative responses ("strongly agree" or "agree") to all survey questions corresponding to knowledge and skills increased by no less than 12%. A review of other key findings follows below.

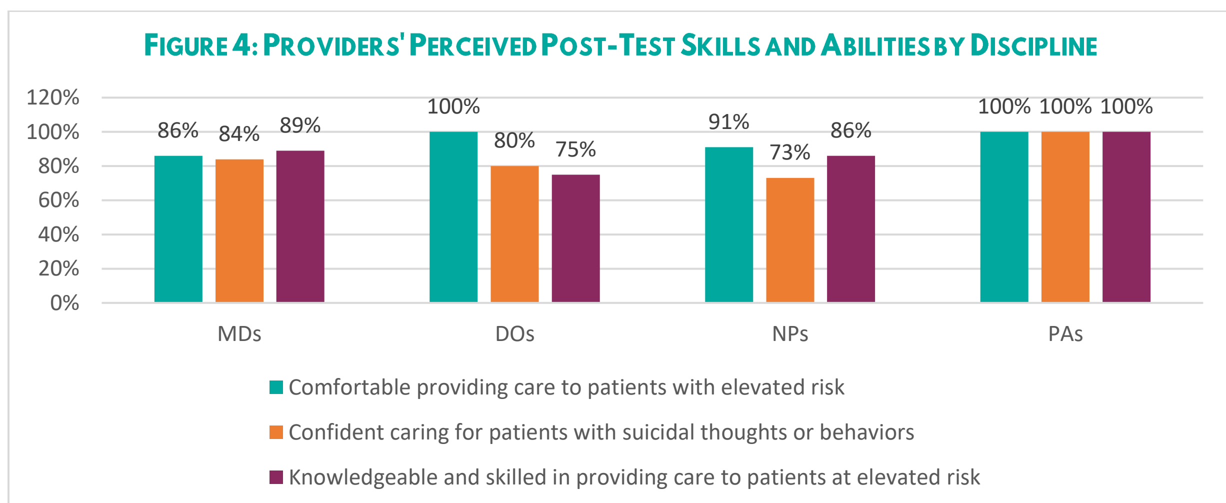
The greatest improvement emerged in providers' level of comfort in providing care to patients identified as being at elevated risk for suicide, with an increase of 39% from pre- to post-test (51% being comfortable before trainings and 90% afterward). Other significant gains included:

- Providers' confidence in their ability to provide treatment to patients with suicidal thoughts or behaviors, which rose 37% (from 47% to 84% before and after trainings).

- Providers' belief that they had the knowledge and skills necessary to provide care to patients identified as being at elevated risk of suicide, which rose 34% (from 53% pre-training to 87% post-training).
- Providers' belief that they have the knowledge and skills needed to screen patients for suicide risk, which rose 29% (from 66% to 95% before and after trainings).



Analysis of surveys by provider discipline shows an overall high level of confidence in knowledge and ability after trainings for nearly all providers. 100% agreed after trainings that using a standard approach to ensure screening, risk assessment, safety planning, and monitoring for suicidal patients will improve patient outcomes. Osteopathic doctors and physician assistants indicated the highest levels of comfort in providing care to patients at elevated risk of suicide, with 100% responding affirmatively in post-surveys—followed by nurse practitioners (91%) and medical doctors (86%).



Additionally, providers indicated a significant decrease in the likelihood that they would send patients identified as being at elevated risk of suicide to the emergency room, with 60% reporting that they would be less likely to do so.

Impacts on Healthcare Team Members

These significant increases were not limited to providers: survey analysis demonstrates improved knowledge, skills, and abilities in all participants, whether attendees were providers or healthcare team members. The greatest single improvement came in participants' belief that they have the knowledge and training needed to recognize when a patient may be at elevated risk for suicide, which rose 27% (from 64% pre-trainings to 91% post-trainings). Participants also reported an increase of 26% in their belief that they have the knowledge and skills to conduct a suicide risk assessment, their level of comfort in providing care to patients at elevated risk of suicide, and their confidence in their ability to provide treatment to patients with suicidal thoughts or behaviors.

Individual and Organizational Impacts on General Attitudes

Another important dimension to consider in Suicide Safer Care training outcomes was the program's ability to affect organizational attitudes and beliefs. ACU offered new trainings in 2020, including sessions specifically geared toward organizational leaders to help put in place strategies and tactics to support and reduce suicide risks in providers. Furthermore, each training attempted to take a holistic approach toward educating providers and healthcare team members in the importance of suicide prevention in primary care. Survey analysis revealed a variety of impacts in this realm in addition to core knowledge and skills.

Perhaps most importantly, the perception that suicide prevention is an important part of their role increased 14% across all SSC participants, with 95% of all attendees indicating this post-training. Healthcare team members, specifically, reported a strong increase of 19%—from 74% to 94% pre-and post-training, respectively. Furthermore, participants' perceptions of their organization's broader attitudes changed as well: providers' belief that that their practice's staff feel that suicide prevention is a critical part of their job increased from 58% to 89% in pre- and post-tests, respectively.

A Selection of Qualitative Feedback from Participants

"I wish someone would have given me the training and intervention years ago." — A Nurse Practitioner

"Very informative and useful training! Allowed me to feel more confident in a situation with a suicidal patient by providing tools and steps to take if a patient admitted suicidal thoughts." — A Counselor

"This is the first time anyone trained us on what to do." — A Physician Assistant

"It is great to see behavioral health approaches being address for primary care. Often PCPs are unsure what to do in these situations and often d/c straight to the ER without understanding resources available." — A Counselor

"This was a very high-quality training with thoughtful, complete analysis of the challenges to providing comprehensive care when suicide is a factor in the appointment." — A Program Manager

"[In my practice after this training, I will use] the PHQ-9 more frequently and find/create a comprehensive safety plan sheet to use with clients. I really liked how in-depth the training went into safety planning and different questions to ask." — A Counselor

"[In my practice after this training] I plan to use compassionate and accurate language when speaking about suicide and utilize the hotlines and resources available to patients. — A Social Worker

"[After this training, I will] look at incorporating this into every contact."

Conclusion

2020 was a year of transition for the Suicide Safer Care program, with ACU both presenting new trainings and moving to a primarily virtual platform to ensure participants' safety during the COVID-19 pandemic. Despite the latter challenge, ACU and Concert Health's instructors saw a high level of interest, demand, and positive response to the program from primary care providers and their teams. The finding that nearly half (44%) of primary care providers who attended our trainings had interacted with patients that later died by suicide further underscored the crucial need for SSC. Primary care teams are a critical point of contact with health care for individuals in crisis. These healthcare professionals require the knowledge, skills, and tools to implement suicide prevention practices to reduce risk and better meet the needs of patients at risk for suicide.

Based on the findings of this and the initial pilot study, ACU will continue to build and expand our training program to deliver this essential content to primary care providers and healthcare team members across the U.S. Current plans include seeking extended funding for SSC from both the Centene Corporation and new funders, as well as significant expansions to training content to better address unique areas of concern, such as COVID-19's impact on suicide risk, pediatric suicide prevention, and first responders' ability to implement suicide safer care practices. While no one strategy will prevent suicide within a primary care organization's patient population, ACU will continue to develop and deliver the tools and expertise of the Suicide Safer Care program, and we are grateful to the Centene Corporation for making this crucial initiative possible and helping it reach a broad base of providers. It is our continued goal and commitment to help reduce the impact of suicide and improve patient health outcomes on a national scale as part of the broader, systemic approach to suicide prevention that is necessary to truly prevent deaths by suicide.[18,19]

[18] "2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention." 2012.

[19] Stone, D, Holland, K, et al. 2017.