

# Suicide Safe Care for Patients

Virna Little, PsyD, LCSW-r, SAP, CCM  
[virna@concerthealth.io](mailto:virna@concerthealth.io)  
(347) 203-8856

# Financial Disclosure

- The presenter has no relevant financial relationships to disclose

# Suicide Experiences

- Suicide experiences are not uncommon. Each year:
  - 10 million American adults think seriously about killing themselves
  - 3 million make suicide plans
  - 1 million make a suicide attempt



Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 13-4795 2013

# Language Matters

## Choosing Compassionate & Accurate Language



Died of/by Suicide *vs* Committed Suicide  
Suicide *vs* Successful Attempt  
Suicide Attempt *vs* Unsuccessful Attempt  
Describe Behavior *vs* Manipulative/Attention Seeking  
Describe Behavior *vs* Suicidal Gesture/Cry for Help  
Diagnosed with *vs* they're Borderline/Schizophrenic  
Working with *vs* Dealing with Suicidal Patients



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# Outline

- 2018 deaths among all ages
- Influenza and pneumonia: ~55,000 deaths a year = 150 per day
- Among 10 to 24-year-olds: ~241 deaths a year = 4 per week



- Motor vehicle accidents: ~39,000 deaths = 108 deaths a day
- Among 10 to 24-year-olds: ~7,000 deaths = 19 deaths a day



- Suicide: ~ 48,000 deaths = 132 deaths a day
- Among 10 to 24-year-olds: ~ 6,800 deaths = 18 deaths a day



# Why Focus on Health Care Settings?

- 84% of those who die by suicide have a health care visit in the year before their death.
- 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.
- Almost 40% of individuals who died by suicide had an ED visit, but not a mental health diagnosis.

Luoma, J.B., Martin, C.E., & Pearson, J.L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry*, 159(6), 909- 916..

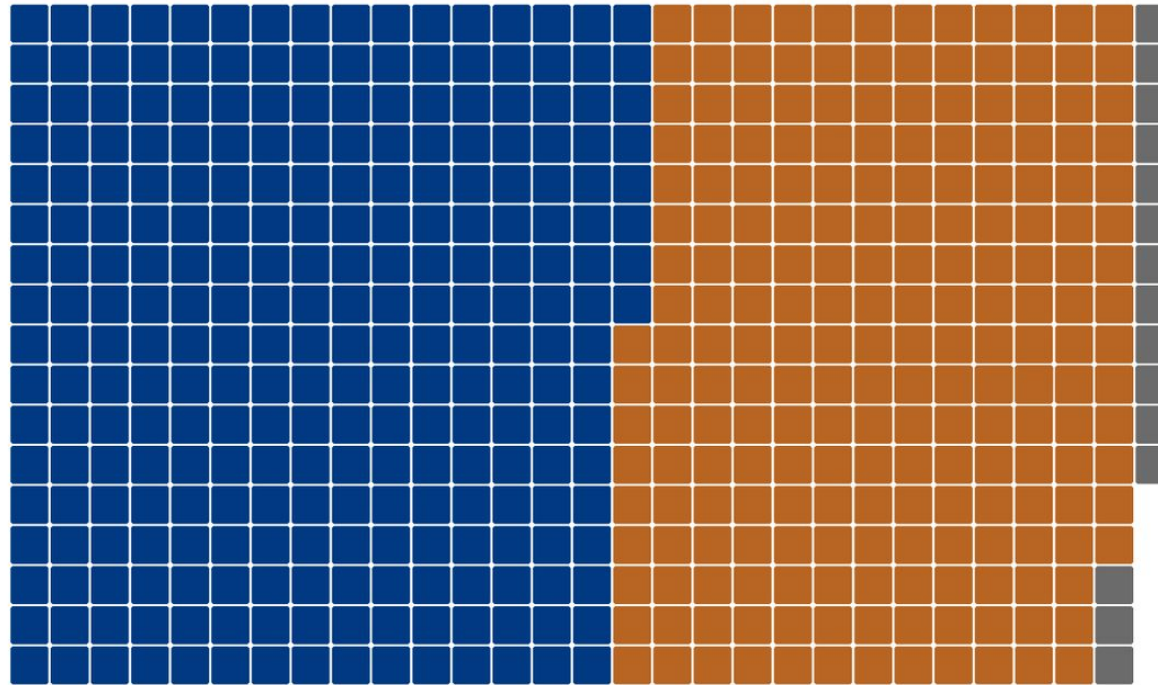
# Suicide by Firearm

- **In 2021, suicide ranked as the 11<sup>th</sup> leading cause of death in the United States.**
  - According to CDC data, there were 48,830 firearm-related deaths in the US in 2021, of which 54% were suicides and 43% were homicides.<sup>1</sup>
  - Suicides accounted for less than 40% of firearm-related deaths among adults aged 20 to 35.<sup>1</sup>
  - By age 75, 94% of firearm-related deaths were suicides.<sup>1</sup>

<sup>1</sup> USAFacts, 'Most firearm deaths are suicides,' 2023.

# 2021 firearm deaths

By type



■ Suicide ■ Homicide ■ Other □ = 100 victims

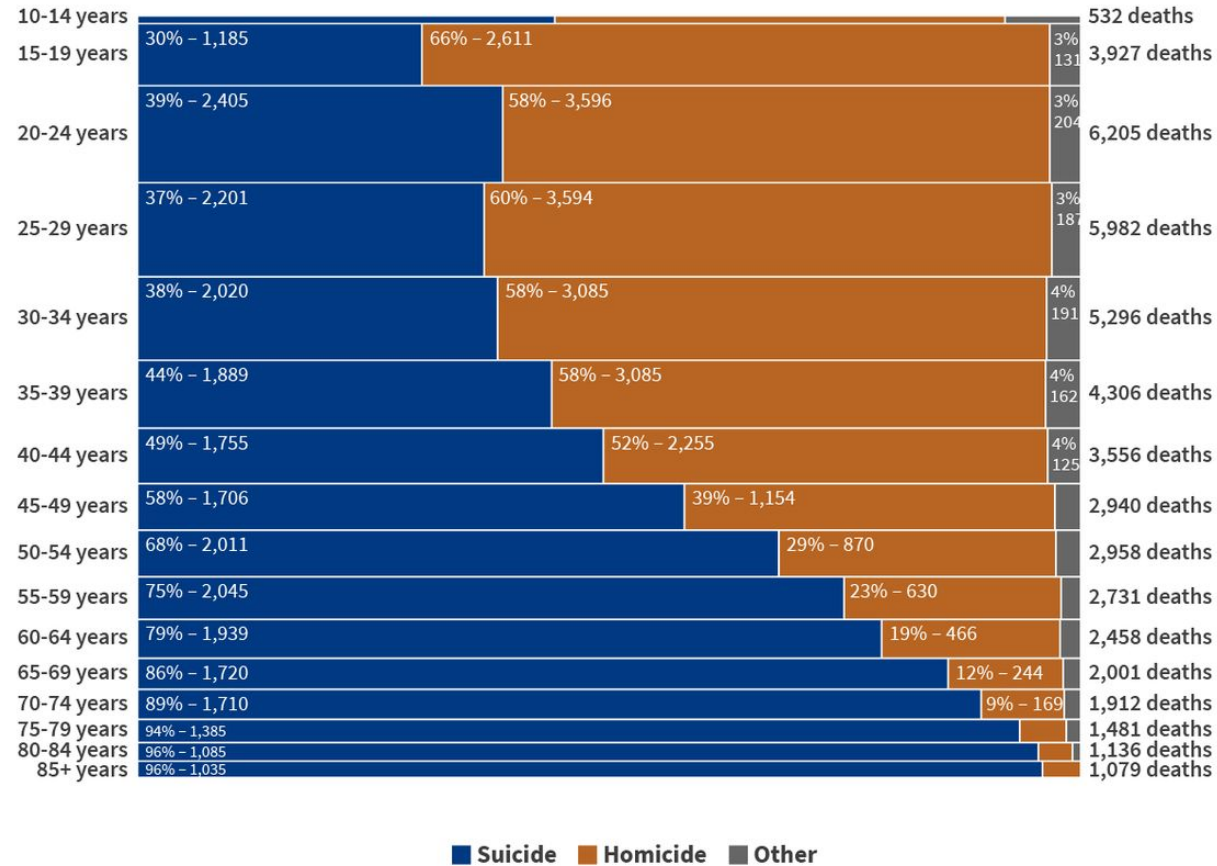
Source: Centers for Disease Control and Prevention

USA FACTS



## 2021 firearm suicides

### By age



Note: "Other" includes firearm-related deaths from unintentional, undetermined, and legal intervention/operations of war.

Source: Centers for Disease Control and Prevention

USA FACTS



# Geriatric Patients and Suicide Risk

- 15% of older adults are affected by depression
- 30% of older adults do not get care or treatment
- 18% of suicides are an older adult, one every 90 minutes



# Youth Suicidal Behavior and Ideation



- **2019 Youth Risk Behavior Survey (YRBS)**
  - 8.9% of high school students attempted suicide one or more times in the past year
  - 18.8% of high school students reported “seriously considering attempting suicide” in the past year



CDC, 2019 Adolescent Suicide Prevention and Medical Settings

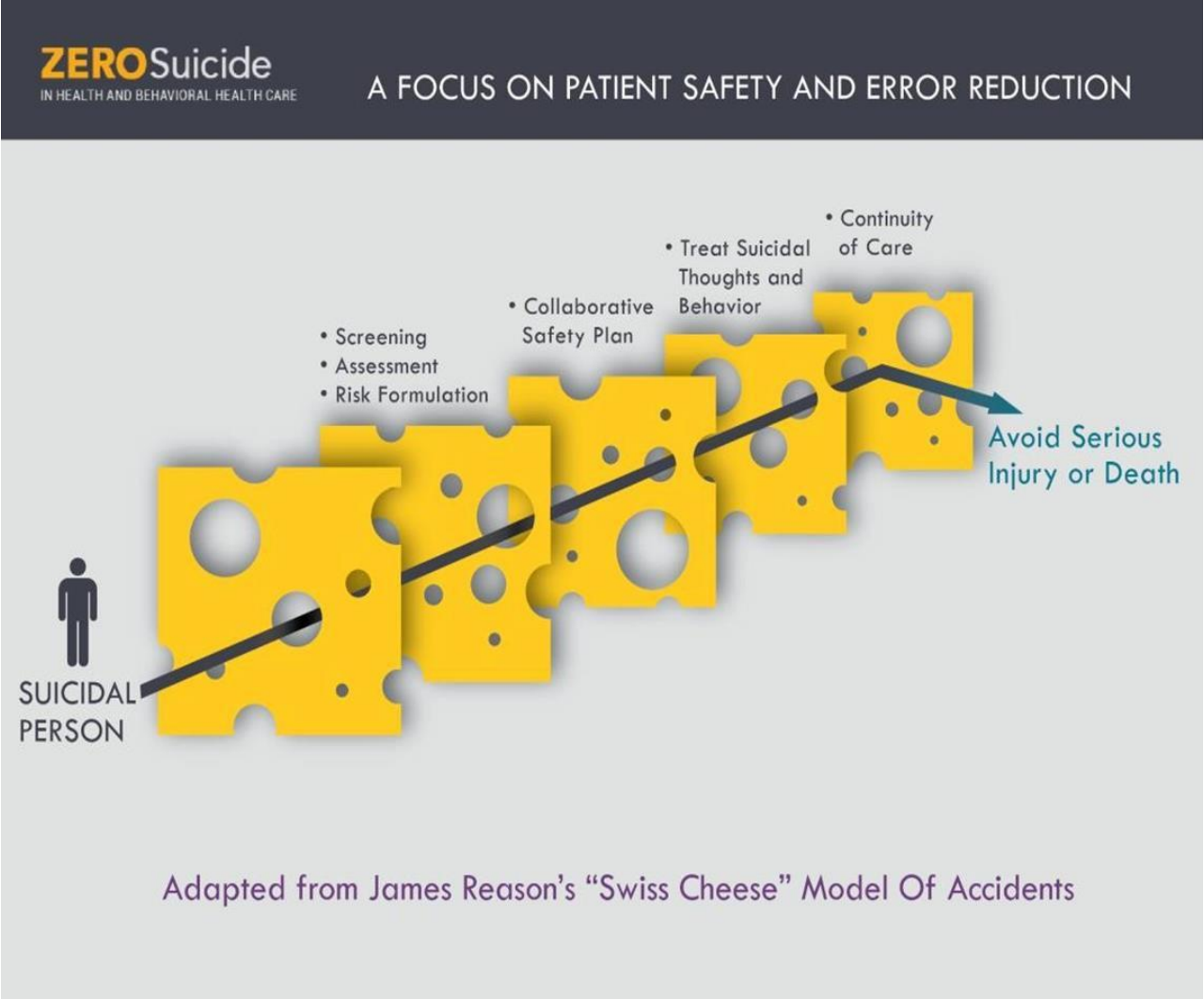
Zero Suicide | [zerosuicide.edc.org](https://zerosuicide.edc.org)

# Joint Commission Sentinel Event Alert 56

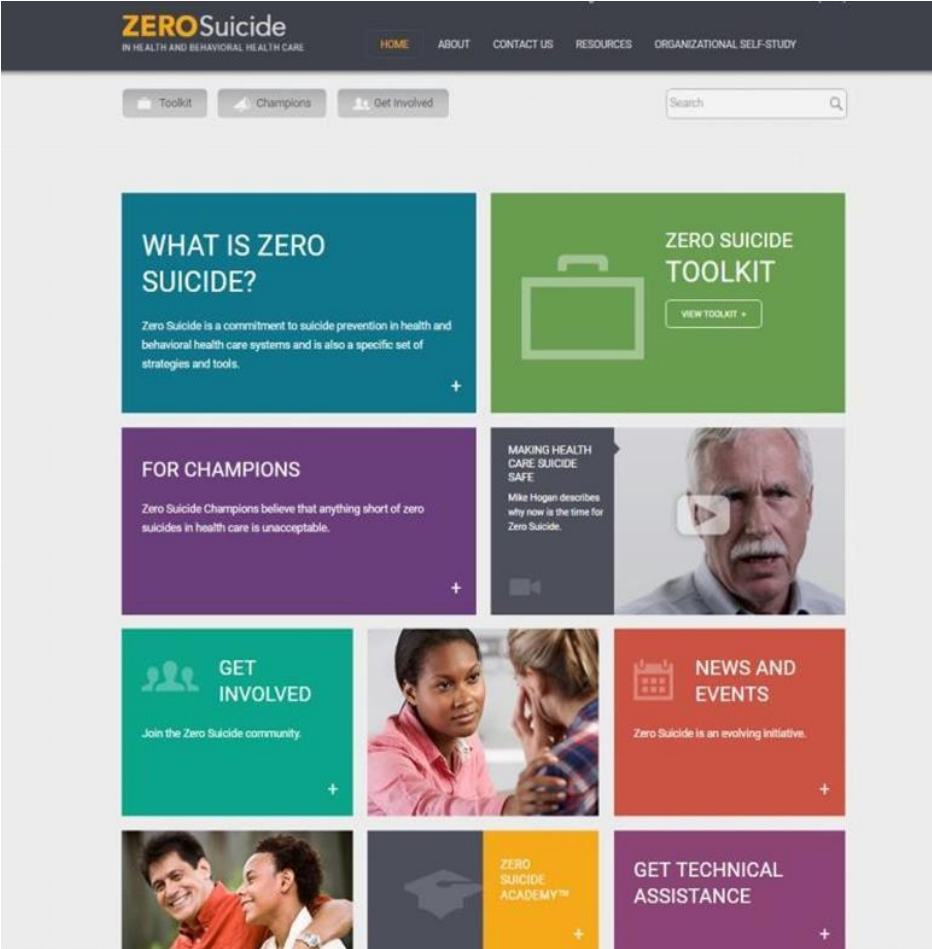


**The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care."**

# Patient Safety and Error Reduction



# Zero Suicide



Access at:

**[www.zerosuicide.com](http://www.zerosuicide.com)**

## What We Hear Sometimes...

- “I don’t have the knowledge to assess or intervene.”
- “With such a short amount of time, I don’t have time to ask or address suicide risk.”

# The Minimum How (to do it)

## In Your Office

- Do not panic.
- Be present listen carefully and reflect)
- Provide some hope  
*Ex. “You have been through a lot, I see that strength”*

**3 things that suicidal people want**

***LANGUAGE MATTERS!***



# Identification

- Many offices are screening for depression
- Ask patients directly (ask what you want to know)
- Social determinants play a role
- Many patients don't have depression
- Substance and alcohol use play a role
- Transitions are a time of risk

## Population of Patients at Risk for Suicide

- Do you know how many are in your on your panel, in your practice or organization ?
- Are you adding ICD10 codes to your problem list ?
- Do you have expectations/standards for BOTH newly identified patients and patients following up for routine primary care ?
- What does excellent care for patients at risk for suicide in your organization look like ?

# The Patient Health Questionnaire (PHQ-9)

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult

## PHQ-9 modified for Adolescents (PHQ-A)

Name: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed?  Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

Yes  No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

Yes  No

Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?

Yes  No

*\*\*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only:

Severity score: \_\_\_\_\_

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

NIMH TOOLKIT



## Suicide Risk Screening Tool

Ask Suicide-Screening Questions

**Ask the patient:**

- In the past few weeks, have you wished you were dead?  Yes  No
- In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
- In the past week, have you been having thoughts about killing yourself?  Yes  No
- Have you ever tried to kill yourself?  Yes  No  
If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
When? \_\_\_\_\_  
\_\_\_\_\_

If the patient answers **Yes** to any of the above, ask the following acuity question:

- Are you having thoughts of killing yourself right now?  Yes  No  
If yes, please describe: \_\_\_\_\_

**Next steps:**


- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (Note: Clinical judgment can always override a negative screen.)
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
  - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - Patient requires a **TYAT safety/full mental health evaluation**.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

**Provide resources to all patients**

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

ASQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) 

NIMH TOOLKIT: EMERGENCY DEPARTMENT



## Script for nursing staff

Ask Suicide-Screening Questions

**Say to parent/guardian:**

"National safety guidelines recommend that we screen all kids for suicide risk. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child's safety, we will let you know."

**Once parent steps out, say to patient:**


"Now I'm going to ask you a few more questions." Administer the ASQ and any other questions you want to ask in private (e.g. domestic violence).

**If patient screens positive, say to patient:**


"I'm so glad you spoke up about this. I'm going to talk to your parent and your medical team. Someone who is trained to talk with kids about suicide is going to come speak with you."

**If patient screens positive, say to parent/guardian:**

"We have some concerns about your child's safety that we would like to further evaluate. It's really important that he/she spoke up about this. I'm going to talk to your medical team, and someone who is trained to talk with kids about suicide is going to come speak with you and your child."

ASQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) 

NIMH TOOLKIT: EMERGENCY DEPARTMENT



## Parent/guardian flyer

Ask Suicide-Screening Questions

**Your child's health and safety is our #1 priority.** New national safety guidelines recommend that we screen children and adolescents for suicide risk.


During today's visit, we will ask you to step out of the room for a few minutes so a nurse can ask your child some additional questions about suicide risk and other safety issues in private.

If we have any concerns about your child's safety, we will let you know.

Suicide is the 2nd leading cause of death for youth. Please note that **asking kids questions about suicide is safe**, and is very important for suicide prevention. Research has shown that asking kids about thoughts of suicide is not harmful and **does not put thoughts or ideas into their heads**.

Please feel free to ask your child's doctor if you have any questions about our patient safety efforts.

Thank you in advance for your cooperation.

ASQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) 

## Appropriate Levels of Care

\* Not everyone needs an alternate level of care

\* There is no “emergency room” magic

# Assessing Risk

- Can and does happen in primary care settings-appropriate level of care
- Helpful to speak the same language and understand the assessment process
- The primary care visit focus becomes the risk for suicide

# Response Protocol

Ask questions that are in bold.

Past Month

Ask Questions 1 and 2	YES	NO
<b>1. Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2. Have you had any actual thoughts of killing yourself?</b>		
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, go directly to question 6		
<b>3. Have you been thinking about how you may do this?</b> <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i>		
<b>4. Have you had these thoughts and had some intention of acting on them?</b> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b>		
<b>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b>  <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i>	Lifetime	
	Past 3 Months	
If <b>YES</b> to question 6, ask: <b>Was this in the past 3 months?</b>		

Schedule follow-up

Address Lethal Means, Safety Planning, Schedule Follow-up

Evaluate Hospitalization, Address Lethal Means, Safety Planning, Schedule Follow-up

# Protective Factors

What are reasons you would not die by suicide today ?

Some common protective factors:

- Kids
- Family/spouse/parents
- Pets
- Religion
- Job



# What is Safety Planning?

Safety Planning Intervention consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.



# The Minimum WHAT (to do)

## BEFORE THEY LEAVE YOUR OFFICE

- Suicide Prevention Lifeline or Crisis Text Line in their phone  
–988 and text the word “Hello” to 741741
- Address guns in the home and preferred method of suicide
- Give them a caring message (NowMattersNow.org “More”)

# NowMattersNow.org Works

**Website visits are associated with decreased intensity of suicidal thoughts and negative emotions.**

This includes people whose rated their thoughts as “completely overwhelming”



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# SuicideIsDifferent.org provides suicide caregivers with interactive tools and support to:



Learn About Suicide



Process Your Feelings



Adapt to Change



Set Safe Boundaries



Talk About Suicide

"I'm a suicide caregiver and this is exactly what I didn't know I needed! Thanks for reminding me to take care of myself." - Suicide Is Different User



# Safety Plan

## NowMattersNow.org Emotional Fire Safety Plan

Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there.  
Visit [nowmattersnow.org/safety-plan](https://nowmattersnow.org/safety-plan) for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

ON FIRE

### Direct advice for overwhelming urges to kill self or use opioids

— **Shut it down** —

Sleep (no overdosing). Can't sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— **No Important Decisions** —

Especially deciding to die. Do not panic. Ignore thoughts that you don't care if you die. Stop drugs and alcohol.

— **Make Eye Contact** —

A difficult but powerful pain reliever. Look in their eyes and say "Can you help me get out of my head?" Try video chat. Keep trying until you find someone.

IN A FIRE

### Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

<input type="checkbox"/> Visit NowMattersNow.org (guided strategies)	<input type="checkbox"/> Opposite Action (act exactly opposite to an urge)
<input type="checkbox"/> Paced Breathing (make exhale longer than inhale)	<input type="checkbox"/> Mindfulness (choose what to pay attention to)
<input type="checkbox"/> Call/Text Crisis Line or A-Team Member (see below)	<input type="checkbox"/> Mindfulness of Current Emotion (feel emotions in body)
<input type="checkbox"/> "This makes sense: I'm stressed and/or in pain"	<input type="checkbox"/> "I can manage this pain for this moment"
<input type="checkbox"/> "I want to feel better, not suicide or use opioids"	<input type="checkbox"/> Notice thoughts, but don't get in bed with them
<input type="checkbox"/> Distraction:	<input type="checkbox"/>

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# Patient Safety Plan

## Patient Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>	
1.	_____
2.	_____
3.	_____
<b>Step 3: People and social settings that provide distraction:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____
<b>Step 4: People whom I can ask for help:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
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)	
<b>Step 6: Making the environment safe:</b>	
1.	_____
2.	_____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregkbrow@mail.med.upenn.edu.</small>	

The one thing that is most important to me right now is:

**© 2022 Concert Health**

# Safety Planning

- Can the activity happen all times of the day and all times of the year
- Call someone from the patient's team “Sarah and I would like to speak with you, she has listed you on her suicide safety plan.”
- Be creative – Walmart!
- How can we keep you safe today ?

# Lethal Means Restriction

- Temporary
- Matter of Fact
- Standard Practice
- Safety Approach (Public Health!)
- Preferred method is important to know and note



# Lethal Means

- How much medication is in your home? (neighbors, family)
- Medication boxes, family, individual wrapping, “pill packs”
- Gun locks, boxes, family or surrender for holding
- The time to talk to the pharmacy is now .....

# Caring Contact

Henry,  
I don't know you well yet, I am glad that you told me a little more about your life. I have lots of hope for you – you've been through a lot. I hope you'll remember that and come back to see us. With care, -Nurse Matt

# Caring Messages

## Caring Messages

We asked over 1000 people. Here are the top results.  
Please use and adapt these any way you like for those you care about.

Dear you. Yes you! Remember that one time you felt connected to the universe. No one can take that away from you. It's yours.

— Ursula Whiteside

You may feel you don't matter but you do and see no future. Yet it is there - please let it evolve because the world needs you and your contribution.

— Kristine Laaninen

When things have been rough, I think of things or touch items that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I'm okay and things often change quickly. I don't know if that would help for you.

— Daniel DeBrule

Please don't stop fighting. You are being prepared for something far greater than this moment.

— Breanna Laughlin

I was trapped in the Dark Place. Drowning in it. Lost in the fog. Sinking in the quicksand. Unable to get out. Slowly, slowly, slowly: I am. You might be able to too. Just get through today.

— Amy Dietz

I've found this Franklin D. Roosevelt quote helpful, "A smooth sea never made a skilled sailor." We'll be prepared for something bigger.

— Ursula Whiteside

Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light.

— Debbie Reisert

You're a human being, not a human doing. Your worth is intrinsic, and your strength is likely greater than you think it is.

— John Brown

If I could fill the world with more people who feel the world, I would. Understanding suffering is a heavy burden to carry at times for sure - but you are never a burden for feeling it.

— Nina Smith

This is part of a poem from Jane Hirschfield, "The world asks of us only the strength we have and we give it. Then it asks more, and we give it."

— Sara Smucker Barnwell

Things can be completely dark for some of us sometimes. I don't know where you are at today, or if this message can shine through, but I'm here sending you a tiny bit of light - a light beam.

— Ursula Whiteside

Live. If only, at times, because it is an act of radical defiance.

— Ursula Whiteside

Your story doesn't have to end in this storm. Please stay for the calm after the storm. The possibly a rainbow. Maybe not tomorrow or next week, but you can weather this.

— Breanna Laughlin

I've been there- that place where you'd do anything to stop the pain. It's a dark, suffocating birth canal to a better place...Life changes can suck; but nothing ever changing sucks more.

— Kathleen Bartholomew

This is a favorite line of mine from Desiderata, "You are a child of the universe, no less than the trees and the stars; you have a right to be here."

— Andy Bogart

Wanting to be rid of pain is the most human of impulses. You are brave to hold that. You are worth so much. Because you exist. And breathe air. Contingent on nothing else.

— Sara Smucker Barnwell

now  
matters  
now



**FOR ADDITIONAL  
QUESTIONS OR  
RESOURCES PLEASE  
CONTACT:**

**Virna Little, PsyD, LCSW-r, SAP, CCM**  
**[virna@concerthealth.io](mailto:virna@concerthealth.io)**  
**(347) 203-8856**