Important Suicide Prevention Information for Healthcare Providers

Did you know…

1. About 36,900 people in the United States die by suicide annually, about 1,000,000 worldwide.

2. Suicide is a highly preventable cause of death in the US as well as most of the world.

3. Approximately 85-90% of people who die by suicide have a mental health and/or substance abuse disorder, generally depression. One in four people struggle with depression every year.

4. By the year 2020, estimations are that depression will be the 2nd leading health issue.

5. ER’s respond to 500,000-700,000 documentable suicide attempts annually in the US. Attempts by women age 50 and over have doubled in the last five years.

6. A significant number of people—up to 75% according to the National Institute of Mental Health—see their primary care physician within 3 weeks before they [complete] suicide. Although they exhibited a variety of medical problems, they rarely stated they were contemplating suicide. Therefore, healthcare providers must pay attention to the entire person—the physician must look for other issues in the patient's life in addition to the chief complaint. These findings point to the urgency of improving detection and treatment of depression to reduce suicide risk among older adults. Depression in older adults increases with age and may be related to illness, limited ability to function, isolation, or a change in living arrangements.

7. Primary care physicians write more antidepressant prescriptions than mental health professionals.

8. Healthcare providers generally receive little or no training in suicide prevention. An article in Mayo Clinic Proceedings urges doctors “to ask about suicidal thoughts and behaviors every time they screen a patient for depression, a risk factor for suicide…[and] recommends that physicians implement collaborative care models for treating depression. Such a model could include education for the doctors and care managers to monitor patients' outcomes and encourage treatment adherence.”

9. Physicians need to know patients’ mental health histories and pay close attention to those
   o Who have long-term serious or unresolved health issues.
   o Who demonstrate changes in hygiene, personality, and/or eating or sleeping habits.
   o Who have had previous suicide attempts or lost family or friends to suicide.
   o Whose requests for medication are suspicious or whose drugs may indicate possible increase in suicidal tendencies.
   o Who demonstrate acute anxiety and/or agitation and/or hopelessness.
   o Who experience a serious loss: relationship, job status, personal ability, and so on.
   o Who are isolated or lonely or depressed.

10. Physicians should be aware that they as a group are at a higher risk for suicide themselves.
Citations/Links

5. www.msnbc.msn.com/id/.../er-visits-suicidal-women-have-doubled/

Resource Links

American Association of Suicidology (AAS)
http://www.suicidology.org/web/guest/home

American Federation for Suicide Prevention (AFSP)
http://www.afsp.org/

National Institute of Mental Health (NIMH)

Suicide Prevention Action Network of Idaho (SPAN Idaho)
http://www.spanidaho.org/facts.shtml

Substance Abuse and Mental Health Association (SAMHSA)

Suicide Prevention Resource Center (SPRC)
http://www.sprc.org/featured_resources/customized/primarycareproviders.asp#warningsigns

Suicide Awareness Voices of Education
http://www.save.org/

Information researched and prepared by SPAN Idaho, 2011.
www.spanidaho.org --- 208-860-1703 --- info@spanidaho.org