Suicidality risk assessment in primary care

Symposium: Suicide risk assessment

16th European Symposium on Suicide and Suicidal Behavior, September 8th, Oviedo, Spain

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Suicidality risk assessment in primary care

1.1. The PrimeDep project

1.2. Why should suicide risk be assessed in primary care?

1.3. How to assess suicide risk?

1.4. Does it work?
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Primary Care Mental Health Sustained Capacity-Building for Depression and Suicidal Behaviour

PrimeDep

www.primedep.eutimia.pt
First, Depression

- REACH-OUT PCP: to inform, improve awareness and capacitate more than 4,000 PCP
- Focus on knowledge, attitudes and competencies
- Optimization of care for depression patients
- Suicide prevention

www.primedep.eutimia.pt
PrimeDep = upscale

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ACES Oeiras-Lisboa Ocidental: Oeiras, freguesias de Lisboa Ocidentall
ACES Cascais: Cascais

ARS NORTE

ACES Matosinhos – ULSM: Matosinhos
ACES Marão e Douro Norte – Douro I: Murça, Aljú, Vila Real, Sabrosa, Santa Marta de Pena Guiné, Mesão Frio, Peso da Régua
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ACES Tâmega III – Vale de Sousa Norte: Paços de Ferreira, Lousada, Felgueiras
ACES Baixo Tâmega: Celorico de Basto, Amarante, Marco de Canaveses, Baião, Cinfães, Resende
ACES Alto – Ave: Guimarães, Vizela

4 health regions in 5
15 Health centres in 55
2.000.000 population of users
Achieved implementation

- **Level 1** – **20 training leaders** >30h00 psychiatrists, MH nurses, MH psychologists
- **Level 2** – **950 capacitated PCP** 8h00 presentiai plus 4h00 e-learning
- **Level 3** – **620 sensitised PCP** 1-2h00 presentiai
- **Level 4** – **>4000 PCP reached** through newsletters
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WHO aims a global suicide reduction of 10% in the next years
Suicide burden

- 13\textsuperscript{rd} cause of death globally
- 7th in Portugal
- 2nd cause of death youth 15-24 years, in the world and Portugal
- >90% secondarily to mental disorders in developed countries
Contact with health services previous to suicide: meta-analysis of 40 studies

Luoma et al, Am J Psychiatry, 2002
Royal College of General Practitioners
Position Statement

Mental Health and Primary Care

Arising from the RCGP Health Inequalities Study
Conference held jointly with the National Institute
Mental Health in England (NIMHE), entitled
Hard Lives: Living with Mental Health Inequalities
Birmingham, 26 March 2004

November 2005

Mental Health in Europe,
role and contribution of Primary Care

POSITION PAPER 2006

The time to act is now
Integrate mental health in primary
health care

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The prevalence of psychiatric disorders and the need for treatment is significant

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World Mental Health Survey data
Use of health care services (%)
Professional help seeked in the previous 12 months

Eurobarometer n.º 345 2010

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Treatment gap in Portugal

22.9% of the population has mental health disorders

15.2% diagnosed but NOT treated

7.7% with diagnosis and treatment

6.6% treated without diagnosis

14.3% of the population receive mental health treatments

WHO survey, 2013
Evidence supports PCP training to prevent suicide
Problem:

• In Portugal, and other European countries, on each 5-year period, at least one patient of a general practitioner dies by suicide

• Each year, only 2-3 patients of general practitioners incur on suicidal behaviors

• Suicide is a public health problem but with low figures in the primary care practice
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FIRST: framework

1. screening
2. diagnosis and risk evaluation
3. choosing treatment, prescribing
4. treatment
5. monitoring
6. referral
SECOND: Proper arrangements between primary and psychiatric care for follow-up and referral

Primary care

Common mental disorders
Mild and moderate depression
Anxiety disorders
Somatization

Shared Care
Recurrent Depression
Dysthymia
Dementia

Psychiatry and Mental Health Services

SEVERE MENTAL DISORDERS
Psychosis
Mania and Bipolar I Depression
Personality Disorders

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THIRD: team work

Patient with depression and other mental disorders

Family doctor
Nurse
Psychologist
Social worker

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Patient with depression and other mental disorders

Family doctor
- diagnosis
- prescription
- medication
- Monitoring
- Referral

Nurse
- Psychoeducation

Psychologist
- Psychotherapy
- Guided self-management

Social worker
- Social support
To prevent suicide on the Primary Care:

What can not fail?
Which actions steps **have to** be done?
1. **Screening** for new patients with depression as well as other mental disorders

2. **Assess** all positive cases after the screening

3. **Improve security** of all known suicidal patients
Screening: ask directly on suicidal ideas

General  Specific

With empathy…  …ask carefully, but  …ask directly!

I can see that you have been having hard times lately

Can you help me understanding how this has been hard for you?

When do you feel down, did you ever thought that live does not worth living.

Have you ever tried to hurt or to kill yourself?
What **NOT to DO** when a patient answer yes to the question about suicidal thoughts or behaviors?

- **DO NOT** behave as his/her friend
- **DO NOT** try to understand or solve the underlying problems
- **DO NOT** agree to keep it confidential
- **DO NOT** reinforce the suicidal plans or thoughts
What is a security plan to prevent suicide?

It is NOT an agreement to not commit suicide.

It is an action plan done by the health care professional in agreement with the patient that gives guidance and also states what he/she should do in case of suicidal thoughts or impulses.
Screening of Depression: What should not fail?

- Always ask
  - about suicidal thoughts or plan

- In case the health professional has doubt
  - ask help of a professional with competence to perform an immediate assessment
Assessment

Know your limits

The assessment of suicidal risk must be done by specialized health care providers
Assessment tools: (TASR)

• Checklist
• No score
• Dichotomous profile of risk
  – Present vs absent
  – Low vs high
• 3 risk areas
  – individual
  – symptoms
  – actual crisis
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PrimeDep: Satisfaction with trainings

In general, I assess this course as:
1 = very weak  5 = Excellent
Nurses: Depression Stigma Scale

Personal subscale of the Depression Stigma Scale (p<0.001)
GPs: Depression Attitudes Questionnaire
DAQ20

Questionnaire of attitude toward depression (Botega et al 1992)
Acknowledgements

- Prof. Ulrich Hegerl (EAAD)
- Prof. Stan Kutcher (teenmentalhealth)
- Prof. Lars Mehlum (NSSF)
Certificate
The Presentation entitled
Suicidality risk assessment in primary care
It has been presented by
Amílcar Silva dos Santos

Oviedo, September 10, 2016

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