

Discussing Mental Health

A Guide for Healthcare Professionals

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INTRODUCTION

Not everyone with a mental health disorder realizes they need help, and those who do might not know how to find it. When someone comes into your clinic/practice to receive help with mental health concerns, it is important to know how to respond; you can have a profound impact on their lives by helping them get the treatment they need as soon as possible.

This guide is intended to provide primary care physicians, and other frontline healthcare providers with supplemental information on navigating mental health concerns of your patients through the following strategies:

- Provide simple methods to screen your patients for potential mental health disorders;
- Highlight key communication skills that a clinical professional should use to discuss a patient's mental health and/or suicidal ideation;
- Introduce www.FindMentalHealthNowKY.org, a search tool for locating mental health treatment centers with open treatment slots; the website also includes listings of community resources that might be helpful for your patients.

“I was scared and didn’t know where to start. Using FindMentalHealthNowKY.org, I was able to search and filter down to exactly the right place to call to get an appointment as quick as possible.”
— *Anonymous*

SCREENING YOUR PATIENTS FOR MENTAL HEALTH DISORDERS AND SUICIDALITY

Patients visit doctors for all kinds of reasons, and they certainly can bring up any number of topics. Patients may or may not discuss emotions that they are having a difficult time with. It is always a good idea to practice utilizing mental health screenings regardless of the reason the patient is seeing you. A study found that nearly 30% of individuals that died by suicide had visited a health provider of any type in the week leading up to their passing and more than 50% of individuals visited a health provider within 30 days of passing.¹

The following tools can be used to help gauge whether the patient might have a mental health disorder and/or be at risk of suicide:

- Patient Health Questionnaire-9 (PHQ-9) for depression (<https://www.hiv.uw.edu/page/mental-health-screening/phq-9>)
- Patient Health Questionnaire-2 (PHQ-2) for depression (<https://www.hiv.uw.edu/page/mental-health-screening/phq-2>)
- Patient Health Questionnaire-9 modified for adolescents (PHQ-A) (https://www.nimh.nih.gov/sites/default/files/documents/PHQ-A_with_depression_questions_and_ASQ_PDF.pdf)
- Generalized Anxiety Disorder 7-item (GAD-7) (<https://www.hiv.uw.edu/page/mental-health-screening/gad-7>)
- Generalized Anxiety Disorder 2-item (GAD-2) (<https://www.hiv.uw.edu/page/mental-health-screening/gad-2>)
- Primary Care PTSD Screen (PC-PTSD-5) (<https://www.hiv.uw.edu/page/mental-health-screening/pc-ptsd>)
- Ask Suicide Screening Questions (ASQ) (<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>)
- Columbia Suicide Severity Rating Scale (C-SSRS) (https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf)

Mental health-related problems can appear with physical symptoms as well. Treating the symptoms doesn't always solve the problem. If a patient is visiting with symptoms such as changes in appetite or weight, constipation or diarrhea, unexplained aches and pains, poor sleep, or low sex drive, it might be worthwhile to screen for mental illness along with your other tests.² Regularly screening your patients for mental health disorders will help you identify those patients who might need further assistance. Ideally, patients would be screened at every visit, but a minimum of annually would still be helpful. Their responses to your initial screening questions will provide a starting point for further discussion and diagnosis down the road.

DISCUSSING MENTAL HEALTH WITH A PATIENT

Mental health can be a difficult topic to broach, especially with the stigma that surrounds the subject. Mental health symptoms can be viewed similarly to when an individual experiences physical health symptoms and they don't know what to do for them. For this reason, it is important not to appear aggressive or dismissive or present any personal beliefs about the symptoms, in your discussions with them. Instead, encourage your patient to get the appropriate help or seek a second opinion from a mental health professional.

Perceived aggression or dismissiveness, whether intended or not, can make a patient isolate and not talk about their problems. Likewise, the expression of personal beliefs may elicit similar reactions, even if your belief is well intended. The goal is to get the patient to seek help, and their perceptions could lead them to isolation. Mental health symptoms and isolation are a combination that can lead to further problems.

Whether you are talking to your patient about depression, hallucinations, delusions, or anxiety-related disorders, discussing mental health consists of the same basic elements. The OARS model of communication stresses four core components: Open-ended questions, Affirmations, Reflective listening, and Summarizing.³ Each component is explained below:

Open-Ended Questions: Questions that cannot be answered by a “yes” or “no”. They require, and allow, for more elaboration.

Affirmations: Responses that let the patient know that it is going to be okay. The patient needs to know that their problem can be alleviated by working together.

Reflective Listening: This action involves active listening and being able to repeat back the information that you have heard from the patient. This shows them that you are receptive to everything they have said and that you understand it.

Summarizing: Summarizing is used either at the end of a conversation or to transition between topics. It involves restating the key points discussed to ensure that both the patient and the clinical professional share the same understanding.

OARS Example

Provider: *Walks into the room and sits down to set up for the appointment* Hello June, what brings you in today?

June: *fidgets* Yea, so I... I don't know what to do. I feel like I'm going crazy.

Provider: *puts everything down and turns to face June* June, what's going on? Why do you feel that you are going crazy?

June: Well, I just... I can't stop this feeling that I am doing something wrong. I can't figure out why or what, though.

Provider: *puts hands together, leans forward slightly, and leans elbows on knees* June, that sounds like a terrible feeling. Would you please try to elaborate a little more so that I know how to help you?

June: I just get this feeling in my chest, like it's hard to breathe even though I am breathing fine. I don't know if that even makes sense. This feeling is happening all the time. It makes me crave sleep, because then I will at least stop feeling it. I just don't know what to do so that I can feel normal and live my life.

Provider: Wow, June, that sounds really difficult. Always feeling like you can't breathe and constant worry—I can understand why someone might desire the times when this feeling stops. Before we move on though, I need to know if you are having thoughts of hurting yourself or others.

June: No, no, no. I don't want to do that at all. I just want to stop feeling like I am crazy.

Provider: Okay, well that's good. I don't want anyone to get hurt. I also want you to know that you are not crazy. What we can do is take a quick screen or two, to cover what you are experiencing. Then we can use [FindMentalHealthNowKY.org](https://www.findmentalhealthnowky.org) to find a treatment facility or provider that is right for you. Would you like me to assist you with that? We can try and get you a referral immediately. That provider would be able to help you work through your feelings of worry and identify how to relieve them so that you can feel like you are living a normal life. I can also work with them if you sign a release of information so that we can get you medication, based on diagnosis, if you think that is the best course of action.

Note: The screeners that could be helpful in this situation include, but are not limited to, the [GAD-7](#) and [PHQ-9](#).

Referrals

After discussing mental health and/or suicidality with your patient, it may be necessary to make a referral to another treatment source: To find treatment options that are best suited for your patient, please go to the [Find-MentalHealthNowKY.org](#) Section. While following the protocols of your practice, and the practice your patient is

being referred to, there are a couple of things that can facilitate the process and help your patient.

The first is a warm handoff to the new provider. A warm handoff includes a personal conversation with the individual provider that will oversee the care of your patient. This conversation will allow you to share information that you have externally. Having the patient involved in this process will help as well. They will know everything that is said about them and have input into their own care. This gives them autonomy and targets the medical intervention that they need.

The second suggestion is to have follow-up contact, both with the referred medical provider, to ensure that your patient is being taken care of and that they are improving, and with your patient either before or at their next appointment. This allows for follow-up questioning that the provider may have about the patient, as well as allowing you to continue to provide support for your patient.

TALKING TO YOUR PATIENTS ABOUT SUICIDE

If you are in an appointment with a patient and they state that they are experiencing suicidal ideation, suicidal behavior, suicidal intent, self-harm behaviors, or even that they have attempted suicide, you need to have a serious and empathetic conversation with them. This requires active listening skills (putting down any items, moving to face them, focusing on them, and leaning forward slightly). They need to know that they have your attention and that you care about them. Ensure that your facial expressions are appropriate and not dismissive. Body language is half of all communication, and if your body language is not showing that you care, that is exactly how it will come across, regardless of what you say.

(The following is used with permission from Recovery Alberta.⁴)

When discussing suicide and suicidal behaviors with patients, some helpful definitions to know include (listed by severity, from least severe to most):

- **Self-harm:** the direct, deliberate destruction of one's own body tissue without suicidal intent; considered suicidal when there is evidence of intent to die;
- **Acute precipitating events:** recently occurring risk factors including but not limited to illness (self or social contacts), conflict, or loss;
- **Suicidal ideation:** thoughts about dying or the wish to be dead without intent to act;
- **Suicidal intent:** when a person is resolved to take their own life; a desired outcome of dying by suicide;
- **Preparatory behavior:** may include but is not limited to assembling lethal means, visiting possible locations, getting personal or business affairs in order;
- **Rehearsal behavior:** practicing a suicide attempt without initiating the attempt;
- **Lethal means:** assembling items or substances with potential to cause significant harm or death, accidentally or deliberately. Examples include ropes, prescription drugs, chemicals, firearms, knives, or razors;
- **Suicide attempt:** self-injurious behavior that may result in injuries but has a nonfatal outcome, with evidence (explicit or implicit) that the person had suicidal intent;
- **Suicide:** a conscious or deliberate act to end one's life.

Suicide Risk Level Criteria

Suicide risk level is a helpful determination for patients who say or indicate that they might be at risk of suicide. To properly determine suicide risk level, and utilize these levels appropriately, we recommend taking training first. These could include the

Assessing and Managing Suicide Risk (AMSR) Training, Collaborative Assessment and Management of Suicidality (CAMS) Training, and/or Suicide Prevention Training for Clinicians (SP201). The following information on the suicide risk levels criteria is shared below, solely for educational purposes.

Low Risk: indicated by no apparent suicidal ideation; suicidal ideation of limited frequency, intensity, and duration; no identifiable plan(s); no apparent intent; few risk factors and multiple protective factors.

Moderate Risk: indicated by frequent suicidal ideation with limited intensity and duration; suicide attempt(s) more than three months ago; limited or vague plan(s); no apparent intent; limited access to lethal means; some risk factors and some protective factors.

High/Imminent Risk: indicated by frequent, intense, and enduring suicidal ideation; current and/or suicide attempt(s) within the last three months; specific plan(s); intent to act, rehearsal behaviors, or preparatory behavior; access to lethal means; severe distress; acute precipitating event; multiple risk factors and few, if any, protective factors.

Risk Factors and Protective Factors

The risk of someone dying by suicide is influenced by factors around them that are related to their circumstances, beliefs, and supports. These factors can vary from person to person, and the importance of each factor is specific to the person. The following is a non-exhaustive list of factors that can influence risk and protections from that risk.

Risk Factors: Current or past biological, psychological, or sociocultural aspects or characteristics of the person, social contacts, or environment that make it more likely for a person to engage in suicidal behavior.

- Abuse (sexual, physical, emotional, bullying)
- Addiction (substances, processes)
- Cognitive or functional limitations
- Crisis (personal, financial, relationship)
- Depression, anxiety, or hopelessness
- Discrimination, oppression, ostracism, or historical trauma (often related to race, ethnicity, gender identity, sexual orientation, physical ability, cognitive ability)
- Family history of suicide
- History of elopement, leaving against medical advice, or wandering
- History of self-harm
- History of suicide attempts
- History of violence/aggression
- Homicidal thoughts
- Legal complications
- Living situation (housing insecurity, living alone)
- Low socio-economic status
- Medical complications
- Neurodivergence (autism spectrum disorder, ADHD, intellectual disorders, etc.)⁵
- Poor insight or judgment; impulsivity
- Postpartum status
- Psychosis or command hallucinations
- Recent hospital stays or emergency department visits

- Recent loss
- Substance use
- Trauma

Protective Examples: Biological, psychological, or sociocultural aspects or characteristics of the person, social contacts, or environment that make it less likely for a person to engage in suicidal behavior.

- Ability to identify a reason(s) for living
- Access to clinical intervention or support
- Cultural, spiritual, or religious connections
- Engagement in effective clinical care for mental, physical, or substance use disorders
- Engagement in enjoyable activities
- Engagement in work or school
- Fear of death due to pain or suffering
- High self-esteem
- Problem-solving, coping, conflict resolution skills
- Sense of belonging and identity
- Sense of responsibility to people or pets; living with family
- Strong family or community connections
- Supportive social networks or family
- The belief that suicide is immoral
- Willingness to access ongoing medical/mental health supports

The two most widely regarded and evidence-based suicide and self-harm screeners are from the National Institute of Mental Health and the Columbia Lighthouse Project. The Ask Suicide Screening Questions (ASQ) and the Columbia Suicide Severity Rating Scale (C-SSRS), as referenced previously in this guide, can be found free online.

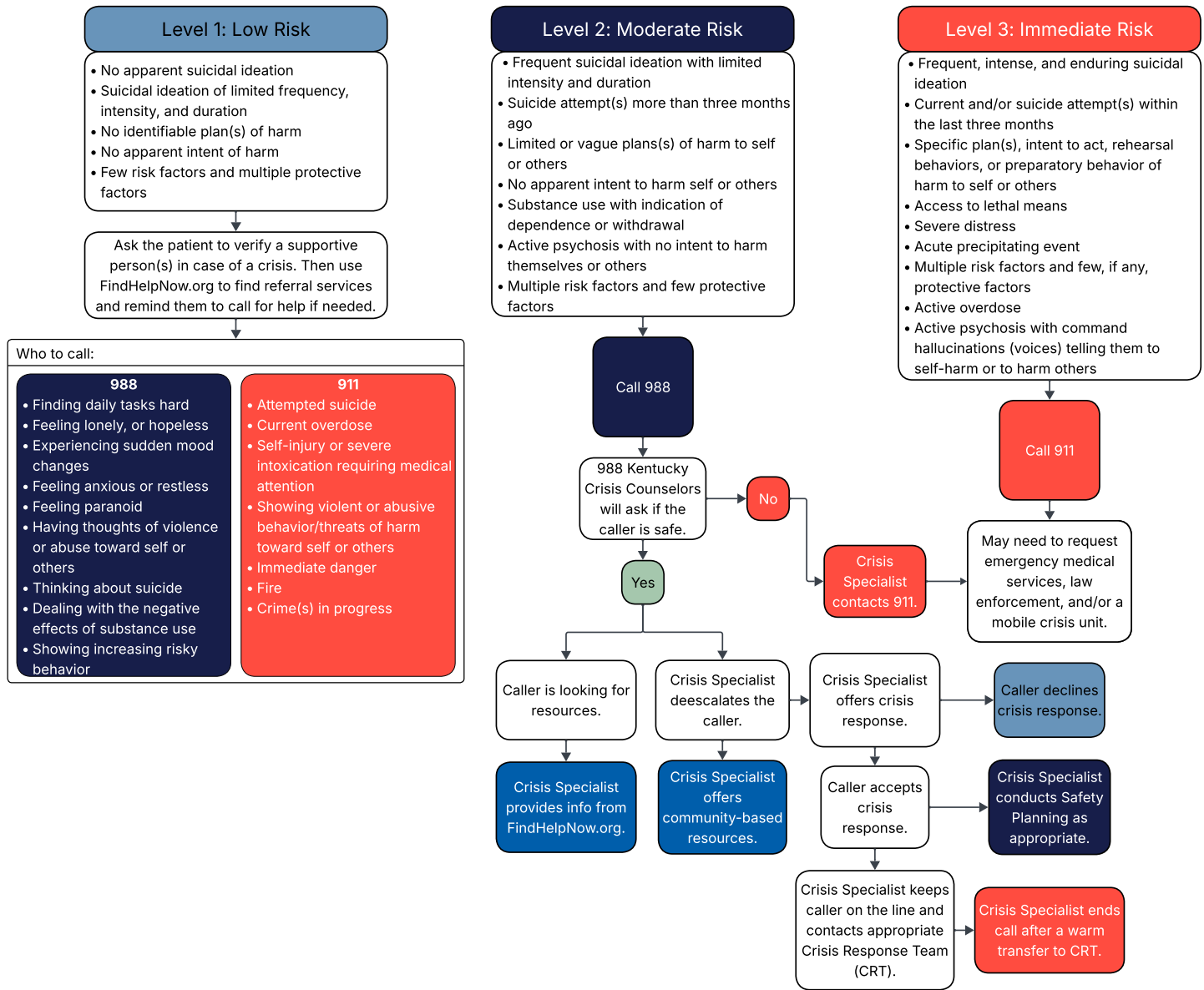
Crisis Intervention

There might be scenarios in which a discussion with your patient and a referral to another provider are not sufficient. The individual might have a suicide plan or might be showing signs of immediate action or other serious circumstances. If this is the case for your patient, they may need to call 988, the suicide prevention and crisis lifeline. It is possible for you to call 988 during the visit and have the patient participate, if you aren't sure they will do so individually. This lifeline connects you to a 24/7 network that provides access at the most local and least restrictive level. This call center would work with your patient to access services quickly, whether at a Community Mental Healthcare Center (CMHC), or at a hospital for inpatient treatment if necessary.

The goal is to keep patients safe and provide them with the treatment that they need when they need it. The 988 lifeline is a great tool for a patient in crisis. The 988 lifeline is available to anyone at any time for a crisis defined by the caller. You can find more information about the call centers and your local CMHC at [988.ky.gov](https://www.988.ky.gov).

Screening, Assessing, and Acting

I need help with my mental health



Note: This list is not exhaustive but is intended to serve as guidance for decision making. 988 also can advise on steps to take if someone is witnessing a behavioral health crisis or psychiatric emergency and is unsure what to do.

FINDMENTALHEALTHNOWKY.ORG

[FindMentalHealthNowKY.org](https://findmentalhealthnowky.org) is a search tool for locating mental health providers and facilities in Kentucky with current availability. A variety of filters allow the provider to narrow down the results to those that are most appropriate for the patient. FindMentalHealthNowKY.org also houses educational resources on mental health and substance use and a location-specific list of community resources that might be of use to your patients.

When you visit FindMentalHealthNowKY.org, multiple types of treatment location options as well as navigational tools are listed at the top of the screen. When working with a patient who has mental health concerns, the three tools to focus on are Mental Health Treatment, Learning Materials, and Community Resources.

The screenshot shows the homepage of FindMentalHealthNowKY.org. At the top, there is a navigation bar with links for Home, Learning Materials, Community Resources, FAQs, About, and Contact. Below the navigation bar, a dark blue banner contains the text: "If you're experiencing a crisis, call 988 to reach someone at the Suicide & Crisis Lifeline immediately." The main content area is divided into two columns. The left column features a section titled "Start Here To Find Treatment and Recovery Openings" with a sub-header "Start Here To Find Treatment and Recovery Openings". Below this, there is a paragraph of text: "Use this website to find facilities and providers who are actively taking new clients. We work with hundreds of mental health treatment, substance use disorder treatment, naloxone, and recovery housing organizations in Kentucky to bring you up-to-date and accurate information and available openings." This is followed by a link: "Experiencing a Crisis? Call or text 988 or Live Chat." Below that, another paragraph reads: "Need help finding substance use disorder treatment? Have questions about treatment or recovery? Contact our partners at the KY HELP Statewide Call Center to speak with a screening and referral specialist Monday through Friday from 7:00 am to 10:00 pm and Saturday and Sunday from 8:30 am to 5:30 pm EST/EDT at 1-877-318-1871." The final paragraph in this section says: "Interested in knowing your HIV status or ways to prevent HIV? Call 844-294-2448 for more information and resources near you." At the bottom of this section are two logos: "kiprc" and "TEAM KENTUCKY CABINET FOR HEALTH AND HUMAN SERVICES". The right column contains a search form with the following fields: "Who Needs Help?" (dropdown menu), "Gender" (dropdown menu), "Pregnant / Postpartum" (checkbox), "Currently also has a substance use disorder diagnosis" (checkbox), "Location" (text input field with placeholder "City, state or zip code"), "Treatment Types" (dropdown menu with a "Help" icon), and "Payment Types" (dropdown menu with a "Help" icon). A blue "Search" button is located at the bottom of the form. A small accessibility icon is visible in the bottom right corner of the page.

Mental Health Treatment

When you click on “Start Your Search” under the Mental Health Treatment icon, you will be asked a few questions to help locate facilities with the most appropriate treatment options for your patient. You may answer as many or as little as you need to. After clicking “Search”, you can then use the left navigation bar to utilize various filters, including whether someone has a co-occurring substance use disorder, to refine the results. All the facilities listed in the results will have new patient availability.

Educational Materials

The Learning Materials tab will take you to various resources on topics ranging from varying community perspectives on mental health to issues surrounding parenting/postpartum and mental health. All are in PDF format so that you can print and share with your patient. These documents are one to two pages long and are written at a 5th- to 7th-grade reading level. There are several one-pagers on substance use disorders for patients with a dual diagnosis.

Community Resources

This tab provides accessible resources in a selected geographic area based on different categories and topics/populations. After selecting the Community Resources tab, a text box asking for a geographic location will appear. Enter the location you want to search, and the search results will display a list, map, list of categories, and drop-down options for topics and population. The community resource cards that are displayed as a result of your search options contain all the necessary information on how to contact and receive those services.

If you have questions about FindMentalHealthNowKY.org, use the contact tab on the website or email your comments or questions to mail@findmentalhealthnowky.org. The FindMentalHealthNowKY.org team appreciates hearing about community resources or treatment facilities that are not already included on the site, as well as thoughts on how the site can be more user friendly.

CARING FOR YOURSELF

The importance of the work that Kentucky's primary care providers, and other frontline healthcare workers provide for our residents cannot be overstated. Your treatment and referrals are extremely important, and they can be the difference between life and death. This is true for both mental health and physical health. This important work can take a toll, so it is important to take time to care for yourself as well.

Self-care needs to be a regular routine for all practitioners, otherwise your health will suffer. A provider with poor mental health will not be able to think clearly, sympathetically, or empathetically when it comes to a patient in need. A provider with poor physical health will not feel well enough to be able to come to work all the time and take care of their patients. So, for the providers that say that their work is more important than themselves, note that taking care of yourself indirectly takes care of your patients.

Self-care can mean different things to different people. Some might like to come home, make a nice meal, and then take a warm bath. Others might like to schedule time in their evening to read one of their favorite books or to catch up with a friend. The tasks themselves are not as important as the intention and meaning behind the tasks. The intention needs to be to **take a break from thinking about work**, doing **something you enjoy**, doing it **for yourself**, and that it **isn't a maladaptive coping skill** (harm, substances, drinking, etc.).

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