

Suicide Screening in Primary Care

Question

With the increased burden of behavioral health issues, how can we incorporate suicide screening into the primary care setting?

Answer

Primary care is an ideal environment in which to screen for suicide risk. Those who die by suicide are often seen in primary care, emergency departments, and other healthcare settings in the weeks and months before their deaths, which may illustrate the need for suicide prevention in primary care.¹ Since 2000, suicide rates in the United States have increased 30 percent.²

Additionally, not only does suicide rank as the second leading cause of death among young people ages 10 to 24, according to the National Institute of Mental Health,³ but also even more common than death by suicide are suicide attempts and suicidal thoughts. If a primary care provider can identify those at risk for suicide early via a screening tool, it can help determine the most appropriate actions to take to keep them safe.

Primary care practices should screen and identify any patients at risk of suicide if they present for mental health or substance use treatment. To determine suicide risk level, a trained healthcare employee can administer a validated screening tool such as the:

- Columbia-Suicide Scale Severity Rating Scale (C-SSSRS) Screener
- Ask Suicide-Screening Questions (ASQ)
- Suicide Assessment Five-Step Evaluation and Triage (Safe-T)
- Patient Health Questionnaire-9 (PHQ-9)⁴

These tools, which are validated for use in primary care, may be critical in helping primary care providers diagnose depression and suicide risk and monitor treatment response.

Using screening tools helps to ensure that primary care practices are following a standardized, evidence-based protocol to identify any at-risk individuals. If a patient screens positive for suicide risk, a trained clinician (e.g., social worker, nurse practitioner, physician assistant, physician, or other mental health clinician) should conduct a brief suicide safety assessment (BSSA) to determine whether a more comprehensive mental health evaluation is necessary for the patient.⁵ Regardless of the results, it should be documented in the patient's health record that the screening occurred.

As part of a comprehensive approach to suicide prevention, primary care practices may employ these strategies to empower staff to know how to act as well as help to keep patients and staff safe:

- Learn about the common suicide warning signs.
- Advise at-risk patients on the risk of having firearms in one's home, especially when they may be at an increased risk of harming themselves or others.
- Create protocols for the screening, assessment, intervention, and referral of at-risk patients.
- Educate and train all healthcare providers about suicide care protocols and practices, including safety planning and lethal means counseling.
- Establish relationships and agreements with behavioral health practices to whom you intend to refer patients.
- Develop handoff protocols to ensure patient health information is sent to emergency care and behavioral health providers, and follow up with at-risk patients by phone between visits.
- Give at-risk patients information about the 988 Suicide & Crisis Lifeline.⁶

Resources

For more information, see MedPro Group's Risk Resources: Suicide Screening in Primary Care.

Endnotes

¹ Van Orden, K. (2022, March 11). Psychiatry for primary care: Suicide risk assessment and prevention (part 3). *Psychiatric Times*, American Psychiatric Association. Retrieved from https://www.psychiatrictimes.com/view/psychiatry-for-primary-care-suicide-risk-assessment-and-prevention-part-3-

- ³ National Institute of Mental Health. (n.d.). Ask Suicide-Screening Questions (ASQ) Toolkit. Retrieved from https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials
- ⁴ National Action Alliance for Suicide Prevention. (2014, October 27). Screening and assessment for suicide in health care settings: A patient-centered approach. Retrieved from https://zerosuicide.edc.org/sites/default/files/Screening%20and% 20Assessment%20for%20Suicide%20in%20Health%20Care%20Settings%2010-27-14%20slides.pdf
- National Institute of Mental Health, Ask Suicide-Screening Questions (ASQ) Toolkit; University of Washington. (2021).
 Developing protocols for suicide prevention in primary care. Retrieved from
 https://aims.uw.edu/sites/default/files/Developing%20Protocols%20for%20Suicide%20Prevention%20in%20Primary%20C
 are_020921%20Final_1.pdf
- ⁶ ACP Internist. (2018, October). Preventing suicide in primary care. Retrieved from https://acpinternist.org/archives/ 2018/10/preventing-suicide-in-primary-care.htm; Suicide Prevention Resource Center. (n.d.). Primary care. Retrieved from https://www.sprc.org/settings/primary-care

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² Ibid.