

Suicide Prevention: Primary Care and Mental Health Coordination for Risk Assessment & Response

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Goals of Today's Presentation

- **Review helpful tools for suicide prevention**
 - Screening
 - Risk Assessment
 - Safety Planning
 - Counseling on Access to Lethal Means
- **Discuss integrated care and community based coordination of care**
 - Discuss the roles SBHC's play in the community

Screening:

How do we determine if someone is considering suicide?

Alternate Paths to Discover Risk

Screening Tools

- Columbia Suicide Severity Rating Scale(C-SSRS) *short version
- PHQ-9/A

Assessment Tools * if suicide specific screening has not been done

- Revised Children's Anxiety and Depression Scale (RCADS/-P)
- Revised Children's Depression Rating Scale (CDRS-R)
- Beck Depression Inventory (BDI)

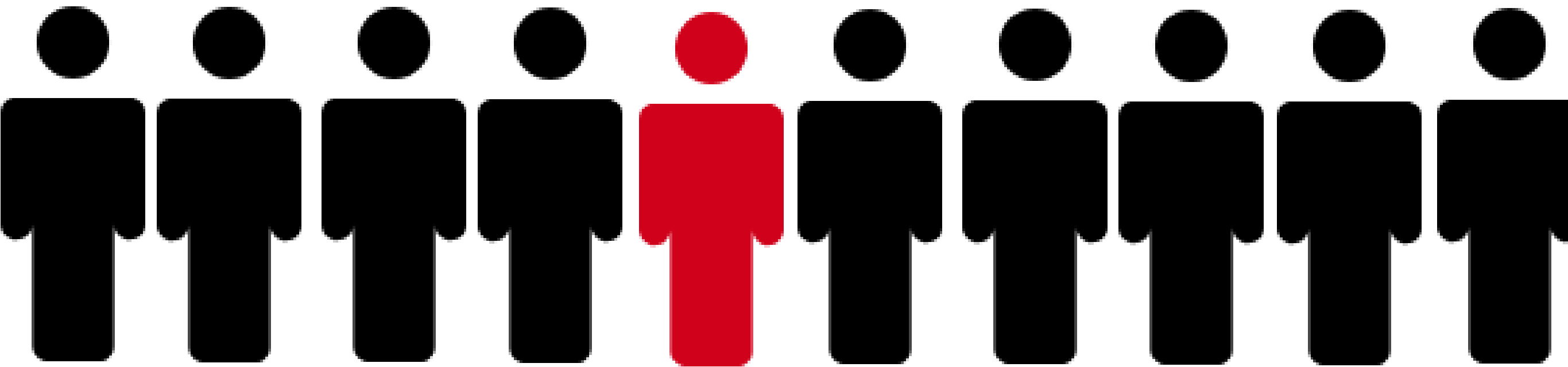


Risk

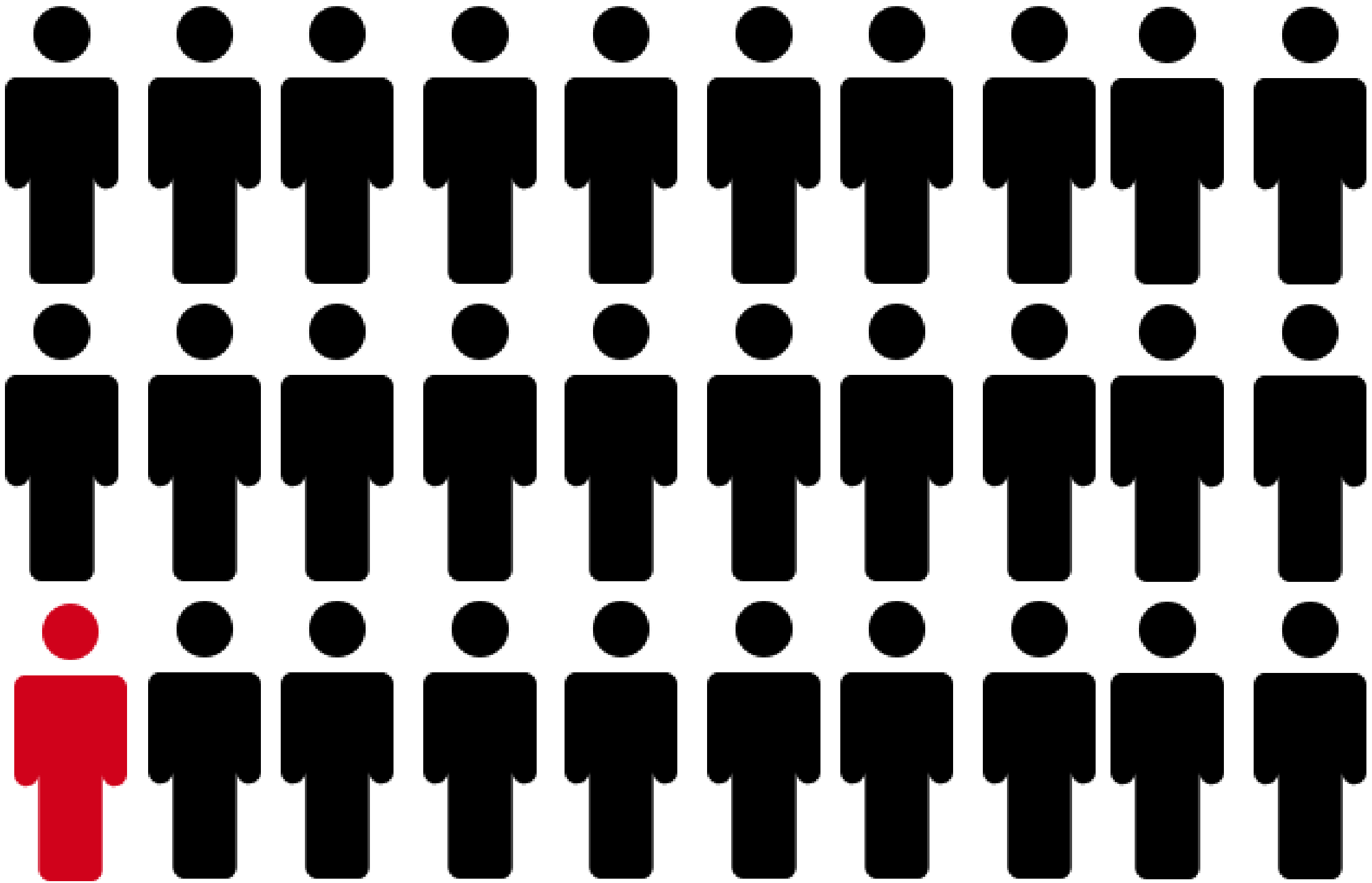
Assessment:

How do we determine how severe someone's suicidal ideation and intent are?

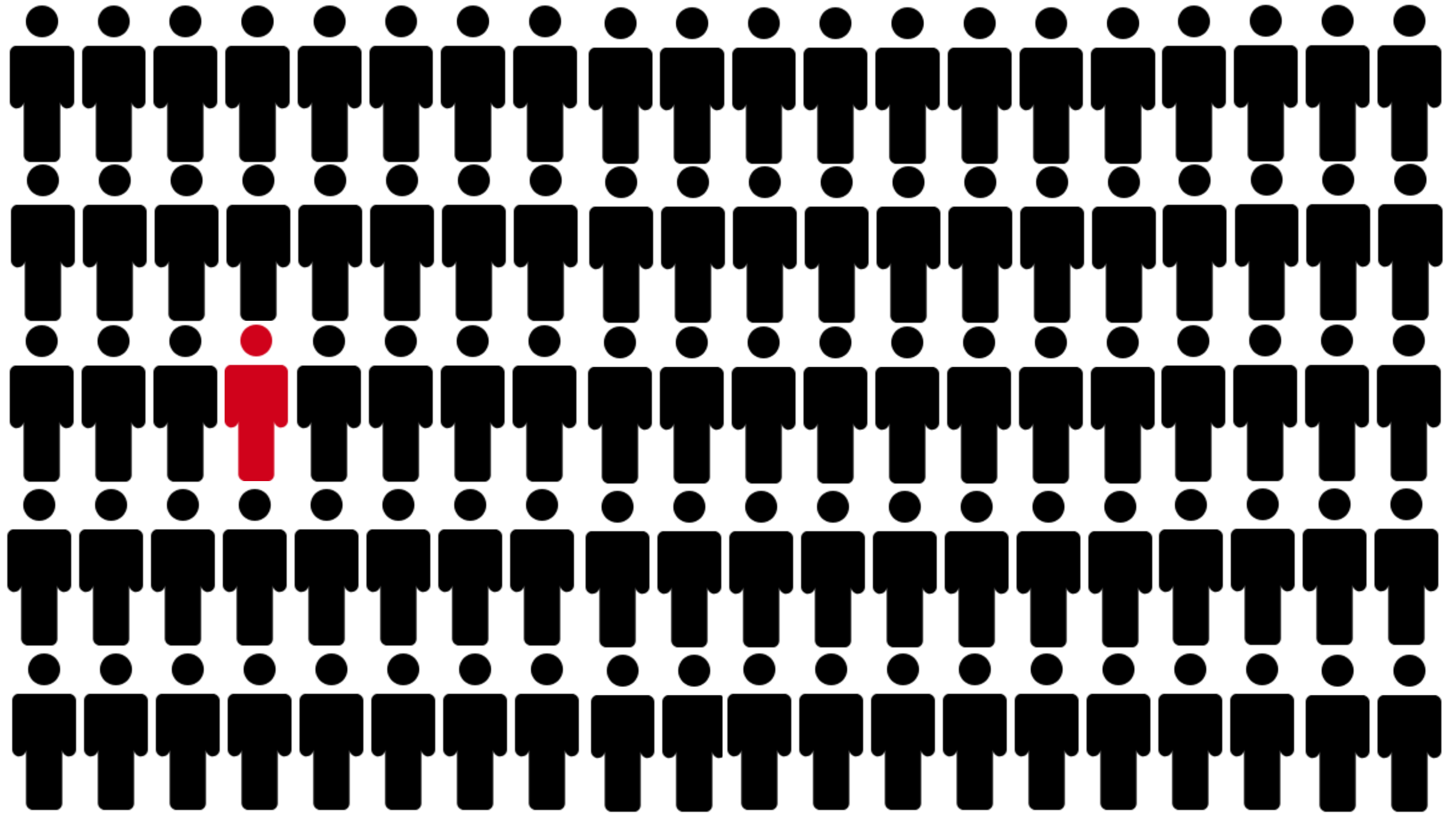
Attempt to Fatality Ratio (50+)



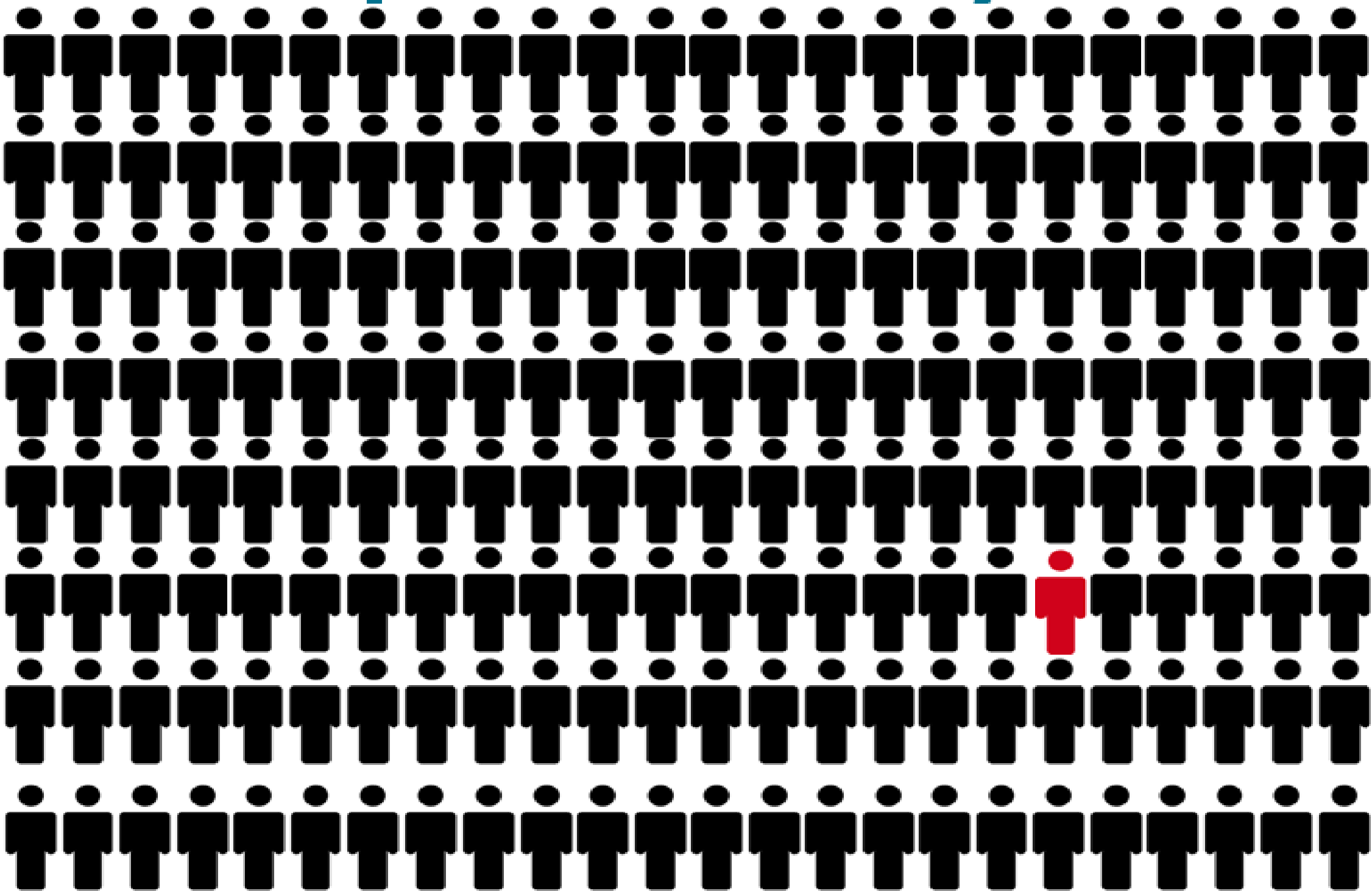
Attempt to Fatality Ratio (25 - 49)



Attempt to Fatality Ratio (19 - 25)



Attempt to Fatality Ratio (10 - 19)





THE COLUMBIA
LIGHTHOUSE
PROJECT

IDENTIFY RISK. PREVENT SUICIDE.

The Columbia Suicide Severity Rating Scale (C-SSRS)

- 1. Suicidal Ideation (Lifetime/Recent)**
- 2. Intensity of Ideation (Rank 1-5)**
- 3. Suicidal Behavior (Lifetime/Recent)**

Safety Planning:

How do we collaboratively support safety?

Stanley & Brown Safety Planning Intervention (SPI)

- **Warning Signs**
 - How can you tell when you're not safe?
- **Internal Coping Strategies**
 - What have you learned that helps you find safety again?
- **External Coping Strategies**
 - Distracting Environments/People who can help
 - Who can we talk to about this plan?
- **Creating Safe Environments**
 - Removing Lethal Means

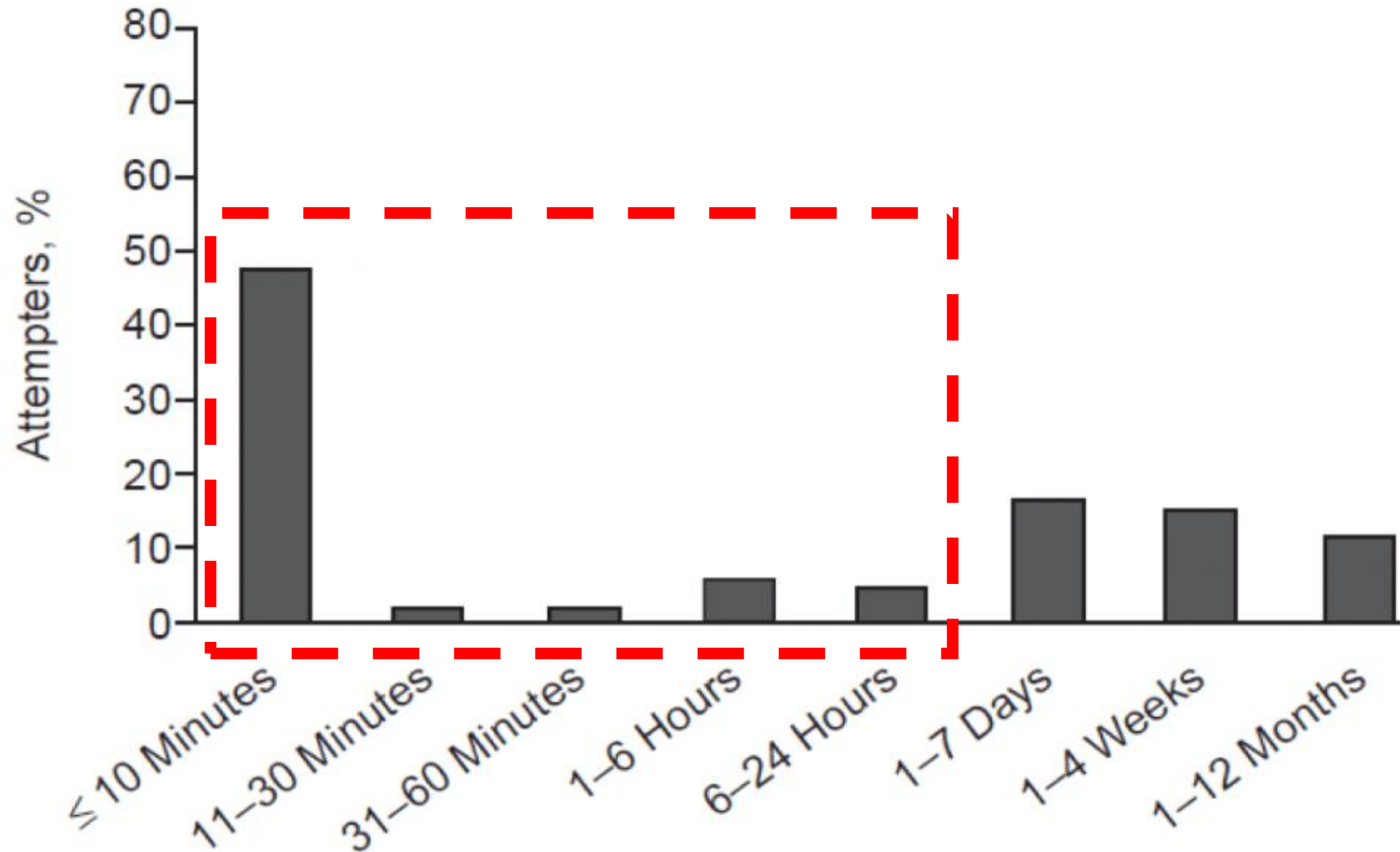
Counseling on Access to Lethal Means:

How do we engage students and families in culturally appropriate conversations about lethal means?

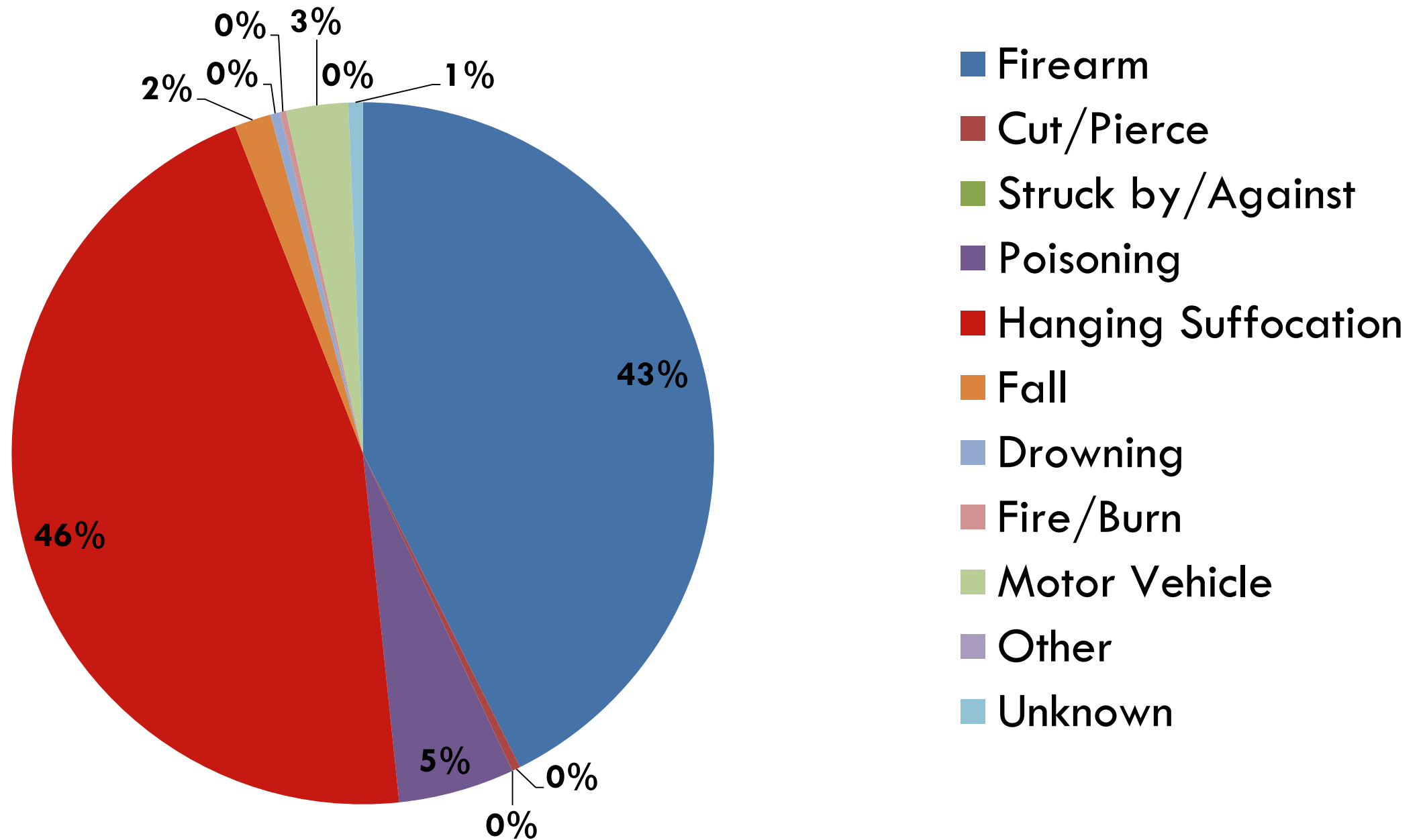
Counseling On Access to Lethal Means (CALM)



Means Matter Because Suicidal Crises Are Often Temporary



Suicide Method (<19), U.S. 2000-2015



More on Lethal Means

- Intent isn't all that determines whether an attempter lives or dies; means matter.
 - availability, acceptability, familiarity
 - Some suicide methods are far more deadly than others
- 90% of suicide attempt survivors do NOT go on to die by suicide later.
- Firearms used in youth suicide usually belong to a parent.

Tips for having a conversation about means

- Identify lethal means during the assessment of intent
- Identify strategies to dismantle, dispose, or remove means or change the environment
 - Can be temporary
 - Physical safety supports emotional safety

Firearms Safe Storage

- Unloaded
- Locked up
 - Ammunition and firearm stored separately
- During times of acute crisis, lethal means should be removed from the home
 - Extreme Risk Protection Orders (Red Flag Laws)

Hanging/Suffocation

- Remove ligature devices if possible
- Have clear conversations about anchor points with parents
 - Youth will test anchor points before an attempt



Integrated Care in an SBHC

The Value of Integrated Care

- Primary care settings, like a doctor's office, provide about half of all mental health care for common psychiatric disorders
- People with common physical health conditions also have higher rates of mental health issues.
- Most children with mental health conditions are treated in a primary care setting instead of a specialized mental health setting. About half of all mental health disorders [begin by age 14](#). Accurate diagnoses and quality care are vital in a primary care setting



**Community
Care
Coordination**

Case Scenario:

- A 15 year-old male comes to the health center
- He's come in after having a bad cough and fatigue for a little over a week
- As the primary provider is speaking to him he starts talking about being really sad
- The provider completes the PHQ9, and discovers that the boy is feeling suicidal.
- What's next?

Case Scenario Cont...

- If the patient is willing you can do a warm hand off to your in-clinic mental health provider, and safety planning can begin (and/or coordinate with community mental health provider).
- Contact the youth's parent, and inform them that you need them to come to the clinic due to the need for safety
- If the patient is in immediate danger of harming themselves and or others, then take steps to recommend going to the ER to be evaluated.
- If not in immediate danger, review safety plan and make a follow up appointment within 24 to 48 hours to discuss treatment options with patient and parent
- If on the Oregon Health Plan, you can request a care coordinator for this patient to help them and their family navigate the system. County Mental Health systems can assist with referrals for higher levels of care.

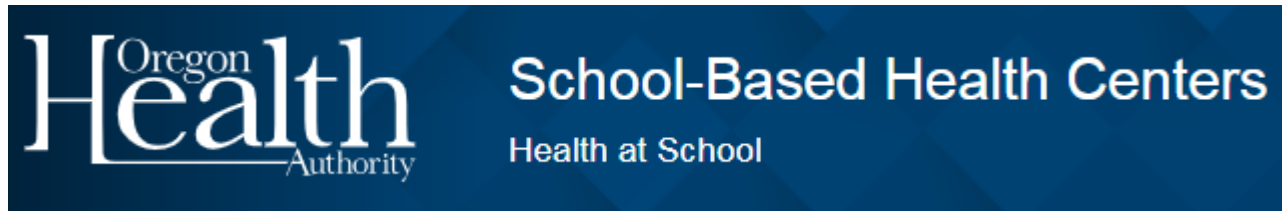


SBHC's in the Community

How SBHC's can work with and in the community

- Postvention Coordination
 - SB 561/485
- Training Implementation
 - QPR, ASIST, C-SSRS, *Connect* Postvention etc...
- Parent Education and Involvement
 - Teens and Family Health Forum
- Youth Councils
- Trauma informed Care/teacher and staff education

Resources



<https://www.oregon.gov/oha/ph/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/SCHOOLBASEDHEALTHCENTERS/Pages/index.aspx>



<https://www.sprc.org/>



<https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>



<https://cams-care.com/about-cams/>



<http://cssrs.columbia.edu/>



<https://www.hsph.harvard.edu/means-matter/>

Safety Planning Intervention

A brief intervention for reducing suicide risk

http://suicidesafetyplan.com/Home_Page.html

Thank you!

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