

---

# Suicide Prevention Toolkit for Rural Primary Care: *Module 3* – *Effective Prevention Strategies*

---

A Primer for Primary  
Care Providers

---

Western Interstate Commission  
for Higher Education (WICHE)  
Mental Health Program

*and*

Suicide Prevention Resource  
Center (SPRC)

---



THE WICHE Center for Rural Mental Health Research: supported by the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA), Public Health Services, Grant Award, *UICRHO3713* Suicide Prevention Resource Center, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant no. 1U79SM57392. Any opinions/findings/conclusions/recommendations expressed in this material are those of the author and do not necessarily reflect the views of HRSA or SAMHSA.

**Authors: Tamara Dehay, PhD  
David Litts, OD  
Mimi McFaul, PsyD  
Christa Smith, PsyD  
Margaret West, PhD**

**Special thanks to the following people for their reviews of drafts of this publication:**

**James Ciarlo, PhD  
Jean Demmler, PhD  
Morton Silverman, MD**

**Suggested Citation: Western Interstate Commission on Higher Education (WICHE) and Suicide Prevention Resource Center (SPRC). (2009) *Suicide Prevention Toolkit for Rural Primary Care: A Primer for Primary Care Providers*. Boulder, Colorado: Western Interstate Commission on Higher Education.**

**Also available at: <http://www.sprc.org/library/PrimerModule3.pdf>**

**© 2009 by Education Development Center, Inc. and the WICHE Mental Health Program. All rights reserved.**

## Module 3- Effective Prevention Strategies

Primary care providers can implement some of the most effective strategies for suicide prevention. These include training staff to identify and respond to warning signs of suicide, training providers to recognize and effectively treat depression, and taking measures to limit access to lethal means.<sup>i</sup> Ideally, a primary clinic would plan a comprehensive suicide prevention approach that includes all the strategies in the box below. We will discuss the strategies in five sections: staff training, screening and management of depression, screening for suicide risk, patient education, and restricting means for lethal self-harm. Assessing and managing patients at risk for suicide are discussed in Modules 4 and 5 of this Primer.

### Suicide Prevention Strategies in Primary Care

- Training staff to recognize and respond to warning signs of suicide
- Universal screening for depression
- Aggressive treatment of depression
- Screening for suicidality in patients with key risk factors
- Educating patients about warning signs for suicide
- Restricting means for lethal self-harm

### 1. Training Staff to Recognize Warning Signs of Suicide

**As workers in primary care settings interact with their patients they may observe many of the common warning signs for suicide, but only if they know what to look for.**

Suicide prevention trainings that teach recognition and response to suicide warning signs can be provided to clinic staff as an in-service. In most areas trainers are available to teach these important skills. Training is also available online. (See the Resource List for some of the national vendors of these programs or [www.sprc.org](http://www.sprc.org) for the suicide prevention coordinator in your state.) After even minimal training, staff can observe warning signs of suicide in patients while talking with them on the phone or in the office. When they detect a warning sign, staff can immediately alert office clinicians who are prepared to ask the patient about suicidal ideation. Though these trainings require a modest investment of time and money, they may save lives.

#### Identify Warning Signs

People who are in danger of harming themselves may reach out to their primary care providers—sometimes directly, sometimes indirectly. **Rarely will patients immediately volunteer the information that they are thinking of harming**

**themselves or ending their lives.** Be alert for warning signs that a patient may be at risk of imminent suicide. Warning signs include:<sup>ii</sup>

**Strongest Warning Signs – Take Immediate Action to Protect Person–Full Risk Assessment Warranted**

- Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person

**Other warning signs of suicide**

- Anxiety, agitation
- Insomnia or sleep disturbance
- Increased alcohol or drug use
- Purposelessness—no reason for living
- Hopelessness
- Withdrawing from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes
- Feeling trapped - like there's no way out



**2. Screening for and Managing Depression**

Training providers to recognize and treat depression increases prescription rates for antidepressants and decreases suicidal ideation and completed suicides in their patients.<sup>iii</sup>

**A key factor in reducing suicidal behaviors is the effective diagnosis and management of major depression.** Tools for screening and managing depression within a primary care setting have been developed by The MacArthur Initiative on Depression and Primary Care and are available free of charge online. **A downloadable toolkit can be found at:**

<http://www.depression-primarycare.org/clinicians/toolkits/>

Keep in mind that the best approach to treating major depressive disorder (as well as many other mental illnesses) uses a **combination of medication and psychotherapy** whenever possible.<sup>iv v vi</sup>

**3. Screening for Suicide Risk**

Screening for suicidal thinking appears to be an effective and efficient means of identifying individuals at risk when conducted on people who have key risk factors.

Patients in whom warning signs or other risk factors are detected should be asked about suicidal thoughts as well. In other words, **it is essential to screen for suicidality if there is any suspicion that a patient might be suicidal.**

### **Key Risk Factors**

- Prior suicide attempt
- Major depression
- Substance use disorders

### **Other Risk Factors**

- Other mental health or emotional problems
- Chronic pain
- Insomnia
- PTSD
- Traumatic Brain Injury (TBI)
- Events or recent losses leading to humiliation, shame or despair

Some or all of the Sample Questions in Module 4 for inquiring about thoughts of suicide can be used for informal screening of patients. **The key is to ask directly about thoughts of suicide or ending one's life as part of the screening. Practice asking the question(s) several times before trying it in a clinical situation.**

### **Sample screening question:**

- Sometimes people with your condition (or in your situation) feel like they don't want to live anymore, or sometimes they think about killing themselves. Have you been having any thoughts like these?

A positive response to this screening requires additional assessment (Module 4). More formal suicide screening instruments, such as paper and pencil questionnaires, are also available for use in primary settings or can be devised using the question above or questions in Module 4. These instruments should always be used as an augment to the clinical interview.

## **4. Educating Patients about Suicide Warning Signs**

Just as we educate the public on the warning signs of strokes and heart attacks, we should provide basic information to the public on the warning signs of suicide. For severe warning signs, the appropriate response may be to call 911 or go to a hospital emergency department. For other situations it may be appropriate to call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255). Calls to this number are routed to a nearby certified crisis center with trained counselors. Counselors are available 24/7 and provide services in English or Spanish language. Veterans calling

the line may press “1” and be directed to a crisis center run by the Department of Veterans Affairs. The service is free anywhere in the United States.

This Toolkit contains wallet cards for consumers that list the most recognizable warning signs and the number of the national crisis line. These cards are available free and can be provided to all primary care patients through the clinic. For information on ordering the wallet cards for consumers, see the “National Suicide Prevention Lifeline Resources” web address in the Resource List of the Toolkit.

## **5. Restricting Means of Lethal Self-Harm**

Youths have increased rates of suicide and suicide attempts if they live in homes where guns and ammunition are present and available.<sup>vii</sup> Furthermore, when primary care providers recommend that parents restrict access of their children to guns and medications in the home, most of them do.<sup>viii</sup>

Primary care providers should counsel parents or guardians of children and adolescents to either remove firearms from the home entirely or securely lock guns and ammunition—in separate locations. Anecdotal evidence suggests young people frequently know where guns and keys to gun cabinets are kept, even though parents may think they do not. Resource materials accompanying this Toolkit aid in educating patients and parents.

The same recommendation applies to restricting access to potentially lethal prescription and over the counter (OTC) medications (including containers of more than 25 acetaminophen tablets), and alcohol.

## References

---

<sup>i</sup> Mann JJ, Apter A, Bertolote J, et al. Suicide prevention strategies: A systematic review. *JAMA*. 2005;294(16):2064-2074.

<sup>ii</sup> Suicide Prevention Resource Center. (2007) Best Practices Registry for Suicide Prevention Fact Sheet: Warning Signs for Suicide Prevention. Newton, MA.

[http://www.sprc.org/featured\\_resources/bpr/PDF/AASWarningSigns\\_factsheet.pdf](http://www.sprc.org/featured_resources/bpr/PDF/AASWarningSigns_factsheet.pdf). Accessed June 1, 2008.

<sup>iii</sup> Mann JJ, Apter A, Bertolote J, et al. Suicide prevention strategies: A systematic review. *JAMA*. 2005;294(16):2064-2074.

<sup>iv</sup> Manber R, Kraemer H, Arnow B, et al. Faster remission of chronic depression with combined psychotherapy and medication than with each therapy alone. *J Consulting Clin Psychology*. 2008;76(3):459-467.

<sup>v</sup> March JS, Silva S, Petrycki S, et al. The Treatment for Adolescents with Depression Study (TADS): Long-term effectiveness and safety outcomes. *Arch Gen Psych*. 2007; 64(10):1132-1143.

<sup>vi</sup> Hollon SD, Jarrett RB, Nierenberg AA, Thase ME, Trivedi M, Rush A J. Psychotherapy and medication in the treatment of adult and geriatric depression: Which monotherapy or combined treatment? *J Clin Psychiatry*, 2005; 66:455–468.

<sup>vii</sup> Grossman DC, Mueller BA, Riedy C, et al. Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA*. 2005;293(6):707-714.

<sup>viii</sup> Kruesi, MJP, Grossman J, Pennington JM, Woodward PJ, Duda D, Hirsch JG. Suicide and violence prevention: Parent education in the emergency department. *J Am Acad Child Adolesc Psychiatry*. 1999;38(3):250-255.