

# Getting Started

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As a provider of primary care services, you are in a unique position to prevent suicides among your patients. Research tells us that people who die by suicide are more likely to have seen their primary care provider shortly before their death than any other health care professional.

At any given time, some of your patients are having thoughts of suicide. They may come to your exam rooms presenting many different concerns, but the one they may not be telling you about could be the one that will kill them – unless you and your staff are prepared.

## In This Section

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### Quick Start Guide

Start your suicide prevention efforts by checking out the Quick Start Guide. It will walk you step-by-step through the process of seamlessly integrating suicide prevention into your practice.

### Implementation Checklist

Ensure that your efforts are organized and thorough by using the Implementation Checklist provided in this section. Check off each element of the suicide prevention efforts outlined in the Toolkit as you put it into place.

### Office Protocol for Suicidal Patients Development Guide

Your practice can soon have systems in place that will allow you to intervene effectively without significantly disrupting the flow of patients. After you have familiarized yourself with the entire Toolkit, use the Office Protocol for Suicidal Patients Development Guide to establish the roles and responsibilities, as well as the procedures you will follow when you find that a patient is suicidal. If everyone in the clinic knows what he or she is expected to do, the process will be smoother than you might expect.

### Office Protocol for Suicidal Patients Office Template

Use this template and the Office Protocol for Suicidal Patients Development Guide above to proactively complete an individualized Office Protocol for Suicidal Patients for your practice.

## Quick Start Guide

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### Steps for using the Suicide Prevention Toolkit for Primary Care Practices

1

Communicate with staff about the new Suicide Prevention Initiative in your office. Determine who will be the lead coordinator in your office. That individual should familiarize himself/herself with the entire contents of the Toolkit.

2

Meet to develop the "Office Protocol" for potentially suicidal patients. See the "Office Protocol Development Guide" instruction sheet in the Toolkit.

3

Schedule necessary trainings for staff members according to the individual suicide prevention responsibilities determined in Step 2.

4

Develop a referral network to facilitate the collaborative care of suicidal patients. Use the "Developing Mental Health Partnerships" materials in the Toolkit.

5

Read the Toolkit's "Primer." Providers may wish to study the last two sections on Suicide Risk Assessment and Intervention first. The first three sections may then be reviewed in order to gain knowledge about Prevalence, Comorbidity, Epidemiology, and Prevention.

6

Order community and patient education tools, such as suicide prevention posters and brochures, for your office. See the "Patient Education Tools" section of the Toolkit.

# Implementation Checklist for the Suicide Prevention in Primary Care Toolkit

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- Discuss suicide prevention initiative with all Office Staff and determine lead coordinator for the office.
- Read Chapter 2: Educating Clinicians and Office Staff of the Toolkit (all Office Staff).
- Identify which depression and suicide screens and assessments will be utilized in your office (e.g., PHQ-9, C-SSRS); determine:
  - When will patients complete this screen/assessment (e.g., with intake paper work)?
  - Who will review it and how is this information flagged? (e.g., flag depression/suicide like any other condition for provider follow-up).
- Proactively complete Office Protocol Template in Toolkit to establish procedures for working with a suicidal patient. Information here includes:
  - What professionals can be called upon to assist with suicide risk assessment
  - Name and location of nearest Crisis Stabilization Unit or Emergency Department
  - Responsible office staff contacts for documentation and follow-up
- Have Toolkit resources and individual patient intervention templates regarding suicide assessment and safety planning available to Office Staff and clinicians such as:
  - Pocket Guide: Assessment and Interventions with Potentially Suicidal Patients
  - Safety Planning Guide: A Quick Guide for Clinicians
  - Patient Safety Plan Template
  - Crisis Support Plan
- Develop a referral network to facilitate the collaborative care of suicidal patients.
- Conduct a mock drill for safely and sensitively working with and potentially hospitalizing a patient.
- Follow-up/Outreach. Identify who will follow-up with patients who have expressed suicidal ideation and how follow-up will occur (e.g., office visit, phone call).

## In case of the need for hospitalization:

- Hospitalization is always the last resort, if efforts at illness management, safety planning, and referral fail to mitigate risk.
- Identify and label where all necessary forms, such as legal Mental Health Hold and Evaluation forms, for hospitalizing suicidal patients will be kept (it is assumed that the patient's physician will fill out all necessary paperwork for hospitalization).
- Identify who will sit with the patient while waiting for transport to the emergency department if necessary.
- Identify how soon a patient should be seen back in your clinic after being evaluated by the emergency department and/or being hospitalized. How frequently should they be seen and for what duration should more intensive contact with the PCP occur?

# Office Protocol for Suicidal Patients – Development Guide

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The purpose of an Office Protocol for Suicidal Patients is to anticipate and have an appropriate plan in place before a suicidal patient is identified. This office suicidal patient care management plan allows providers and office staff to be prepared when treating a patient who is assessed to be at high risk for suicide. Initial assessment of a potentially suicidal patient can be conducted by a member of the office staff or by an external consultant. [An office protocol template, to simplify the process of further assessing and potentially hospitalizing a high-risk patient, can be found on the following page of this Toolkit.](#)

It will help a practice to proactively answer the logistical questions related to getting additional psychiatric care for patients before a crisis occurs, and guide providers quickly and efficiently when a patient is in need of such care.

The office protocol is an essential component of a comprehensive office strategy for suicide prevention, and may be developed during staff meetings. [Once the protocol is developed, it may be useful for the office to implement a “dry run” with a mock patient to ensure that the protocol can be followed seamlessly.](#) Suicide prevention trainings, including warning signs to look for, inquiring about suicidal ideation, and how to respond to suicidal individuals, can be provided to all office staff as an in-service. See Module 3: Effective Prevention Strategies, in the Primer section of this Toolkit, for detailed information about effective suicide prevention strategies for primary care offices. Though these strategies may require an investment of time and money, they constitute best practices for care and may save lives.

[Consider involving all office staff in suicide prevention efforts.](#) Staff members are frequently in positions to observe changes in behavior or hear patients express suicidal ideation that the patient may be reluctant to share with the provider. Office staff can play a crucial role by detecting concerning behaviors and alerting the patient’s provider.

Locate specific information about your state’s involuntary treatment laws and post this in the office along with contact information for mental health professionals who are responsible for making these determinations in your area.

Make sure you have information in the office about the [National Suicide Prevention Lifeline, 1-800-273-TALK \(8255\)](#), which also offers free materials, including posters and cards with the Lifeline number. Professionals at that number can also direct practices to community mental health service providers in their area.

