Lessons from EAAD applied to state-of-art school-based youth depression and suicidality prevention

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Acknowledgments

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Urban area in the greater Lisbon
400 000 inh
EAAD: adapted 4-level intervention plus stepped collaborative care (Portugal 2007-2010)

1. Cooperation with primary care (e.g. advanced training)
2. Public Relations, information for the broad public (poster, leaflets, events)
3. Cooperation with community facilitators (e.g. priests, teachers, police)
4. Help offers for patients and relatives (self-help, high risk groups)

Goal: Improved care for patients suffering from depression
A DEPRESSÃO É UMA DOENÇA REAL

PODE ATINGIR QUALQUER PESSOA EM QUALQUER MOMENTO

A DEPRESSÃO TEM TRATAMENTO

NOS PODEMOS AJUDAR

Médicos de família, psiquiatras, psicólogos e Grupos de Auto-Ajuda

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3. Cooperation with community facilitators

- Highschool Teachers
- YOUNG PEOPLE 12-24y
- Police & Security Officers
- Geriatric carers
- Social workers
Age of Onset of Major Mental Disorders

Source: DSM-IV, 2000
Youth Suicide in Portugal

• 15-24 years (EAAD):
  – lowest rate in EAAD Europe for males (5.5) and females (1.3)
  – slightly upward trend in males (along with Luxembourg; general downward)
  – hanging 1st method both M,F; 2nd firearms M, jumping F

• 15-29 years: 2nd cause of death for males (was 6th in 2000-03)

Youth Suicide

✓ FACT 1 – death of a loved one by suicide impacts parents, friends, and communities
✓ FACT 2 – youth who survive a suicide attempt continue to be at risk for completed suicide, violent death, and poor psychological outcomes

 ➔ prevention programs aimed at reducing youth suicide have been implemented:
  – in health care
  – educational settings
  – in the community-at-large.
Suicide Prevention in Schools

OPPORTUNITY!

1. simple and cost-effective way of reaching young people
2. the environment in which mental health problems are often first recognized
3. unique opportunity to target the risk factors of mental illness and suicide
Models for Suicide Prevention

• School gatekeeper training
  – Train teachers and other education professionals to effectively identify and intervene with individuals identified as “at-risk” for mental illness or suicide

• Community gatekeeper training
  – Train community members and clinical care providers to identify and refer individuals at risk for suicide to the appropriate health professional(s)
Models for Suicide Prevention

• Suicide education
  – Include suicide as an educational component in the school curriculum

• Screening programs
  – Use instruments to identify students at risk for mental illness and/or suicide and provide referrals to those identified

• Postvention programs
  – Target those affected by a suicide as a means of aiding the grieving process and reducing the incidence of suicide contagion and providing grief counseling and education about the effects of suicide
“School-based Suicide Prevention: a Systematic Review”

Magdalena Szumilas, Stan Kutcher, Ainslie McDougall, Alan McLuckie
Dalhousie Department of Psychiatry

Objective – purpose was to determine the effectiveness of school-based programs for the prevention of youth suicide as evidenced in peer-reviewed intervention studies.

23 included studies (out of thousands!)

2 ‘acceptable’ studies!
Key results

• Methodological flaws
• Small sample sizes
• Lack of long-term follow-up
• Non-stringent randomization procedures
• Inadequate or inappropriate outcome criteria.
• Few studies evaluated the safety or harmful side-effects of the interventions
Conclusion

Suicide prevention program evaluations should:

1. **Use direct outcome measures**
   - Suicidal behaviour: e.g. suicide attempt or suicide
   - Risk factors for suicide: e.g. depression, substance abuse

2. **Measure negative consequences**
   - e.g. increased suicidal ideation or behaviour

3. **Have sufficient statistical power** to allow for reasonable inferences to be drawn from results

4. **Use control groups and random assignment**

- ➔ Cochrane review ongoing!
What is WHY?

- Pilot

- Main aim – To improve the delivery of mental health care for young people, from 12 to 24 years old, suffering from depression and risk of suicide
Other aims

• to promote mental health and reduce stigma;
• early identification at schools of students at risk;
• to promote appropriate and timely access to mental health care;
• to establish partnerships between schools and health care providers;
• to create a referral data platform to enhance communication between partners;
• continuous support in students educational needs;
• to involve parents and the community.
At the end of the day...

- To provide professionals, stakeholders and policy makers:
  - An evidence based approach to prevent depression and suicide among young people
  - Interventions in high-schools
  - Materials and instruments for a comprehensive intervention
  - Guidelines for local implementation at the health and education systems level
Framework: mental health care pathways

- **Level 1** – ‘Go-to Teachers’
- **Level 2** – Interface Community Services
- **Level 3** – Health Centres Primary care
- **Level 4** – Specialised Services
Methods

• Phase 1 – Networking (2009)
• Phase 2 – Trainings (2009)
  – Teachers
  – Educators & counselors
  – Primary care professionals
  – Psychiatrists & Child Psychiatrists
• Phase 3 – Recognition, Referral and Treatment (2010-11)
  – Web-platform
  – KADS 6 (Kutcher Adolescent Depression Scale, 6 items)
  – TARS-A (Tool for Assessment of Risk for Suicide in Adolescents)
  – CGI (Clinical Global Improvement)
• Phase 4 – Program Assessment (2010-12)
  – Care Pathway Analysis #referral, # depression,# other mental cases, # suicidal acts
  – Pre-post and case-control design
• Phase 5 – Dissemination of results and the program (2012)
Networking & Partnership

Institutional Partnerships

• 5 high-schools (2,000 students 12-24 years)
• 3 municipalities in the greater Lisboa area
• Regional Health Coordination Agency, NHS
• Education Office, Education for Health Agency, Education Office
• >40 people directly involved
Trainings

• 8-hour session, initial and refreshment
• Accreditation
• Contents on Depression & Suicide Risk Management
• Specific for each professional group and level of care
The WHY Network – 3 pathways

Location
1. Cascais
2. Oeiras
3. Amadora

Each pathway:
• 1-2 high-schools
• 1 interface community centres
• 1 health centre
• 1 general hospital with adult and child psychiatry

4 levels of care:
1. TEACHERS detection & referral
2. COUNSELOURS & NURSES assessment, referral or back referral
3. GP & PSYCHOLOGISTS assessment, back referral, treatment, follow-up, referral
4. PSYCHIATRISTS assessment, back referral, treatment, follow-up
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Clinical assessment

6-ITEM
Kutcher Adolescent Depression Scale: KADS

NAME: ___________________________ DATE: ___________________________

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING ITEMS:

1. Low mood, sadness, feeling bìch or down, depressed, just can’t be bothered.
   - Hardly Ever
   - Much Of The Time
   - Most Of The Time
   - All Of The Time

2. Feelings of worthlessness, hopelessness, letting people down, not being a good person.
   - Hardly Ever
   - Much Of The Time
   - Most Of The Time
   - All Of The Time

3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.
   - Hardly Ever
   - Much Of The Time
   - Most Of The Time
   - All Of The Time

4. Feeling that life is not very much fun, not feeling good when usually (before getting sick) would feel good, not getting as much pleasure from fun things as usual (before getting sick).
   - Hardly Ever
   - Much Of The Time
   - Most Of The Time
   - All Of The Time

5. Feeling worried, nervous, panicky, tense, keyed up, anxious.
   - Hardly Ever
   - Much Of The Time
   - Most Of The Time
   - All Of The Time

6. Thoughts, plans or actions about suicide or self-harm.
   - Hardly Ever
   - Much Of The Time
   - Most Of The Time
   - All Of The Time

6 item KADS Score: __________

Level of Immediate Suicide Risk

High
Moderate
Low

Disposition: ___________________________ Date: ___________________________

Tool for Assessment of Suicide Risk: Adolescent Version (TASR-A)

Name: ___________________________ Chart #: ___________________________

Individual Risk Profile
- Male
- Family History of Suicide
- Psychiatric Illness
- Substance Abuse
- Poor Social Supports/Problematic Environment

Symptom Risk Profile
- Depressive Symptoms
- Psychotic Symptoms
- Hopelessness/Worthlessness
- Anhedonia
- Anger/Impulsivity

Interview Risk Profile
- Suicidal Ideation
- Suicidal Intent
- Suicide Plan
- Access to Lethal Means
- Past Suicidal Behavior
- Current Problems Seem Unsolvable
- Command Hallucinations (Suicidal/Homicidal)
- Recent Substance Use

6 item KADS Score: __________
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ALIANÇA PORTUGUESA CONTRA A

DEPRESSÃO

na Amadora

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