

COVID-19: ADULT SUICIDE RISK SCREENING PATHWAY

Outpatient Primary Care & Specialty Clinics:
via Phone

Provider calls/is called by patient. Screen all patients who meet any of the screening criteria.*

***Screening criteria:**

1. New patient
2. Existing patient who has not been screened within the past year
3. Patient had a positive suicide risk screen the last time they were screened
4. Clinical judgement dictates screening

Medically able to answer questions?

NO

Screen at next visit

YES

Administer ASQ

Assess whether patient is in a private place

YES on any question 1-4 ?

NO

NEGATIVE SCREEN
Exit Pathway

YES

YES to Q5?

YES

Non-acute Positive Screen; Conduct Brief Suicide Safety Assessment (BSSA)

Detailed instructions about the BSSA can be found at www.nimh.nih.gov/ASQ

NO

BSSA outcome (three possibilities)

LOW RISK

No further evaluation needed at this time

FURTHER EVALUATION NEEDED

Mental health referral needed as soon as possible via telehealth services or in person

IMMINENT RISK

Patient has acute suicidal thoughts and needs an urgent full mental health evaluation

Would benefit from a non-urgent mental health follow-up?

NO

No referral needed at this time

YES

REFERRAL

to further telehealth care as appropriate; Continue medical care; Initiate safety plan for potential future suicidal thoughts

Make a safety plan with the patient to activate as needed

Schedule a follow up with patient within 72 hours for safety check and to determine whether or not they were able to obtain a telehealth or in person mental health appointment

PATIENT TO INITIATE SAFETY PRECAUTIONS¹

Until able to obtain full mental health evaluation via telehealth or in person

¹ If available, family/friends can assist with implementing immediate SAFETY PRECAUTIONS. Patient or family/friend to remove or safely store dangerous items. Provider can ask patient for permission to contact patient's family/friend to instruct on how to implement safety precautions and to call the provider if worried about the patient.

Assess need for ED visit versus patient's ability to remain safe at home.

Avoid ED visit if possible, balancing risk for exposure to COVID-19 versus suicide risk.

Send to ED?

NO

YES

Advise patient to wear mask and call local ED before arrival

SAFETY PLANNING

- Create safety plan for potential future suicidal thoughts, including identifying personal warning signs, coping strategies, social contacts for support, and emergency contacts. Detailed instructions about safety planning can be found at <https://www.sprc.org/resources-programs/patient-safety-plan-template>
- Discuss lethal means safe storage and/or removal with patient (e.g. ropes, pills, firearms, belts, knives)
- Provide Resources: 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255), En Español: 1-888-628-9454, 24/7 Crisis Text Line: Text "START" to 741-741

If suicide risk becomes more acute, instruct patient/family/friends to contact outpatient healthcare provider to re-evaluate need for ED visit.

Schedule all patients who screen positive for a follow-up visit in 3 days to confirm safety and determine if a mental health care connection has been made. Future follow-up primary care appointments should include re-screening patient, reviewing use of safety plan, and assuring connection with mental health clinician.

