Suicide Prevention in Primary Care: How Zero Suicide can Help!

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Disclosures

- I have no conflicts of interest or disclosures to make regarding this presentation

Participant Objectives

- 1. Identify current beliefs and cultures that impact our care of the individual with suicidal ideation and behaviors
- 2. Name 2 evidence based suicide assessment tools/methods
- 3. State 2 ways to partner with Primary Care in Suicide Prevention

Action Alliance for Suicide Prevention

- 2001 National Strategies for Suicide Prevention (NSSP) published Prevention: The National Action Alliance for Suicide Prevention is the public-private partnership advancing the NSSP
- 2006 The Moving Forward report identifies Key National priorities of NSSP
- 2010 The Action Alliance launched (Charting the Future of Suicide Prevention is published and Executive Committee and six task forces established
- 2011-2012 The Action Alliance establishes new task forces
- 2013-2014 With the release of a Zero Suicide toolkit, prioritized research agenda, and set of comprehensive juvenile justice resources, the Action Alliance continues to provide national leadership and catalyze change for suicide prevention.

What is the Zero Suicide?

- Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies.
- It is a concept and a practice.
- Its core propositions are that suicide deaths for people under care are preventable.
- The bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept!


Creating Zero Suicide Culture

- Beliefs about suicide
Creating Zero Suicide Culture

- Treatment of Mental Illness
- Leadership
- Commitment

What are the Numbers?

- Overall, suicide is the 10th leading cause of death for all Americans, the 2nd leading cause of death for adults ages 25-34, and the 3rd leading cause of death for youth ages 15-24.
- Pennsylvania suicide rate is 11.06 per 100,000 lower than the national average of 11.29 per 100,000.
  http://www.worldlifeexpectancy.com/usa/pennsylvania
- Do you know your local rates of suicide?
- Track your organization number of suicides?
- Set goals

Healthcare is not Suicide Safe!

- 45% of people who died by suicide had contact with primary care providers in the month before death. Among older adults, it’s 78%.
- 19% of people who died by suicide had contact with mental health services in the month before death.
- South Carolina: 10% of people who died by suicide were seen in an emergency department in the two months before death.

Developing a competent workforce

Patient Centered--Patient Driven: The Priority in Cross Training

- Relationship building
- Patient driven - shared decision making
- Patient centered shared care plans
- Whole person perspective
- Whole life perspective
- Wellness oriented
- Recovery based Care

Comprehensive Vital Signs

- Temperature
- Pulse
- Respirations
- Blood pressure
- Body Mass Index
- PHQ-9 (CSSRS-as needed)
- GAD-7
- Audit
- Trauma Screen (THS, PC-PTSD)
Identifying and Assessing Suicide Level

- Universal screening for suicide risk should be routine in all Primary Care, Hospital Care (especially emergency department care), Behavioral Health Care, and Crisis Response settings (e.g., help lines, mobile teams, first responders, crisis chat services).
- Any person who screens positive for possible suicide risk should be formally assessed for suicidal ideation, plans, availability of means, presence of acute risk factors (including history of suicide attempts), and level of risk.

Screening Tools Better or Worse

- PHQ 2 and PHQ9
- Columbia C-SSRS screening
- CAMS
- ASSIST
- Becks Suicide Inventory

Ongoing Monitor of symptoms

Ensuring everyone has a pathway to care

Using Effective Evidence Based Care

- Standardized risk stratification,
- Targeted evidence-based clinical interventions,
- Accessibility, follow-up and engagement
- Education of patients, families and health care
- Integrated care
- CBT
- DBT

Using Evidence Based Care

Means Reduction
Evidence Based Care
- Safety Planning

People with Lived Experience
- Peer counselors can inform treatment team
- Can intervene directly with people with suicidal ideation
- Perform as an integral part of the Team
- Can perform community outreach activities

Continuing Contact after Care
- Screening
- EHR
- Collaboration/Shared care
- Alerts (suicide risk banner)
- Ongoing monitoring
- Continuing contact!
- Patient Portals
- BH Integration
- Whole health
- Wellness

Data driven Quality Improvement

Case Examples
- Samantha's story
- Ms. T story
- Mr. A story
Samantha is a 17 year old girl who presented to her primary care provider for a wart removal. The practice had just initiated depression and suicide screening. Samantha screened positive for suicidal ideation.

Ms. T is a 73 year old African American woman. She is a retired teacher with chronic back pain, HTN, and a history of multiple hospitalizations for CAD. She is depressed, has stopped going to church, misses her PCP appointments and takes her HTN medications “on my own terms.”

Suicide Risk?
Mr. A is a 54 year old Caucasian man. He presents in crisis having recently lost his engineering job, health insurance and car. He is fearful that he will lose his home as well. Mr. A has a BMI over 30; DM poorly controlled with Metformin (HbA1C >10) and has been hypertensive for 6 years.

“Everything is horrible and it’s always going to be this way.”

“Suicide doesn’t end the chances of life getting worse, it eliminates the possibility of it ever getting any better.” – Unknown
“If you are looking for a sign not to kill yourself, this is it.” – Unknown

Internet resources
- http://zerosuicide.actionallianceforsuicideprevention.org/
- http://www.cssrs.columbia.edu/
- http://www.sprc.org/
- http://www.suicidepreventionlifeline.org/
- http://www.afsp.org/
- https://www.integration.samhsa.gov

Written resources
- Brown, G et al. Cognitive Therapy for prevention of Suicide Attempts, A Randomized Controlled Trial, JAMA, August, 3,2005: vol 294, No.5: 563-570
- Luston, D., June, J., & Comtois, K, Can Postdischarge Follow-up Contacts Prevent Suicide and Suicidal Behavior?, Cnrs 2013: Vol.34(1);32-41
- Unless indicated otherwise, all graphics used in the following slides were accessed free of charge through the ClipArt program (Microsoft, 2014).