Learn how your primary care practice can help prevent suicide

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The questions you ask and the language you use in your physician practice today could make a difference in preventing a patient’s death by suicide.

Each year, 10 million adults seriously think about killing themselves. Of these, 3 million make suicide plans. And 1 million make a suicide attempt.

Studies show that 84% of patients who die by suicide have had a primary care visit in the past year, while 92% of those who make a suicide attempt have made some form of health care visit in the previous year.

When a patient is identified to be at risk for suicide, physicians should be present by listening carefully, reflecting and providing the patient hope, experts advised during an AMA-hosted Behavioral Health Integration (BHI) Collaborative webinar, “Addressing adult suicidal ideation in the primary care setting.”

Be fearless in asking questions

Physicians shouldn’t be afraid to ask whether a patient is thinking about self-harm. “Just ask,” said family physician Dan Miller, MD, chief of residency training and BHI at Sun River Health, a federally qualified health center with 43 locations in New York.

“When I was younger, I had fears—what if I’m wrong? What if I ask somebody and they are not feeling any of this? Will they get upset? Will they get angry? Or will I suggest to them something they haven’t considered already, and will I be doing harm?” he said during the webinar. “As I’ve aged and grown,
I’ve come to recognize nobody goes out and hurts themselves because a caring clinician asks them if they might be in danger. That’s just not how this happens.”

Dr. Miller said he has never had a patient get angry for saying he cared and needed to know whether they were safe. And he said physicians shouldn’t avoid the word suicide.

“It’s really important for us to recognize that if we are not using the word, our patients recognize we are not using the word and what they hear overwhelmingly is: Wow. This thing is so bad even he or she can’t say the word—so I must be in real trouble.”

Identifying patients

Along with Dr. Miller, webinar speakers Virna Little, PsyD, LCSW-r, chief operating officer and co-founder of Concert Health, and Allison Dubois, MPH, Sun River Health’s executive vice president and chief operating officer, further discussed how primary care practices can integrate screening for suicidal thoughts into their workflow and what to do when a patient screens positive.

Little offered several suggestions on how to incorporate identifying patients into a busy office’s workflow. For example:

- Use depression screenings—something that many practices are already doing—as a way to begin a conversation about suicide.
- Don’t be afraid to directly ask patients what you want to know.
- Understand that alcohol and substance-use disorder can be a factor.
- Consider that transitions are a time of risk. This includes anyone coming out of the hospital, a substance-use disorder treatment facility, foster care or incarceration.
- Recognize that social determinants of health play a role. These include housing, economics and relationship problems.

Learn more with the AMA “Suicide Prevention How-To Guide” (PDF).

How hope can help

It’s important to make sure the patient has hope.

“What we know saves lives the most is hope,” Little said.
It’s important to have a “storage statement,” something you can practice ahead of time that is two or three sentences to give someone hope when they tell you they have been thinking about suicide.

“Thank you for telling me that you have been thinking about suicide. I hear you,” Little notes of Concert Health’s typical response. “You are really important to me. Your life matters to us here at the practice.”

She added: “Tell them that you have hope for them and that you can see how strong they are.”

The experts presenting in the webinar also offered tips on what goes into creating a safety plan for a patient who is at risk, as well as how to talk about making sure their access to lethal means such as firearms and medication are restricted.

Register to watch on demand a follow-up AMA discussion, “Dismantling Stigma for All: Addressing Physician and Patient Mental Health Including Suicide Risk.”

Also, learn more with this AMA Ed Hub™ course, “The Physician’s Role in Promoting Firearm Safety.”

988 is mental health hotline

With more people reporting worsening mental health in recent years, it’s imperative that patients and physicians know about the 988 Suicide & Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline.

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals in the U.S.