

Suicide Prevention for At-Risk Patients

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Abstract

In June 2018, the Centers for Disease Control (CDC) noted that suicide is on the rise nationally at an average rate of 30% and is even higher in those who are opioid users. The purpose of this project is to provide patient education to both patients and their caregivers/family members who receive treatment in an opioid treatment program.⁴ The rate of suicide in Pennsylvania and Allegheny county is higher than the national average.² Effective ways to decrease suicide include providing ongoing care that focuses on safety and prevention, and making sure both affordable and effective mental healthcare is available to patients at risk.⁴ Currently, Pinnacle Treatment Services of Aliquippa and Summit Medical Services of Pittsburgh do not educate patients regarding suicide prior to entering treatment, therefore by providing patient education we hope to decrease the rate of suicide in this at-risk population.

Introduction

Suicide rates are on the rise nationally. Suicide is now the 10th leading cause of death in the U.S. One risk factor that can be directly linked to the increase in suicide rates is the increasing rise in opioid addiction. The CDC noted that suicides from opioid overdoses have nearly doubled between 1999 and 2014.¹ Additionally, the data showed that individuals addicted to prescription opioids had a 40 to 60 percent higher risk of suicidal ideation than non-users and were twice as likely to attempt suicide as non-users.¹ Per the CDC, the overdose rates from prescription opioids were highest among people aged 25 to 54 years; suicide is also the second leading cause for death in Pennsylvania between the ages of 15-34.¹ We propose the use of educational pamphlets to address the challenge of patients' lack of education of available resources to reduce suicide risk.

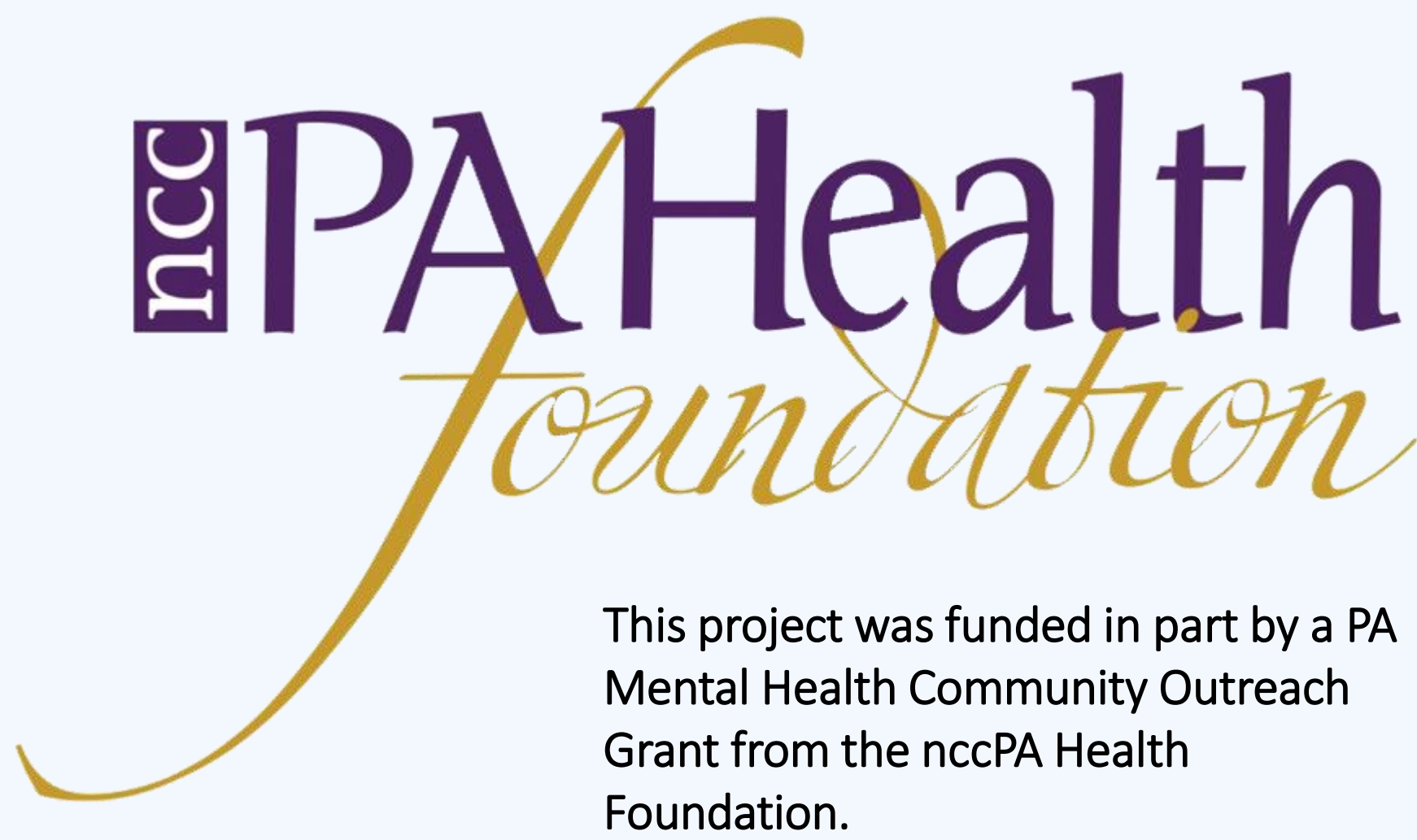


Methodology

Accredited counselors performing the intake process provided all newly-admitted patients with patient education pamphlets for themselves (patient pamphlet) and their loved ones/caregivers (caregiver pamphlet). At intake, counselors had patients look over the pamphlets while they were waiting to see their medical provider and encouraged patients to ask any questions. Counselors then asked patients to give their family members and loved ones a chance to review a caregiver pamphlet.

The pamphlets for patients highlight statistics, define suicidal ideation, signs and symptoms of depression and resources on where they can get help if they are experiencing these symptoms. Social service resources for patients (local homeless shelters, drop-in counseling clinics, inpatient/outpatient resources for mental health, long-term affordable housing options, etc.) were also provided, since lacking those resources can be a risk factor for suicide. The caregiver pamphlet addresses how to detect warning signs that someone you live with/care for is depressed, warning signs of suicidal behavior, resources for family members to attend with suicidal patients, where to get their loved one help, etc. The key message in both pamphlets is that patients and caregivers had support and that there is a wealth of resources available to utilize if they are contemplating or living with someone contemplating suicide.

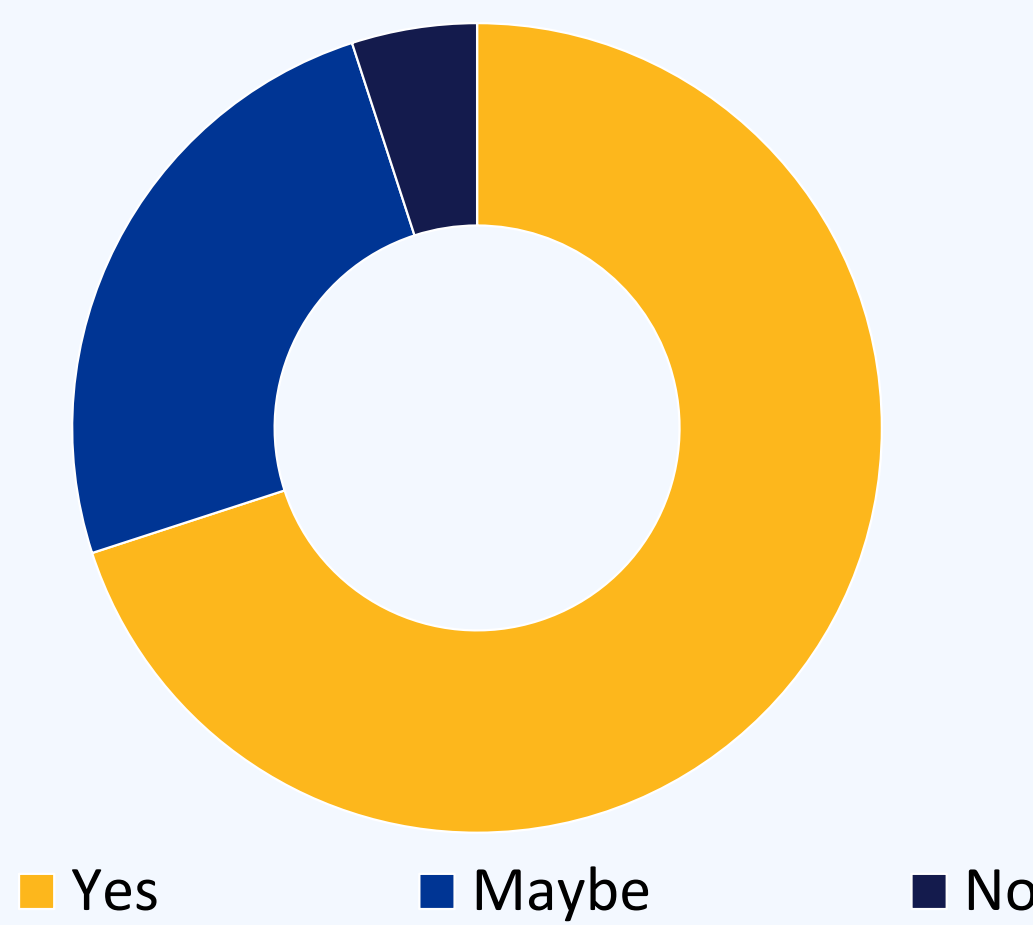
After a period of distribution between December 2018 and May 2019, a ten-question Qualtrics post survey was distributed to all the employees at both facilities including various questions related to demographics and the perception or knowledge of patient impact regarding the utilization of the education pamphlets. Providers answered “yes, maybe, no” on whether patients found the pamphlets useful, used any of the resources, discussed the pamphlet, and whether they felt additional education was important to their patient population.



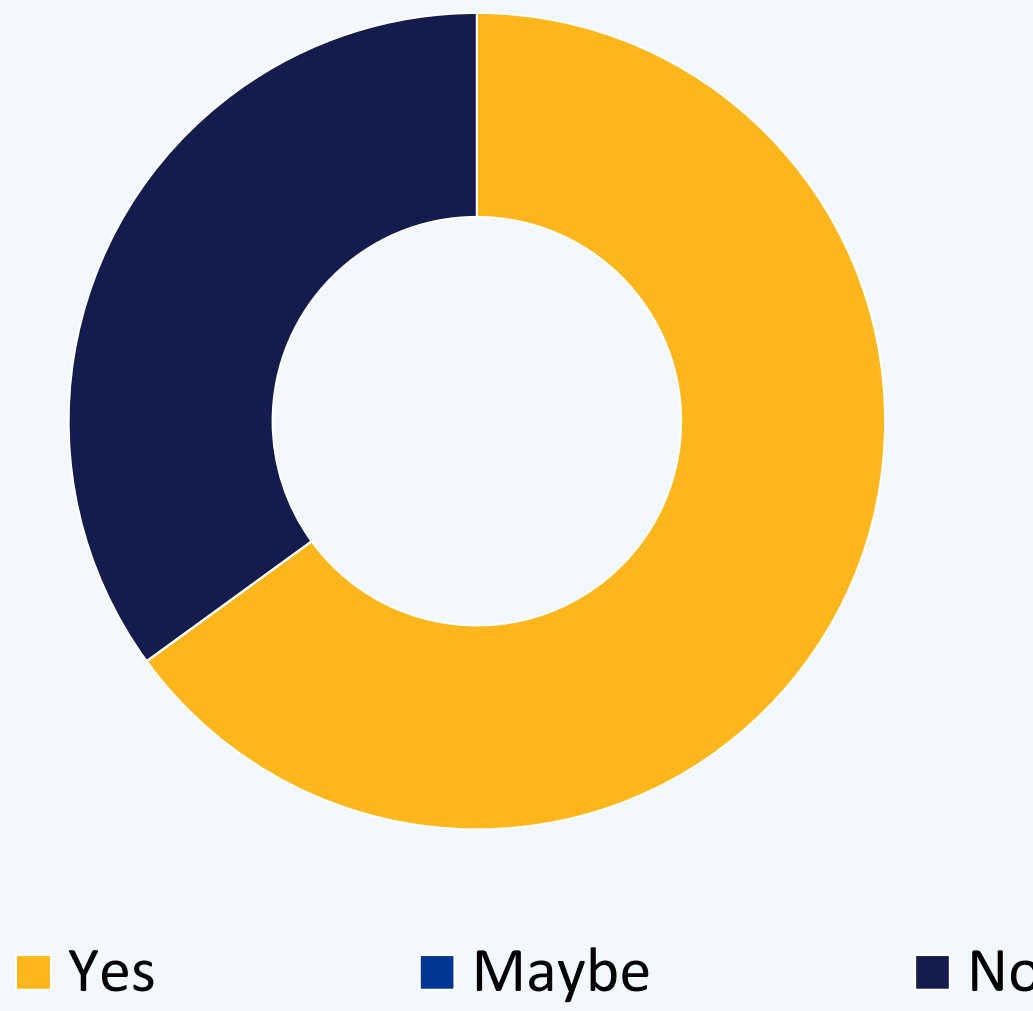
Results

Our overall goal was to see if educational pamphlets were effective to improving patient access to resources. “Yes” responses were separated from a combined “Maybe” and “No” group for analysis. A one-sample one-tailed t-test revealed that, on average, providers found the educational pamphlets informative to their patients' care; $t(19) = 6.65, p < 0.001$. The same test revealed that patients did significantly utilize the resources provided; $t(19) = 3.94, p = 0.0004$.

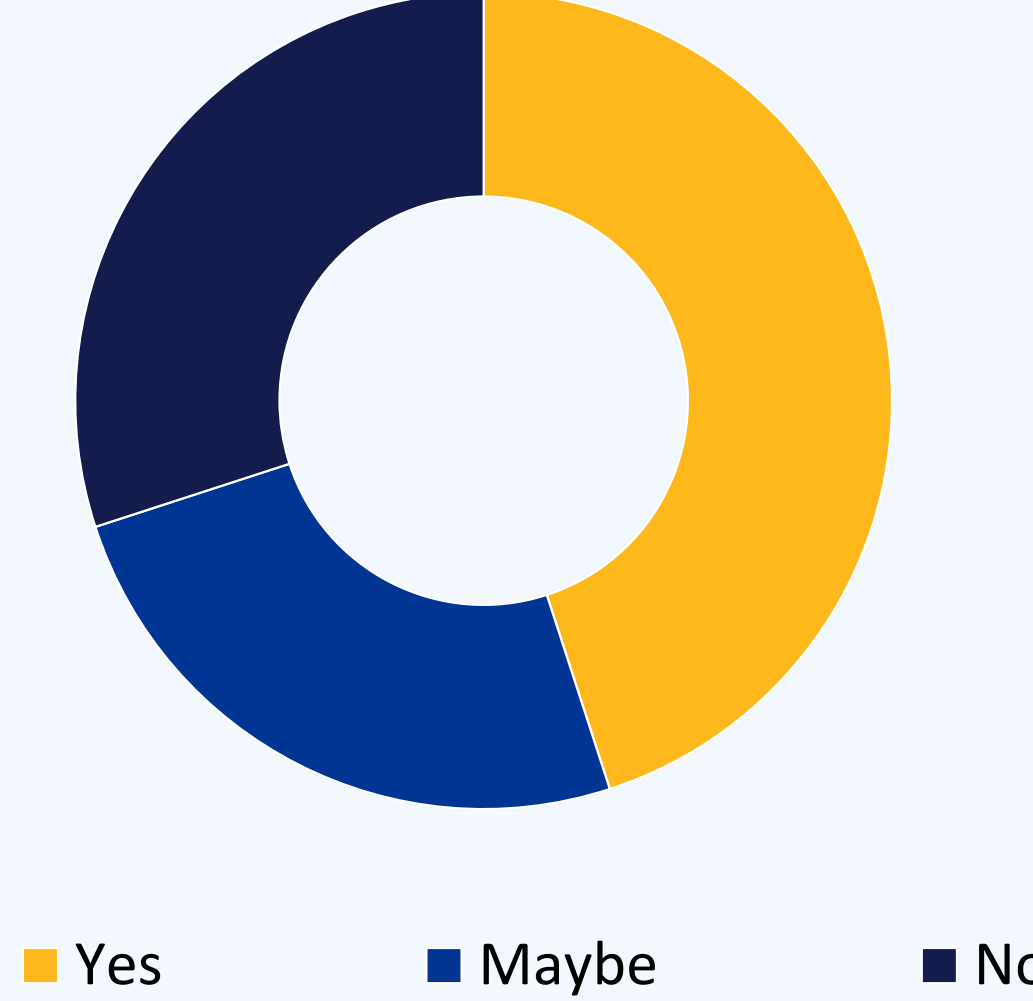
Patients stated they found the pamphlet informative



Patients discussed the pamphlet with provider



Patients used any of the resources listed



Conclusion

Overall, providers felt that supplemental resources significantly benefited their patients. While the results show statistical significance, the sample size was not randomized, and the sample size consisted of 20 responses. New patients were not separated into groups of patients who did receive educational pamphlets and patients who did not. In the future, with bigger sample sizes, we can explore if patients' knowledge about suicide resources is significantly improved.

This project can create greater access to behavioral health providers and treatment that previously the population did not have access to, due to a litany of socioeconomic barriers and mental health stigmas. This at-risk population can then receive care for both their opioid addiction and their mental health disorders—specifically Major Depressive Disorder—without normal barriers to seeking treatment. Providing additional care may decrease patients' risk for suicide as well as their risk of overdose due to opioids. This, in turn, would start the decrease in the number of suicides in Allegheny and Beaver Counties, as well as the rest of Pennsylvania.

Acknowledgements

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References

- Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>.
- Hamill, S. (2018, June 8). Suicide Has Been in the News, and the Stats from Allegheny County Are Getting Worse. Retrieved August 14, 2018, from <https://www.postgazette.com/news/health/2018/06/08/Suicide-has-been-in-the-news-and-the-stats-from-Allegheny-County-are-pretty-bad-too/stories/> 201806080156.
- State Fact Sheets. (n.d.). Retrieved September 1, 2018, from <https://afsp.org/about-suicide/state-fact-sheets/#Pennsylvania>.
- Suicide Rising Across the US. (2018, June 11). Retrieved August 14, 2018, from <http://www.cdc.gov/vitalsigns/suicide/index.html>.