

# The Sophie Fund

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## Primary Care Toolkit for Suicide Prevention

Suicide is a U.S. public health problem. It is the [10th leading cause of death](#), and the second leading cause of death among our children, adolescents, and young adults. Nearly 50,000 Americans die by suicide each year, and an estimated 9.8 million adults harbor serious thoughts of suicide.

Suicide can be prevented, and primary care teams are uniquely positioned to identify risk and intervene. Patients being treated for a medical condition often have comorbid behavioral health conditions. Others may be at risk for suicide because of a recent medical diagnosis, a change in clinical status that carries a poor prognosis, or psychosocial issues.

About 45 percent of individuals who died by suicide visited a primary care provider in the month before their death, a [2014 study](#) showed. [National Patient Safety Goal 15.01.01](#) of The Joint Commission, an independent agency that accredits and certifies healthcare organizations, requires compliance with seven elements of performance including screening, risk assessment, care management, and documentation.

### **Understanding Suicide**

[American Foundation for Suicide Prevention](#)

*Knowing the risk factors and warning helps in recognizing a need for assessment and care.*

### **Screening for Suicide Risk**

Patient Health Questionnaire ([PHQ-9](#)) ([PHQ-A modified for adolescents](#)); [Ask Suicide-Screening Questions](#) (ASQ)

*Routine screening of all patients helps identify those who may be at risk of suicide.*

### **Assessing At-Risk Patients**

[Columbia Suicide Severity Rating Scale](#) (C-SSRS)

*Tools for in-depth assessment collect details on suicidal behavior such as intent, means, and plans to better determine the level of risk.*

### **Using Brief Interventions**

**Safety Planning** ([Stanley-Brown Safety Planning Intervention](#); [Stanley-Brown template](#))

*Safety planning intervention provides people at risk of a suicidal crisis with a specific set of coping strategies and resources to use in order to decrease the risk of suicidal behavior.*

**Counseling on Access to Lethal Means** ([CALM](#))

*Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies.*

### ***Crisis Support***

[National Suicide Prevention Lifeline](#): 988 or (800) 253-8255

[Crisis Text Line](#): 741-741

*Providing crisisline numbers to at-risk patients helps guide them to immediate support when they are struggling.*

### ***Caring Contacts***

[Now Matters Now templates](#)

*Caring contacts are brief communications (postcards, letters, patient portal emails, text messages, phone calls) with patients during care transitions in which care teams continue to show support for a patient, promote their connection to treatment, and increase patient engagement in care.*

### **Utilizing Care Management**

#### ***Referrals***

*Referrals are made to appropriate healthcare settings according to the assessed level of suicide risk for suicide-specific treatment. New models of care suggest that care should be provided in the least restrictive setting.*

[Electronic Health Records](#) (EHRs)

*EHRs help clinicians and staff adhere to protocols and elevate the standard of suicide care.*

#### ***Continuity of Care***

*Care coordination and transitions between primary care, inpatient, emergency department, and behavioral health settings support at-risk patients during periods of heightened vulnerability.*

#### ***“The Minimum”***

*Before an at-risk patient’s appointment ends, address their access to lethal means and add the National Suicide Prevention Lifeline number 988 or (800) 253-8255 and the Crisis Text Line number 741-741 to their phone contact list.*

### **Training Opportunities**

[Zero Suicide Toolkit](#), Suicide Prevention Resource Center

[Suicide Care Training Options](#), Suicide Prevention Resource Center

[Transforming Systems for Safer Suicide Care](#), Zero Suicide Institute

[Additional Resources for Suicide Prevention](#), Association of Clinicians for the Underserved

[Administering the Patient Health Questionnaires 2 and 9 \(PHQ 2 and 9\) in Integrated Health Care Settings](#), New York State Office of Mental Health

[Recognizing & Responding to Suicide Risk: Essential Skills in Primary Care](#) (RRSR-PC)

American Association of Suicidology

[Suicide Risk Screening Training: How to Manage Patients at Risk for Suicide](#), National Institute of Mental Health

[C-SSRS Free Training for Individuals and Systems](#), The Columbia Lighthouse Project

[Assessing and Managing Suicide Risk \(ASMR\)](#), Zero Suicide Institute  
[Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals](#),  
Suicide Prevention Resource Center  
[Collaborative Assessment and Management of Suicidality](#), CAMS-care  
[Implementing the Suicide Safety Plan Intervention](#), Stanley-Brown Safety Planning Intervention  
[Counseling on Access to Lethal Means \(CALM\)](#), Suicide Prevention Resource Center  
[Caring Contacts](#), Now Matters Now

### **Primary Care Suicide Prevention Guides**

[New York State Aim for Zero Suicides: Implementation Guide for Behavioral Healthcare and Primary Care Settings](#), New York State Office of Mental Health  
[Suicide Safer Care: A Toolkit for Primary Care Providers and Their Teams](#), Association of Clinicians for the Underserved  
[Suicide Prevention Toolkit for Primary Care Practices](#), Suicide Prevention Resource Center

### **General Suicide Prevention Guides**

[Zero Suicide Model official website](#), Suicide Prevention Resource Center  
[Zero Suicide Toolkit](#), Suicide Prevention Resource Center  
[Suicide Prevention Resources](#), The Joint Commission

### **Sources**

[Suicide Prevention in Primary Care](#), Association of Clinicians for the Underserved & Centene Corp.  
[National Patient Safety Goal 15.01.01](#), The Joint Commission  
[National Center for Injury Prevention and Control](#), Centers for Disease Control and Prevention.

(Prepared by The Sophie Fund June 2022)