

Recognizing and Responding to Suicide Risk in Primary Care

Information Brochure

RRSR-PC specifically addresses the U.S. Surgeon General's 2001 *National Strategy for Suicide Prevention's* Objective 7.2 to develop and promote effective clinical and professional practices in primary care settings, and Objectives 6.1 and 6.2 to implement training for recognition of at-risk behavior and delivery of effective treatment by nurses, physician assistants, and medical residents.

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

For pricing information, please contact AAS.



20% of those who died by suicide visited their PCP within 24 hours prior to their death.

You could be the last medical professional seen by a patient on the brink of a life or death decision.

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The RRSR-PC was developed by the American Association of Suicidology (AAS) with funding from the Irving and Barbara C. Gutin Charitable Fund to provide physicians, nurses/nurse practitioners, and physician assistants with the knowledge they need in order to include suicide risk assessments in routine office visits, to elicit risk where it exists, and work with patients to create treatment plans to reduce risk.



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In the United States health care system, primary care is the #1 source for mental health treatment.

- Approximately 70% of primary care medical visits are for psychosocial issues.
- Primary care is many times a patient's only source for mental health treatment of any kind.
- Up to 45% of individuals who die by suicide visit their PCP within 1 month of their death (Luoma et al, 2002), and 20% visit within 24 hours of their death.
- These percentages increase dramatically among elderly patients, with 73% visiting within a month of their suicide, and nearly half visiting within the preceding week.

Two versions of the RRSR-PC are available:

- Adult
- Adolescent (pictured below)



Recognizing and Responding to Suicide Risk in Primary Care (RRSR-PC):

- Is a one-hour facilitated slide presentation with video illustration
- Includes a pocket assessment tool
- Contains reproducible patient handouts
- Can be delivered in face-to-face or webinar format
- Carries 1.5 AMA PRA Category 1 CME credits

Learning Objectives & Outcomes

During this training program, Primary Care Practitioners learn:

1. Why and how routine suicide risk screening should and can be incorporated into routine medical visits
2. What constitutes appropriate risk management strategies and crisis response planning
3. How to effectively document a suicide risk assessment in a medical chart

After participating in the RRSR-PC, Primary Care Practitioners should be able to:

1. Increase confidence in initiating and discussing the topic of suicide with primary care patients
2. Use algorithms and decision-making tools to identify a primary care patient at risk for suicide
3. Apply principles of crisis management to appropriately triage a primary care patient at risk for suicide
4. Deliver brief interventions to manage a primary care patient at risk for suicide