



Suicide Care Pathways

Recommendations for Provider organizations

Ongoing issues

- ▶ 60 percent of patients see their primary care provider in the month before attempting suicide.
 - ❖ Laanani et. al. Contacts with Health Services During the Year Prior to a suicide: A Nationwide Study. *Journal of Affective Disorders*. 2020;274:174-182. doi: 10.1016/j.jad.2020.05.071
- ▶ We expect that approximately three million Washingtonians will experience clinically significant behavioral health symptoms over the next two to five months due to COVID-19.
- ▶ This could result in an additional 108 suicide deaths annually.

Current suicide recommendations

- ▶ Use the Zero Suicide toolkit and care pathways.
- ▶ Implement the Bree Collaborative's Suicide Care Pathway.
- ▶ Use effective trainings such as All Patient's Safe.
- ▶ There is no "one size fits all" plan.

Start by leading change

- ▶ Remove barriers for staff so that they can use creative means to connect to their patients and families (Telehealth options).
- ▶ Prioritize staff care:
 - ❖ Make opportunities for teams to talk
 - ❖ Provide mental health support for staff
 - ❖ Do 1:1 check-in's with staff to assess their stress
 - ❖ Encourage self-care plans
- ▶ Remember to celebrate successes—we all need to hear the positive, what is working and how we are making a difference.

Promote effective training

- ▶ All Patients safe Training
- ▶ <https://www.apsafe.uw.edu/>
- ▶ Zero Suicide Webinar on Telehealth - <https://zerosuicide.edc.org/webinars-and-presentations/webinar-treating-suicidal-patients-during-covid-19-best-practices-and>
- ▶ DOH identified Trainings - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList>

Screen patients at every visit

▶ Look for risk factors:

- ❖ Social isolation
- ❖ Changes in family dynamics
- ❖ Job loss
- ❖ Financial stress
- ❖ Worries about personal health and health of loved ones
- ❖ Increases in depression
- ❖ Anxiety and/or fears
- ❖ disruption of sleep and personal routines
- ❖ Loss of support systems

▶ Best practices for managing suicide over telehealth

<https://zerosuicide.edc.org/sites/default/files/Telehealth%20Tips%20with%20Suicidal%20Clients%20-%20FINAL.pdf>

Engage all individuals at-risk

- ▶ Identify patients at risk and prioritize outreach.
- ▶ Increase phone check-ins.
- ▶ Send caring contact letters for patients who may not be engaging.
- ▶ Utilize phone and/or telehealth visits to regularly review each patient's safety.

Treat suicidal thoughts and behaviors

- ▶ Continue to use suicide specific, evidence-based treatments.
- ▶ Increase utilization of caring contacts letters to patients.
- ▶ Document patient information related to suicide care and referrals.

Utilize warm hand-offs and supportive contacts

- ▶ Identify where the responsibility for follow-up and supportive contacts lies.
- ▶ Develop new or modify existing policies for follow-up after a missed telehealth appointment.
- ▶ Clear protocol to provide support for friends, family, and providers involved in care of someone who has died by suicide.

Improve policies and procedures

- ▶ Focus on specific needs identified by your organization.
- ▶ Establish base line data for organizations who are new to Telehealth. Review engagement, utilization, and follow up.
- ▶ Monitor screening, assessment, and care transitions (including collaborative safety planning, lethal means safety and caring contacts).

Key Takeaways

- ▶ These are broad recommendations and not a “one size fits all” approach. Your organization’s needs are most important.
- ▶ Effective Screening and caring contacts are simple ways to increase engagement with patients.
- ▶ Be sure to promote crisis pathways such as the WA Listens hotline and the National Suicide Prevention hotline.

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