COMMUNITY HEALTH CENTER ASSOCIATION OF NEW YORK STATE

Behavioral Health Subcommittee
Suicide Prevention Toolkit

In 2020, there were: **1.2 million suicide attempts**, and almost **46,000 Americans died by suicide**. Suicide the 12th leading cause of death in the United States. (AFSP)

30% Nearly 30% of individuals who die by suicide have some sort of healthcare visit within the 7 days prior to their attempt, over 50% within 30 days, and over 90% within 1 year. (source)

What can we do in primary care to help prevent suicide?

Identify and Screen for Suicidal Ideation

▶ Treat depression as a vital sign: Screen with the PHQ-2 (at least once a year)

▶ Consider risk factors when screening/assessing

▶ Use the Columbia Suicide Severity Rating Scale (C-SSRS) to assess suicidal thoughts

▶ If the PHQ-2 is positive, use the full PHQ-9

▶ Evaluate the person's strengths and protective factors

▶ Re-screen regularly to monitor symptoms and risk

Suicide Prevention Hotline
📞 **988**

Provide Intervention

▶ Refer to evidence-based behavioral health treatments and offer sooner follow-ups

▶ Collaboratively develop a Safety Plan with the patient and family Crisis Plan

▶ Provide crisis resources: 988, local mobile crisis, and higher levels of care when needed

▶ Interdisciplinary communication and collaboration as integrated treatment team, closing the loop on any treatment referrals

▶ Give a copy of the Safety Plan: printed, on a card, a note or photo a cell phone, use the app

▶ Discuss social connections, protective factors, strengths, and reasons for staying alive

Train Staff in Suicide Prevention

▶ Train all staff on suicide assessment and safety planning during onboarding

▶ Re-train all staff annually

▶ Zero Suicide and Assessing and Managing Suicide Risk are great resources for training

Suicide prevention begins with all of us!

Document and Monitor Risk

► Utilize ICD-10 Code R45.851 in problem list, visit diagnoses, and structured data fields

► Utilize global alerts, banners, or sticky notes in the electronic health record

► Run reports regularly and have a plan for monitoring, outreach, and follow-up

Track Response to Treatment and Follow Up Regularly

► Utilize ICD-10 Code R45.851 in problem list, visit diagnoses, and structured data fields

► Utilize global alerts, banners, or sticky notes in the electronic health record

► Run reports regularly and have a plan for monitoring, outreach, and follow-up

Consider Impacts of Culture and Strive to Improve Equity and Inclusion

► Consider differences in presentation for different genders and populations during screening and intervention

► Screen and intervene in the patient's preferred language utilizing multi-lingual staff, interpreters, and translated written documents

► Utilize multi-lingual and culturally representative staff whenever possible

Policies and Procedures to Consider

► Required trainings for all staff

► Frequency of screening, screening tools, and plans for positive scores

► Interventions, referrals, and interdisciplinary collaboration

► Competency assessments, shadowing, peer reviews, and chart audits

► Documenting risk, regular reporting to monitor and outreach for follow-up

► Care teams, culturally and linguistically inclusive practices