Reducing Suicide Risk for Patients at Health Centers

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NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER
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- Integrated primary care model, including HIV and transgender health services

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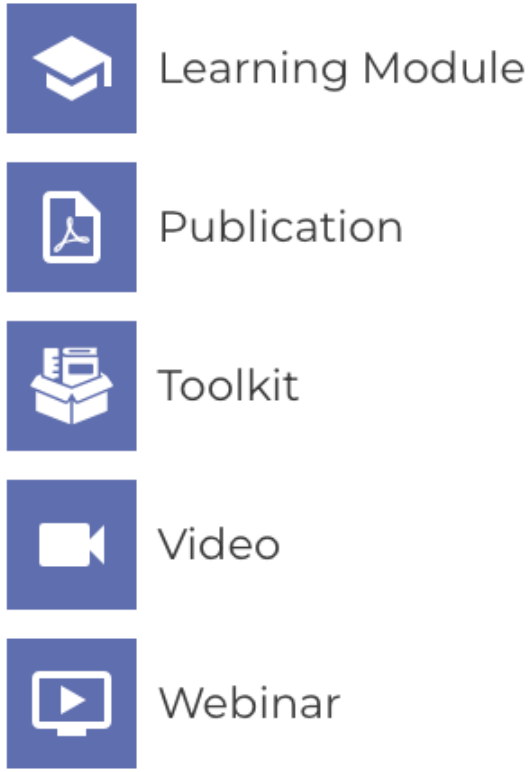

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Reducing Suicide Risk for Patients at Health Centers: Creating Safe and Effective Spaces for Suicide Risk Disclosure in Routine Care

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Learning Objectives

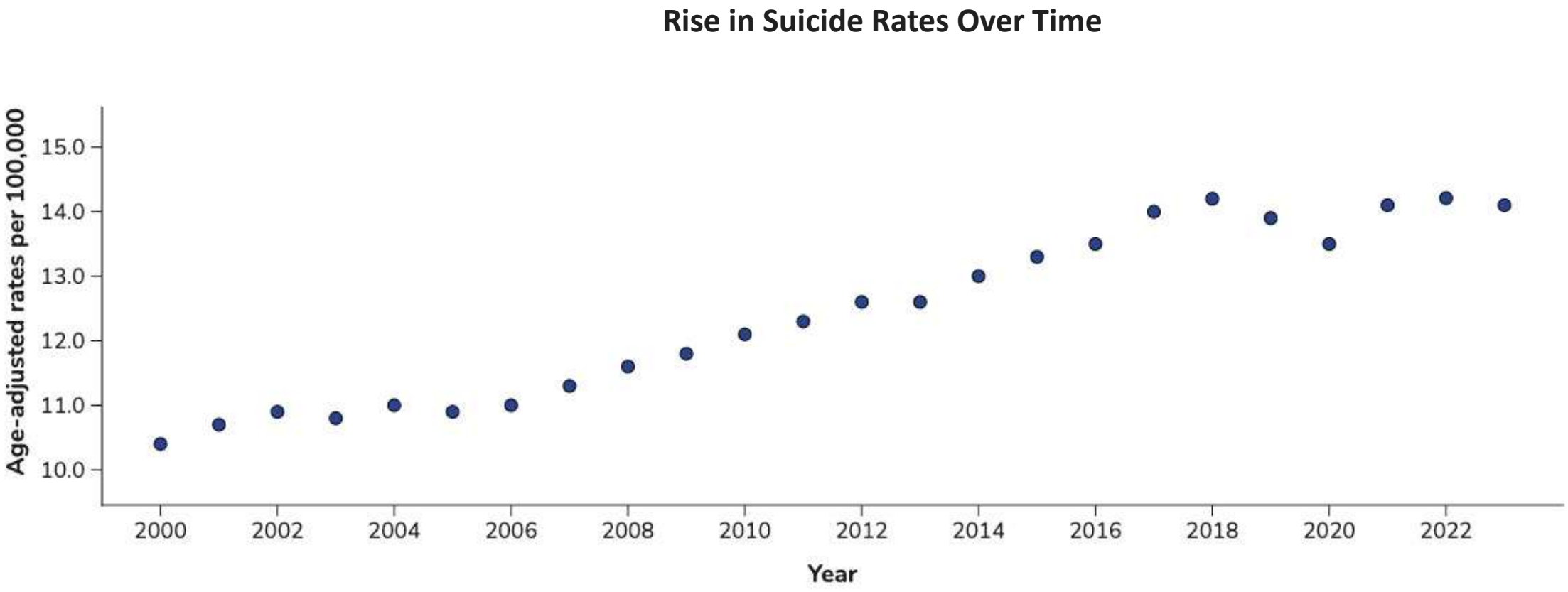
- Identify common barriers to disclosure of suicidal thoughts in health center settings.
- Describe the functions and variability of suicidal thoughts across individuals and contexts.
- Differentiate levels of suicide risk using validated screening and assessment frameworks.
- Discuss evidence-based communication strategies to respond effectively and compassionately to disclosures of suicidal ideation.

Scope of the Problem

The Impact of Suicide

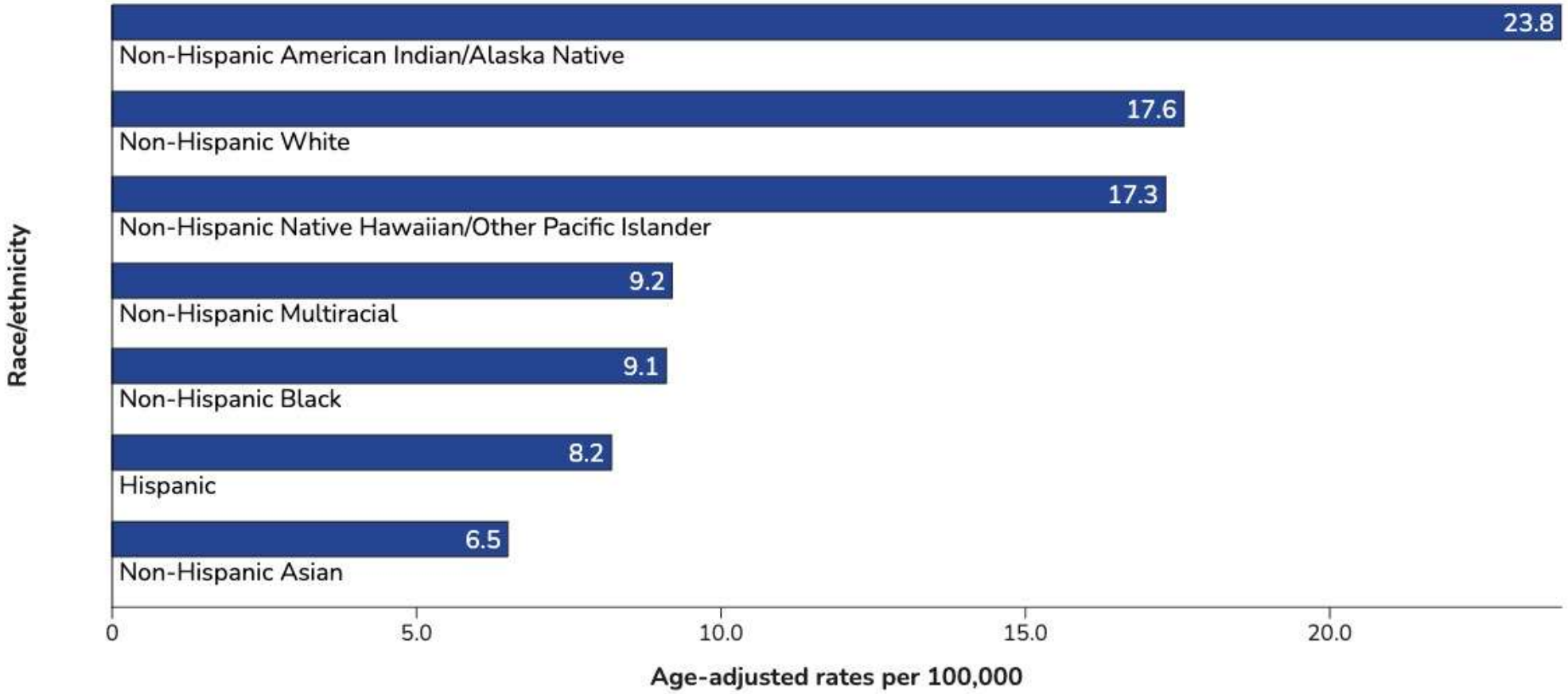
Center for Disease Control, 2025; 2023

The Impact of Suicide



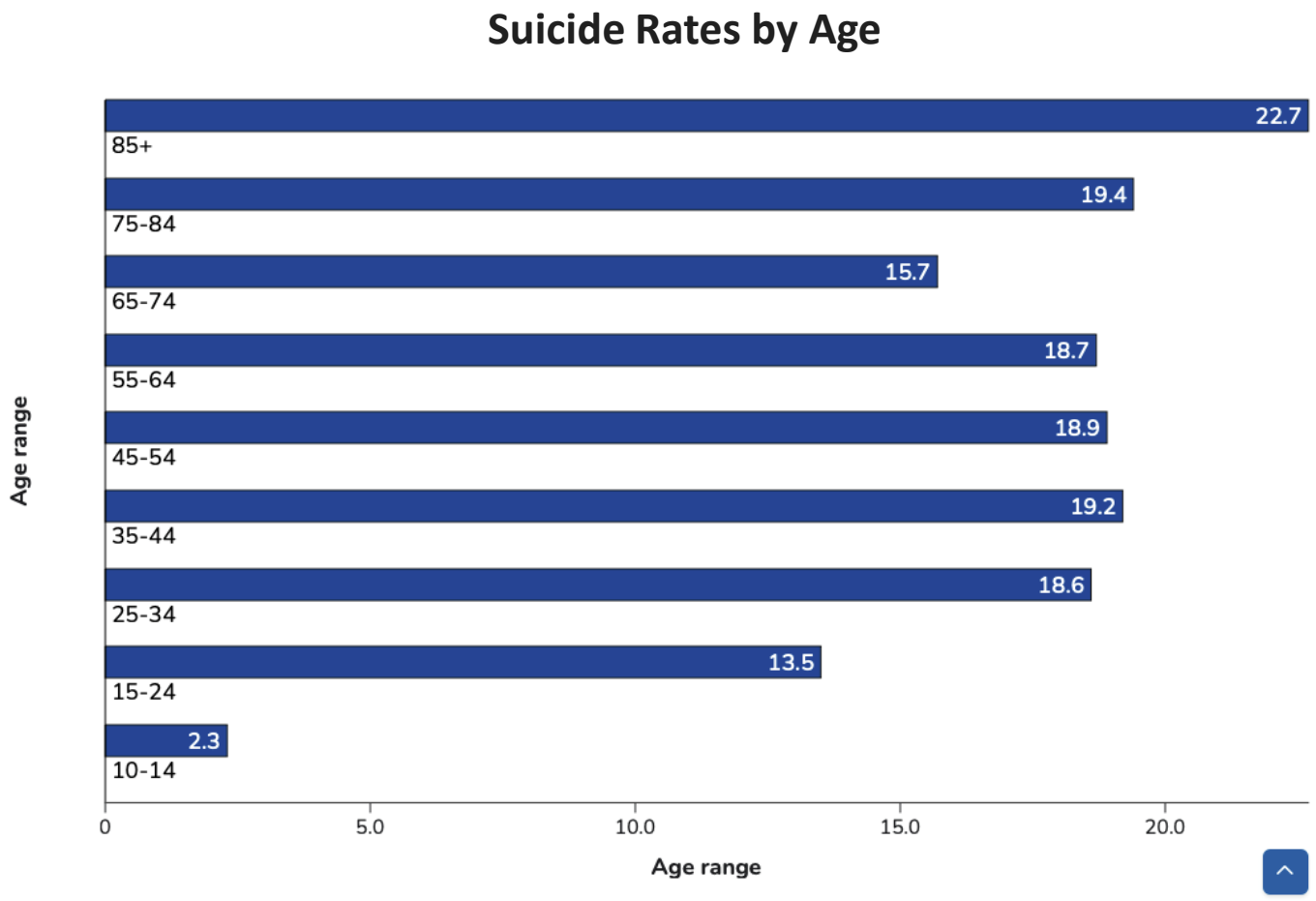
Center for Disease Control, 2025; 2023

Suicide Risk by Demographic Groups



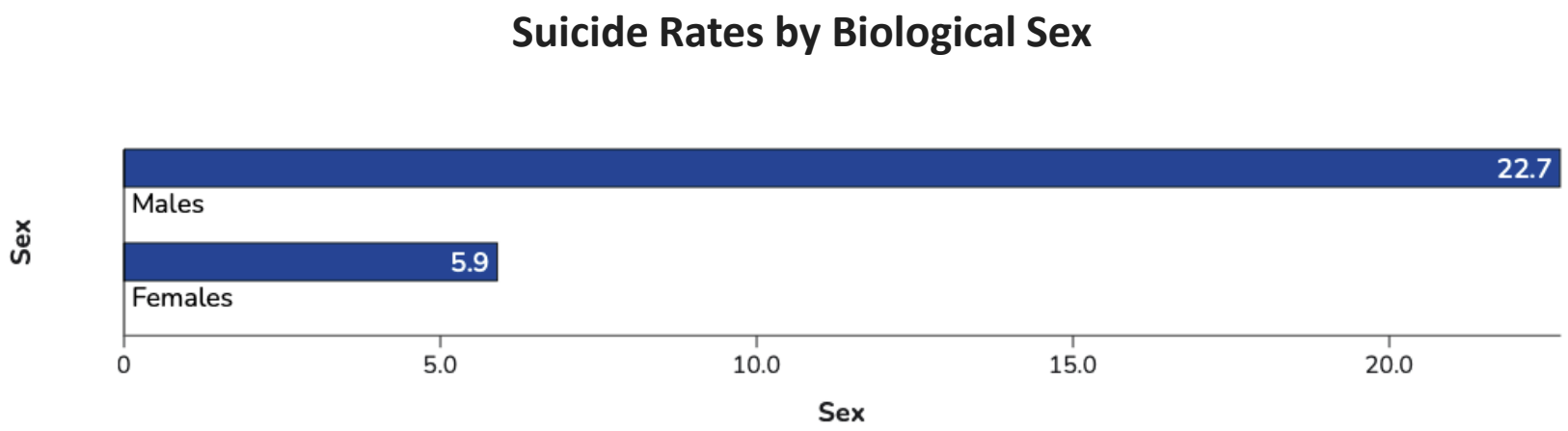
CDC, 2025

Suicide Risk by Demographic Groups



CDC, 2025

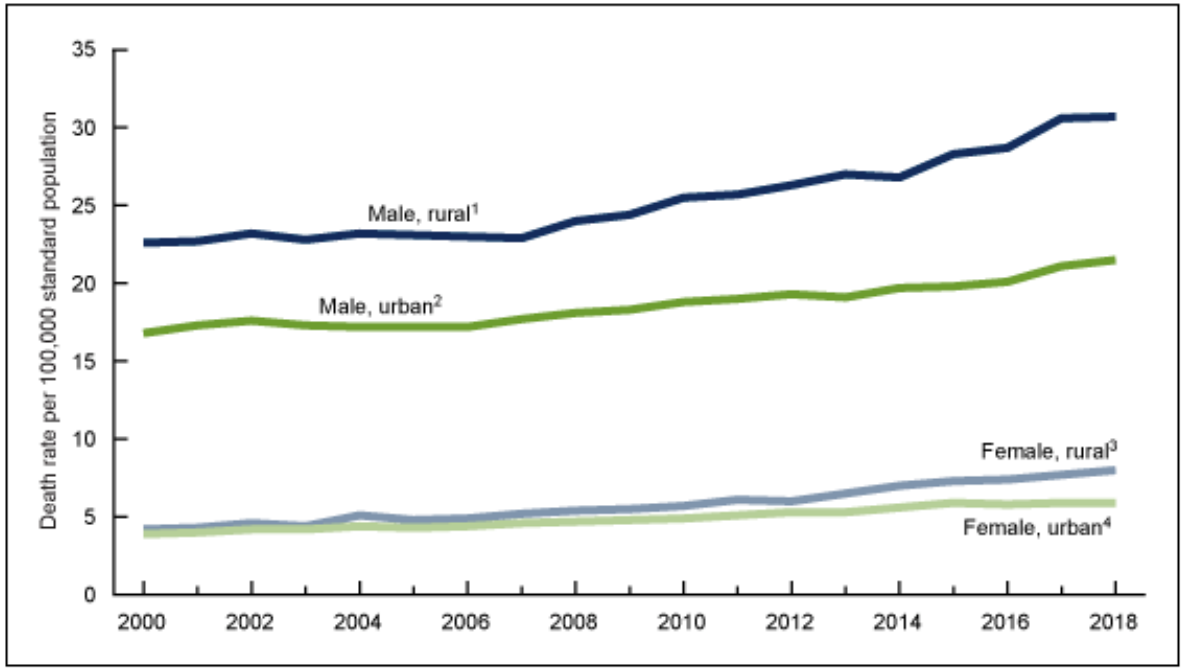
Suicide Risk by Demographic Groups



CDC, 2025

Urban-Rural Status in Suicide Risk

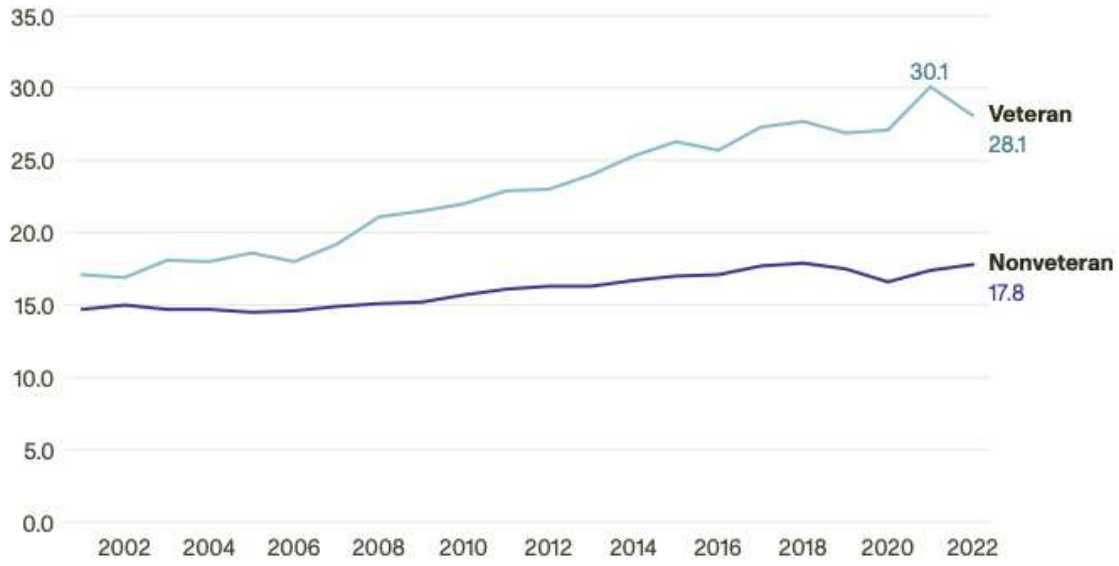
Figure 2. Age-adjusted suicide rates, by sex and urban–rural status: United States, 2000–2018



CDC, 2025, 2020; Office of Suicide Prevention, 2024b; Trevor Project, 2023

Veteran Status in Suicide Risk

Figure 1. Age- and Sex-Adjusted Suicide Rates for Veterans and Nonveterans, 2001–2022



CDC, 2025, 2020; Office of Suicide Prevention, 2024b; Trevor Project, 2023

The Gap between Risk and Communication

- What we've covered:
  - Suicide affects communities in uneven ways.
  - Risk is shaped by social, cultural, and contextual factors.

- The core challenge:
  - Even if we can identify who is most at risk, we struggle to identify who is willing to talk about it.
  - Effective prevention depends not only on recognizing risk, but also on creating conditions where people feel safe to share.

Non-Disclosure Among At Risk Individuals

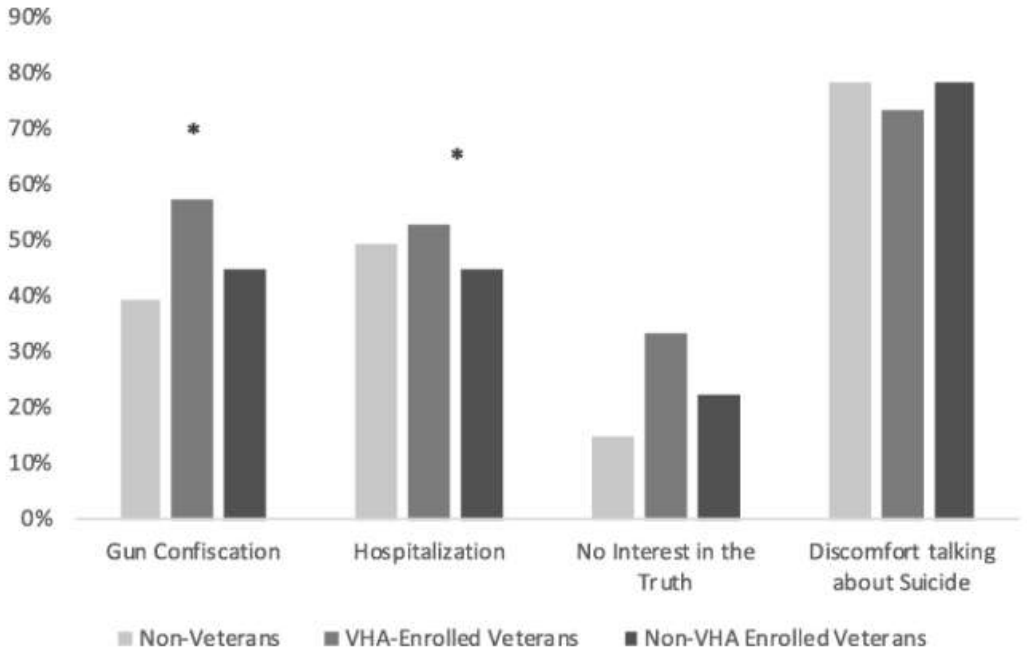
Suicide Risk Disclosure

- 60% disclose their suicidal thoughts
  - Of those, 42% were to health professionals
- Only 23% of suicide decedents disclosed intent prior to death
  - Those aged ≥45 were even less likely to disclose
- 75% of suicide decedents had contact with primary care in year prior to death
  - 45% within the prior month

Calear & Batterham, 2019; Choi et la., 2017; Luoma et al., 2002; Obegi, 2021

Barriers to Disclosure

- Fear of outcome
  - Unique impact of demographics, Veteran status
- Shame and stigma
  - Exacerbated among those already experiencing high stigma
- Worry about being a burden



Ammerman et al., 2022; Bell et al., 2023; Calear & Batterham, 2019; Hom et al., 2017

Myths About Talking About Suicide

- People who say they are suicidal aren't serious / they're just seeking attention
- Once someone decides to die, nothing can stop them
- Asking about suicide will put the idea into someone's head
- Talking about suicide will make things worse

Reduced Shame

Reduced Hopelessness

Reduced Suicidality

Blades et al., 2018; Dazzi et al., 2014; NAMI, 2025; Polihronis et al., 2022; Samaritans, 2025

Improving Our Understanding of Suicidal Thinking

Functions of Suicidal Thoughts

1. Coping with Emotions
2. Expressing Needs
3. Finding Solutions

Coppersmith et al., 2023; Gebhardt et al., 2022; Linehan, 1993; O'Connor, 2011; Rudd, 2006

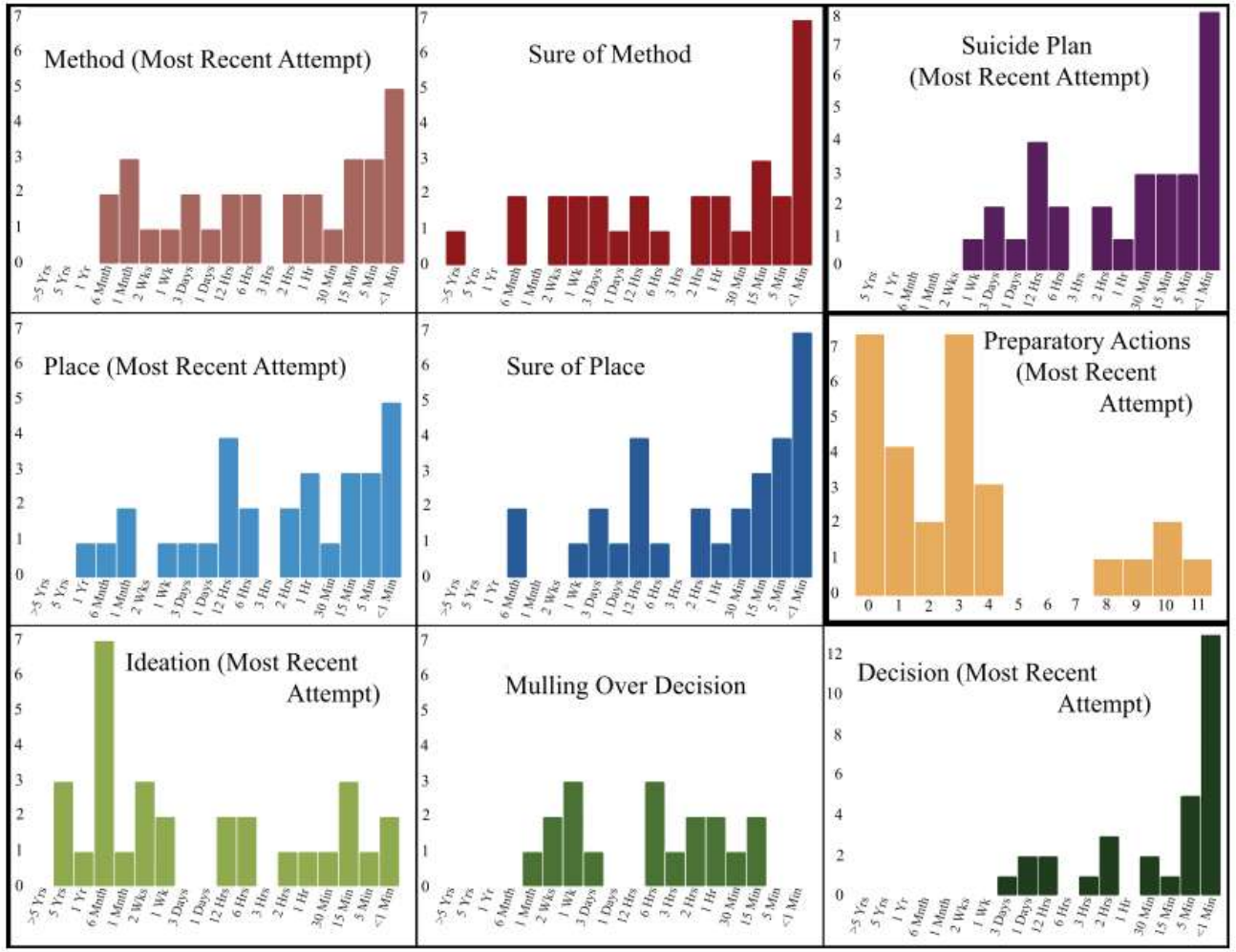
Variability in Warning Signs & Preparatory Behavior

- Preparatory behaviors very widely (many show few or none)
- Suicide notes present in only ~1/3 of deaths
- Outwardly normal or future-oriented behavior is common
- Ambivalence means people may be ‘okay’ while still at risk

Marsh et al. 2021; Millner et al., 2017; Rockett et al., 2018; Shobassy & Abu-Mohammad, 2022; Xu et al., 2025

Rapid Nature of Suicide Risk

- Suicidal crises can escalate quickly
- Key decisions may unfold within hours or minutes
- Many attempts occur within 10 minutes of the decision
- Emphasizes importance of ongoing inquiry & safety planning



Deisenhammer et al., 2009; Millner et al., 2017

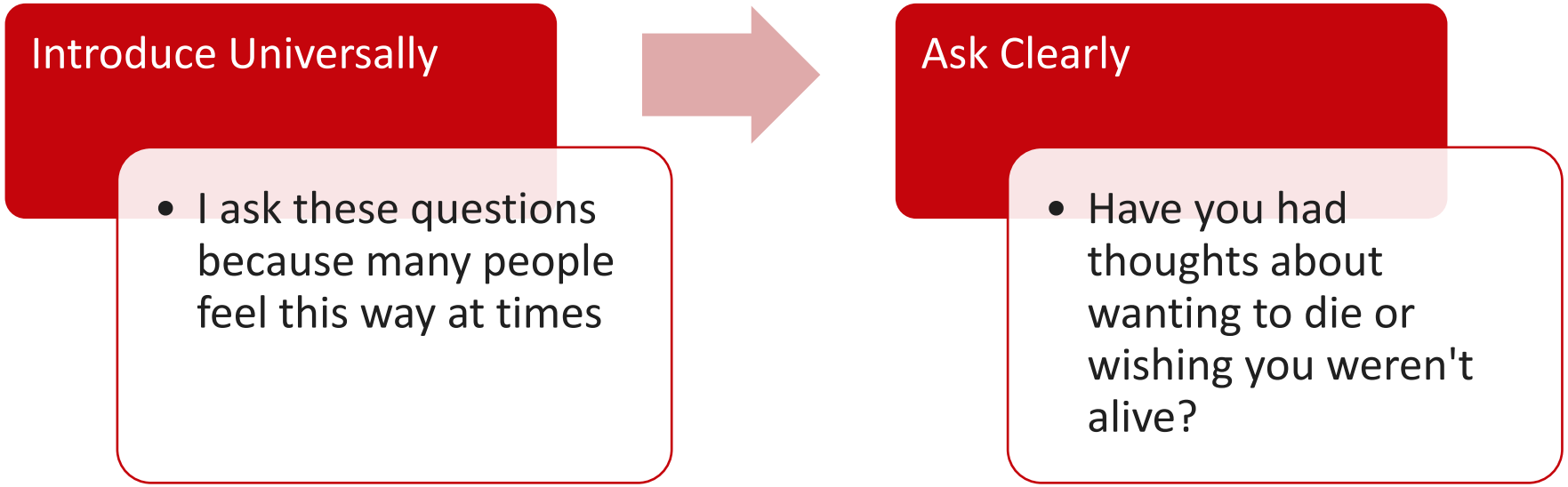
Assessing For, and Responding To, Suicide Risk

Essential Components of Suicide Risk Assessment

- Ask directly about suicidal thoughts
- Ask about intent, capability, and access to means
- Identify recent changes
- Assess protective factors and reasons for living
- Clarify what the person needs right now
- Collaboratively plan next steps

Creating a Safe Space for Disclosure

- Acknowledge discomfort
- Use calm, direct, nonjudgemental language
- Normalize the experience



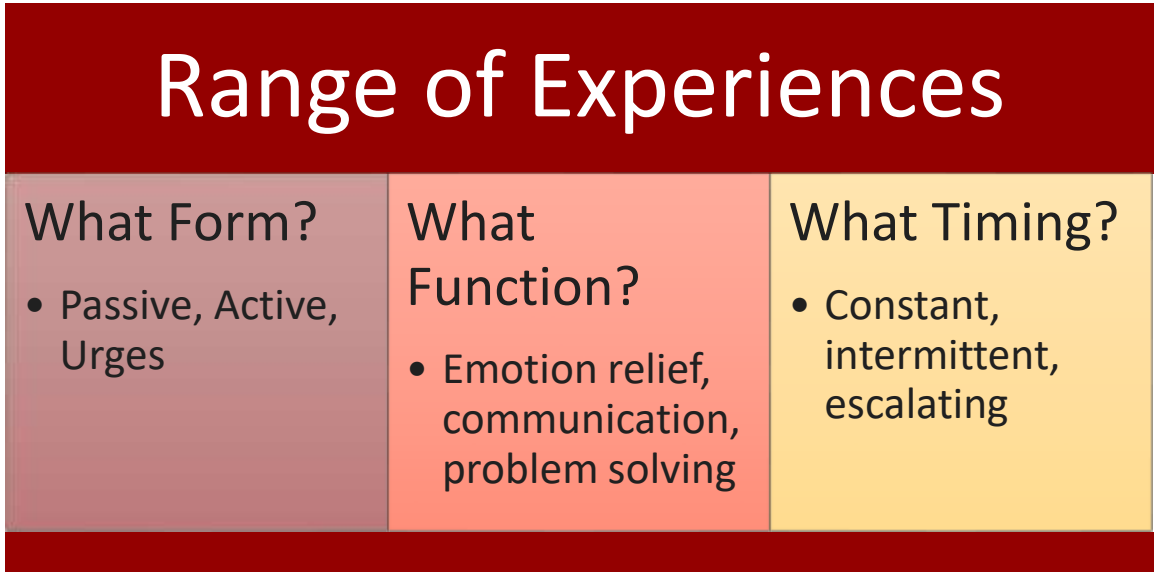
Responding When They Say “Yes”

- Things to say:
  - *Thank you for telling me.*
  - *That sounds really hard.*
  - *I’m here to help.*
- Things not to say:
  - *You’re not going to do anything, right?*
  - *Promise me you won’t hurt yourself.*
  - Minimizing or dismissing statements
- Why this matters:
  - Shapes future willingness to disclose
  - Builds relational safety

Ammerman et al., 2021; Ammerman et al., 2022; CDC, 2024; Hom et al., 2017; Park et al., 2021

Understanding What 'Yes' Can Mean

- A "yes" does not mean imminent danger
- Approach with curiosity
- Explore what the thoughts mean for the person



Talking Through Levels of Distress

- People may describe:
  - Thoughts without intent
  - Thoughts with some ambivalence
  - Thoughts with strong urge or intent

Exploring Safety Through Collaborative Dialogue

- Ask about urges, intent, and capacity *with gentleness*
  - “How strong are the urges?”
  - “What helps you get through moments like this?”
  - “What would help you feel safer right now?”

Supporting People at Each Level of Distress

Key Takeaways

1. Suicide disclosure is rare—but deeply shaped by how we respond.

2. Suicidal thoughts vary in form, function, and intensity.

3. Conversations should be collaborative—not interrogative.

4. Support scales with distress.

5. Your presence is one of the most protective factors.

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Questions?


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