In spite of a campaign to increase depression screening and management in primary care practices throughout New York City – accompanied by a public awareness campaign about depression and treatment – the city has not seen a reduction in suicidal behavior. Some New York suicide prevention leaders are now suggesting a shift in focus to address immediate suicidality, not just its underlying risk factors such as depression. Lloyd Sederer, medical director of New York's Office of Mental Health, and Jay Carruthers, director of its Suicide Prevention Office, write that clinicians must learn to ask directly about suicidal thinking. To protect patients found to be at immediate risk, they say that three follow-up practices must be in place: (1) a safety plan, created with the patient, outlining ways to reduce suicidal impulses and get help when needed; (2) frequent follow-up contact with the patient, especially in the period immediately following a suicide attempt or psychiatric hospital stay; and (3) reduced access to lethal means such as guns and prescription medicines during the period of greatest risk.


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