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Caring for Patients At Risk of Suicide in Vermont

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CARING FOR PATIENTS AT RISK OF SUICIDE IN VERMONT

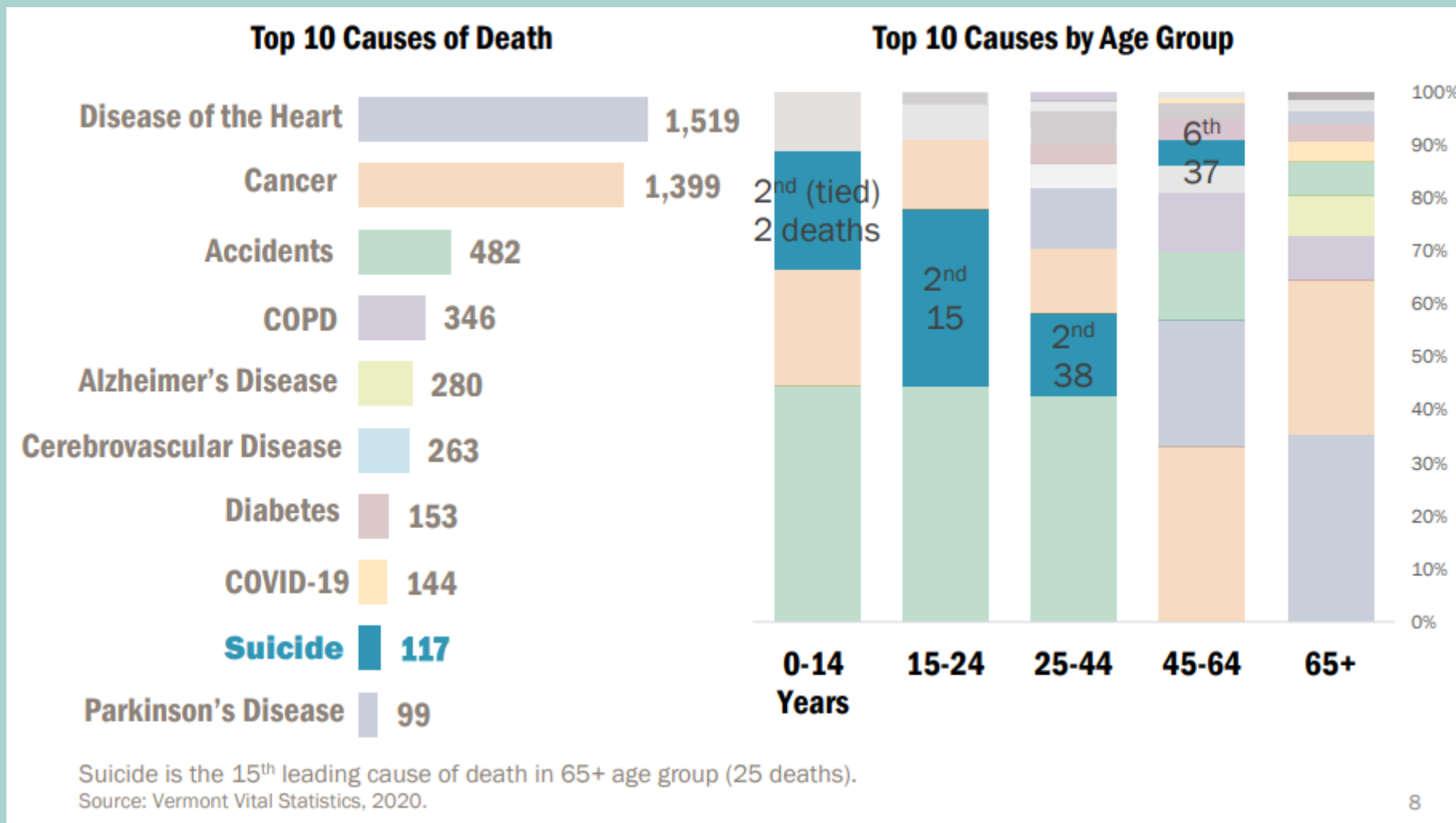
Richmond Family Medicine

October–November 2023

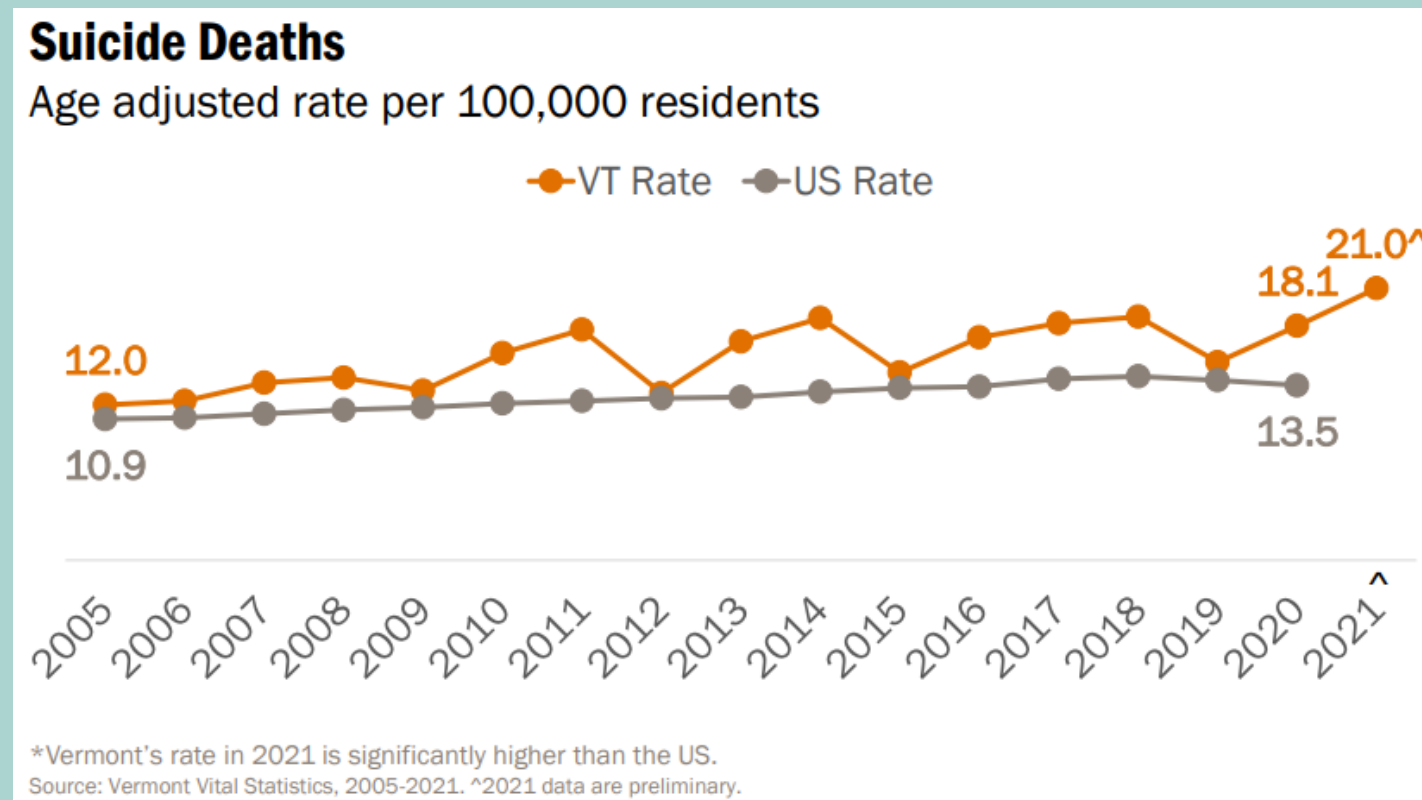
Lindsay Aldrich, Dr. Hannah Rabin



SUICIDE IN VERMONT



- Suicide is the **9th leading cause of death** in Vermont among all age groups
- It is also the **2nd leading cause of death** among people under 45 years old
- The **rate** of suicide in Vermont has been **increasing** over the last 18 years



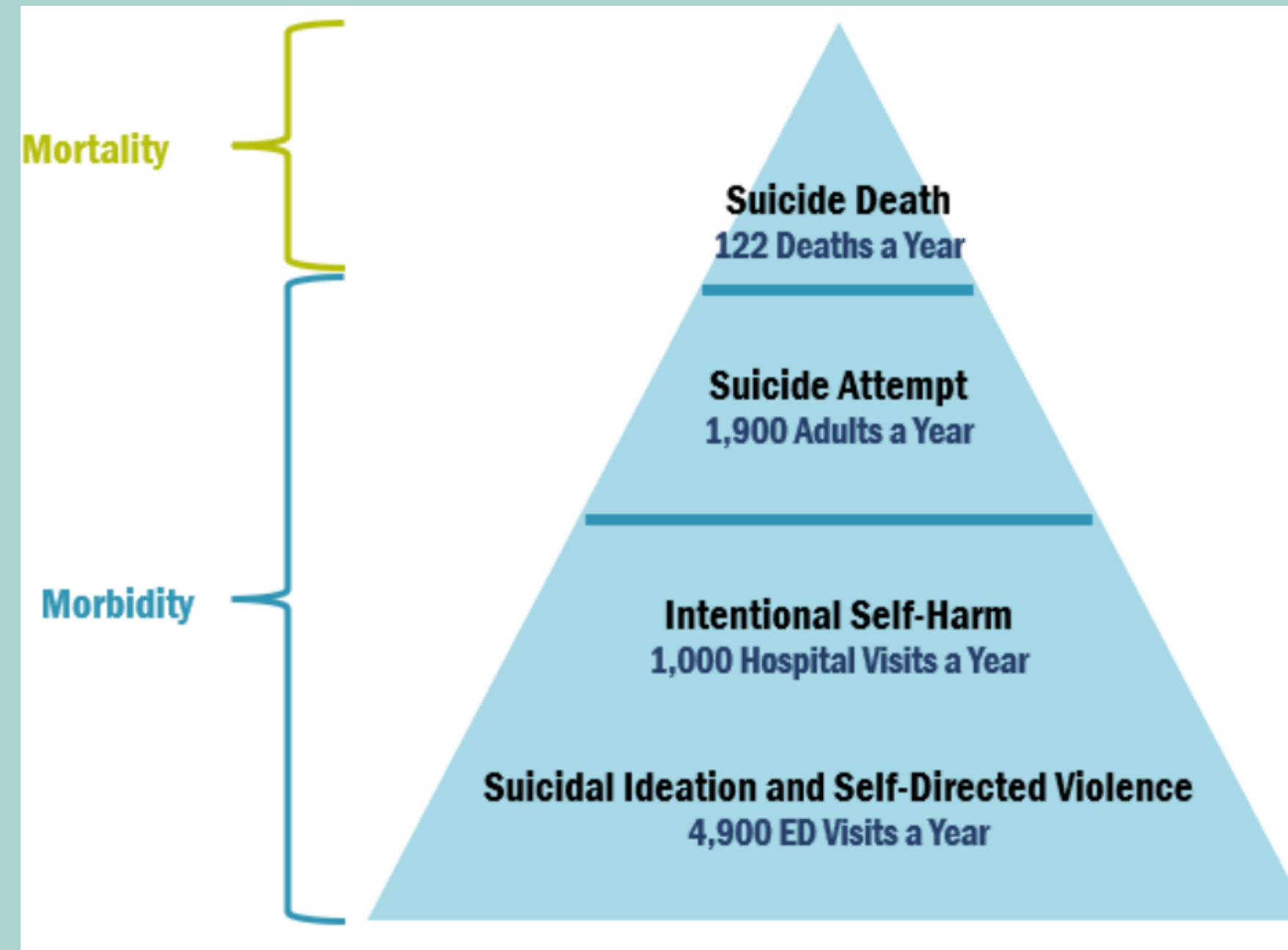
- **52%** of all suicide deaths are due to **firearms**
- **20%** of people who die by suicide in Vermont are **Veterans**

SUICIDE RISK IN PRIMARY CARE

In **Vermont**, within the **1 year** prior to **death by suicide**:

- **59%** of people had a primary care visit
- **71%** of older people had a primary care visit
- **34%** of people had a primary care visit for their mental health

Yet, **only 9%** of people interacted with a **designated mental health agency** within the 6 months prior to death



9% of people who died by suicide interacted with a designated mental health agency within six months of death.

Source: DMH, 2019-2021

PRIMARY CARE PERSPECTIVE

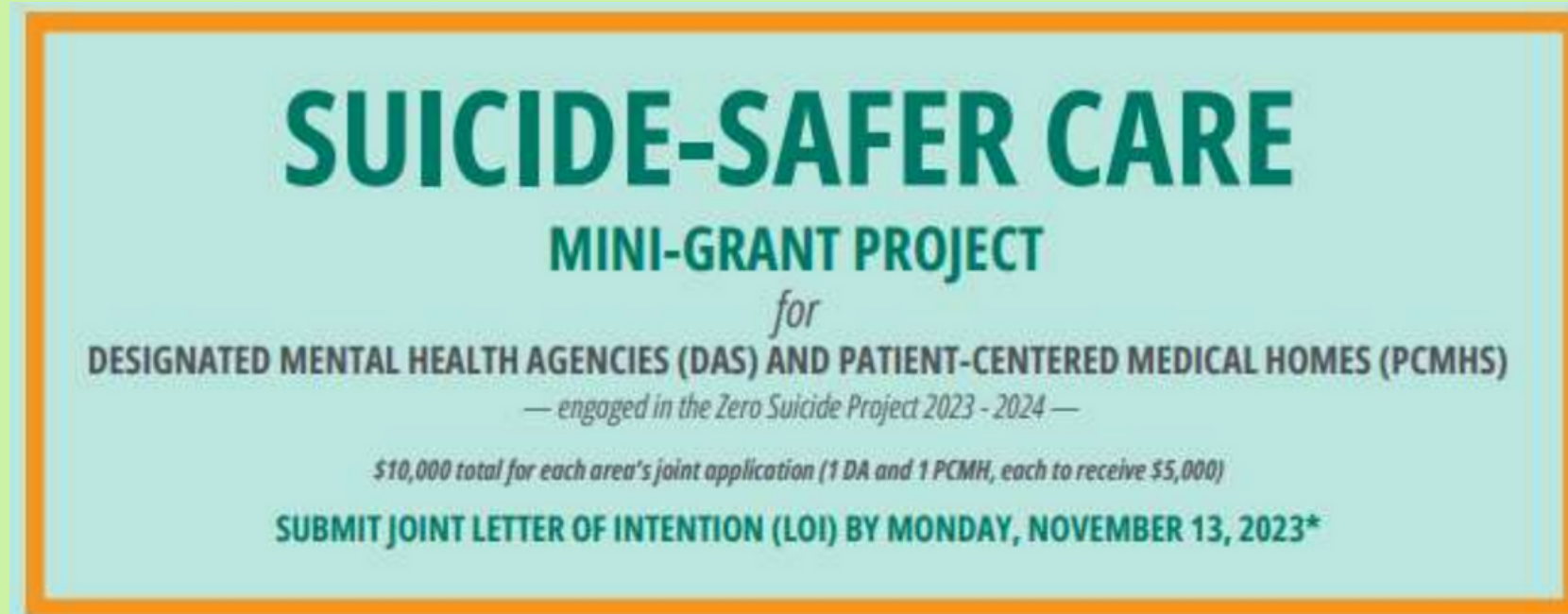
Primary Care Providers (PCPs) from a variety of practices in Vermont were interviewed regarding their confidence in **screening** patients for risk of suicide, and their confidence in **referring** patients to mental health resources like their Designated Mental Health Agency.

- PCPs stated they did not feel very confident in using specific suicide screening methods, and did not feel like their practices had a standardized way of screening or referring high-risk patients to specific mental health resources.

One interviewee (**mental health professional at the Howard Center**) stated that standardized suicide screening protocols across different institutions are useful for continuity of care. They also decrease the burden of questions patients are asked when they are transferred between **PCPs, Designated Mental Health Agencies,** and **Emergency Departments.**

SUICIDE-SAFER CARE MINI-GRANT

- As a response to this statewide issue, I assisted Richmond Family Medicine's application for this year's **Suicide-Safer Care Mini-Grant**
- This grant is funded by the 2020 COVID Relief Funding and is aimed at ***“strengthening identification, assessment, referrals, and follow-up for individuals at risk for suicide”***
- PCPs partner with designated mental health agencies for training on the Columbia-Suicide Severity Rating Scale (**C-SSRS**), Counseling on Lethal Methods (**CALM**), and the Stanley Brown Safety Planning Intervention (**SPI**)



SUICIDE-SAFER CARE
MINI-GRANT PROJECT
for
DESIGNATED MENTAL HEALTH AGENCIES (DAS) AND PATIENT-CENTERED MEDICAL HOMES (PCMHs)
— engaged in the Zero Suicide Project 2023 - 2024 —
\$10,000 total for each area's joint application (1 DA and 1 PCMH, each to receive \$5,000)
SUBMIT JOINT LETTER OF INTENTION (LOI) BY MONDAY, NOVEMBER 13, 2023*

Primary Care Practices (PCP) (n=17)

Burlington

Champlain Center for Natural Medicine
Community Health Center of Burlington

Rutland

Community Health Center of Rutland Region

Lamoille Valley

Appleseed Pediatrics
Morrisville Family Health Center
Stowe Family Practice

Northeast Kingdom

St. Johnsbury Pediatrics

St. Albans

Cold Hollow Family Practices

Northern Counties

Concord Health Center
Danville Health Center
Island Pond

St. Johnsbury Health Center

Springfield

Ludlow Health
Mountain Valley Health
Rockingham Health Center
Springfield Health Center

PCPs who have previously participated

STATEWIDE RESULTS FROM 2021 GRANT CYCLE

Based on the data from the **2021 Suicide-Safer Care Mini-Grant**:

- Over 6 months, **349 patients** were identified as **at-risk of suicide** at **17 primary care practices**
- 90% of those patient received a PHQ-9, while 22% received the **C-SSRS**, although this percentage **increased** over the course of the mini-grant
- **88%** were **referred** for additional care, while **66%** had evidence of **coordination of care**

	# Identifications	% with PHQ-9	% with C-SSRS
Jan	48	96%	10%
Feb	60	82%	15%
March	68	91%	19%
April	66	88%	24%
May	62	92%	31%
June	45	93%	31%
Overall	349	90%	22%

Columbia-Suicide Severity Rating Scale (C-SSRS)		
Screen with Triage Points for Primary Care		
Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	YES	NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you had any actual thoughts of killing yourself?	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Have you been thinking about how you might do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you had these thoughts and had some intention of acting on them? as opposed to "I have the thoughts but I definitely will not do anything about them."	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Lifetime	
	<input type="checkbox"/>	<input type="checkbox"/>
	Past 3 Months	
	<input type="checkbox"/>	<input type="checkbox"/>
If YES, ask: Was this within the past 3 months?		

EVALUATION AND LIMITATIONS

Evaluation of the **2021 Suicide-Safer Care Mini-Grant** found:

- There were “***persistent challenges*** related to ***availability of clinicians*** in the workforce, and the pressure this places on the entire system of care.”
- One participant described the persistent need for additional clinician training, along with the shortage of healthcare workers as “***a revolving door going on with the workforce.***”
- Overall, **PCP’s confidence and frequency** of using specific suicide screening methods **increased** as a result of the **Suicide-Safer Care Mini-Grant**.

RECOMMENDATIONS FOR THE FUTURE

- Continue the **“Zero Suicide”** initiative in Vermont, through the Suicide-Safer Care Mini-Grant
- Continue **safety planning** with patients, especially while mental health resources are limited

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____

2. _____

3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____

2. _____

3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____

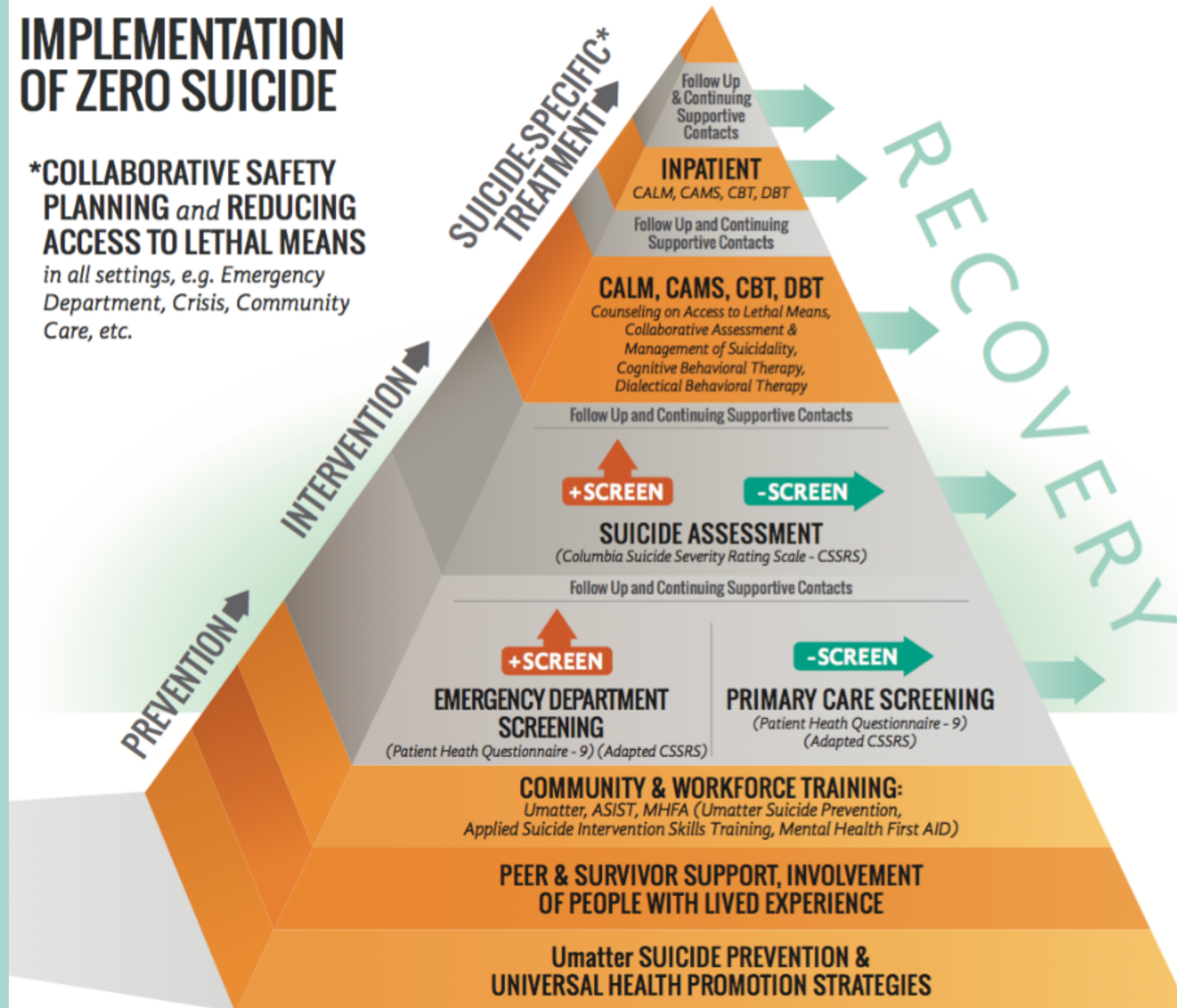
2. Name: _____ Contact: _____

3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

IMPLEMENTATION OF ZERO SUICIDE

***COLLABORATIVE SAFETY PLANNING and REDUCING ACCESS TO LETHAL MEANS**
in all settings, e.g. Emergency Department, Crisis, Community Care, etc.



SOURCES

- Vermont Department of Health. (2021). Suicide in Vermont: 2021 Surveillance Report. Vermont Department of Health. <https://www.healthvermont.gov/sites/default/files/documents/pdf/HSRV-Injury-VermontSuicide-SlideDeck-2021.pdf>
- Vermont Suicide Prevention Center. (2022). Evaluation of the Suicide Safer Pathways to Care Mini-Grant Project: Report 2021. Vermont Suicide Prevention Center. <https://vtspc.org/wp-content/uploads/2022/09/Evaluation-of-the-Suicide-Safer-Pathways-to-Care-Mini-Grant-Project-Report-2021.pdf>
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