

Managing suicide risk in primary care

Since 2000, the suicide rate in the United States has increased by nearly 36%. That statistic alone has spurred a coalition of health care professionals, community advocates and policy makers to work together to address this public health issue. Another statistic—that 45% of all patients who did take their lives did so after meeting with their primary care provider—has prompted this coalition to focus suicide prevention efforts in primary care^{1, 2}.

Challenges

Primary care is often the most accessible health care option for patients seeking treatment for depression and anxiety. However, without proper training or behavioral health support, providers and nurses are often reluctant to assess for suicide risk and make decisions about safety. Primary care health care workers may, instead, send a patient to the emergency room or psychiatric hospital for care, which could exacerbate the mental health issue.

Additionally, studies show that suicidal risk increases after discharge from a psychiatric institution. Therefore, it's recommended that there be immediate follow up by entities that provide community-based resources³.

Some strategies

Since access to mental health care providers is limited, these same patients often end up where they started—in primary care. As a result, many primary care practices have adopted evidence-based suicide prevention interventions that include primary care provider (PCP) and nurse education, screening, safety planning/lethal means reduction, care management, brief interventions, psychotherapy and medication management.

Many PCPs and their teams treat depression and suicidal thoughts as they would treat any other chronic condition—creating a care plan and monitoring the patient. This approach often includes adding a behavioral health clinician to the team and ensuring access to a psychiatric medication provider.

The behavioral health clinician or trained nurse is often responsible for creating a safety plan that includes writing down warning signs, employing lethal means reduction and providing coping strategies. The safety plan can offer reasons for living, social supports, distractions, professional resources and contact information the patient can use to call for help. Additionally, the safety plan can provide information and instructions for family members and friends so they can best identify warning signs and intervene.

Results

Outcomes improve when primary care teams are comfortable in having conversations with patients about suicide and creating safety plans they can follow. Treating depression and other factors that contribute to suicide, along with continual monitoring and support, can help people make the choice to live and end the suffering of those left behind.

LEARN MORE

Use the following references and resources to support primary care teams who want to learn more about suicide prevention and incorporate these best practices into their patient care plans.

References

1. Dueweke, A. R., & Bridges, A. J. (2018). **Suicide interventions in primary care: A selective review of the evidence.** *Families, Systems, & Health*, 36(3), 289–302. Retrieved online at <https://doi.org/10.1037/fsh0000349> on 9/11/2024.
2. **Suicide.** National Institute of Mental Health website. Accessed at https://www.nimh.nih.gov/health/statistics/suicide_on_9/11/24
3. **All Patients at Risk for Suicide After Psychiatric Facility Discharge, Study Finds.** American Psychiatric Publishing (2017). *Psychiatric News*, 52(13). Retrieved online at <https://psychiatryonline.org/doi/full/10.1176/appi.pn.2017.7a17> on 9/11/24.
4. Bryan, Craig J. (2024). **Examining-the Effectiveness of Suicide Risk Screening in Primary Care.** Improvement Insights, The Joint Commission, retrieved online at https://www.jointcommission.org/resources/news-and-multimedia/blogs/improvement-insights/2024/01/examining-the-effectiveness-of-suicide-risk-screening-in-primary-care/on_9/11/24.
5. Spottswood M, Lim CT, Davydow D, Huang H. (May 27:9:892205, 2022). **Improving Suicide Prevention in Primary Care for Differing Levels of Behavioral Health Integration: A Review.** *Front Med (Lausanne)*. Retrieved online at <https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2022.892205/full> on 9/22/24; PMID: 35712115; PMCID: PMC9196265. Retrieved online at https://pubmed.ncbi.nlm.nih.gov/35712115/on_9/11/24.

Resources

- [SAFE-T Pocket Card: Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\) for Clinicians](#), from the Substance Abuse and Mental Health Services Administration
- [Suicide Prevention Toolkit for Primary Care Practices](#), from the Suicide Prevention Resource Center
- [Taking Suicide Prevention into Primary Care](#), from the National Institutes of Health

ADDITIONAL INFORMATION

Find more information and resources from the TMF Health Quality Institute's Mindful Matters webpage at <https://tmf.org/Our-Work/Behavioral-Health>.



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