

Implementing a suicide risk management plan in general practice: the central role of the practice nurse

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PROJECT AIMS

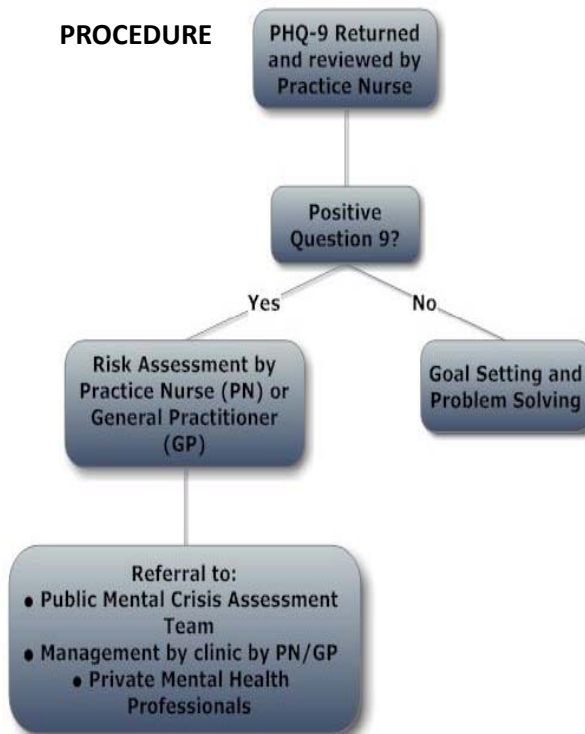
The TrueBlue project aims to provide a collaborative model of care utilising the centrality of the practice nurse.

Risk was identified by the PHQ-9¹.

These patients were identified by the practice nurse and managed by the protocol.

This poster presents the protocol and the results of that management and the feedback from the practice nurses regarding use of the protocol.

PROCEDURE



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "0" to indicate your answer)

	Not at all	Slightly	Moderately	Very much	Extremely
1. Little interest or pleasure in doing things	0	1	2	3	4
2. Feeling down, depressed, or hopeless	0	1	2	3	4
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	4
4. Feeling tired or having little energy	0	1	2	3	4
5. Poor appetite or overeating	0	1	2	3	4
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3	4
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	4
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3	4
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3	4

add columns: _____

TOTAL: _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at drspitzer@duke.edu. Use of the PHQ-9 may only be made in accordance with the terms of the available at <http://www.pfizer.com>. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Suicide Risk Assessment Form

(Record statements in detail – refer to guidance notes)

Patient Name: _____ Clinician: _____ Pr. ID# _____

Date and Time of Call: _____ Care Manager Name: _____

1. "In the past month, have you made any plans or considered a method that you might use to harm yourself?" (circle one)
YES _____ NO _____
(If yes, ask, "Please be specific about those plans or methods you have considered?")

2. "Have you ever attempted to harm yourself?" (circle one)
YES _____ NO _____
(If yes, ask "when was this? What happened?")

3. "There's a big difference between having a thought and acting on a thought. Do you think you might actually make an attempt to hurt yourself in the near future?" (circle one)
YES _____ NO _____
(If yes, ask, "Who have you told and what have you said to them?")

4. "In the past month have you told anyone that you were going to commit suicide, or threatened that you might do so?" (circle one)
YES _____ NO _____
(If yes, ask, "Who have you told and what have you said to them?")

5. "Do you think there is any risk that you might hurt yourself before you see your doctor the next time?"
YES _____ NO _____
(If yes ask, "What do you think you might do?")

Action taken to contact Clinician (indicate "None" if patient determined as "Low Risk")

Conclusion

- Participants at risk were identified by the PHQ-9 at risk
- Protocols were followed
- Timely referrals were made and followed-up
- With the backing of protocol and procedure Nurses reported feeling confident to manage suicide risk

¹ Kroenke K, Spitzer R L, Williams J B. 'The PHQ-9: validity of a brief depression severity measure', *Journal of General Internal Medicine*, 16(9): 606-613, 2001