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Initial Assessment of a Suicide Prevention Resource for Vermont Primary Care

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Introduction

- Suicide is the second leading cause of death for Vermonters ages 10-44.[1] Studies have shown that of those who die from suicide 45% have seen their primary care provider in the month prior to their death and only 20% saw a mental health provider.[2]
- To help strengthen suicide risk screening in primary care, a group of Larner College of Medicine students partnered with Chittenden Accountable Community for Health to curate a suicide prevention informational resource to be used in Vermont's primary care practices to promote universal suicide screening.
- We then surveyed users of the tool to assess its utility and identify barriers to suicide screening within their practices.

Methods

- Research was conducted on evidence-based best practices and screening tools for suicide prevention [3], specifically looking at risk factors in Vermont populations.
- An infographic was created to summarize these effective suicide prevention practices and incorporate relevant resources.
- The infographic (Figure 1) was sent to primary care providers and mental health professionals via email along with a survey assessing current screening practices, barriers to screening, and the utility of the infographic.
- Data was analyzed using a mixed methods approach (descriptive and qualitative analysis). Some of the data was collected via free response writing sections. These answers were analyzed and grouped together under common, over-arching themes for display in the results section.
- This project was determined to be exempt from review by the UVM Institutional Review Board.

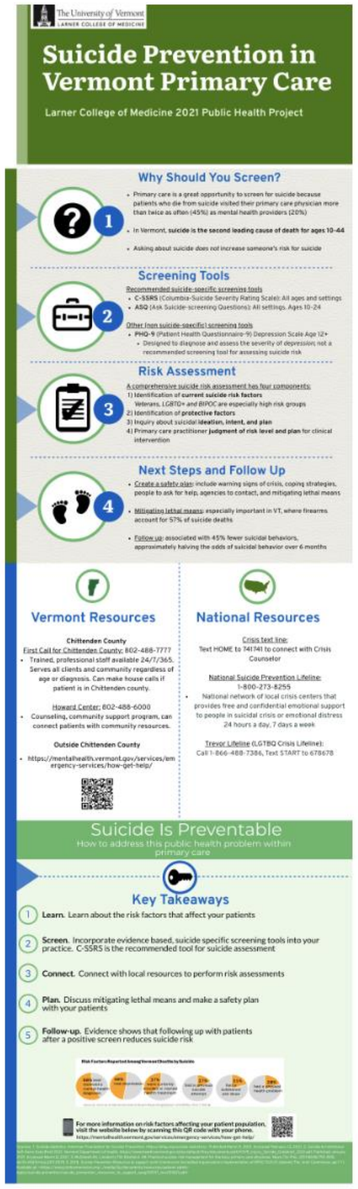

Figure 1. Suicide Prevention Resource for Vermont Primary Care Providers

Results

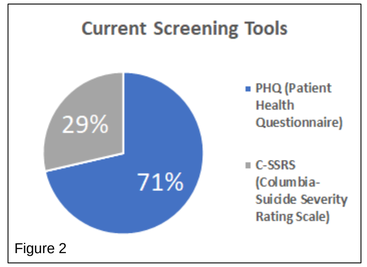

Figure 2

Figure 2. The most popular screening tool used among respondents was the PHQ (71%). However, some providers use more than one of these tools. Also, some providers use anxiety-specific screening measures in cases where they encounter a positive screen with one of the other tools.

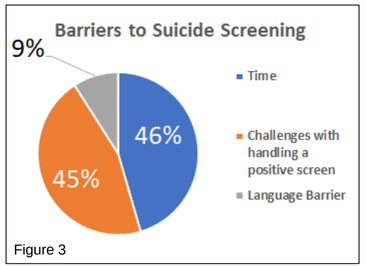

Figure 3

Figure 3. A large proportion of the barriers faced when screening for suicide were time (46%) and challenges with handling a positive screen (45%). It is important to note however that some responses included both time and challenges to handling a positive screen.

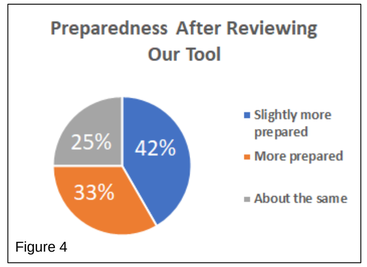

Figure 4

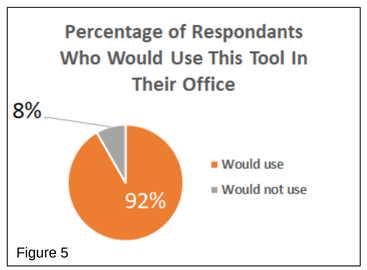

Figure 5

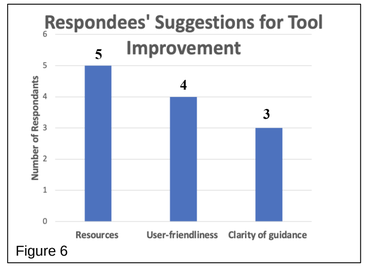

Figure 6

Figures 4-6. Show data collected about the utility of the infographic and how to improve it for the future. 75% of respondents stated that they feel more prepared after reviewing the tool (Figure 4) and 92% stated that they would use the tool in their office (Figure 5). When asked about what could be better about this tool, respondent critiques centered around three categories: resources, user-friendliness, and clarity of guidance (Figure 6).

Discussion

- Results suggest that primary care practices that have not already done so would benefit from adopting a structured suicide risk screening tool. About 45% of respondents noted various challenges handling a positive suicide screen as a barrier, anecdotally citing that the lack of a structured approach forces them to use "gut judgement" in suicide screening. To better prepare these providers, our team constructed the screening tool with the hope of providing a clearer methodology for handling suicide screens.
- In terms of barriers faced during suicide screens, over 90% of providers believed that time-constraints and challenges in handling positive screens were factors that limited their ability to help patients. Thus, our team's focus was to generate an easy-to-use tool which emphasizes simplicity so providers can handle positive suicide screens efficiently.
- Feedback for the tool was relatively positive with surveyed providers highlighting its "clarity and conciseness" as one of its defining features.
- When surveying about the usefulness of the tool, about 75% of surveyed providers felt the tool improved their preparedness in handling positive suicide screens with 33% stating they felt "more prepared" and 42% felt "slightly more prepared."
- The major project limitation was time as providers were not able to use our tool in the field and assess its efficacy in handling positive suicide screens over time.

Conclusions and Future Recommendations

- Our aim is to conduct future studies to assess if implementation of our tool in primary care practices increases provider efficiency in handling positive suicide screens.
- Another aim is to acquire more granular data elucidating the specific barriers to screening and equip providers with the tools and knowledge to overcome those barriers.
- Feedback data collected from providers will be used for tool refinement. As some providers suggested in the original feedback survey, we hope to add more resources.
- In our initial study, over 70% of providers noted use of PHQ as a tool used to screen at mental health visits; however, the PHQ's utility is limited in context of screening for patients who may commit suicide. We aim to use the tool to provide educational material on evidence-based practices that providers can use to handle positive suicide screens.

References

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