Equipping primary care to identify and support people in distress

Why include this strategy in LifeSpan?

Many people experiencing suicidal thoughts or behaviours visit their GP in the weeks or days before suicide [1,2]. This means that GPs can play a vital role in suicide prevention. The aim of the GP Capacity Building and Support strategy is to help expand the skills and resources for GPs to identify and care for patients who are suicidal or who may be at risk of suicide.

Although there is some mixed evidence for the efficacy of GP training on overall suicide rates [3], results of many studies conducted over the last 40 years suggest that further education around depression and suicidality may be one of the most effective interventions for lowering suicidal ideation, self-harm, and death [4,5]. It follows that building the capacity of GPs to recognize and treat suicidality has been identified as a key component of multilevel interventions for suicide prevention [6]. In fact, a recent simulation model for suicide prevention in Australia showed the largest predicted reductions in suicide were associated with GP capacity building [7].

One strategy for building GP capacity is through further education or training. Another strategy is to equip GPs to use a 'stepped care' model of mental health treatment. In this approach, patients receive the most effective yet least intensive intervention for their needs, where care is 'stepped' up or down based on patient needs. Stepped care also encourages the use of e-Mental Health, such as tools available over the telephone or internet. Finally, enhancing communication between clinical services and psychoeducation of carers has been shown to correspond to better patient mental health outcomes [8,9].

What is happening in LifeSpan NSW trial sites?

LifeSpan recommends several ways for GPs to expand their capacity to care for patients who are suicidal or who may be at risk of suicide.

Advanced Training in Suicide Prevention

This interactive, accredited workshop builds skills in identifying and assessing suicidality, needs-based safety planning, collaborative treatment planning and management, as well as skills in managing people bereaved by suicide. Developed at the Black Dog Institute by GPs, psychologists, and allied health professionals, the workshop provides an opportunity for GPs to strengthen connections with local secondary health providers (e.g. psychiatrists, psychologist and outpatient services) to help integrate pathways for referral and shared care. BDI has demonstrated promising evaluation of the program in the Australian context, including increases in GP confidence and knowledge recognising and managing suicide risk.

StepCare

Black Dog Institute's online stepped care platform, StepCare uses a computerised self-screening tool that identifies adults with anxiety, depression, and/or high levels of alcohol consumption. Patients with higher levels of symptoms are also asked about suicidal thoughts. Symptoms at screening determine the recommended level of evidence-based care to be provided by GPs, and ongoing patient feedback sent to GPs via the online program allows treatment to be 'stepped' up or down as needed. StepCare will link with local instances of *HealthPathways* to facilitate referral through local secondary health providers. Stepped care has shown beneficial outcomes for the management of depression and anxiety[10,11], both risk factors for suicide[12,13]. In a pilot study, Black Dog Institute's *StepCare* was positively evaluated by practice staff, GPs, and patients. Approximately 90% of GPs, practice staff and patients reported that they thought the service worked well. In addition, approximately 90% of GPs agreed that the program assisted with identification and with the management of patient risk. The e-MH tools that form part of the *StepCare* treatment plan, myCompass and MindSpot, have independent research evidence indicating their effectiveness in treating mild to moderate depression [14-17].

eMental Health in Practice

e-Mental Health in Practice (eMHPrac) is a suite of resources, workshops, training modules, and webinars designed to introduce GPs to programs and tools to support mental health assessment, management, and information via digital platforms. eMHPrac is an initiative of the Australian Government led by Queensland University of Technology in collaboration with National Institute for Mental Health Research, Menzies School of Health Research, and Black Dog Institute. Internet-delivered therapy has been found to be as effective as face-to-face therapy for reducing suicidal ideation [18] in addition to showing good outcomes for the treatment of depression and anxiety[19], both risk factors for suicide[12,13].

How will this be evaluated?

Research will assess the effect of these interventions on the way GPs care for people at risk of suicide. Advanced Training in Suicide Prevention will be evaluated using surveys about identification, referral, and treatment of suicidality, in addition to knowledge and attitudes around suicide. Data will be collected before and after training, as well as follow-up (6 months).

StepCare will collect data on patient symptoms of depression, anxiety, and alcohol use, as well as treatment plans. Feedback from patients on screening will capture whether the current appointment is for mental health reasons, and/or whether they have previously attended GP appointments due to mental health. In this way, data will capture information on 'new' mental health presentations versus ongoing management for mental health. Analysis of practice e-medical record data will provide further information on diagnoses, treatment, and referral of people for mental health. This data will be collected using extraction software (e.g. CAT4, Pen CAT), and will determine changes in GPs assessment, diagnosis, referral, and prescribing behaviour. Practice data will be collected to reflect baseline levels in the 6 months prior to implementation, then every 6 months from the date of implementation for 2 years (at 6, 12, 18, and 24 months).

Region-level Medicare Benefits Schedule (MBS) data will also be used to assess variations in treatment (such as frequency and duration of visits, provision of mental health treatment plans) and referrals to psychological services. These data will be collected for periods before, during, and at the conclusion of the LifeSpan trial.

Relevant documents and resources

https://blackdoginstitute.secure.force.com/forms/bdi_EducationCourseLanding > Advanced Training in Suicide Prevention

https://www.blackdoginstitute.org.au/research/key-research-areas/emental-health > Delivery > StepCare Clinic

http://www.emhprac.org.au/

http://www.healthpathwayscommunity.org/About.aspx

http://graphc.anu.edu.au/graphc2017/graphc.html

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