
The Pennsylvania Model for Youth Suicide Prevention in Primary Care : Overview, Barriers, Solutions, Outcomes and Next Steps

The Pennsylvania Garrett Lee Smith Grant Team

Why Screen For Suicide in Primary Care?

- 70% of adolescents seen once a year by a PCP
- Many at-risk subpopulations (e.g. HIV, chronic illness, family planning)
- 16% of adolescents in the last year were depressed, and 5% were at risk for suicide
- Over 70% of adolescents report a willingness to talk with a primary care physician about emotional distress
- 7-15% of adolescent attempters contacted a health provider in the month previous to an attempt and 20-25% in the previous year

Screening Barriers

- Over 200 screening tools have been developed, However....
 - Most focus on a single domain (e.g., depression)
 - Most focus on psychiatric symptoms while PCPs think more in terms of risk behaviors
 - Most are paper-pencil administration and require hand scoring
 - Very few, not even the GAPS, map on to formal diagnostic categories
 - Few screening tools (less than five) have psychometric support

Multiple Barriers to Implementation

- Provider Barriers
 - Lack of training, lack of time
- Organizational Barriers
 - Insurance, access to MH services
- MH Barriers
 - Long waiting lists, staff turnover
- Family and Patient Barriers
 - Low priority, treatment refusal or reluctance

The Bottom Line...

- Primary care is an excellent context for early identification, prevention, and intervention
- While screening tools can help, they will not address the multi-systemic barriers to providing mental health in primary care by themselves

Youth Suicide Prevention in Primary Care (YSP-PC) (ages 14-24)

Office of Mental Health and Substance Abuse Services
Pennsylvania Department of Public Welfare

Funded by SAMHSA through the Garrett Lee Smith Memorial Act

Aim # 1: Stakeholder Involvement

Stakeholder
Involvement
State-Level
Community-
Level

State Level Stakeholders

State Agencies:

- Dept. of Welfare
- Dept. of Health

Medical Associations:

- PA Chapter of the American Academy of Pediatrics
- PA Association of Family Physicians
- PA Coalition of Nurse Practitioner
- PA Association of Community Health Centers

Behavioral Health:

- Pennsylvania Community Providers Associations

Payers:

- Access Plus, Community Care

State Level: Suicide Prevention Task Forces

- Hosted four regional suicide prevention task force meetings
 - Over 35 counties represented by 137 participants
- Needs assessment, resource development, increased communication
- Activated their interest in the YSP-PC project

Other State Level Strategies

- State survey (N= 667) of PCPs regarding behavioral health needs and challenges
- Produced a series of training webinars
- Presentations at numerous state medical and behavioral health meetings
- Bi-monthly call with *Pennsylvania Office of Medical Assistance* to explore sustainability
- Participated in Start-up of the Pennsylvania Physical Health/Behavioral Health Learning Community
- Sponsored a state suicide prevention conference

Aim # 2: Coordination of Behavioral Health & Medical Services



State Survey Results (N=667 PCPs)

- Most practices do not have an on-site behavioral health (BH) worker
- 45% reported that they cannot quickly get BH appointments for suicidal patients and encounter long waiting lists for non-urgent patients
- Only 24% reported that the BH provider always or often let them know if a patient attends services

Other Challenges

- PCPs cannot get reimbursed for identifying and treating BH problems
 - Nearly 50% report submitting a medical diagnosis in order to provide reimbursable behavioral health services
- Limited personal relationships between providers
- Overly restricted interpretation of HIPAA
- PCPs have a poor understanding of available resources

Coordination of Services

- Screen and refer patients, but also improve the relationship and exchange of information between PCPs and behavioral health providers and agencies

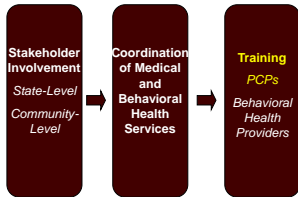
Liaison/Navigator Role: Within Practices

- Collaboration with County MH/MR Directors.
 - Funded part time liaison/navigator between PCPs and the behavioral health community.
- Identified interested PC practices to participate in the project
- Educated PCPs on how to access services
- Created support material for accessing behavioral health services (phone numbers, office posters, wallet cards)
- Offered educational services about suicide and behavioral health assessment

Primary Mechanisms of Success

- Relationship development
- Behavioral health community reaching out to PCPs
- PCPs screening enough patients to make it financially viable for the behavioral health providers to consider collocating services.

Aim # 3: PCP Gatekeeper Training



Why Training?

- PCPs get very little training on suicide and mental health
 - Less than 50% of PCPs feel competent in diagnosing depression
- Physician education increases PCPs feelings of capability and competency which leads to increased identification rates of high risk youth
- Physician education is one of only two suicide prevention strategies shown to reduce the suicide rate (Mann et al., 2005)

Recognizing and Responding to Suicide Risk in Primary Care (RRSR-PC-Y)

- Developed by the American Association of Suicidology
- Covers material pertinent to PCPs
- Designed as a 90-minute presentation
- Includes lecture, video demonstrations of techniques, and printed resources

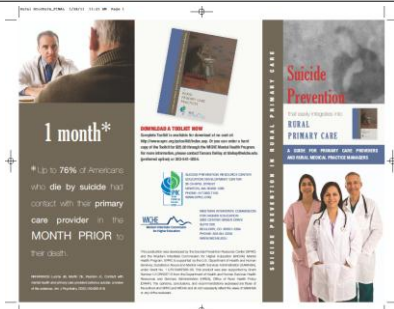


Content of RRSR-PC-Y

- Suicide risk assessment
- Triage decision making
- Crisis Response Planning
- Interventions for Primary Care
- Documentation



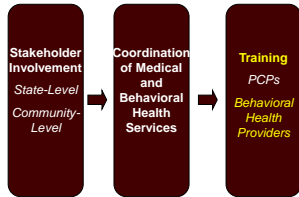
Suicide Prevention Toolkit for Rural Primary Care Suicide Prevention Resource Center (SPRC)



Online Training

- Available on website of National Association of Pediatric Nurse Practitioners
- Continuing education available for nurses and nurse practitioners
- Also available on www.payspi.org
 - Click on News & Events
 - Under "Adolescent Suicide Risk Assessment"

Aim #4: Training Behavioral Health Providers



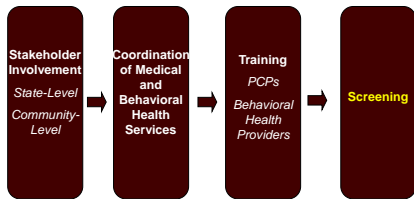
Behavioral Health Trainings

- Provided 2 CBT trainings in the region
- Provided 2 family therapy trainings in the region
 - Offered ongoing supervision to attendees
- Coordinated a co-occurring training with the Bureau of Drug & Alcohol Programs

Continued Barriers

- Little time for additional supervision and training
- Unclear level of support coming from agency administrators and directors
- No mandate to learn new skills
- High staff turn over
- Bottom line: Agenda was too vast for this grant; implementing smaller goals:
 - Safety Planning Training
 - Crisis Management Training

Aim # 5: Web-based Screening



Why is Screening Helpful?

- Standardizes screening questions across patients and providers
- Adolescents as likely or more likely to report psychosocial problems
- Summary reports maximize efficiency of medical staff time
- Facilitates patient-doctor conversations
- Increases early detection of risk behaviors
- Patients are more likely to receive care after being screened

Why Web-Based Screening?

- Greater dissemination and accessibility
- Instant scoring of results, automated skip outs, preferred by adolescents
- Interface with electronic medical records
- Track patient status over time
- Capacity for aggregate reports within a practice
- Support quality assurance projects and license renewal
- Capacity for tracking county- and state-level trends

Behavioral Health Screen – Primary Care (BHS-PC)

- Screens for risk behavior and psychiatric symptoms
- Covers areas recommended by the American Academy of Pediatrics as best practice guidelines for a well-visit interview
- Takes 9 - 15 minutes
- Generates summary report and follow-up recommendations in real time
- Promising psychometric properties

Key Domains of BHS-PC

- | | |
|---|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> School | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Family | <input type="checkbox"/> Suicide and Self-Harm |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Nutrition and Eating | |

Implementation Challenges

- Consent
- Confidentiality
- Technology
- Workflow

Progress & Outcomes



Screening Progress To Date

- Approached 17 practices, 11 participated
- 1,208 youth screened
- 187 (15.5%) endorsed having thoughts of killing themselves at some point in their life
- 54 (4.5%) had current ideation (function of indicated screening)
- Of those identified at risk for suicide:
 - 8% were already in treatment
 - 21% refused services
 - 44% accepted their referral and went to services



Other Behavioral Health Concerns

	Total # Screened	Suicide	Depression	Anxiety	Trauma	Eating Disorder	Substance Abuse
Total	1,042	169 (16.2%)	223 (21.4%)	343 (32.9%)	240 (23.0%)	29 (2.8%)	39 (3.7%)

• 303 youth (28.4% of sample) met the clinical cut-off for at least one behavioral health concern other than suicide



Sustainability

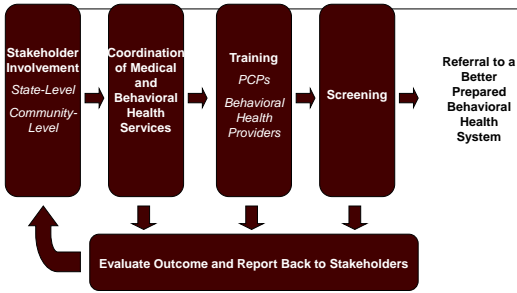
1. Find practices that are more project-ready and willing to integrate innovative models into their practice (e.g., medical home practices)
2. Build a comprehensive web-site with our multiple resources
3. The more the PCP screens, the more cases there will be for behavioral health assessments and treatment; therefore, creating a viable business plan
4. Continue to lobby for PCP reimbursement for screening



Summary and Main Findings

- Systems change model is needed
- Picking a screening tool is easy; getting PCPs to use it is much harder
- Need a point person to help implement changes and screening
- PCPs will continue to be reluctant to screen unless:
 - Reimbursement for screening
 - Increased availability of behavioral health referral sources

The Pennsylvania Model for Youth Suicide Prevention in Primary Care (YSP-PC)



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