

Suicidality in Primary Care

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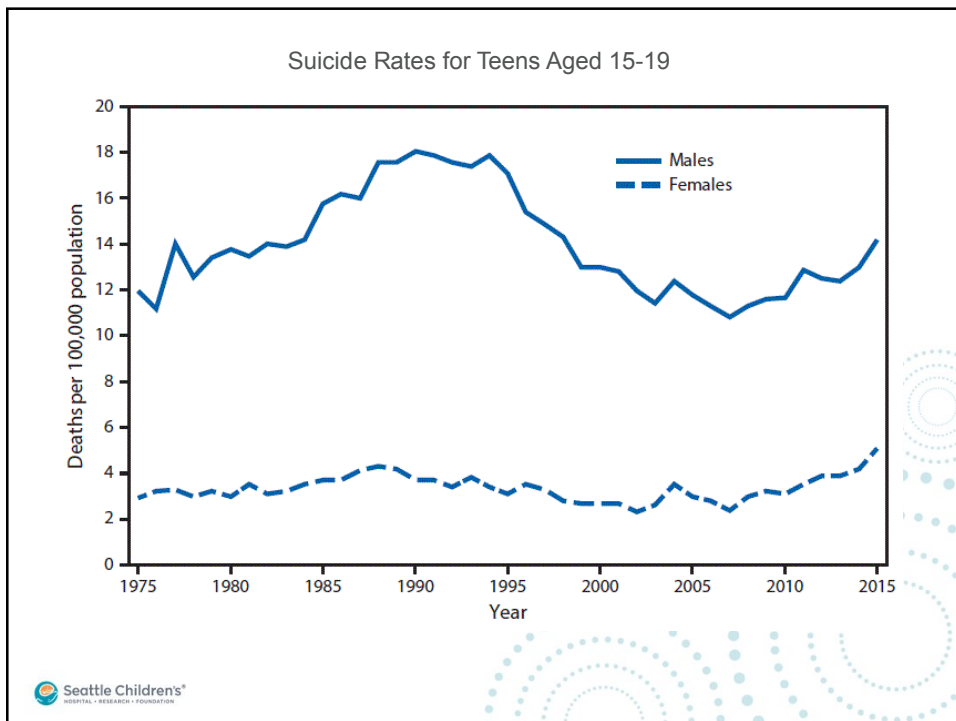
Disclosures

- Dr. Weiss is a Partnership Access Line consultant. He also works in private practice and on the Seattle Children's Hospital Psychiatry and Behavioral Medicine Unit (PBMU).
- He has no financial conflicts of interest to report.

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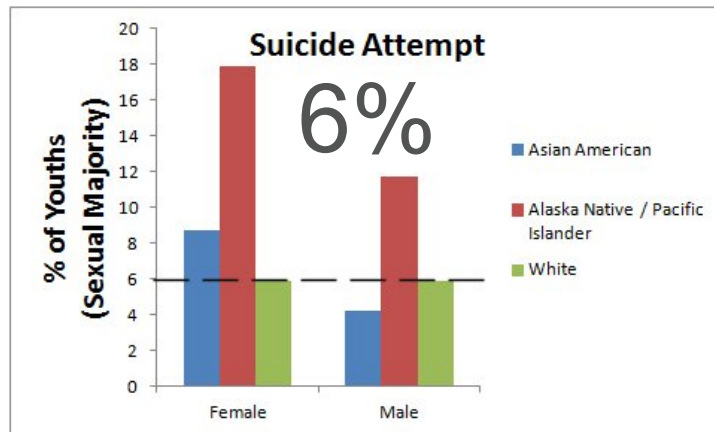
Epidemiology

Suicidal Ideation, Suicidality, Self-Harm



Self-Harm

- Lifetime prevalence for non-suicidal self-injury in the United States has been reported as 21.2-28%.



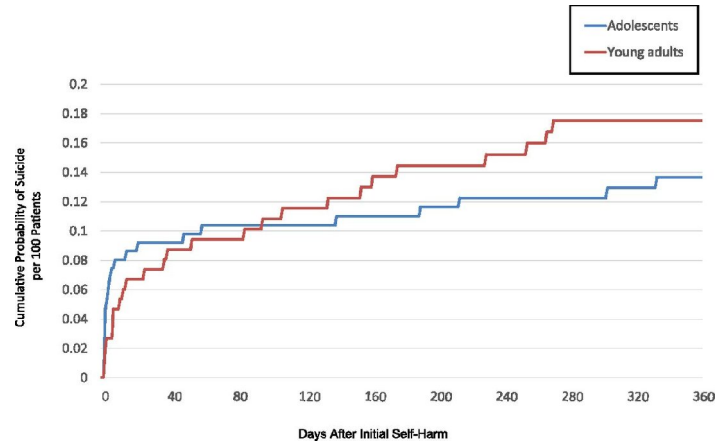
Suicide Completion Rates

- Ages 5 to 11: 1 per 1 million
- Ages 10-14: 1 per 100,000
- Ages 15-19: 7-8 per 100,000

Means of Completed Suicide

- Hanging and Firearms >90%
- Overdose ~7%
- Other Means (Cutting) <3%

Self-Harm Is Associated with Elevated Suicide Completion Risk



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Predisposing Risk Factors for Suicide

- Psychiatric disorders
- Substance use disorders
- Previous suicide attempt or self-harm
- Family history of suicide attempts (5x) and completion
- History of physical or sexual abuse
- Impulsivity
- Social isolation
- Male
- White or Native American

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Precipitating Factors

- Interpersonal problems: breakups and family fights
- Disciplinary problems
- Bullying
- Profound loss
- Access to means
- Alcohol and drug use
- Exposure to suicide

Screening



1. In the past few weeks have you wished you were dead?
2. In the past few weeks have you felt that you or your family would be better off if you were dead?
3. In the past week have you been having thoughts of killing yourself?
4. Have you ever tried to kill yourself?
5. Are you having thoughts of killing yourself right now?



Assessment

Brief Suicide Safety Assessment

1. Praise patient
2. Consider measures (PHQ-9, SCARED, CRAFFT 2.0)
3. Interview patient alone & with caregiver(s)
4. Assess protective factors
5. Make a safety plan
6. Determine disposition
7. Provide resources

SAFETY TRUMPS CONFIDENTIALITY



Ask Your Questions Directly

- “Are you having thoughts of killing yourself right now?”
- “Do you have a plan to kill yourself?”
- “What is your plan?”
- “If you were going to kill yourself, how would you do it?”
- “Have you ever tried to kill yourself?”
- “How?” “When?” “Why?”
- “Did you want to die?”



Assessment Acronym: Is Path Warm

- Ideation
- Substance abuse
- Purposelessness
- Anxiety
- Trapped
- Hopelessness
- Withdrawal
- Anger
- Recklessness
- Mood changes

Intervention

High Risk: to ED

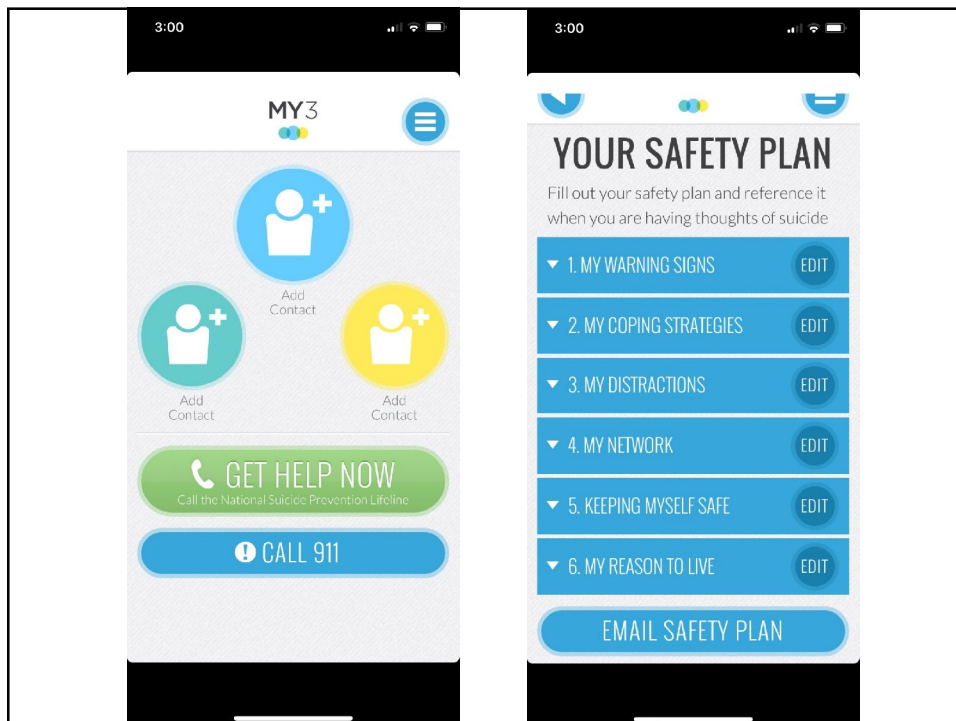
- Planned or recent attempt with a lethal method
- Attempt that included steps to avoid detection
- Inability to openly and honestly discuss suicide attempt and what precipitated it
- Inability to discuss safety planning
- Lack of alternatives for adequate monitoring and treatment
- Severe psychiatric disorders underlying suicidal ideation and behavior
- Agitation
- Impulsivity
- Severe hopelessness
- Poor social support

Lower Risk: Next Steps

- Validation, letting them know that you'll help
- Inform appropriate people
- Brainstorming on coping skills, replacement behaviors
- Help family identify precipitants, begin problem solving, implement appropriate supervision
- Means reduction
- Safety planning
- Close follow-up
- Medications?

What is a Safety Plan?

- Written list of warning signs, coping strategies and resources developed collaboratively with the youth
- Includes contact information for social supports and professional supports
- Often includes reasons for living
- Many templates on-line
- “MY3” App
- NOT A NO HARM CONTRACT



Resources

- ASQ
 - Search: Ask Suicide Screening Questions
- AAP Guidance on Suicide and Suicide Attempts in Adolescents
 - Search: Suicide and Suicide Attempts in Adolescence
- National Suicide Prevention Lifeline: 800.273.TALK(8255)
- Safety Plan Template and Instructions:
 - Search: Developing Effective Safety Plans for Suicidal Youth
- 24/7 Crisis Text Line: Text "HOME" to 741-741
- County Crisis Line

Questions?

