Assessment of Suicide Risk in the Primary Care Setting

Lisa Freiberg BSN,RN

Objectives

- Identify 3 factors that contribute to increased suicide risk.
- Name 3 tools/criterion utilized to assess suicide risk.
- Name 3 specific actions to be taken in the primary care setting in response to an assessed increase in suicide risk.

Suicide is the tenth leading cause of death overall for all ages.

Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System, Leading Causes of Death in 2016

Up to 45% of individuals
who die by suicide
have visited their primary care physician
within a month
of their death.

Primary Care

- Provides of essential health care
- Serves as the main entry point into the health care
- Provides proactive delivery of key preventive services
- Manages chronic conditions over time
- Stresses the relationship of the provider, patient and family members

Suicide

Suicide

the act or an instance of taking ones own life voluntarily and intentionally.

Merriam-Webster Dictionary

Risk Factors

Historical Factors:

- Being between the ages of 10-34 years or over age 60.
- A prior suicide attempt
- A family history of suicide
- Active military experience
- Childhood abuse, neglect or trauma

Health Factors:

- Depression and/or other mental health disorders
- Family history of a mental health or substance abuse disorder
- Substance use problems or substance abuse disorder
- Serious physical health conditions, including pain
- Traumatic brain injury
- Post-partum period

Environmental factors

- Access to lethal means including firearms and drugs
- Family violence, including physical or sexual abuse
- Being in prison or jail
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other transitions or loss
- Being exposed to others' suicidal behavior, such as a family member, peer, or media figure or exposure to graphic or sensationalized accounts of suicide.

Warning Signs

Verbal: Your patient will talk about:

- wanting to die or wanting to kill themselves
- feeling empty, hopeless, or having no reason to live
- great guilt or shame
- references to God's forgiveness for their sins made out of the blue
- feeling trapped or feeling that there are no solutions
- being a burden to others
- death or thinking about death often

Behavioral:

- Planning or looking for a way to kill themselves
- Feeling unbearable pain, both physical or emotional
- Using drugs or alcohol more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or drinking habits
- Showing rage or talking about seeking revenge
- Taking risks that could lead to death
- Displaying extreme mood swings
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and non-violent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation.

Assessment

Relationship

Communication

Standardized Assessment Tools

Suicide Assessment Five-step Evaluation and Triage (SAFE-T)

- Identify Risk Factors
- Identify Protective Factors
- Conduct suicide inquiry

  This is a specific action asking about:

  - Suicidal ideation
  - Plan
  - Behaviors
  - Intent

SAFE-T Model Response to Risk

High

- diagnosed psychiatric disorder with severe or acute symptoms.
- may be an acute precipitating event.
- protective factors are not relevant at this level.
- a suicide attempt is imminent or the patient has persistent ideation and has strong intent
- admission to the hospital on suicide precautions is advised.

Moderate

- multiple risk factors and few protective factors.
- suicidal ideation but has nominal intent and no defined plan.
- Admission to the hospital may be necessary depending on strength of protective factors.
- develop a crisis plan with the patient and give the patient information with crisis numbers

Low

- modifiable risk factors and strong protective factors.
- thoughts of death, no plan, intent, or behavior.
- referral to outpatient services is appropriate.

Standardized Assessment Tools

PHQ-9

This patient self report questionnaire consists of nine specific questions that incorporate DSM-V depression diagnostic criteria

A reproducible PHQ-9 form, and scoring instructions, may be found at:

med.stanford.edu

PHQ-9

- brief
- completed by the patient
- readily scored by the nursing staff or clinician
- can be utilized repeatedly as a method to reflect improvement or worsening of symptoms of depression
- useful in monitoring postpartum depression *and* depression in those with chronic illness
- a good indicator for acute symptoms that may require additional screening

Columbia-Suicide Severity Rating Scale

- Six items that involve risk factors/warning signs
- Evidence based
- Must be administered and scored by clinic staff

A reproducible form, and scoring instructions, may be found at:

cssrs.columbia.edu

Columbia-Suicide Severity Rating Scale

- provide information needed to classify the patient's suicidal ideation and behavior to determine the level of risk
- triggers for a referral for mental health services evaluation and clinical management:
    - A positive answer indicating the presence of suicidal ideation with some intent to die within the last month
    - A positive answer indicating the presence of ANY suicidal behavior (an attempt, an interrupted attempt, an aborted attempt, or any preparatory behavior within the last 3 months

Summary and Conclusion

- Suicide rates are on the rise across the United States
- Know the risk factors and warning signs
- Know what co-morbidities put your patients at higher risk
- You are on the forefront in this battle.

- Be informed.
- Connect with your patients.
- Watch and listen.
- Know your facilities policies and procedures
- And above all – if there is any question about it: JUST ASK

Resources

- Suicide Prevention Resource Center

  sprc.org

- Zero Suicide Toolkit

  zerosuicide.sprc.org

- The Columbia Lighthouse Project

  cssrs.columbia.edu

- Substance Abuse and Mental Health Services Administration

  samhsa.gov

- Health Resources and Services Administration
- hrsa.gov

- National Suicide Hotlines
- Suicidehotlines.com

- Crisis Text Line
- crisistextline.org

- National Suicide Prevention Lifeline
- suicidepreventionlifeline.org

- South Dakota Helpline Center
- helplinecenter.org