

Youth Suicide Prevention in Primary Care (YSP-PC)
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Department of Public Welfare

Abstract

The Institute of Medicine's the *National Strategy for Suicide Prevention* (U.S. DHHS, 2001a) clearly identified primary care as a potential source for identification, triage, and brief treatment for suicidal youth. Youth Suicide Prevention in Primary Care (YSP-PC) will build on the success of our current SAMHSA State/Tribal Youth Suicide Prevention Grant by expanding our reach from three counties in northeastern Pennsylvania to eight additional counties in two new regions of the state (southeast and west), the counties with the greatest number of suicide deaths in the Commonwealth. The project will provide primary care providers with the resources necessary to increase a) provider knowledge and comfort with assessing for suicide risk, b) the identification of youth at increased risk for suicide, and c) the number of youth referred from primary care who successfully engage in behavioral health treatment.

In order to achieve this aim, we have five objectives:

1. Create state and county level advisory boards consisting of a broad range of stakeholders.
2. Provide medical practices with educational materials and training that will improve the PCP's knowledge, confidence and skills to identify and refer at risk youth.
3. Provide PCPs free access to a web-based, patient self-report screening tool to assess for suicide and related risk factors.
4. Increase the integration of behavioral health services with medical services.
5. Provide clinical training to behavioral health providers who receive referrals and treat those at risk for suicide.

There are a number of cultural factors associated with our proposed efforts. While our first grant focused mostly on Caucasian, on low income, rural practices, the YSP-PC project will expand to work with urban and suburban environments, families from a wider socioeconomic status, and broader range of ethnic groups (e.g., Asian, Hispanic). Each demographic provides its own nuances related to risk that will be addressed by local advisory groups. We are also collaborating closely with Pennsylvania's Medical Home Program to recruit practices since these PCPs already engage in innovative practice models. We have established a partnership with a medical and behavioral health clinic that specifically treats LGBT youth, a university-based health center, and have will explore extending our screening program to both juvenile justice and military families. All of these efforts will occur in primary care settings. Our proposal will expand YSP-PC to at least 30 primary care practices by the third year of the project, enabling us to screen over 7,500 youth annually. As with our current grant, we will continue to call upon our Advisory Board comprised of public and private entities, including state medical associations, managed care organizations, state government, academic and clinical professionals, as well as survivors of suicide to provide oversight, guidance, credibility, and support to our project.