INNOVATE
EVIDENCE-BASED MENTAL HEALTH RESEARCH

Suicide Prevention

There is an age-old stereotype that men don't cry and they definitely don't talk about their feelings. Not all men live under this assumption, yet many are quietly struggling with mental health issues. Men are four times more likely to die by suicide than women and much less likely to seek out mental health care. Of the almost 43,000 individuals who die from suicide each year in the United States, nearly half had been seen by a primary care doctor within the last month. Anthony Jerant, professor in the department of family and community medicine at UC Davis, has identified the primary care doctor's office as a "neglected but promising setting" to broach the subject about suicide, specifically with middle-aged men. Through a tailored, technology-based activation program and evidence-based follow-up care the conversation about mental health can begin and tragic outcomes may be prevented.

Anthony Jerant received one of 23 Research Pilot Awards from the Behavioral Health Center of Excellence at UC Davis for the study, "Tailored Patient Activation to Reduce Suicide Risk in Primary Care." The study is specifically targeted toward middle-aged men (aged 35-64) initially, yet the team hopes to expand the intervention to all age groups and genders eventually.

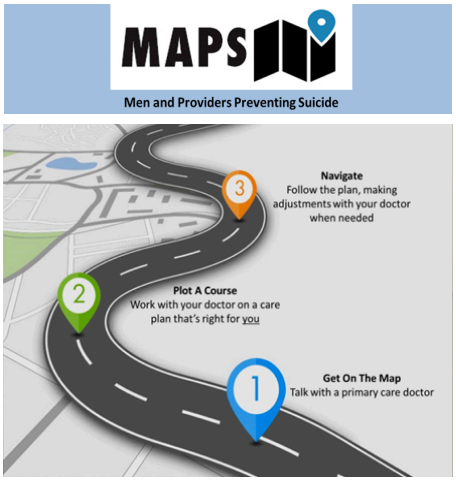
As a clinician himself, Dr. Anthony Jerant sees how much mental health is a part of practice for primary care doctors. The Institute for Clinical and Economic Review reports that 70% of mental health is dealt with in the primary care setting. "It's interconnected, if you can treat mental health issues well, you can improve physical health," Jerant stated.

The Study

While waiting to see their primary care doctor, patients will be guided through a technology-based activation tool called Men and Providers Preventing Suicide (MAPS). Because the program typically takes only 15-30 minutes to use, if successful, this intervention can be easily implemented into care offices, thus avoiding the delay in dissemination commonly seen as a barrier for physicians trying to incorporate practical, successful research into practice.

During the development of MAPS, Jerant engaged community stakeholders including attempt survivors, family members, primary care providers, and suicide prevention advocates to refine the activation and ensure the tool used appropriate language and would be accepted by the target audience.

The approach to activation in the MAPS program differs depending on the individual's responses to questionnaire items, an approach



Dr. Jerant's project, MAPS, is a multimedia intervention to prevent suicide.

called tailoring. A person's response to items determines what they see next and how the message is framed. For example, if a patient says that they don't believe their primary care doctor can help with suicidal ideations, they will be presented with a message that acknowledges their view while also gently pointing out that all primary care doctors are trained to discuss mental health and suicide. Furthermore, tailored activation can put a patient's suicide thoughts into greater context. If a patient's responses indicate they are at increased risk to act on suicide thoughts, such as due to concurrent substance abuse, the program points it out and suggests that they talk to their doctor about the relevant risk factors as well.

Other aspects of the program were designed to resonate with male "toughness" beliefs that can prevent some middle-aged men from talking about mental health. For example, rather than encouraging discussion with a primary care provider as a way to "get help" – for some men, a sign of weakness – messages in MAPS emphasize talking to a PCP as a way to show strength, take charge, and solve problems.

Why Men?

Suicide is a top ten leading cause of death in the United States. Men are four times more likely to commit suicide than women. However, women are three times more likely to attempt suicide. This discrepancy is often thought to be due to men using more lethal methods than women. In particular, middle-aged men (35-64) have a higher risk due to life events that interfere with perceived self-worth such as unemployment and infidelity. Other risk factors include anger and aggression, relationship problems, financial problems, substance abuse and social disengagement. "Because those things are so strongly associated with attempts in men, you can't treat their depression alone," said Jerant. "Gender-linked norms like toughness are a huge factor. There is a belief that talking about feelings isn't something that men 'do'. We have to meet people where they are starting."

"By having the patient interact with the program before seeing the doctor, it will hopefully get the issue of suicide into the visit so that the doc is then more likely to refer them to the integrated telephone follow-up care," said Jerant. "The program will prime patients to present in some way that either gets them to bring it up or the doc feels more invited to talk about mental health." The goal is to encourage patients to discuss thoughts of suicide with their physician and accept treatment. For safety reasons, and to allow all participants some potential to benefit from participating in the trial, all patients will be offered the telephonic follow-up team care, regardless whether or not they discussed suicide with their PCP.

Follow-up Care

Jerant described reasons why this isn't already happening in primary care. "As is often the case with mental health, if there isn't an easy way for providers to provide effective follow-up care, they are unlikely to broach the subject." This barrier is addressed through telephonic evidence-based follow-up care. Every participant will be offered three-months of telephonic follow-up care provided by a care management team, composed of a care manager (typically a clinical psychologist, nurse, licensed family therapist, or clinical social worker), a psychiatrist, and the patient's primary care provider. Team telephone care management can not only improve outcomes for patients, but also save health systems money by encouraging people to deal with issues more proactively so that problems don't escalate into emergent situations.

Since receiving this award, Jerant has obtained an overlapping U01 grant from the CDC's National Center for Injury Prevention and Control to expand the study.

Tailored Activation in Primary Care to Reduce Suicide Behaviors in Middle-Aged Men. National Center for Injury Prevention and Control (Centers for Disease Control and Prevention), U01CE002664. $1,320,000 over 4 years (co-Principal Investigator with Paul Duberstein, PhD at University of Rochester)

Behavioral Health Center of Excellence at UC Davis

UC Davis launched the Behavioral Health Center of Excellence in October 2014 to advance mental health research and policy with initial funding from the Mental Health Services Act. The Innovate series highlights the Center's $4.3 million Research Pilot Award program.

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