

“IF YOU HEAR IT, ASSESS IT”: Building a Scalable Suicide Prevention Model in Oncology

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BACKGROUND

- ✓ Patients with cancer experience heightened emotional distress and suicide risk.¹
- ✓ Expanded distress screen has increased identification of suicidal ideation (SI) outside traditional social work encounters.
- ✓ Ethical and safety imperatives require **all** patient-facing staff to respond appropriately.

METHODS

Tool Used: CSSRS (Columbia Suicide Severity Risk Scale)

- Validated tool
- Simple language for clear responses

Who is trained:

- All patient-facing staff

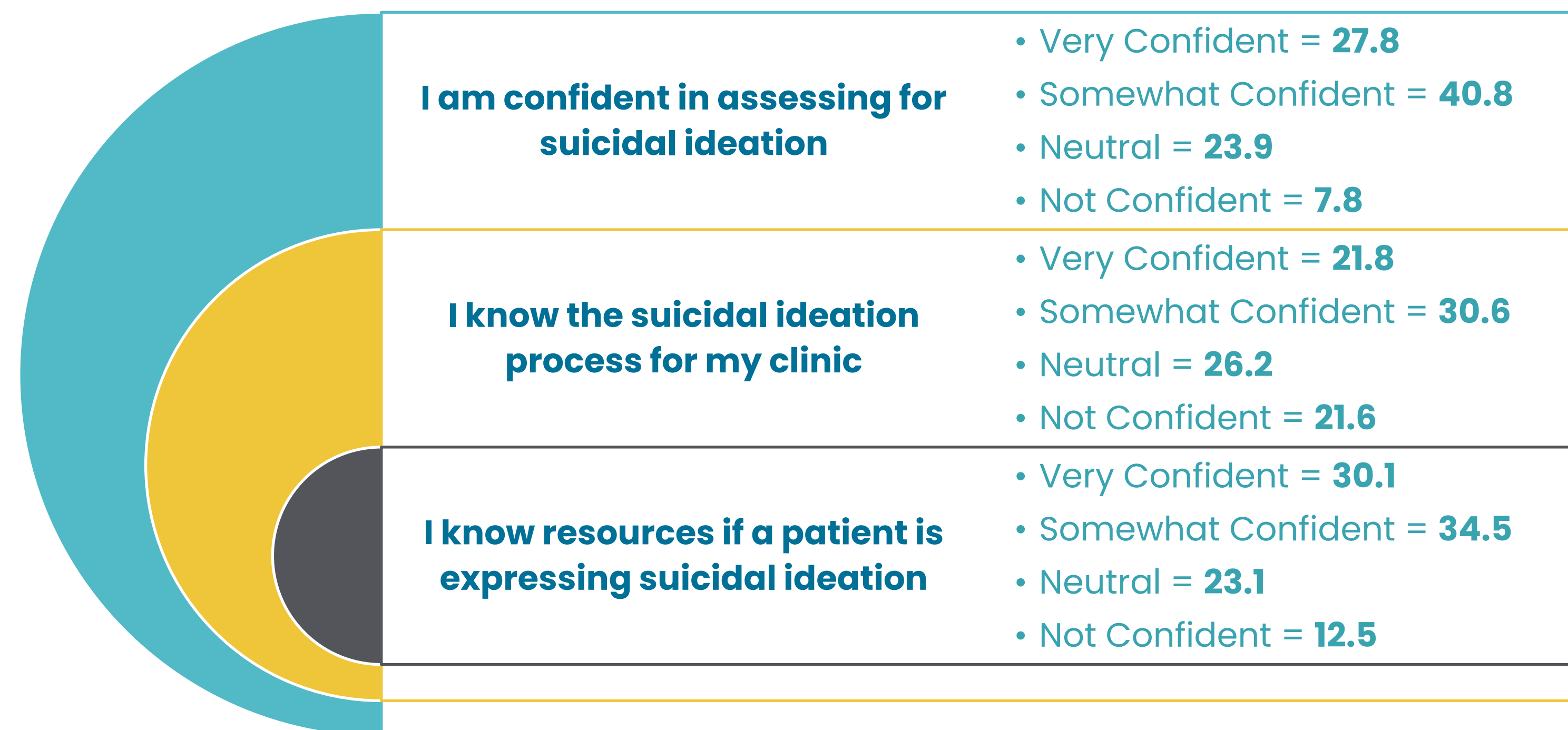
Curriculum Design

- Dedicated Trainer Role/FTE
- Live virtual
- On-site
- Self Paced on Learning Center (education platform)

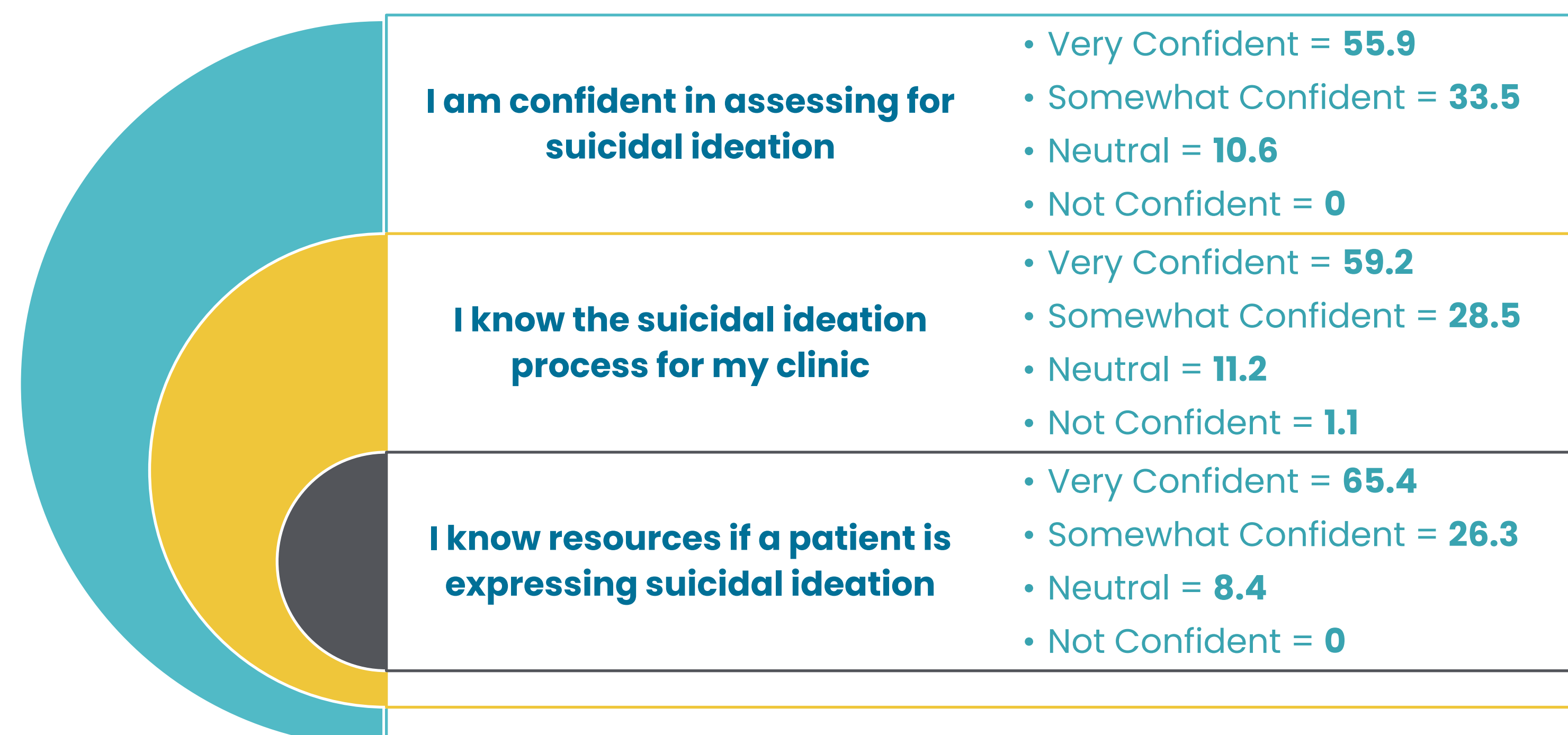
Cadence of Training

- Annual with 6 months between live and self-paced training

Pre Training Knowledge Assessment



Post Training Knowledge Assessment



RESULTS OVER 2 YRS

Over 2,100 staff trained

- Combined virtual and on-site

Survey Data showed significant improvement in confidence assessing suicidal ideation

- Understanding clinic procedures
- Knowing available resources

Emerging need as clinics transitioned to PHQ9

- Addressing a positive PHQ9 with CSSRS

CONCLUSIONS

- ✓ Suicide prevention is a SHARED responsibility in oncology care
- ✓ Brief, role appropriate training significantly improves confidence and practice
- ✓ Continuous evaluation and modification with practice changes
- ✓ Model is replicable and adaptable across oncology settings

CITATION

1. Kumar, V., Chaudhary, N., Soni, P., & Jha, P. (2017). Suicide rates in cancer patients in the current era in United States. *American Journal of Psychiatry*; 12, 11-14.

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