Suicide Care Pathways

Recommendations for Provider organizations
Ongoing issues

60 percent of patients see their primary care provider in the month before attempting suicide.


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 -

- DOH identified Trainings -
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
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

- Theses 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.
For questions contact

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