

Preventing Youth Suicide in Primary Care

Funding Cycle: August 1, 2011 – September 30, 2014

Executive Summary

The goal of this project was to increase identification of youth (ages 14-24 years) at risk for suicide and to improve their access to mental health services. The primary means to this goal was through implementation of an early identification system initially within primary care medical settings in three Pennsylvania counties (Lackawanna, Luzerne, Schuylkill) with high rates of adolescent suicide. With the renewal grant, this goal was expanded to include additional Pennsylvania counties (Allegheny, Berks, Bucks, Chester, Delaware, Monroe, Montgomery, Philadelphia, and Westmoreland). This directly met the aim of the RFA for this project: to develop and implement early intervention and prevention programs for suicidal youth.

There are four objectives:

Objective #1: Create a state level and county level advisory group consisting of a broad range of stakeholders. These stakeholder groups will guide the initial needs assessments and help identify and address system and policy changes necessary to implement and sustain this suicide prevention system in these twelve counties. Additionally, they will assist in plans for dissemination across the Commonwealth.

Objective #2: Provide medical practices in the designated counties with educational materials and training that will improve the PCP's ability to identify and refer youth at risk for suicide.

Objective #3: Provide medical practitioners in all participating counties free access to a web-based, patient self-report screening tool to assess for suicide and related risk factors. This tool will generate a brief report for the provider to review at the time of the visit.

Objective #4: Increase the integration, if not collocation, of behavioral health services with medical services. This collaboration will decrease access barriers, reduce delays in assessment and treatment, and provide necessary behavioral health support to medical providers and their patients.

This project meets the needs of Pennsylvania's Youth Suicide Prevention Plan and the National Strategy. The Pennsylvania Youth Suicide Prevention Plan is modeled after the National Strategy, and the GLS project meets numerous needs across both suicide prevention plans. Specifically, the following goals are met by this project:

- Goal #1: promoting awareness of suicide as a public health problem
- Goal #2: developing broad-based support for suicide prevention
- Goal #3: develop and implement strategies to reduce stigma
- Goal #4: identify, develop, and implement suicide prevention programs
- Goal #6: training to recognize risk factors for suicide
- Goal #7: promote effective clinical and professional practices
- Goal #8: improve access to community linkages with mental health services
- Goal #9: promote and support suicide research efforts
- Goal #10: improve and expand surveillance systems

Total Number of Participants Eligible and Served:

- Total Number of Adolescents Screened through Grant (S1) – 10137 – (Grant goal was 6500). Total Number of Positive Screens Identified through Screening during Grant – 1911
- Total Number of Referrals during Grant – 863 – (Grant goal was 1040).
- Total Percentage of Individuals receiving mental health or related services after referral (AC1) – 40% – (Grant goal was 33%).
- Total number of individuals trained in prevention or mental health promotion (TR1) - 1355 – (Grant goal was 400).
- Total number of individuals exposed to mental health awareness messages (AW1) – 5868 – (Grant goal was 3000).
- Total number of people in the mental health and related workforce trained in mental health related practices/activities that are consistent with the goals of the grant (WD2) – 90 – (Grant goal was 300).

Description of service areas:

We continued to implement our primary care youth suicide prevention program in three, primarily rural, north-eastern counties (Lackawanna, Luzerne, and Schuylkill). We also expanded this project to two new regions: the southeast, a predominately urban and suburban area, and the western end of the state, including Pittsburgh (Allegheny) and one of its neighboring rural counties (Westmoreland). These new sites had appeal for several reasons. First, although the suicide rates were slightly lower than in our initial counties, there were significantly more suicide deaths because the population is so much larger. In fact, our initial three counties as well as the new eight counties in the southeast and west (16.4% of the total number of counties) accounted for 50.6% of all suicide deaths in PA in 2008. Second, systems of care in urban and suburban areas are bigger, more complex and have more resources. Third, these counties have a number of other risk factors such as high poverty, a large percentage of families on medical assistance, high rates of adults with disabilities, high levels of alcohol use, high rates of domestic violence with fatalities, and high rates of reported child abuse. Access to firearms was also high within these counties. Fourth, we had a new opportunity to specially target some high-risk populations: low income, urban minority youth and identified LGBT youth.