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Exploring Care System Solutions

Critical Access Points and Improving Care Coordination and Transitions

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Disclaimer

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Why are Acute Care Transitions critical to U.S. suicide prevention efforts?

- Many people at high risk are seen in Emergency Departments and Inpatient Units
- Many suicide deaths and attempts occur after discharges from EDs and Inpatient Units
- Post discharge follow up and care transitions are often problematic
- There is strong evidence that intervention at this time can be life saving

Preventing Deaths, Injuries, and Readmissions

- The period after inpatient discharge is the time of highest risk for death by suicide by those receiving mental health care
- In a study of almost 900,000 veterans treated for depression, Valenstein et al (2009) found that while all transitions were associated with increased risk, the highest risk was in the 12 weeks following discharge

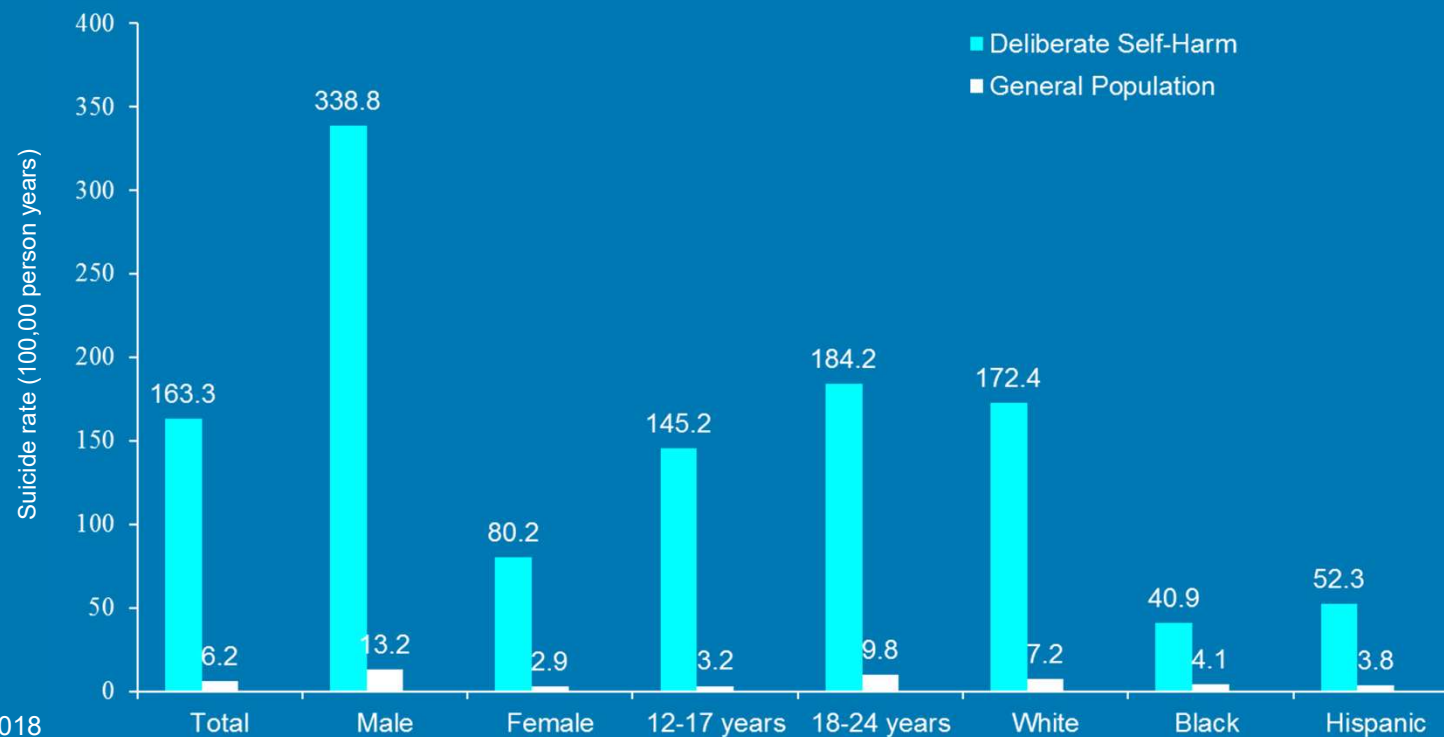
Adult ED visits related to Suicidal Ideation - 2006-2013

- Rate increased 12% annually, 15% in West and Midwest
- By 2013, 903,400 ED visits related to suicidal ideation, 1% of all adult ED visits
- 72% were admitted to the same hospital or transferred to another facility

Suicide in the 12 months after a suicide attempt

- Based on SAMHSA's NSDUH data, 3.2% of adults who report making a suicide attempt will die by suicide within 12 months
- Among men 45 and older, without a high school education, 22%

Suicide rates following non-fatal self-harm in young patients and demographically matched general population controls



Olfson et al *Pediatrics* 2018

Suicide in first year following self-harm in adolescents and young adults

	Suicide Rate (100,000 person-year)
Total	163
Adolescents (12-17)	145
Young Adults (18-24)	184
Male*	339
Female	80
Recent inpatient care*	242
Violent method*	1684
Firearms*	3303
Non-violent method	92
Poisoning	91
Cutting	96

Olfson et al., *Pediatrics* 2018 Based on 32,356 self-harm events and 48 suicide deaths

Risk of suicide during first year after psychiatric hospital discharge for adolescents

Number of studies:	20
Number of suicides:	120
Person-years:	80,490
Suicide rate:	158 (112-225) per 100,000 person-year

General population (CDC 2015, ages 15-19 years)

Male suicide rate:	14.2 per 100,000 person-years
Female suicide rate:	5.1 per 100,000 person-years

Chung TC et al., *JAMA Psychiatry* 2017

England

- 519 (24%) suicides occurred within three months of hospital discharge, the highest number occurring in the first week after discharge (National Confidential Inquiry into Suicide and Homicide; Appleby et al)

Care Transition Interventions

Emergency Department Mental Health Assessment and 30 Day Repetition of Deliberate Self-Harm – Medicaid Patients (N=5,567 Adults)

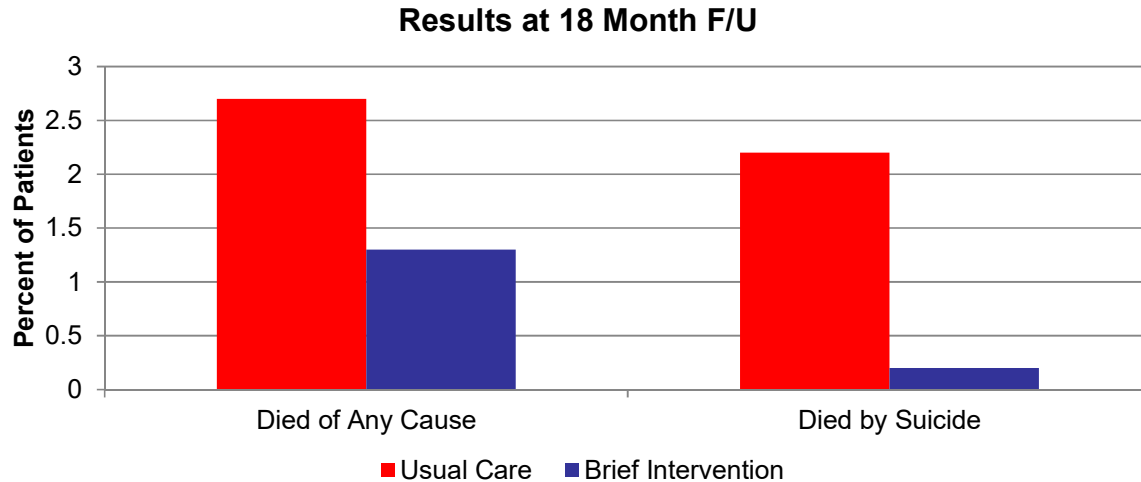
Group	ED MH Assess % Repeat DSH	No ED MH Assess % Repeat DSH	AOR (95%CI)
Total	7.8	11.4	0.66 (0.55-0.78)
Mental health treatment past 60 days			
None	5.5	9.5	0.57 (0.41-0.78)
Present	8.9	12.8	0.70 (0.56-0.86)

Olfson et al. *Am J Psychiatry* 2013. Group categories based on outpatient treatment during 60 days preceding self-harm event. Follow-up based on 30 days.

EMERGENCY DEPARTMENT F/U

Fleischmann et al (2008)

- Randomized controlled trial; 1867 Suicide attempt survivors from five countries (all outside US)
- Brief (1 hour) intervention as close to attempt as possible
- 9 F/u contacts (phone calls or visits) over 18 months



Motto 1976:

- 389 pts. refusing outpt. assigned to “no “contact” (up to 24 letters over 5 years)
- **Contact group sig. fewer suicides than no-contact group (particularly first 2 yrs)**

Carter et al, 2005:

- Postcards to 378 attempters, varying monthly intervals, 12 mos. after d/c
- **Approx 50% reduction in attempts**

Improving Post-Discharge Safety

- ED SAFE demonstrated reduction in suicidal behavior for suicidal people discharged from ED's doing telephonic follow up. Replicated with Veterans in SafeVet
- White Mountain Apache/JHU Center for American Indian Health: Centerpiece is tribally-mandated reporting and follow-up. Almost 40% reduction in suicides from 2006-2012
- Military Continuity Project- Participants receiving Caring Contacts via text message were 45% less likely to make a suicide attempt and 45% less likely to experience suicidal ideation

Clients' Perceptions of Care: Cohort II (preliminary)

“To what extent did the follow-up call(s) stop you from killing yourself?”

	<u>Callers</u> (n=283)	<u>Hosp. Clients</u> (n=70)	<u>Total</u> (n=353)
• A lot	60.8%	51.4%	58.9%
• A little	22.6%	14.3%	21.0%
• Not at all	16.6%	32.9%	19.8%
• It made things worse	0.0%	1.4%	0.3%

(17 callers, 2 hosp. clients had missing data)

Action Alliance Care Transition

- Recommended Standard Care
- Recommendations for after inpatient and emergency department discharge
- Post discharge follow up phone call, text, or e-mail within 48 hours of discharge. Second contact within 7 days.
- Appointment with mental health professional in one week

Importance of Care Transitions

- In an era when we can track the location of a package halfway around the world, we can't allow people at risk for suicide to fall through the cracks of fragmented acute care systems
- Because acute care services cannot entirely eliminate suicide risk, continuing contact through entire episodes of care is needed

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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