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**Treatment of patients with chronic pain at risk for suicide: Room for innovative approaches**

**Background**People with chronic pain (PWCP) are at least twice as likely to die by suicide than the general population (Racine, 2018). Existing suicide prevention efforts have focused on screening and referring these individuals to mental health to ensure that this high-risk population receive suicide prevention (SP) treatment. However, only about 5% of PWCPs follow-up on referrals (Edmond, Moore, Dorflinger et al., 2018). Further, PWCP who die by suicide are more likely to see a primary care provider (PCP; 75%) than mental health provider (MHP; 30%) in the past year (Edmond, Moore, Dorflinger et al., 2018, Luoma, Martin & Pearson, 2002), suggesting opportunities to deliver SP treatments in medical settings for this high-risk population. The goal of this study was to understand where and from whom PWCPs at risk for suicide want to receive SP treatments.

**Methods** We conducted a national survey of 1090 PWCPs who were feeling hopeless. We asked about their suicidal thoughts and behaviors in their lifetime and in the past year. Additionally, we asked where and from whom they would be interested in receiving treatments for their hopelessness.

**Results** PWCPs who were feeling hopeless (n=1090) were most interested in receiving treatment in a mental health setting (71%), a primary care setting (68%), and remotely by computer or app (67%). These individuals are interested in receiving treatment from a mental health (74%) or medical (69%) provider. Those at highest risk for suicide (i.e., previous attempt(s); n=92) were more likely to be interested in receiving treatment in a mental health setting (75%) than those at moderate risk (I.e., suicidal ideation but no prior attempts; n=284; 67%). Higher risk and moderate risk individuals were equally likely to be interested in receiving treatment in a primary care setting (68%, & 69%) or remotely via computer or app (67%, & 66%).

**Conclusions** Overall, PWCPs at risk for suicide are most interested in receiving treatments in primary care. They are open to receiving this treatment from either mental health or medical providers. A small proportion of this population at highest risk for suicide are open to receiving treatment in mental health. These findings suggest opportunities to continue to screen and refer, but also to integrate SP treatment into medical settings to reduce suicide risk for this high-risk population. Future research should develop and test integrative approaches to addressing suicidality among PWCPs.

References

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