

Suicide Protocol in Primary Care

Primary Care has an important role in screening for depression and identifying patients who are experiencing suicidal intent.

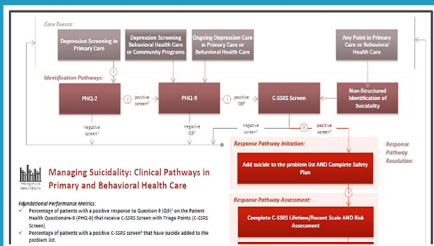
There are evidence based options for evaluating suicide risk following identification of suicidal ideation. Suicide assessment tools designed for use in primary care can offer additional information and support in developing practice procedures that allow for safe and consistent responses to suicidal ideation.

To respond effectively and safely to suicide risk, it is essential to do the following:

- Train the entire team to recognize warning signs and risk factors
- Establish office policies and procedures that allow for the healthcare team to follow an established predetermined plan
- Develop connections with community behavioral health services for referrals and consultation
- Identify a suicide risk assessment tool to respond effectively and safely

Assessment Tools

Click the tool below to visit each website



The Institute for Family Health created **Managing Suicidality: Clinical Pathways in Primary and Behavioral Health Care** resource to guide staff through their organization's approach to identification and response.



ZEROsuicide is an initiative rooted in the belief that no one receiving care in a health or behavioral health system should be lost to suicide. This initiative provides a continuous quality improvement framework for system-wide, organizational commitment to safer suicide care. Organizational resources, including the Institute for Family Health's Managing Clinical Pathways in Primary and Behavioral Health Care, are available through the website.

Access Resources



<https://www.alliantquality.org/topic/behavioral-health/>

Watch the Learning Module by Dr. Edwin Boudreaux: **"Positive Suicide Screens: What Do I Do Now?"**



<https://qioprogram.org/behavioral-health-bite-sized-learnings>

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen with Triage Points for Primary Care		Past month
Ask questions that are in bold and underlined.	YES	NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you had any actual thoughts of killing yourself?		
IF YES TO 2, ask questions 3, 4, 5, and 6. IF NO TO 2, go directly to question 6.		
3) Have you been thinking about how you might do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) Have you had these thoughts and had some intention of acting on them? as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) Have you started to work out or worked out the details of how to kill yourself? Do you		

The **Columbia-Suicide Severity Rating Scale (C-SSRS)** allows for evaluation of suicidal ideation and provides recommendations for level of care needed based on responses to items.

RESOURCES

- Download this card and additional resources at <http://www.sprc.org>
- Resource for implementing The Joint Commission 2017 Patient Safety Goals on Suicide <http://www.sprc.org/library/safetygoals.pdf>
- **SAFE-T** drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors http://www.psychiatryonline.com/practiceguides/practiceguidetopic_14.aspx
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*, 2001, 40 (7 Supplement): 24S-51S

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The **SAFE-T or Suicide Assessment Five-Step Evaluation and Triage Tool** allows you to evaluate risk and protective factors, assess suicidal ideation, determine risk level or intervention needs and identifies documentation requirements to affirm your plan of care. The SAFE-T is offered through the SAMSHA website to clinicians and has a mobile app to support use in all settings.

Alliant Quality's resources are not designed to replace your clinical judgment when responding to suicide safety concerns.