

## Suicide Screening in Primary Care

### Question

With the increased burden of behavioral health issues, how can primary care practices incorporate suicide screening into their services?

### Answer

Primary care is an ideal environment in which to screen for suicide risk. Those who die by suicide are often seen in primary care, emergency departments, and other healthcare settings in the weeks and months before their deaths, which illustrates the importance of suicide prevention in primary care.<sup>1</sup> Suicide rates in the United States have increased 30 percent in the past two decades,<sup>2</sup> and more than 49,000 people died by suicide in 2023.<sup>3</sup>

Additionally, suicide ranks as the second leading cause of death among young people ages 10 to 24,<sup>4</sup> and millions of Americans have serious thoughts of suicide every year.<sup>5</sup> If a primary care provider can identify those at risk for suicide early via a screening tool, it can help determine the most appropriate actions to take to keep them safe.

Primary care practices should screen and identify any patients at risk of suicide if they present for mental health or substance use treatment. To determine suicide risk level, a trained healthcare employee can administer a validated screening tool such as the:

- [Ask Suicide-Screening Questions \(ASQ\) Toolkit](#)
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\) Screener](#)
- [Patient Safety Screener-3 \(PSS-3\)](#)
- [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\)](#)
- [Patient Health Questionnaire-9 \(PHQ-9\)](#) and [PHQ-A \(modified for adolescents\)](#)

These tools may be critical in helping primary care providers diagnose depression and suicide risk and monitor treatment response.

Using screening tools helps to ensure that primary care practices follow a standardized, evidence-based protocol to identify any at-risk individuals. If a patient screens positive for suicide risk, a trained clinician (e.g., social worker, nurse practitioner, physician assistant, physician, or other mental health clinician) should conduct a [brief suicide safety assessment](#) (BSSA) to determine whether a more comprehensive mental health evaluation is necessary for the patient.<sup>6</sup> Regardless of the results, the provider should document in the patient's health record that the screening occurred.

As part of a [comprehensive approach](#) to suicide prevention, primary care practices can employ these strategies to empower staff to know appropriate actions and ways to help keep patients and staff safe:

- Learn about the common [suicide warning signs](#).
- Advise at-risk patients on the risk of having firearms in one's home, especially when they may be at an increased risk of harming themselves or others.
- Create protocols for the screening, assessment, intervention, and referral of at-risk patients.
- Educate and train all healthcare providers about suicide care protocols and practices, including safety planning and [lethal means safety counseling](#).
- Establish relationships and agreements with behavioral health practices and providers to whom you intend to refer patients.
- Develop handoff protocols to ensure patient health information is sent to emergency care and behavioral health providers, and follow up with at-risk patients by phone between visits. Safe and effective [transitions in care](#) may assist in decreasing suicide risk.
- Give at-risk patients information about the [988 Suicide & Crisis Lifeline](#).<sup>7</sup>

## Resources

For more information, see MedPro Group's [Risk Resources: Suicide Screening in Primary Care](#).

## Endnotes

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- <sup>1</sup> Van Orden, K. (2022, March 11). Psychiatry for primary care: Suicide risk assessment and prevention (part 3). *Psychiatric Times*. Retrieved from [www.psychiatristimes.com/view/psychiatry-for-primary-care-suicide-risk-assessment-and-prevention-part-3-](http://www.psychiatristimes.com/view/psychiatry-for-primary-care-suicide-risk-assessment-and-prevention-part-3-)
- <sup>2</sup> Gray, M. (2025, February 28). *US suicide rates reach record highs in 2024 — a statistical analysis*. North American Community Hub. Retrieved from <https://northamericancommunityhub.com/us-suicide-rates-reach-record-highs/>
- <sup>3</sup> Centers for Disease Control and Prevention. (2025, March 26). *Suicide data and statistics*. Retrieved from [www.cdc.gov/suicide/facts/data.html](http://www.cdc.gov/suicide/facts/data.html)
- <sup>4</sup> National Institute of Mental Health. (n.d.). *Ask Suicide-Screening Questions (ASQ) Toolkit*. Retrieved from [www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials](http://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials)
- <sup>5</sup> Substance Abuse and Mental Health Services Administration. (2024). *2023 companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP24-07-020). Retrieved from [www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic](http://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic)
- <sup>6</sup> National Institute of Mental Health, *Ask Suicide-Screening Questions (ASQ) Toolkit*; University of Washington. (2021). *Developing protocols for suicide prevention in primary care*. Retrieved from [https://aims.uw.edu/wordpress/wp-content/uploads/2023/06/Developing-Protocols-for-Suicide-Prevention-in-Primary-Care\\_020921-Final\\_1.pdf](https://aims.uw.edu/wordpress/wp-content/uploads/2023/06/Developing-Protocols-for-Suicide-Prevention-in-Primary-Care_020921-Final_1.pdf)
- <sup>7</sup> ACP Internist. (2018, October). *Preventing suicide in primary care*. Retrieved from <https://acpinternist.org/archives/2018/10/preventing-suicide-in-primary-care.htm>; Suicide Prevention Resource Center. (n.d.). *Primary care*. Retrieved from [www.sprc.org/settings/primary-care](http://www.sprc.org/settings/primary-care); Suicide Prevention Resource Center. (n.d.). *Support safe care transitions and create organizational linkages*. Retrieved from <https://sprc.org/effective-prevention/a-comprehensive-approach-to-suicide-prevention/support-safe-care-transitions-and-create-organizational-linkages-2/>

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