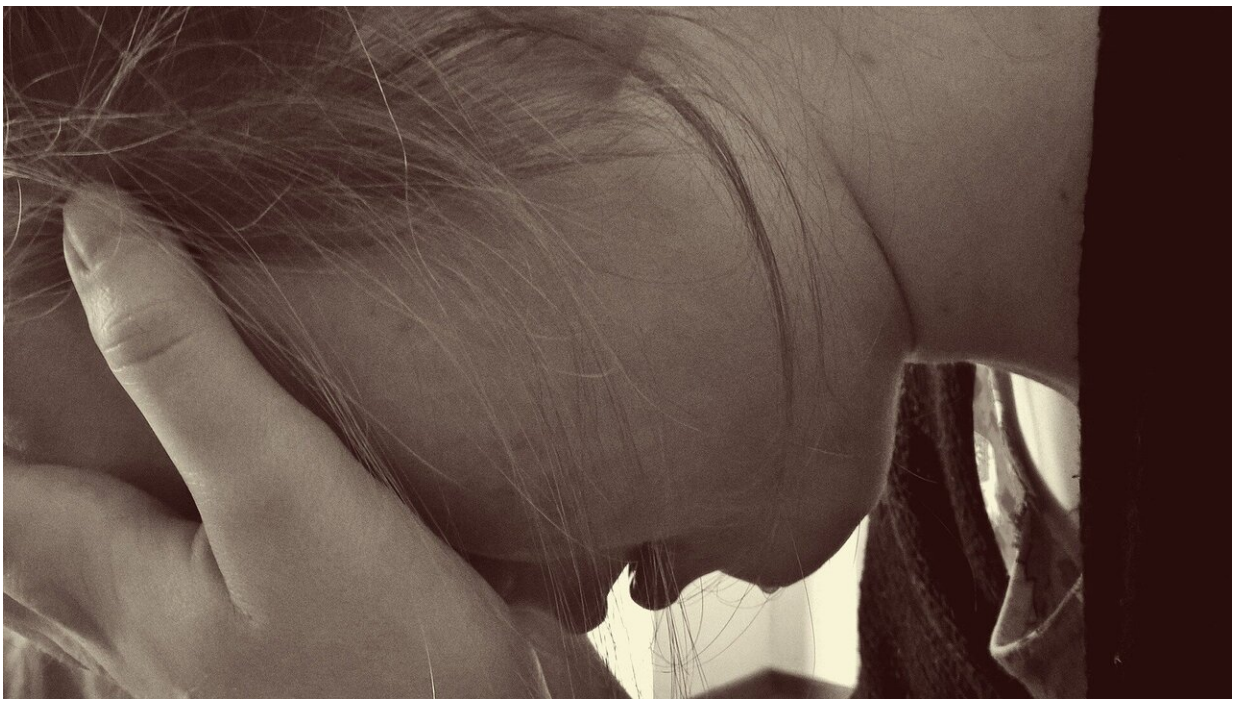
Despite US suicide epidemic, medical students still don't receive adequate training to treat suicidal patients

February 1 2024, by Rodolfo Bonnin, Leonard M. Gralnik and Nathaly Shoua-Desmarais



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Suicide in the U.S. is a societal epidemic and a staggering public health crisis that demands attention from medical experts.

In 2021, someone in the U.S. died by suicide every 11 minutes, according to the Centers for Disease Control and Prevention. That rate equates to nearly 50,000 Americans every year. Another 1.7 million people in the U.S. attempted suicide in 2021, and over 12 million more had suicidal thoughts.

And the numbers appear to be getting worse: Preliminary numbers for 2022 show a 2.6% increase in suicide deaths from 2021.

Suicide particularly affects younger people—it remains one of the top three causes of death for those between ages 10–34. High school students identifying as lesbian, gay, bisexual, transgender, queer and questioning, or LGBTQ+, attempt suicide four times more often than heterosexual students.

These statistics make it clear that far more attention needs to be given to how to talk about suicide, both with loved ones and in medical and other professional settings.

As a team of experts who educate medical students on how to identify and treat suicidal patients, we are well aware that most medical schools do not yet adequately address the topic of suicide.

In turn, many of their students, once they become physicians, are not adequately equipped to identify, assess and refer suicidal patients. Yet, these health care providers are expected to play a key role in the battle to prevent suicide. But as the numbers make clear, this approach is not enough.

Destigmatizing suicide

Suicide has a long history of stigma, made worse by how it's portrayed in the media. Often, when someone dies by suicide, the media uses

euphemistic phrases such as "no foul play suspected," rather than clear and accurate language describing the death as a suicide. This type of coded language implies the subject of suicide should not be addressed directly and leaves questions about what actually happened.

When a person takes their own life, the phrase "committed suicide" is often used, as if it were a sin or a crime. This is partly because, historically, most religions have considered suicide to be sinful and as a result it is treated as taboo. Although laws against suicide have been repealed in the United States and many other places, attempted suicide is still considered a crime in some states.

The verb "commit" in the context of suicide can suggest a criminal act. In contrast, using language such as "died from suicide" or "took her own life" is less stigmatizing and more neutral, which is why these phrases are recommended by advocates of mental health as best practices. Consistent with this approach, many media organizations have developed specific guidelines for reporting about suicide. For example, the Associated Press Stylebook recommends avoiding use of the phrase "committed suicide."

Similarly—largely because of the societal and historical stigma surrounding suicide, which medical education is not immune to—medical schools do not equip up-and-coming doctors with the language and skills needed to recognize it and properly address it with their patients.

Shortage of mental health care

The first point of contact for patients seeking treatment for mental health conditions is usually their primary care physician. About 44% of those who died by suicide worldwide between 2000 and 2017 had visited their primary care provider within one month of their death.

This could be due to a combination of factors, including the continued stigma of mental health, limited access to mental health professionals and ease of access to and comfort with their primary care practitioner as a first step. Research shows that gaps between general medical services and specialty mental health options are preventing adults and kids from getting the mental health care they need.

In addition, the vast majority of patients with depression are treated by their primary care physicians rather than psychiatrists.

The shortage of available psychiatrists means that primary care physicians provide treatment and prescribe mental health care by default, especially for children, adolescents and geriatric patients. In fact, primary care providers—in other words, practitioners who are not psychiatrists—prescribe more than half of all psychiatric medication. And a 2023 study found that approximately one-third of patients received mental health care from their primary care provider.

Finally, many psychiatrists in private practice do not accept insurance, including Medicare and Medicaid, leading to reduced availability of psychiatric care.

Thousands of additional lives might be saved if primary care physicians and other practitioners who are not psychiatrists were better trained to ask the vitally important questions about suicide. In addition, better recognition of the warning signs of suicide, readily available psychiatric care and the elimination of stigma of mental illness would facilitate better quality of care.

Training the next generation of doctors

Why do so many Americans take their lives shortly after seeing a primary care provider?

It may be because many doctors are unprepared or uncomfortable discussing suicide or don't pick up on the signs of suicidal ideation. It's also possible that the doctors simply don't have the necessary time to spend with the patients, even when intervention is needed.

At Florida International University, we train all medical students, beginning in the first year, on how to discuss suicide with patients. This helps to normalize the topic as just another part of their medical training, which, in turn, destigmatizes it.

We then emphasize the need for comfort and familiarity with the topic, as well as the many myths surrounding it. For example, there's a false belief that asking a patient about suicide will increase the likelihood they will act upon the suicide. Research indicates otherwise.

Finally, students are told that doctors must create a safe environment for their patients to be open about discussing sensitive topics. In short, doctors must ask questions about suicide in a way that's not pejorative or dismissive. They must not apologize to the patient or shy away from the subject.

Statements like "I'm sorry to have to bring this up" or "I'm sorry if this question seems too personal" can be an indication of discomfort or uneasiness. Instead, doctors should ask direct and specific questions like "Have you had any thoughts about ending your life" or "Are you having any thoughts of suicide?"

After a risk assessment is completed, then a patient would be hospitalized if they are at risk—there is no mandate for doctors to report on or act on depression.

The need for universal suicide screening

Although universal suicide screening has yet to be made the best practice nationally, there are multiple reasons why a standard screening process would be beneficial. Training in suicide assessment and prevention can be made mandatory for medical license renewal, which would include universal screening practices.

For example, adopting best practices could include offering suicide screening during routine health care visits to identify people at risk who might not otherwise be identified.

Another example: More than half of 15,000 children and adolescents who were seen in a pediatric hospital emergency room for nonpsychiatric reasons between March 18, 2013, and Dec. 31, 2018, were also experiencing suicidal ideation and behaviors. These examples emphasize the critical need to train doctors in suicide assessment and prevention. Currently there are fewer than 10 states that require any training on suicide assessment and prevention for doctors to renew their medical license.

In addition, doctors can use empathy, compassion and a nonjudgmental approach, rather than making the patient feel like they are being cross-examined by a lawyer. Interacting empathically leaves the patient feeling more understood and comfortable disclosing sensitive information.

There is a growing movement toward addressing mental health issues in medical schools. Our program prioritizes training a new crop of physicians who will be prepared and motivated to discuss suicide with their patients.

If you or someone you know is considering suicide, please call or text 9-8-8 for confidential, free support.

Provided by The Conversation