EUROPEAN ALLIANCE AGAINST DEPRESSION

Safety 2010 World Conference

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

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OSPI Europe

DALHOUSIE UNIVERSITY Inspiring Minds

UNIVERSIDADE NOVA DE LISBOA

Acknowledgments

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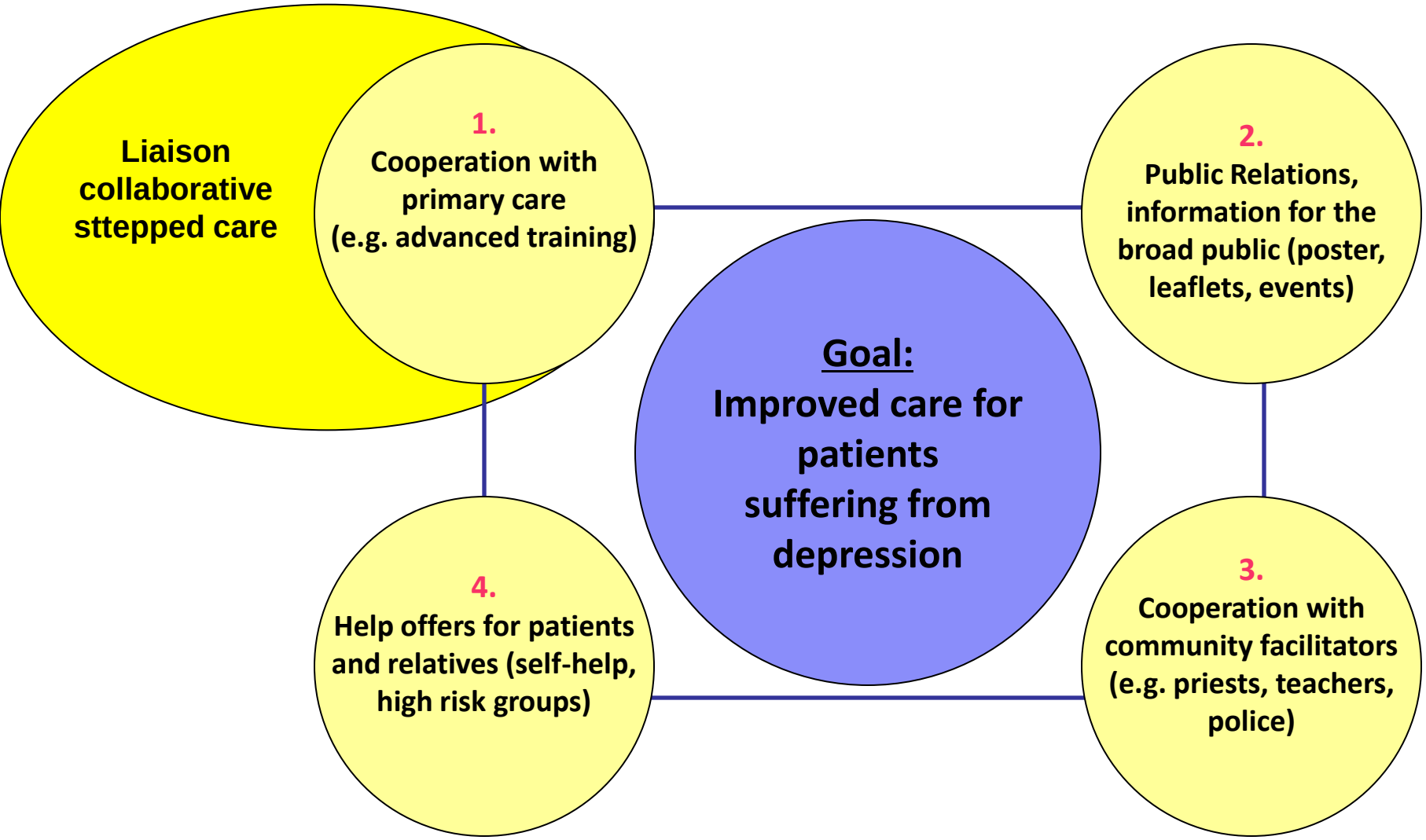
EUROPEAN
ALLIANCE
AGAINST
DEPRESSION
Urban area in the
greater Lisbon
400 000 inh

EAAD: adapted 4-level intervention plus stepped collaborative care (Portugal 2007-2010)



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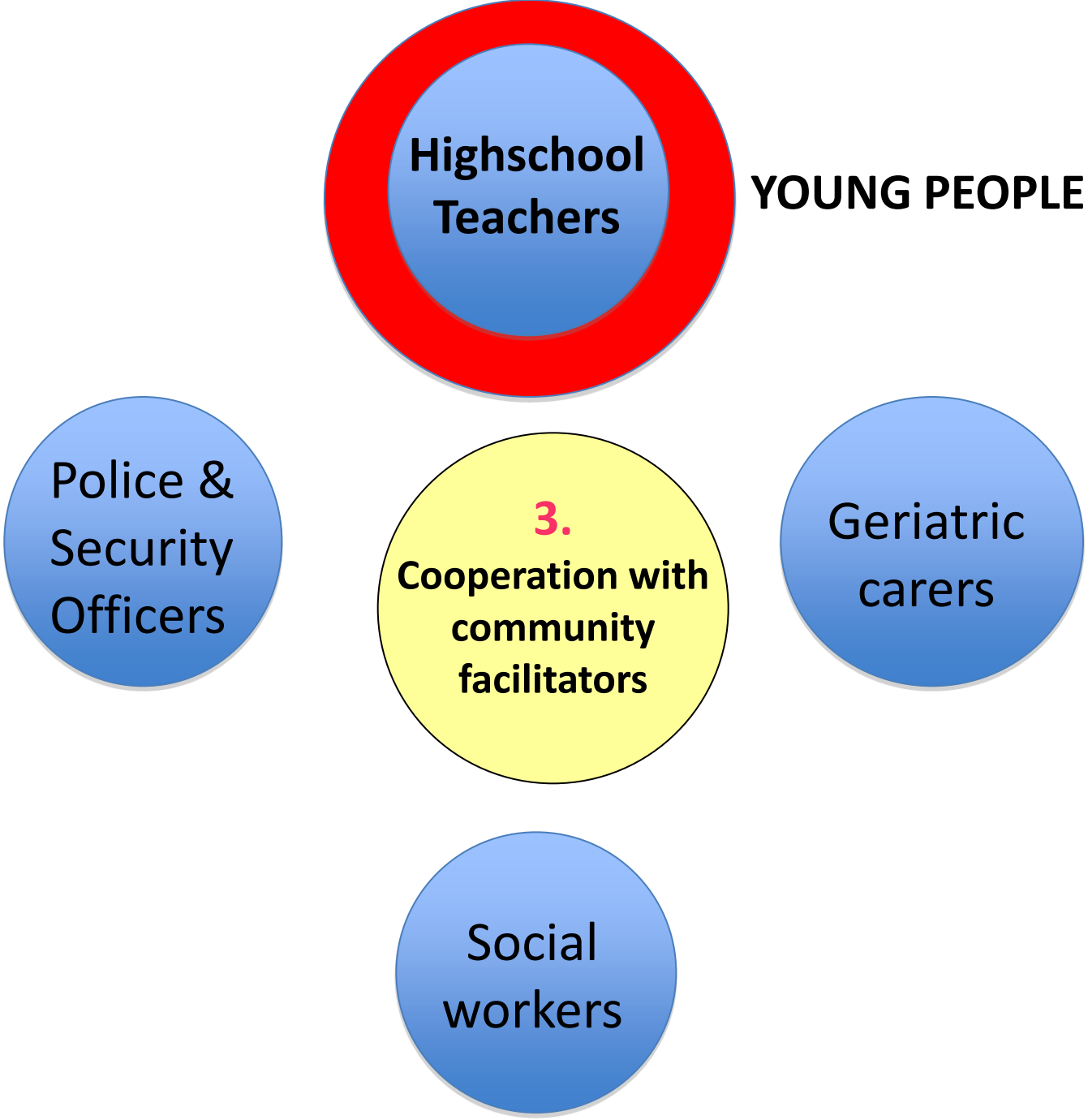
Highschool Teachers
YOUNG PEOPLE 12-24y
Police & Security Officers
3.
Cooperation with community facilitators
Geriatric carers
Social workers

EUROPEAN
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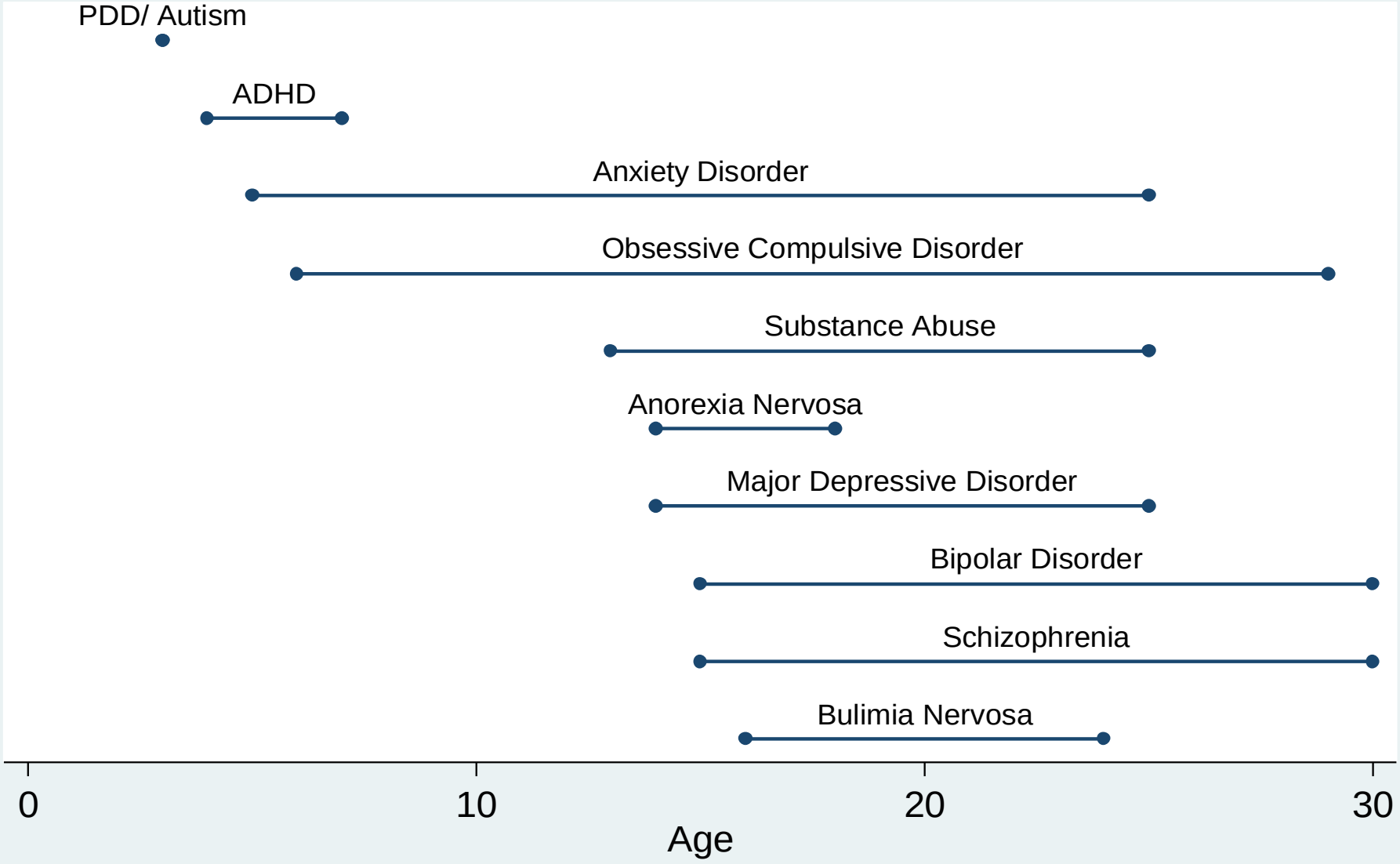
AGAINST
DEPRESSION

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)

Varnik, A., Kolves, K., Allik, J., Arensman, E., Aromaa, E., van Audenhove, C., et al. (2008). Gender issues in suicide rates, trends and methods among youths aged 15-24 in 15 european countries. *Journal of Affective Disorders, [Epub ahead of print].*

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!**

WHY YOUTH MENTAL HEALTH

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

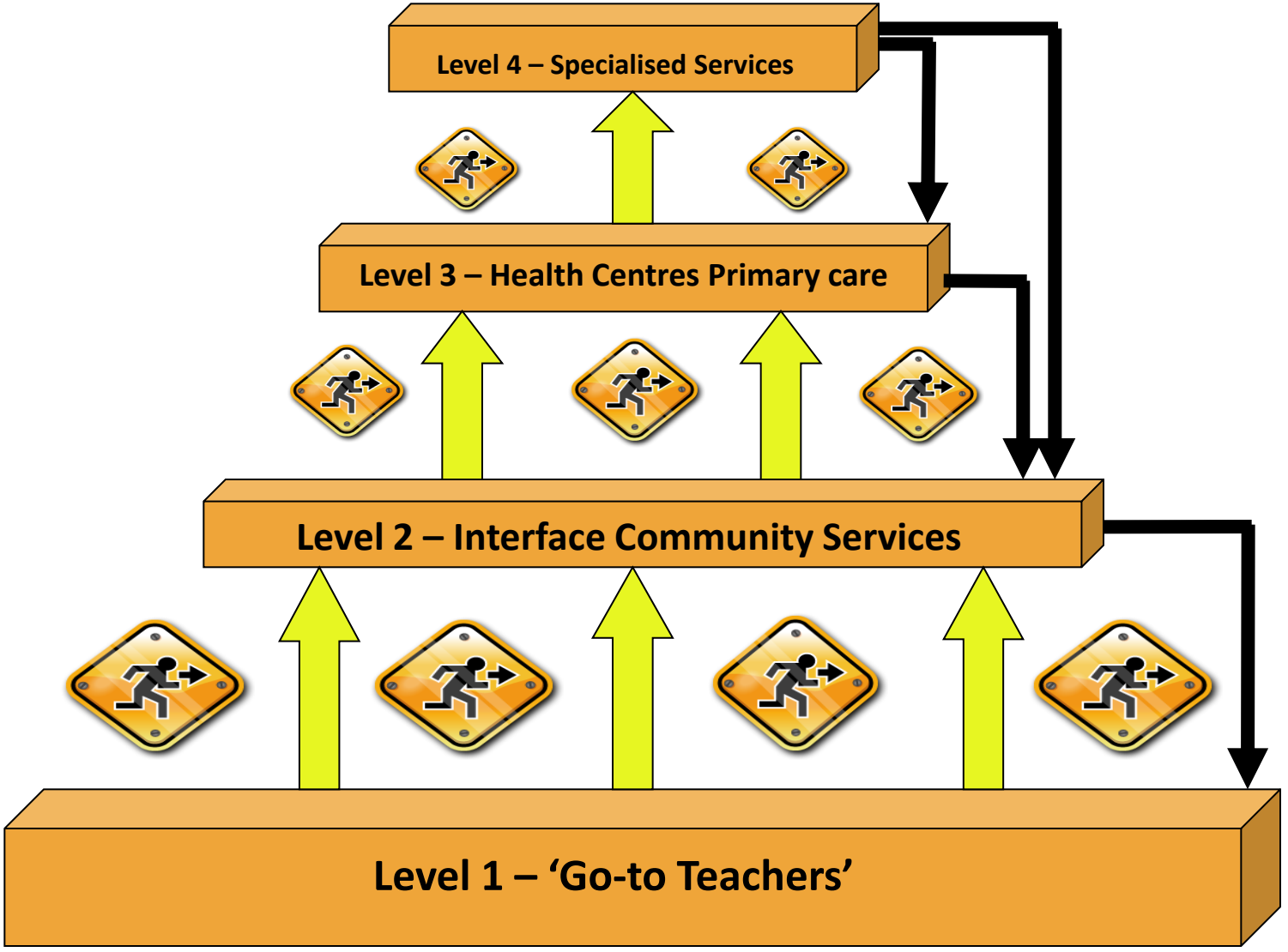
Other aims

- 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



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

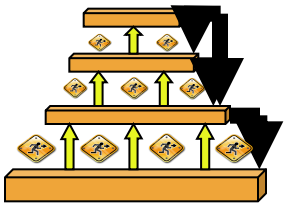
1. Cascais
2. Oeiras
3. Amadora

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




GAS

WHY
YOUTH MENTAL HEALTH

Utilizador u01

Logout

HOME
Registo de Aluno
Inserir Utilizador
Lista Utilizadores

Legenda

- Escolas Secundárias
- Serviços de interface
- Serviços Especiallizados
- Autorização
- Editar Dados do Aluno
- Eliminar Aluno

Lista de Alunos

Acções	ID	Fechado
	29	
	28	
	27	
	26	
	25	
	24	
	23	
	22	
	21	
	17	

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 blah 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

1

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

Name: _____ **Chart #:** _____

Individual Risk Profile	Yes	No
Male		
Family History of Suicide		
Psychiatric Illness		
Substance Abuse		
Poor Social Supports/Problematic Environment		

Symptom Risk Profile	Yes	No
Depressive Symptoms		
Psychotic Symptoms		
Hoplessness/Worthlessness		
Anhedonia		
Anger/Impulsivity		

Interview Risk Profile	Yes	No
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: _____

Level of Immediate Suicide Risk

High _____
Moderate _____
Low _____

Disposition: _____

Assessment Completed by: _____ Date: _____

NÓS PODEMOS AJUDAR

Médicos de família, psiquiatras e psicólogos,
centros de saúde, serviços de psiquiatria
e saúde mental, clínicas, grupos de auto-ajuda.

Parceiros:

ALIANÇA
PORTUGUESA
CONTRA A
DEPRESSÃO
na Amadora

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Parceiros:

EUROPEAN ALLIANCE AGAINST DEPRESSION

WHY

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