# SUICIDE SAFER CARE

## Quick Tips for Medical Students & Other Healthcare Professionals in Training

## HOW CLINICIANS IN PRIMARY CARE & IN GENERAL CAN HELP PREVENT SUICIDE

**Suicide is a growing public health crisis,** and it is the tenth leading cause of death in the United States.[1] In 2018 alone, more than 48,000 individuals in the U.S. ended their life by suicide—one death every 11 minutes.[2] Furthermore, many patients in medically underserved areas lack access to behavioral health services, hindering their ability to access necessary care.

**As a health professional in primary care (or other settings), you are likely to encounter patients at risk for suicide:** nearly half of individuals who end their lives by suicide visit a primary care provider in the month before their passing,[3] and nearly a third of participants in 2021 Suicide Safer Care trainings indicated that they had interacted at least once with a patient who later ended their life by suicide.[4]

For these reasons, primary care and other visits offer crucial opportunities to identify and intervene with patients at risk for suicide, and **every care team member can utilize simple strategies to help save lives.** The following quick tips will help you identify, assess, and intervene with evidence-based strategies as part of routine primary care visits.

### Three Simple Steps

**UNDERSTAND & SCREEN**

**ASSESS**

**REFER OR INTERVENE**

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# I. UNDERSTAND WARNING SIGNS & SCREEN PATIENTS

It is a myth that suicide is only the result of mental illness.[5] Social determinants of health influence suicide,[6] and suicide is usually the result of multiple factors—of which behavioral conditions are only one. **Learn more.**

The first step in helping to prevent suicide is to understand how to perform suicide screenings utilizing evidenced-based tools and to recognize warning signs and risk factors *(see the list below)*. **Learn more.**

## Screening for Suicide: The PHQ-9

**Screening for suicide risk can be done quickly:** you can use the Patient Health Questionnaire-9 (PHQ-9) tool to routinely screen patients over the age of 12 for depression: this screening's ninth item specifically asks about suicidal ideation. Another common screening option is the Ask Suicide-Screening Questions (ASQ) tool. **Asking about suicide will not increase a patient's likelihood of ending their life.**

Most practices screen yearly, but you should remember to screen more frequently if patients are experiencing transitions in care or stressful life events. **Make sure to include screening results in electronic health records.**

## Common Warning Signs

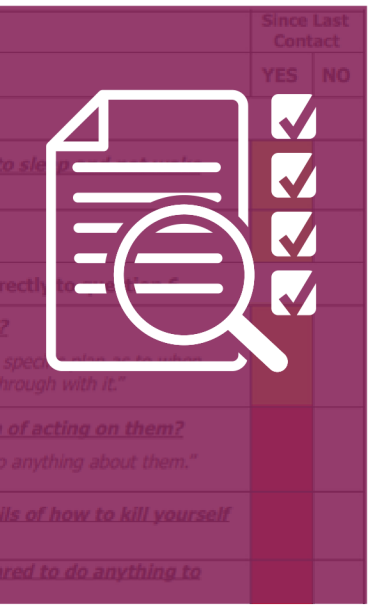
**If someone talks about:**
- Feeling hopeless
- Feeling trapped
- Having no reason to live

**If the following behaviors or conditions are present:**
- Increased substance use
- Isolating from loved ones
- Saying goodbye
- Family history of suicide

**If a patient displays feelings of:**
- Depression or despair
- Agitation or rage
- Sudden peacefulness

*These items are not comprehensive! View a more detailed list.*

# II. ASSESS PATIENTS AT RISK: THE C-SSRS




**If routine screening shows risk for suicide, you should conduct a simple suicide risk assessment.** One common tool for adults is the Columbia Suicide Severity Rating Scale (C-SSRS). This assessment is well scripted for non-behavioral health professionals and will guide you through a series of questions for the patient on whether they have considered specific methods of ending their lives by suicide, whether they have clear intent, and if they have made any attempts.

**Use direct, matter-of-fact statements to ask about suicide** and follow the C-SSRS's triage guidelines:

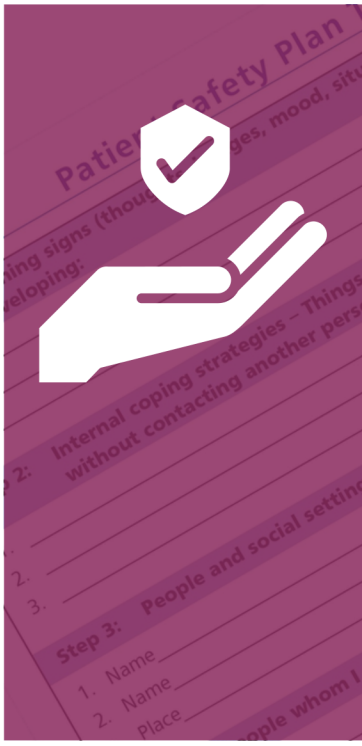
- Patients who answer yes to questions 4, 5, or 6 ("red patients") may require referral to a higher or emergency level of care.
- However, most other patients who answered yes to other questions ("yellow" or "orange" patients) can benefit from simple, evidence-based interventions (see below).

# III. INTERVENE: SAFETY PLANNING, RESTRICTING LETHAL MEANS, AND MORE

## Safety Planning

**Safety planning is an effective, evidence-based intervention.** To create a safety plan, work with your patients at risk to create a brief document in their own words that answers questions such as:

- What their warning signs and coping strategies are,
- What people and settings can help distract them,
- And what reasons they have for living (i.e. protective factors).




## Restricting Access to Lethal Means

Each safety plan you and your patient create should also include specific steps to reduce their access to lethal means which could be used to end their lives. Suicide rates decrease when access to common suicide methods is reduced, and free Counseling on Access to Lethal Means (CALM) training is available. *Even simple behavioral goals such as keeping only small amounts of medications or keeping firearms out of homes can help save lives.*

# III. INTERVENE: SAFETY PLANNING, ON LETHAL MEANS, AND MORE (CONT.)

## Other Brief, Evidence-Based Interventions

**Lastly, use caring contacts**—sending brief communications via texts, phone calls, or emails to patients—with patients at risk as another evidence-informed approach. Think about quick "storage statements" you can have ready to say to patients: writing or saying something as simple as *"Your life matters to me," "I care about what happens to you,"* or *"You're not alone"* can help give patients' hope.

**Be aware of other resources that you can leave patients with before the end of the visit as well.** Consider having patients add the 988 Suicide & Crisis Lifeline to their phone, or have them visit the following websites:

- SuicideIsDifferent.org
- NowMattersNow.org

# FURTHER RESOURCES

More resources on suicide prevention in primary care can be found on the Association of Clinicians for the Underserved's Suicide Safer Care program, Zero Suicide, and the Substance Abuse and Mental Health Services Administration.

## References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