Engaging Primary Care Practitioners in Suicide Prevention

Matthew B. Wintersteen, Ph.D.
Center for Family Intervention Science
Department of Child & Adolescent Psychiatry
The Children's Hospital of Philadelphia

Adolescent Suicide and Primary Care

- 70% of adolescents seen once a year in Primary Care
- Many at-risk subpopulations served (e.g., HIV, chronic illness, family planning)
- According to a sample of pediatricians, 16% of adolescents in the last year were depressed and 5% were at risk for a serious suicide attempt

Adolescent Suicide and Primary Care

- Over 70% of adolescents report a willingness to talk with a primary care physician about emotional distress
- 7-15% of adolescent suicide attempters contacted a health provider in the month previous to an attempt and 20-25% in the previous year
- Mental health was 1 of 6 research areas primary care providers felt were important
- 2007 JCAHO requirement to screen patients for suicide risk

Context of Experience

- Three funded studies to address suicide in the adolescent primary care sector:
  1. Randomized Clinical Trial (Guy Diamond, PhD, PI) to assess and treat adolescents presenting in primary care and the ED with current suicidal ideation
  2. Standardized screening of suicidal adolescents in primary care (Matthew Wintersteen, PhD, PI)
  3. Standardized psychosocial screening of adolescents in the Emergency Department (Joel Fein, MD, PI)

Getting Started

- Find research collaborators in PC who are also involved in clinical practice (e.g., clinic directors, attending physicians, social workers)
- Conduct focus groups
  1. Needs assessment – assess current practice (what support for MH already exists?)
  2. Stakeholders' input on feasibility of intervention, screening, etc.

Training of PC Providers

- Managing Suicidal Adolescents in Primary Care
  1. Epidemiology
  2. Assessment
  3. Triage (risk and protective factors)
  4. Immediate management of risk
  5. Suicide vs. Self-Injury

Staying Involved in Primary Care

- Integrate into PC setting
  1. Regularly attend meetings
  2. Accept some initial MH cases outside of the study
- Continually assess and make modifications as needed to increase buy-in
- Throughout work, offer progress reports (e.g., number of adolescents in treatment, basic therapeutic outcomes)
- Provide ongoing feedback to providers about their patients (sign those HIPAA forms!!!)

Expanding to Other PC Sites

- Use original collaborators to develop collaborators at new sites (buy-in!!!)
- Demonstrate established program (preferably with a treatment component)
- Show effectiveness of intervention in first site

Provider Concerns

- What do I do if I identify someone?
- Who will treat my patients?
- How do I manage these adolescents in the office?
- What will you do to help us?
  - Clinical support on triage and study inclusion
- How do I know this will help when the broader community mental health system has failed our patients?

What Was Learned?

- Generally, providers are invested in the MH needs of their patients
- Many providers have lost faith in the MH system
- Providers are frustrated by never hearing from MH providers about their patients
- Providers do not feel comfortable tackling MH treatment on their own
- Must be willing to go the extra mile to help out the PC sites – they are often the ones who must "sell" your model to their patients

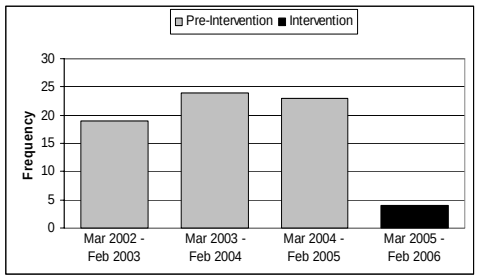
Barriers to Integrating Within PC

- PC and MH systems have evolved along parallel tracks such that reality often interferes with desire
- Personalities clashes
- Manage dynamics between clinician and program evaluation
- Greater practice or hospital goals
- Practical barriers:
  - Space
  - Time and Availability
  - IRB

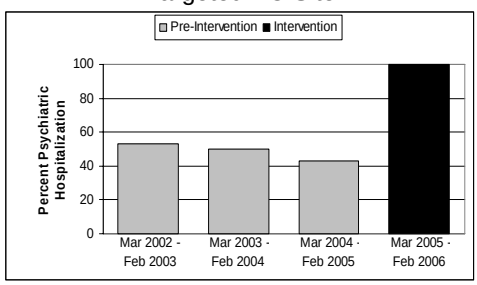
Outcomes of PC Integration

- **98%** of all adolescent visits include a standardized suicide screening
- Rates of identification and referral increased **345%** by simply having all patients answer two screening questions at every visit
- 147 adolescents received second-tier screen in PC for suicide – **all** were referred for treatment

Reduction in ED Referrals for Suicide Risk Assessment



Increase in Proportion of Adolescents Hospitalized in ED Following Referral from Targeted PC Site



Outcomes of PC Integration

- In RCT – current findings suggest that adolescents, irregardless of treatment type, have significantly reduced suicidal ideation, attempts, and depression
- Developed PC Research Network and expanded to two other hospital systems in the state

Correspondence Regarding This Presentation May be Directed to:

Matthew B. Wintersteen, Ph.D.
The Children's Hospital of Philadelphia
Center for Family Intervention Science
3535 Market Street, Suite 1230
Philadelphia, PA 19104
(215) 590-7565 – phone
(215) 590-7410 – fax
wintersteen@email.chop.edu

This presentation was supported by a pilot grant awarded to Dr. Wintersteen by the American Foundation for Suicide Prevention (AFSP). The opinions expressed are those of the author and do not reflect official positions of AFSP or the government.

Data presented are pre-publication. Citations for these data will be made available by the presenter when available. Please contact Dr. Wintersteen for details.