From vaccines to wearing a bicycle helmet, physicians counsel patients on a plethora of preventive care measures. There’s no reason suicide prevention shouldn’t be viewed the same way.

Suicide is the second leading cause of death among people 15–24 years old; 80% of pediatricians surveyed who provide primary care to those older than 9 reported having had a patient attempt suicide during their career. Yet, only half of the physicians surveyed reported feeling prepared to talk about suicide prevention.

A recent Behavioral Health Integration (BHI) Collaborative webinar hosted by the AMA hosted looked at the data on adult and adolescent suicide ideation and the importance of screening patients on a routine basis. A practicing pediatrician shared how her practice has implemented suicide screening and prevention efforts in their clinic and residency training program, and offered tips on how other primary care physicians can implement similar measures.

“When it comes to suicide, people panic,” pediatrician Cori Green, MD, director of behavioral health education and integration at Weill Cornell Medicine said during the webinar, “Practical strategies for managing suicidal ideation and reducing risk” (PDF).

“We need to learn what the tools are, learn the science and learn how to get help so we don’t panic because we really have to look at this through a prevention lens,” she said.

The AMA established the BHI Collaborative with seven other leading medical associations to help physicians to create practices that are able to help treat the whole patient. Learn more with the collaborative’s “Overcoming Obstacles” webinar series.

Incorporate prevention in 4 steps


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Dr. Green shared a fact sheet from the American Academy of Pediatrics that outlines these steps that physicians can take to help protect children and their families.

**Screen for suicide risk** by first choosing a validated screening tool such as the Ask Suicide-Screening Questions, the PHQ-9 Modified for Adolescents or the Columbia Suicide Severity Risk Scale. Learn how to score and document the results, then design a workflow for how you will screen patients and how you will handle the results.

**Manage a positive screen** by assessing the level of risk and intervening accordingly. For example:

- **Low risk**—counsel the patient, refer them for help and follow up.
- **Moderate risk**—counsel the patient, refer them for help, develop a safety plan and follow up.
- **Severe risk**—counsel the patient, inform and engage parents, loved ones, caregivers and guardians, and ensure that they closely monitor the child, discuss removal of lethal means, develop a safety plan, make a crisis referral, and follow up.

**Counsel about lethal means** by asking about access that patients have to items they could harm themselves with. Talk about the importance of restricting access to firearms and sharp objects in the home, locking away medication, and removing belts, ropes and other suffocation devices.

**Provide ongoing care and follow up** by using a template to make a safety plan that is shared with and goes home with the patient, parents and caregivers, as well entered into the EHR. Make appropriate outpatient or crisis referrals. Make phone calls—known as “caring contacts”—to follow up with the child and caregiver.

Find out how physicians are demanding action on the suicide crisis in teens and young adults.

**What health systems can do**

Biological, psychological, social and environmental factors—along with life events—can be risk factors in suicide, according to webinar presenter Christine Yu Moutier, MD, chief medical officer for the American Foundation for Suicide Prevention.

In the last decade or so, science has provided evidence validating interventions that reduce suicide risk and there are steps health systems can take as they strive to reach the goal of zero suicides, including:

- Educating clinicians and nonclinicians.
- Getting routine consent to involve family at the start of treatment.


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Providing routine screening and assessment.
Putting “caring contacts” in place systematically.
Establishing suicide-prevention steps in the EHR.

The Behavioral Health Integration (BHI) Compendium, a one-stop online collection of resources from eight national physician organizations designed to help you on your integrated health care journey no matter where you are on the path also is available.