

# PCORI Stakeholder Workshop on Suicide Prevention

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Dec 18, 2019

WIFI: PCORI  
Password: PCORI2019

# Agenda



- Housekeeping
- Introductions
- Goals for the Day and Next Steps
- PCORI's Research Focus
- Background on Suicide Prevention
- Discussion
- Next Steps

# Housekeeping



- We welcome our friends outside the room listening in on the public webinar/teleconference line
  - This conversation is being recorded and will be posted to the PCORI website
  - All webinar/teleconference participants' lines are on mute
- Our friends from NORC are assisting with notetaking to help us capture the conversation
- Please stand up your table tent/name card to help us know if you would like to speak
- Please remember your mic on/off button
- We will have a break at about 11:00 am
- Please place your phones on vibrate
- Restrooms are located past the elevators and the stairwell

# Introductions



- We want to learn more about you and your perspective!
  - Name
  - Title
  - Where do you work?
  - What organization are you representing?
  - What brought you to accept our invitation?

# Goals for the Day and Next Steps



- Listen and learn from you
- Synthesize input from meetings and follow up with stakeholders
- Potentially develop, or better target, future funding opportunities

# PCORI's Research Focus

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# We Fund Comparative Clinical Effectiveness Research (CER)



- Generates and synthesizes evidence comparing benefits and harms of at least two different methods to prevent, diagnose, treat, and monitor a clinical condition or improve care delivery
- Measures benefits in real-world populations
- Describes results in subgroups of people
- Helps consumers, clinicians, purchasers, and policy makers make informed decisions that will improve care for individuals and populations
- Informs a specific clinical or policy decision

*Note: We do not fund cost-effectiveness research*

Adapted from *Initial National Priorities for Comparative Effectiveness Research*, Institute of Medicine of the National Academies

# We Fund Patient-Centered Outcomes Research (PCOR)



## CAREGIVER

Could working with a family navigator, such as a peer coach or counselor, help

me get the best possible care for my child's mood and behavior problems?

## PCOR is a form of CER that....

- Considers patients' needs and preferences, and the outcomes most important to them
- Investigates what works, for whom, under what circumstances
- Helps patients and other healthcare stakeholders make better-informed decisions about health and healthcare options



## CLINICIAN

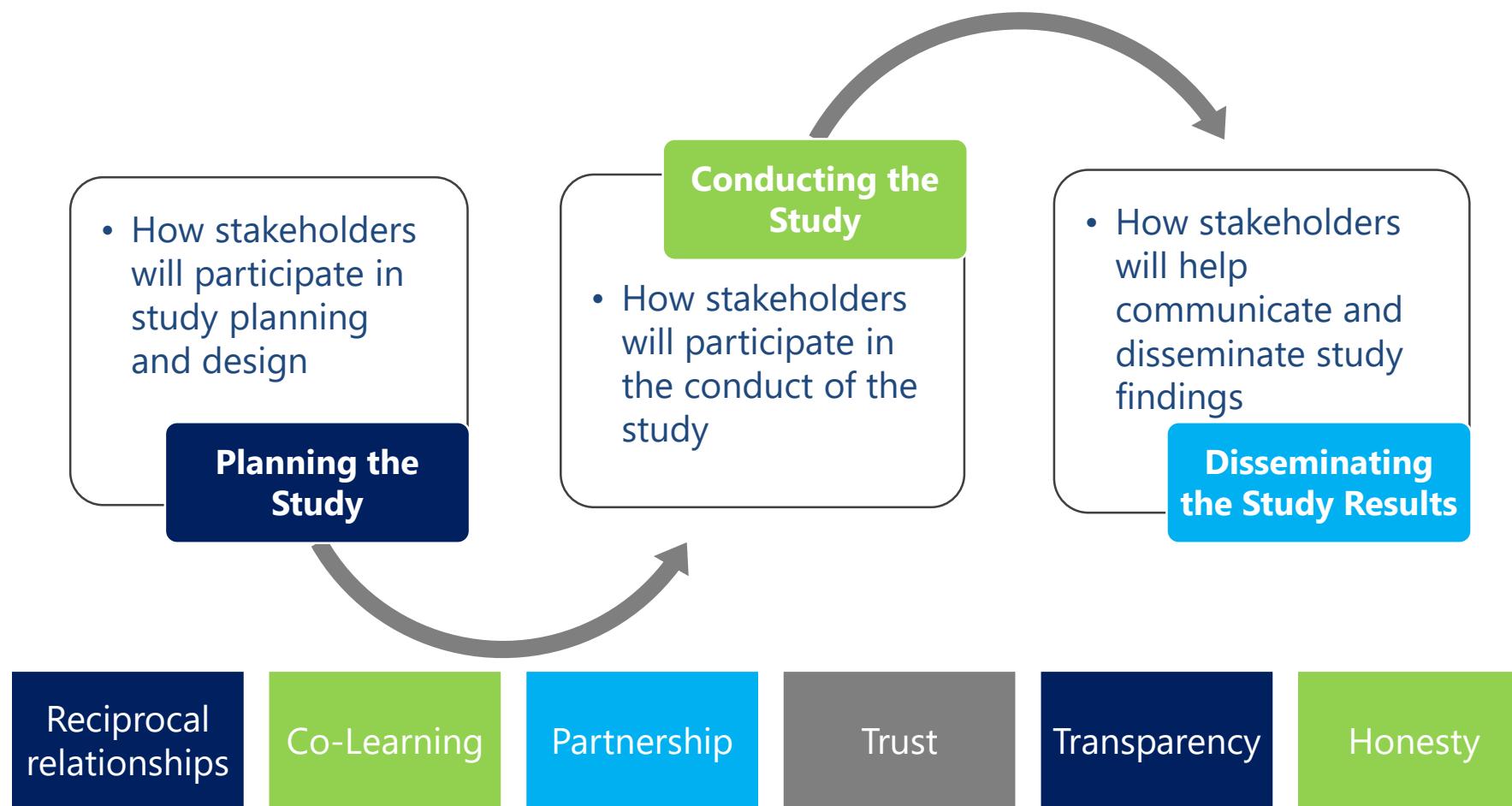
Can health care providers like me use telehealth to deliver mental

health services as effectively as in-person care to patients in rural areas?

# Public and Patient Engagement in Research



Our Engagement Rubric provides practical guidance to ensure patient-centrality is linked to public and patient engagement.



- How stakeholders will participate in study planning and design

## Planning the Study

- How stakeholders will participate in the conduct of the study

## Conducting the Study

- How stakeholders will help communicate and disseminate study findings

## Disseminating the Study Results

Reciprocal relationships

Co-Learning

Partnership

Trust

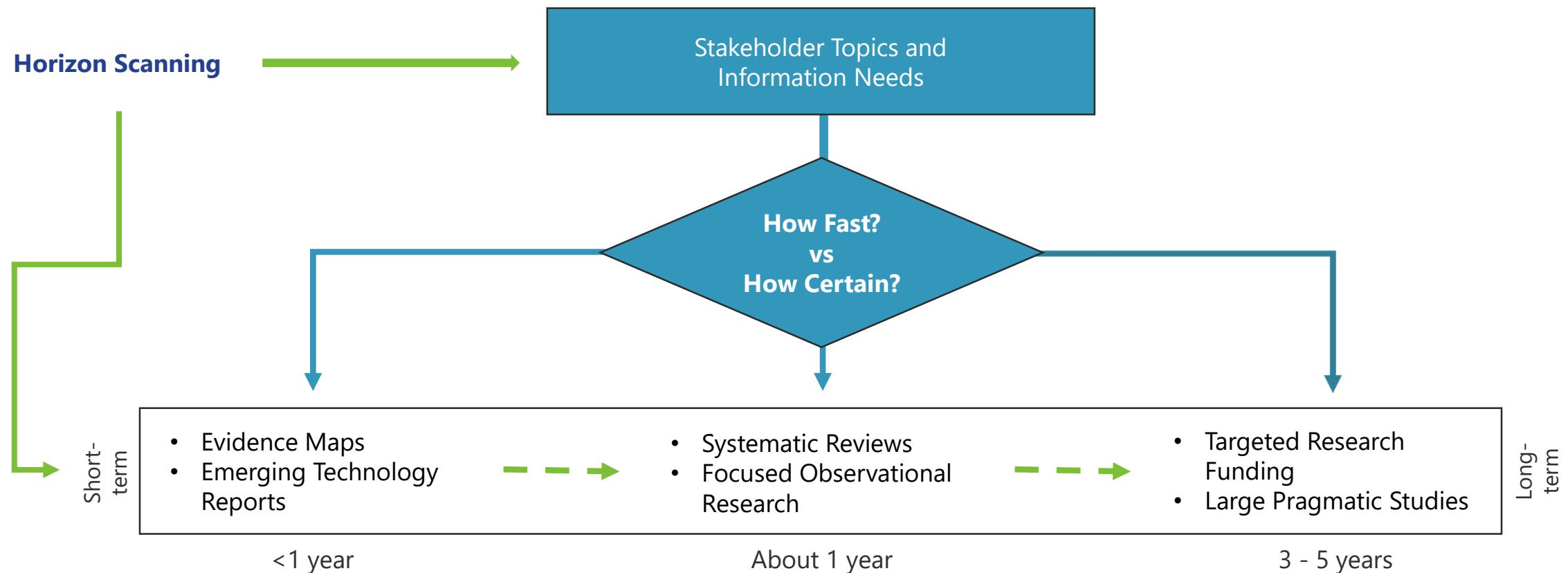
Transparency

Honesty

# Diversity of Evidence and Information



- PCORI can provide a range of evidence products to meet decision maker needs



# PCORI-Funded Suicide Prevention Studies



## **A Multi-Site Study to Compare the Outcomes of Psychiatric Treatment of Suicidal Adolescents in Different Treatment Settings**

- Compares inpatient psychiatric treatment vs. intensive outpatient psychiatric treatment
- Enrollment target: 1000
- End date: July 2025

## **The SPARC Trial: Comparing Safety Planning Plus Structured Follow-Up from a Suicide Prevention Hotline (SP+SFU) to Usual Care (Safety Planning without Follow-Up) for Suicide Prevention Among Adult & Adolescent Recipients of Care in Emergency Departments & Primary Care Settings**

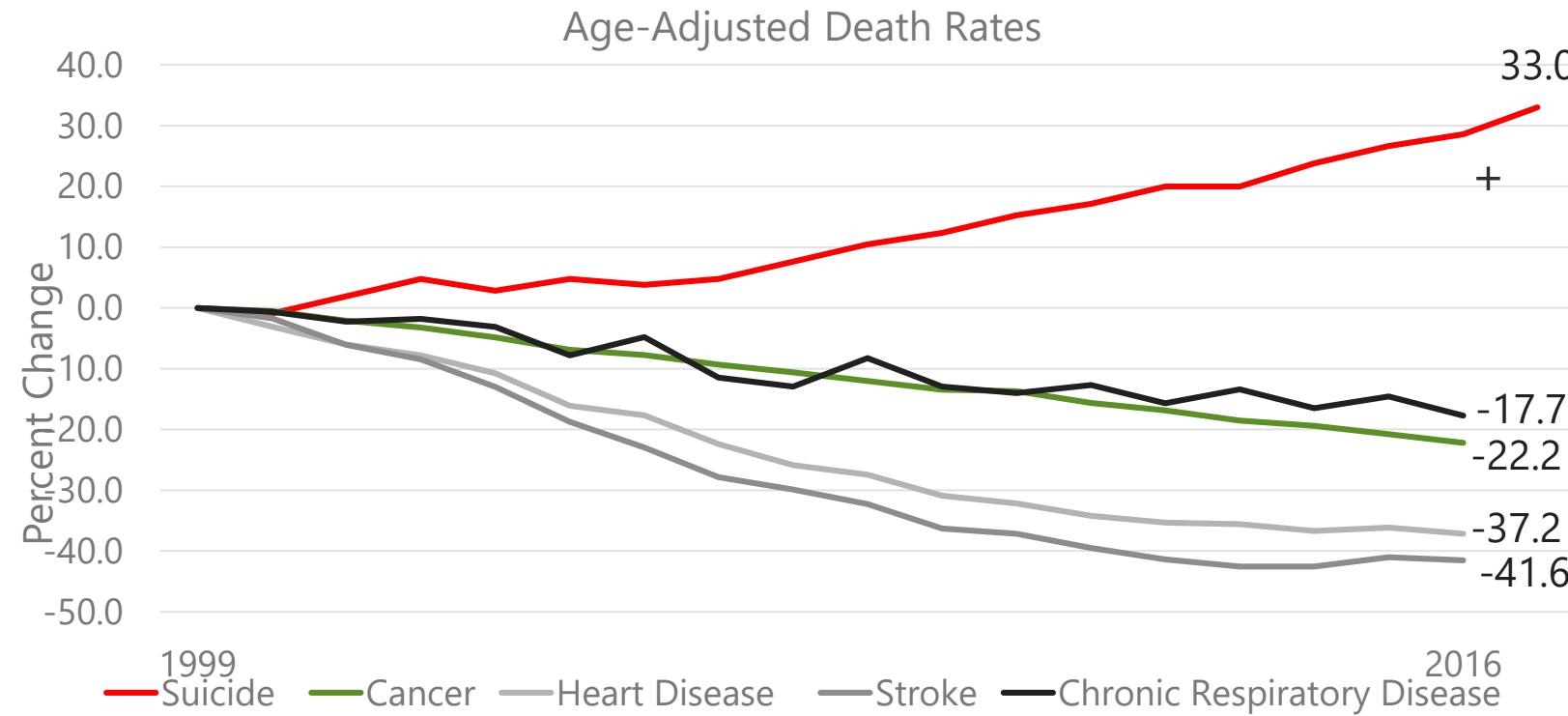
- Compares safety planning vs. safety planning + structured follow-up
- Enrollment target: 1460
- End date: May 2024

# Suicide Prevention Background

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# Suicide Prevention: Background

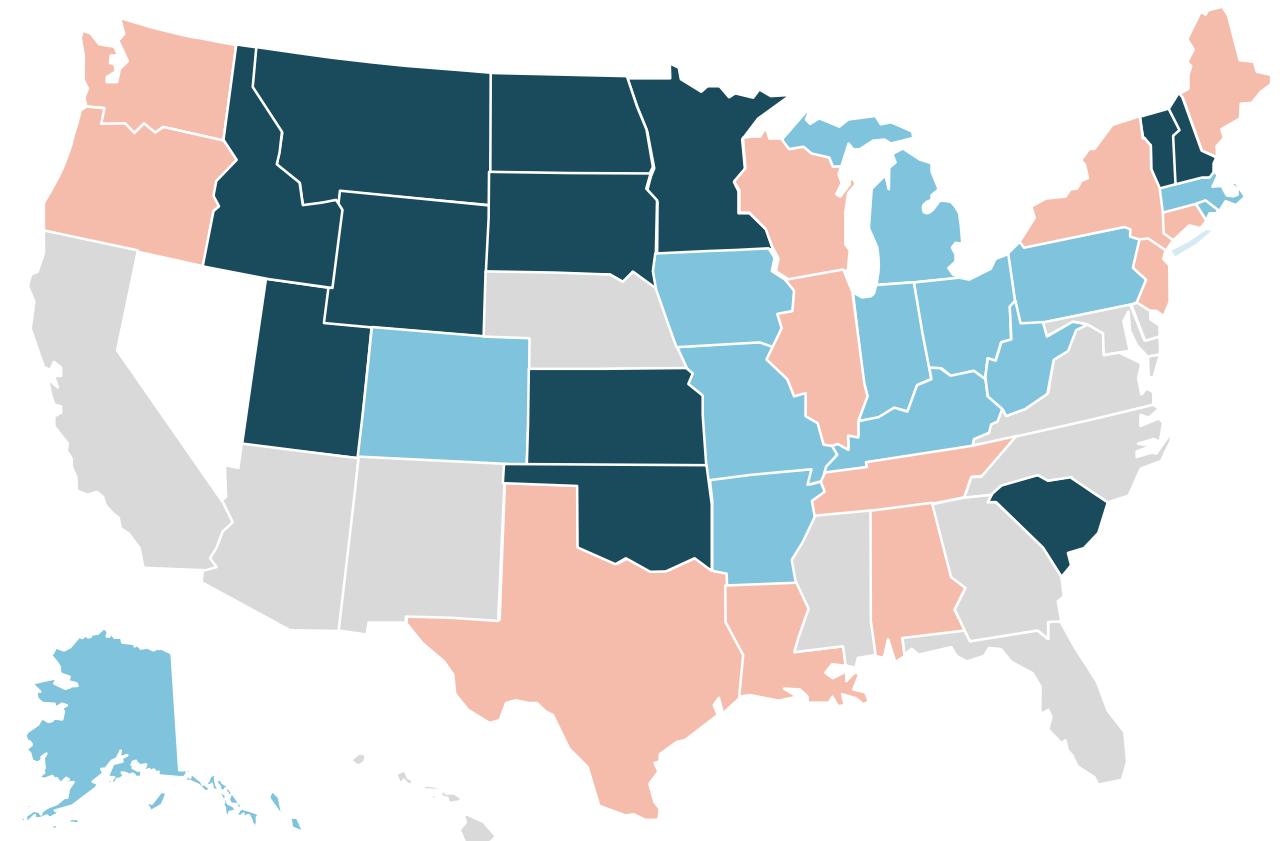


- Suicide rates in the US have increased by 33% (10.5 to 14.0 per 100,000) since 1999
- In 2017, >47,000 individuals in the U.S. died by suicide; suicide was the second leading cause of death for ages 10-34, and fourth for ages 35-54

# Suicide Prevention: Background



- Suicide rates vary by gender identity, race/ethnicity, age, state with higher rates in rural areas
- Populations for focus noted by stakeholders
  - Men
  - Transgender
  - American Indian/Native Alaskan
  - Non-Hispanic White
  - African-American Teenagers



# Suicide Prevention



- Crisis settings
- Brief interventions to address acute risk
- Treatments to prevent crisis, increase skills, improve quality of life
- Other?

## What We've Heard from Stakeholders

- Common Practice: Patients in crisis typically taken to Emergency Departments
  - Strong concern from patient community (traumatic experience)
- Psychiatric Emergency Departments and/or Psychiatric Urgent Care Clinics
  - Free-standing, not-for-profit clinics
  - Increasing in number due to strong face validity
  - Some patient concerns
- Mobile Crisis Unit
  - Community-based, typically a component of a larger model

# Discussion: Settings



From your perspective...

- Comparable effectiveness of crisis care settings for patients with suicidality?
- Are there needs for or concerns around tailoring crisis care settings?
- What outcomes matter to patients/caregivers?

## What We've Heard from Stakeholders

- Patients considered at risk may receive a Brief Intervention (BI) in provider's office, Emergency Department, or other setting
  - Safety Planning
  - Safety Planning plus Reasons for Living Planning
  - Motivational Interviewing
  - Teachable Moment Brief Intervention
  - Attempted Suicide Short Intervention Program

# Discussion: Brief Interventions



From your perspective...

- Which behavioral interventions, or combinations of behavioral interventions, work best for which patients?
- Are there tailored interventions for specific populations we should consider?
- What outcomes matter to patients/caregivers?

## What We've Heard from Stakeholders

- Treatment focuses on preventing suicidal crisis, improving coping skills, reducing suicidality, depression. Evidence-based treatments are available:
  - Suicide-Specific Cognitive Behavioral Treatment
  - Dialectical Behavior Therapy
  - Mentalization-Based Therapy
  - Collaborative Assessment and Management of Suicidality
  - Medications: lithium; antipsychotics, especially clozapine; ketamine; SSRIs
- Peer Respite programs
  - Voluntary short-term overnight programs offering community-based, non-clinical crisis support with people with lived experience
  - Goal is to prevent psychiatric crisis
  - Endorsed by patients; preliminary reports positive outcomes

# Discussion: Treatments



From your perspective...

- What risks might we need to consider with different treatments?
- Are there tailored interventions for specific populations we should consider?
- Are there tailored interventions to increase patient engagement in care?
- What outcomes matter to patients/caregivers?

# Closing Discussion



- What have we not asked that you wish we had?
- Given your druthers, what research study would you fund?
- How can we be better host/conduct meetings like these?

# Next Steps



- Synthesize input from meetings and follow up with stakeholders
- Potentially develop, or better target, future funding opportunities