Behavioral Health Integration Collaborative

“ADDRESSING ADULT SUICIDAL IDEATION IN THE PRIMARY CARE SETTING”

September 1, 2022
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About the BHI Collaborative

The BHI Collaborative was established by several of the nation’s leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients’ mental and behavioral health needs.

TODAY’S SPEAKERS

Virna Little, PSyD, LCSW-r, SAP, CCM
Chief Operating Officer & Co-Founder
Concert Health

Daniel Miller, MD
Chief of GME & Behavioral Health Integration
Sun River Health

Allison Dubois, MPH
Executive Vice President & Chief Operating Officer
Sun River Health
Suicide Prevention in Primary Care
A Toolkit for Primary Care Clinicians and Leaders

Virna Little, PsyD, Chief Operating Officer, Concert Health

Thanks to ACU (www.clinicians.org) and Centene
Suicide experiences are not uncommon. Each year:

- 10 million American adults think seriously about killing themselves
- 3 million make suicide plans
- 1 million make a suicide attempt

Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 13-4795 2013
Language Matters
Choosing Compassionate & Accurate Language

Died of/by Suicide vs Committed Suicide
Suicide vs Successful Attempt
Suicide Attempt vs Unsuccessful Attempt
Describe Behavior vs Manipulative/Attention-Seeking
Describe Behavior vs Suicidal Gesture/Cry for Help
Diagnosed with vs they’re Borderline/Schizophrenic
Working with vs Dealing with Suicidal Patients
Outline

Role of the primary care provider (PCP) in suicide safe care
Identification of patients at risk for suicide
Assessment of patients at risk for suicide
Safety planning
Office-based interventions for PCPs
Why Focus on Health Care Settings?

- 84% of those who die by suicide have a health care visit in the year before their death.
- 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.
- Almost 40% of individuals who died by suicide had an ED visit, but not a mental health diagnosis.

The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care.
Patient Safety and Error Reduction

Adapted from James Reason’s “Swiss Cheese” Model Of Accidents
Zero Suicide

Access at:
www.zerosuicide.com
What We Hear Sometimes...

- “I don’t have the knowledge to assess or intervene.”
- “With such a short amount of time, I don’t have time to ask or address suicide risk.”
The Minimum How (to do it)

In Your Office

• Do not panic.

• Be present listen carefully and reflect

• Provide some hope
  Ex. “You have been through a lot, I see that strength”

LANGUAGE MATTERS!

3 things that suicidal people want
Identification

• Many offices are screening for depression

• Ask patients directly (ask what you want to know)

• Social determinants play a role

• Many patients don’t have depression

• Substance and alcohol use play a role

• Transitions are a time of risk
Population of Patients at Risk for Suicide

Do you know how many are in your panel, in your practice or organization?
Are you adding ICD10 codes to your problem list?
Do you have expectations/standards for BOTH newly identified patients and patients following up for routine primary care?
What does excellent care for patients at risk for suicide in your organization look like?
The Patient Health Questionnaire (PHQ-9)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Visit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column Totals</th>
<th>Add Totals Together</th>
</tr>
</thead>
</table>

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

- [ ] Not difficult at all
- [ ] Somewhat difficult
- [ ] Very difficult
- [ ] Extremely difficult
# PHQ-9 modified for Adolescents (PHQ-A)

**Name:**

**Clinician:**

**Date:**

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th>(6) Not at all</th>
<th>(1) Several days</th>
<th>(2) More than half the days</th>
<th>(3) Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Feeling down, depressed, irritable, or hopeless?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Poor appetite, weight loss, or overeating?</td>
<td></td>
<td></td>
<td></td>
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<td>5.</td>
<td>Feeling tired, or having little energy?</td>
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<td>6.</td>
<td>Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

- [ ] Yes
- [x] No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

- [ ] Not difficult at all
- [x] Somewhat difficult
- [ ] Very difficult
- [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

- [x] Yes
- [ ] No

Have you EVER in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

- [ ] Yes
- [x] No

**Office use only: Severity score: [___] [___]

**Modified with permission from the PHQ (Spitzer, Williams & Koenke, 1999) by J. Johnson (Johnson, 2002)**
Ask the patient:

1. In the past few weeks, have you wished you were dead?  ○ Yes  ○ No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  ○ Yes  ○ No

3. In the past week, have you been having thoughts about killing yourself?  ○ Yes  ○ No

4. Have you ever tried to kill yourself?  ○ Yes  ○ No
   
   If yes, how: ____________________________

   When: ____________________________

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  ○ Yes  ○ No
   
   If yes, please describe: ____________________________

Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question 5).
- No intervention is necessary (“Note: Clinical judgment can always override a negative screen”)
- If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question 5 to assess acuity:
  ○ “Yes” to question 5: severe positive screen (immediate risk identified)
    - Patient requires a 24/7 overnight mental health evaluation
    - Patient cannot leave until evaluated for safety
    - Keep patient in sight, remove all dangerous objects from room, alert physician or clinician responsible for patient’s care
  ○ “No” to question 5: non-severe positive screen (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety
    - Alert physician or clinician responsible for patient’s care

Provide resources to all patients:

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español 1-888-628-9454
- 24/7 Crisis Text Line: Text “HELLO” to 741741

asQ Suicide Risk Screening Toolkit
NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)
Say to parent/guardian:
“National safety guidelines recommend that we screen all kids for suicide risk. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child’s safety, we will let you know.”

Once parent steps out, say to patient:
“Now I’m going to ask you a few more questions.”
Administer the ASQ and any other questions you want to ask in private (e.g. domestic violence).

If patient screens positive, say to patient:
“I’m so glad you spoke up about this. I’m going to talk to your parent and your medical team. Someone who is trained to talk with kids about suicide is going to come speak with you.”

If patient screens positive, say to parent/guardian:
“We have some concerns about your child’s safety that we would like to further evaluate. It’s really important that he/she spoke up about this. I’m going to talk to your medical team, and someone who is trained to talk with kids about suicide is going to come speak with you and your child.”
Your child’s health and safety is our #1 priority. New national safety guidelines recommend that we screen children and adolescents for suicide risk.

During today’s visit, we will ask you to step out of the room for a few minutes so a nurse can ask your child some additional questions about suicide risk and other safety issues in private.

If we have any concerns about your child’s safety, we will let you know.

Suicide is the 2nd leading cause of death for youth. Please note that asking kids questions about suicide is safe, and is very important for suicide prevention. Research has shown that asking kids about thoughts of suicide is not harmful and does not put thoughts or ideas into their heads.

Please feel free to ask your child’s doctor if you have any questions about our patient safety efforts.

Thank you in advance for your cooperation.
Appropriate Levels of Care

Not everyone needs an alternate level of care

There is no emergency room "magic"
Assessing Risk

Can and does happen in primary care settings-appropriate level of care
Helpful to speak the same language and understand the assessment process
The primary care visit focus becomes the risk for suicide
# Response Protocol

Ask questions that are in bold.

<table>
<thead>
<tr>
<th>Ask Questions 1 and 2</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you had any actual thoughts of killing yourself?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Have you been thinking about how you may do this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*e.g. “I thought about taking an overdose but I never made a specific plan as to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>when, where or how I would actually do it… and I would never go through with it.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you had these thoughts and had some intention of acting on them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>as opposed to “I have the thoughts but I definitely will not do anything about them.”</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you started to work out or worked out the details of how to kill yourself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you intend to carry out this plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever done anything, started to do anything, or prepared to do</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anything to end your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suicide note, took out pills but didn’t swallow any, held a gun but changed your mind</td>
<td></td>
<td></td>
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<tr>
<td>or it was grabbed from your hand, went to the roof but didn’t jump, or actually took</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td></td>
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</tbody>
</table>

If YES to question 6, ask: *Was this in the past 3 months?*
### Suicidal Ideation

<table>
<thead>
<tr>
<th>Method</th>
<th>Intent</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Have you been thinking about how you may do this?”</td>
<td>• “Have you had these thoughts and had some intention of acting on them?”</td>
<td>• Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
</tr>
</tbody>
</table>
Protective Factors

What are reasons you would not die by suicide today?

Some common protective factors:
• Kids
• Family/spouse/parents
• Pets
• Religion
• Job
What is Safety Planning?

Safety Planning Intervention consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.
BEFORE THEY LEAVE YOUR OFFICE

• Suicide Prevention Lifeline or Crisis Text Line in their phone
  – 1-800-273-8255 and text the word “Hello” to 741741
• Address guns in the home and preferred method of suicide
• Give them a caring message (NowMattersNow.org ➔ “More”)
Website visits are associated with decreased intensity of suicidal thoughts and negative emotions. This includes people whose rated their thoughts as “completely overwhelming”
NowMattersNow.org Emotional Fire Safety Plan

Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there.
Visit nowmattersnow.org/safety-plan for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

Direct advice for overwhelming urges to kill self or use opioids

— Shut it down —
Sleep (no overdosing). Can’t sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— No Important Decisions —
Especially deciding to die. Do not panic. Ignore thoughts that you don’t care if you die. Stop drugs and alcohol.

— Make Eye Contact —
A difficult but powerful pain reliever. Look in their eyes and say “Can you help me get out of my head?” Try video chat. Keep trying until you find someone.

Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

☐ Visit NowMattersNow.org (guided strategies)
☐ Paced Breathing (make exhale longer than inhale)
☐ Call/Text Crisis Line or A-Team Member (see below)
☐ “This makes sense: I’m stressed and/or in pain”
☐ “I want to feel better, not suicide or use opioids”
☐ Distraction:

☐ Opposite Action (act exactly opposite to an urge)
☐ Mindfulness (choose what to pay attention to)
☐ Mindfulness of Current Emotion (feel emotions in body)
☐ “I can manage this pain for this moment”
☐ Notice thoughts, but don’t get in bed with them
# Patient Safety Plan

## Patient Safety Plan Template

### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

### Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):

1. 
2. 
3. 

### Step 3: People and social settings that provide distraction:

1. Name | Phone
2. Name | Phone
3. Place | 
4. Place | 

### Step 4: People whom I can ask for help:

1. Name | Phone
2. Name | Phone
3. Name | Phone

### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name | Phone
   Clinician Pager or Emergency Contact # 
2. Clinician Name | Phone
   Clinician Pager or Emergency Contact # 
3. Local Urgent Care Services
   Urgent Care Services Address | 
   Urgent Care Services Phone | 
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. 
2. 

---

**The one thing that is most important to me and worth living for is:**
Safety Planning

• Can the activity happen all times of the day and all times of the year

• Call someone from the patient’s team “Sarah and I would like to speak with you, she has listed you on her suicide safety plan.”

• Be creative – Walmart!

• How can we keep you safe today?
Lethal Means Restriction

• Temporary

• Matter of Fact

• Standard Practice

• Safety Approach (Public Health!)

• Preferred method is important to know and note
Lethal Means

- How much medication is in your home? (neighbors, family)
- Medication boxes, family, individual wrapping, “pill packs”
- Gun locks, boxes, family or surrender for holding
- The time to talk to the pharmacy is now ........
Caring Contact

Henry,
I don’t know you well yet, I am glad that you told me a little more about your life. I have lots of hope for you – you’ve been through a lot. I hope you’ll remember that and come back to see us. With care, -Nurse Matt
Caring Messages

We asked over 1000 people. Here are the top results. Please use and adapt these any way you like for those you care about.

Dear you. Yes you! Remember that one time you felt connected to the universe. No one can take that away from you. It’s yours. — Ursula Whiteside

You may feel you don’t matter but you do and see no future. Yet it is there - please let it evolve because the world needs you and your contribution. — Kristine Laaninen

When things have been rough, I think of things or touch items that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I’m okay and things often change quickly. I don’t know if that would help for you. — Daniel DeBrule

Please don’t stop fighting. You are being prepared for something far greater than this moment. — Breanna Laughlin

I was trapped in the Dark Place. Drowning in it. Lost in the fog. Sinking in the quicksand. Unable to get out. Slowly, slowly, slowly. I am. You might be able to too. Just get through today. — Amy Dietz

Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light. — Debbie Reisert

I’ve found this Franklin D. Roosevelt quote helpful, “A smooth sea never made a skilled sailor.” We’ll be prepared for something bigger. — Ursula Whiteside

This is part of a poem from Jane Hirshfield, “The world asks of us only the strength we have and we give it. Then it asks more, and we give it.” — Sara Smucker Barnwell

Things can be completely dark for some of us sometimes. I don’t know where you are at today, or if this message can shine through, but I’m here sending you a tiny bit of light - a light beam. — Ursula Whiteside

Wanting to be rid of pain is the most human of impulses. You are brave to hold that. You are worth so much. Because you exist. And breathe air. Contingent on nothing else. — Sara Smucker Barnwell

You’re a human being, not a human doing. Your worth is intrinsic, and your strength is likely greater than you think it is. — John Brown

Live, if only, at times, because it is an act of radical defiance. — Ursula Whiteside

Your story doesn’t have to end in this storm. Please stay for the calm after the storm. The possibly a rainbow. Maybe not tomorrow or next week, but you can weather this. — Breanna Laughlin

This is a favorite line of mine from Desiderata, “You are a child of the universe, no less than the trees and the stars; you have a right to be here.” — Andy Bogart

I’ve been there- that place where you’d do anything to stop the pain. It’s a dark, suffocating black hole. To a better place...life changes can suck, but nothing ever changing sucks more. — Kathleen Bartholomew
Questions?

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Sun River Health
The care you expect, the respect you deserve

Dan Miller, MD
Chief of GME & Behavioral Health Integration

Allison Dubois, MPH
Executive Vice President & COO

Sun River
• A Federally Qualified Health Center
• Providing comprehensive primary care, behavioral health and oral health services
• Serving 225,000 patients in New York through 43 Health Center locations
Key Takeaways

• Understand the role of primary care providers in suicide safer care

• Ensure you/your team has a comprehensive understanding of utilizing existing workflows to support care for patients at risk for suicide

• Understand the operational considerations and barriers for implementing system wide suicide safer care
Check out other webinars from the Overcoming Obstacles series such as:

- Practical Strategies for Managing Suicidal Ideation & Reducing Risk
- Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions & Treatment
- The Value of Collaboration and Shared Culture in BHI
- Advancing Health Equity through BHI
- Implementation Strategies for Virtual BHI

Watch all these webinars and more on the [Overcoming Obstacles YouTube playlist](https://www.youtube.complaylist) now!
Collaborative Resource – **BHI Compendium**

The **BHI Compendium** serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.

Download Now to learn how to make the best decisions for the mental health of your patients.
AMA Resources – **How-To Guides**

Access AMA’s BHI practice guides for practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care: **pharmacological treatment**, **substance use disorder**, **suicide prevention**, and **workflow design**.
Thank you for joining!