

Interrupting Teen Suicide at the Gates of Primary Care

IAFP Suicide Prevention Screening and Referral Project

Getting Started

The Idaho Academy of Family Physicians (IAFP) received a grant to complete a Community Engaged Lifestyle Medicine (CELM) project based on the needs of the state. The IAFP reviewed the Community Health Needs Assessment¹ conducted by St. Luke's Boise/Meridian and determined that improving the prevention, detection, and management of mental illness and reducing suicide was a top health need for Idahoans. With this information, we decided it was a good fit to address the Positive Social Connection Pillar² in Lifestyle Medicine by looking at social isolation and relationships.

Focus and Planning

Our first step was to determine what communities to focus on, and we chose to launch our pilot in rural areas that have more limited access to mental health care. Our goal was to provide resources helpful resources in these areas. We know that mental health and suicide rates for marginalized groups are high³, so we gave the project an emphasis on addressing the needs of Latinx, Native, and LGBTQ+ youth in these areas.

We selected three pilot sites: Burley, Mountain Home, and Emmett. These locations were selected based on data indicating rurality and the need for more support and accessibility.⁴ We looked at IAFP membership to locate physicians in each of these areas to establish a cohort that was made up of Dr. Brian Muir (Burley), Dr. Nicole Aker (Mountain Home), and Dr. Michael Claussen (Emmett). Board members, Dr. Keith Davis (Shoshone), Dr. Cher Jacobsen (Post Falls), and Dr. Suzanne Allen (Boise), were also selected to act as support for the pilot physicians.

We designed our intervention to include education for the pilot physicians, board members, and IAFP members. The cohort completed the [All Patients Safe Training](#) from the University of Washington, an Idaho Lives Project GateKeeper Training for Physicians and a presentation from the Idaho Suicide Prevention Hotline. A CME presentation was given at the 2023 IAFP Conference on suicidal ideation in patient care. Virtual CME presentations were also provided during our Summer/Fall CME Series on [Addressing the Gun Violence Epidemic in Primary Care and Lifestyle Medicine](#).

Part of our intervention plan was the development of evidence-based recommended tools for screening and resources for physicians and patients, as well as connecting pilot communities

with information about behavioral health services, including telehealth. A [Physician Resource Guide](#) and [Patient and Family Resource Guide](#) were created to include all evidence-based resources and tools. Printed copies of each packet and materials for youth outpatient services from Charlie Health and resources from the Idaho Suicide Prevention Hotline, including gun safety locks, were delivered to the pilot physicians.

Implementation plans were created for each of the pilot physicians to execute over the course of 14 weeks.

The implementation plans included the following steps:

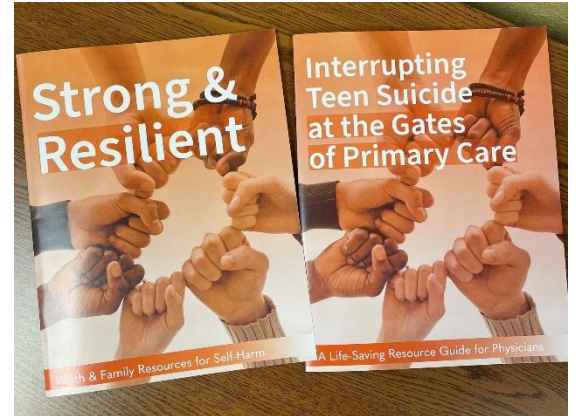
- Step 1—Screen patients ages 12-18 with screening tools
- Step 2—Intervention for positive screen and distribution of patient resource packets
- Step 3—Referral and follow-up
- Step 4—Data Collection

Evaluation and Outcomes

The pilot physicians collected data from July 26 to October 31, 2023. They recorded the number of patients ages 12-18 screened weekly, positive screens, packets distributed, follow-ups conducted, and successful referrals.

During the implementation, Dr. Brian Muir was working with a new EMR and could not give specific data on the number of patients seen or screened. He distributed 30 packets to patients and 8 to colleagues or clinic team members. He noted that the most important part of the project for him was having more resources to give to patients and their families (packets, Charlie Health information, and other materials) but that the new EMR he was working with was an obstacle during this project.

Dr. Nicole Aker saw 30 patients in the 12-18 age range. Fifteen of those patients were screened and 5 received packets. She said the packets have been helpful to review with patients and families, and having the safety planning templates printed has been beneficial. Dr. Aker referenced certain parts of the packets to families when relevant because there is a lot of information for them to comb through. When gun safety locks were offered to appropriate patients, they declined. One obstacle encountered was trying to catch every 12–18-year-old for screening as the EMR she uses will not allow programming for screens to autogenerate for this population.



Copies of the Resource Guides.



IAFP Program Specialist Brittany Bussey preparing to distribute materials.



Dr. Claussen with IAFP board member Dr. Sebastian at Valor Health in Emmett.

Dr. Claussen's primary implementation was conducted at a sports physical event where 17 out of 91 participants agreed to a screening. There were four positive screenings from this group, and they were each given a packet. He shared 14 packets with practice colleagues, and 8 of these packets were then distributed to patients by his colleagues.

He provided the following feedback regarding implementation success or obstacles: *"All providers at Valor Health had positive feedback on patient packets. There is an ongoing process to change routine screening of teenage patients to standardize the process. There is a plan to continue to offer screening during sports physical day and provide the screening tools in advance with hopes this will increase participation."*

He also noted that the packets were a good way to talk about mental health to patients when he did not know what to say next and that the lifestyle medicine portion of the packets gave him a good basis for having important conversations about concrete ways to improve mental health.

All participants plan to continue to utilize the resources in their practices.

Next Steps

The IAFP will place an opinion editorial focused on raising public awareness about the role of the family physician in suicide prevention. The piece is set to be published by the end of the year and will be shared broadly by the IAFP and hopefully on a national level.

This phase of the project will conclude with a cohort panel at the [2024 IAFP Conference](#), which will be held in Ketchum, Idaho, on May 10-11, 2024. Cohort participants will participate in a panel discussion about best practices for teen suicide prevention in primary care and answer questions from attendees. We plan to include a copy of each packet in our conference materials to be distributed to all attendees.

Information about this project will continue to live on our website:

idahofamilyphysicians.org/suicide-prevention. We are currently exploring options for members to request or order materials to distribute in their practice. Additionally, we will be distributing materials to our community partners who helped make this project possible.

In the future, the IAFP hopes to offer further CME on suicide prevention, continue to offer specialized suicide prevention training for members, and to enhance resources for special populations.

We want to thank the AAFP, the American Academy of Family Physicians Foundation, and the Ardmore Institute of Health for their generous support of this project. A special thank you also goes to the Idaho Department of Health and Welfare, the Idaho Crisis & Suicide Hotline, and the Idaho Lives Project for their collaboration on this project.

Footnotes:

¹ Priority health needs are listed on page 123 of the report which can be found at:

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/~media/35465ff8e7f14f98a70fa80ffe6a0527.ashx>.

² The six Pillars of Lifestyle Medicine include: a whole-food, plant-predominant eating pattern, physical activity, restorative sleep, stress management, avoidance of risky substances, and positive social connections.

³ US Preventive Services Task Force. Screening for Depression and Suicide Risk in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. JAMA. 2022;328(15):1534–1542. doi:10.1001/jama.2022.16946

⁴ Maps of Idaho were provided by HealthLandscapes indicating where special populations reside throughout the state as well as locations of treatment facilities, schools and other data points of interest.