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**Primary Care Provider Toolkit Guide**

Did you know that 64% of people who attempt suicide visited their doctor during the month prior to their attempt?

This guide was developed to support the integration of suicide prevention practices into primary care. Access training, screeners, assessments, and other risk mitigation tools to feel confident and competent to address suicide risk among your patients. Each of the section headers correspond to a folder included in the toolkit.

**Training**

***Suicide Prevention Trainings***

This document provides information on various online suicide prevention trainings for healthcare providers. Many of these trainings address suicide risk assessment as well as safety planning and counseling on access to lethal means. Free options are available as well as paid trainings. CME credits are available for some training offerings.

***Zero Suicide Training Document***

This document developed by Zero Suicide details both in-person and online suicide prevention training options for a variety of audiences.

**Screening and Assessments**

***Billing for Suicide Risk Assessment***

This document provides information on billing codes to use for administering and scoring suicide risk assessments and screeners.

***Suicide Screening and Assessment***

This document developed by the Suicide Prevention Resource Center details the differences between suicide screening and assessment.

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| Screening vs. Assessment | |
| Screening | **Assessment** |
| * Used to identify individuals who may be at risk for suicide * Usually brief * Can be done orally, with paper and pencil, or using a computer * May be implemented via universal screening (everyone) | * Conducted after risk is identified * More comprehensive to determine immediate danger/risk and next steps to promote patient safety * Typically involves structured questionnaires * Evaluates thoughts and behaviors, risk factors, protective factors and medical and behavioral health history |

***Ask-Suicide Screening Questions (ASQ)***

The ASQ is a validated suicide risk screening tool for use in medical settings developed by the National Institute of Mental Health (NIMH). The ASQ is free and available in the public domain. A toolkit for using the ASQ in primary care settings is available online and within this toolkit. The ASQ is available in numerous languages. Toolkits, research, and additional versions of the screener can be found on the [NIMH website](https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml).

***Patient Health Questionnaire (PHQ) and Patient Health Questionnaire 9 (PHQ-9)***

The PHQ and PHQ-9 are validated screeners to assess for depressive symptoms among patients. Both screeners are available for free. Additional versions in different languages are available on the [website](https://www.phqscreeners.com/). The PHQ, PHQ-9, and instruction manual are available in this toolkit as well as online. The instruction manual provides helpful information for administering and interpreting the screeners as well as treatment recommendations.

***Columbia Suicide Severity Rating Scale (C-SSRS)***

Developed by the Columbia Lighthouse Project, the C-SSRS is a validated suicide risk assessment that is free and available in the public domain on this [website](https://cssrs.columbia.edu/). The C-SSRS has several versions for different populations and settings, including primary care. This toolkit includes the primary care version of the C-SSRS with a triage tool built in as well as the C-SSRS with the SAFE-T.

**Risk Management and Reduction**

***Managing Suicide Risk via Telehealth***

This document provides practical considerations for the management of suicide risk while conducting telehealth visits.

***Suicide Risk Decision-Making Tree***

This flow chart is a quick guide based on the C-SSRS with SAFE-T. The document visualizes recommendations for managing suicide risk based on the risk determination of the patient. This guide is not intended to replace conducting a comprehensive suicide risk assessment.

**ICARE:** The American College of Emergency Physicians created a tool for managing suicidal patients in the emergency department. The tool is available [online](https://www.acep.org/iCar2e) or via the Apple App Store and Google Play Store.

***Safety Planning Intervention***

The safety planning intervention is an evidence-based strategy to help address suicide risk and provide the patient with strategies to effectively cope with a crisis. The toolkit includes a safety planning quick guide for clinicians.

**Brown-Stanley Safety Plan Template:** The safety planning Intervention is considered a best practice and brief intervention. A safety plan includes problem solving and coping skills, increasing social support, identifying emergency contacts, and reducing access to lethal means.

**MY3:** MY3 is a [free mobile app](https://my3app.org/) that allows users to create their safety plan and stay connected to social supports when they are having thoughts of suicide or a mental health crisis. The app includes access to local resources and the National Suicide Prevention Lifeline. The app includes a function for users to email and share their safety plan with others. My 3 is available on the Apple app store and Google play store. The toolkit includes informational flyers for the app.

***Reducing Access to Lethal Means***

Putting time and space between a person in crisis and lethal means saves lives. 71% of suicide attempts occurred within 1 hour of the individual making a decision to attempt and almost 25% of suicide attempts occurred within **5 minutes** of the person making a decision to attempt.

**Means Safety and Suicide Prevention Fact Sheet:** This fact sheet developed by the Maryland Suicide Prevention and Early Intervention Network (MD-SPIN) can be used for patient education. The fact sheet can be provided to the patient and their family.

**Means Matter – Recommendations for Families:** This fact sheet developed by the Harvard School of Public Health can be provided to patients and their families for patient education.

**Firearm Safe Storage Map:** Marylanders to Prevent Gun Violence and the Johns Hopkins School of Public Health collaborated to develop a [firearm safe storage map](https://mdpgv.org/safestoragemap/) for the state of Maryland. The map includes information for law enforcement agencies and businesses that have agreed to consider storing firearms for Marylanders who need to temporarily store their firearms away from home.

**Extreme Risk Protection Orders (ERPO):** Maryland’s ERPO law went into effect October 1, 2018. The law provides a process for certain petitioners (family members, law enforcement and healthcare providers) to petition the court to have firearms removed from an individual who is a threat to themselves or others. The toolkit includes guidance from the Behavioral Health Administration about ERPO. Additional information can be found on the Maryland District Courts’ [website](https://mdcourts.gov/district/ERPO). The Governor’s Commission on Suicide Prevention and the Educational Fund to Stop Gun Violence co-developed a brochure, postcard, and webinar on Maryland’s ERPO for healthcare providers. The brochure and postcard are available in the toolkit. The webinar will be available on the suicide prevention [website](https://health.maryland.gov/suicideprevention/Pages/outreach-and-toolkits.aspx) after May 20, 2020.

**Research**

The below research articles are included in the toolkit for additional information.

**Healthcare Contacts in the Year Before Suicide Death**

Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., Lynch, F., Owen-Smith, A., Hunkeler, E. M., Whiteside, U., Operskalski, B. H., Coffey, M. J., & Solberg, L. I. (2014). Health care contacts in the year before suicide death. *Journal of general internal medicine*, *29*(6), 870–877. https://doi.org/10.1007/s11606-014-2767-3

**Practical Suicide-Risk Management for the Busy Primary Care Physician**

McDowell, A. K., Lineberry, T. W., & Bostwick, J. M. (2011). Practical suicide-risk management for the busy primary care physician. *Mayo Clinic proceedings*, *86*(8), 792–800. https://doi.org/10.4065/mcp.2011.0076

**The Role of General Practitioners in Prevention of Depression-related Suicides**

Rihmer Z, Dome P, Gonda X. The role of general practitioners in prevention of depression-related suicides. *Neuropsychopharmacol Hung*. 2012;14(4):245‐251.

**The Effect of Targeted and Tailored Patient Depression Engagement Interventions on Patient-Physician Discussion of Suicidal Thoughts: A Randomized Control Trial**

Shah, R., Franks, P., Jerant, A., Feldman, M., Duberstein, P., Fernandez y Garcia, E., Hinton, L., Strohecker, L., & Kravitz, R. L. (2014). The effect of targeted and tailored patient depression engagement interventions on patient-physician discussion of suicidal thoughts: a randomized control trial. *Journal of general internal medicine*, *29*(8), 1148–1154. <https://doi.org/10.1007/s11606-014-2843-8>

**Youth Suicide Prevention in Primary Care: A Model Program and its Impact on Psychiatric Emergency Referrals**

Wintersteen, Matthew & Diamond, Guy. (2013). Youth suicide prevention in primary care: A model program and its impact on psychiatric emergency referrals. Clinical Practice in Pediatric Psychology. 1. 295. 10.1037/cpp0000028.