PPS-MD

A suicide prevention program addressed to general practitioners

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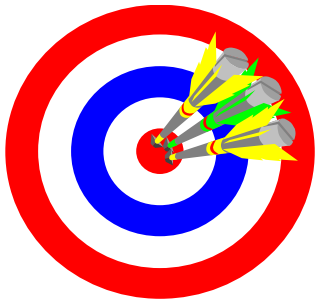
Suicide in Montérégie

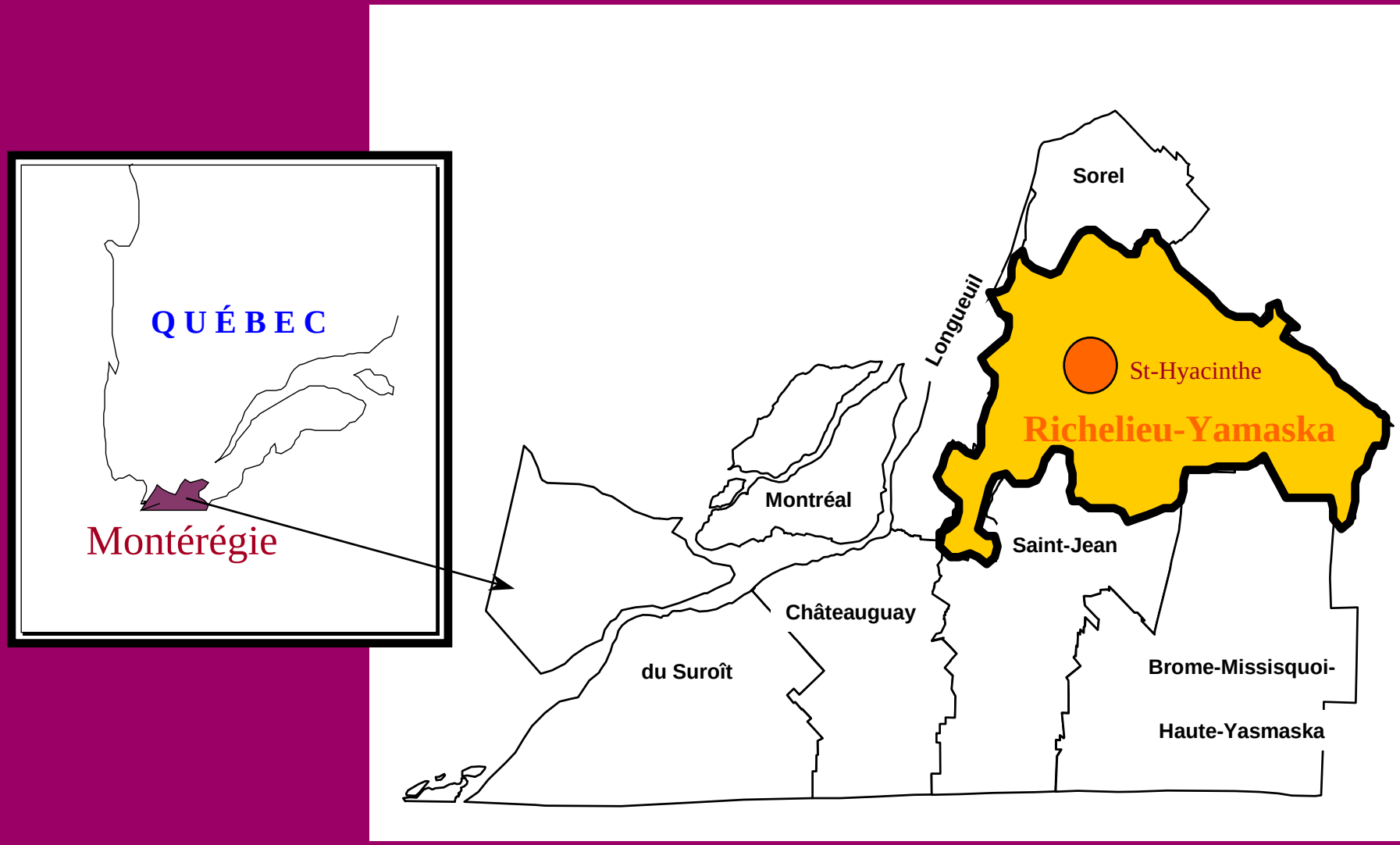
- Quebec rate has doubled since 1971 (18,6/100 000)
- First cause of premature death in men 20-39
- Strongly associated with mental disorders and substance abuse (70-90%); depression present in 30-80%
- 50-76% visit a physician in the month prior to their death
- 40% of general practice patients suffer from a mental disorder or substance abuse, but only half are detected
- Lack of individual and community resources
- Lessons from the Gotland experience

Objective of the PPS-MD

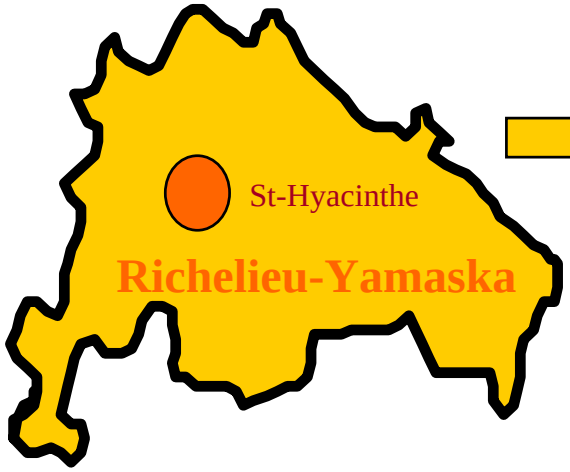


To test a ***multistrategic approach*** including a ***behavioral*** (individual) and an ***environmental*** (community) component in improving general practitioners (GPs) capacity to better ***identify, manage and refer*** patients who present with serious suicidal ideation or behavior.

The Richelieu-Yamaska area



General practitioners (GPs) under study



110 targeted GPs
payed by fee-for service

57 met by the rep.

Spring 2001

23 workshop + tools

10 tools only

33 accept to participate

Spring 2002

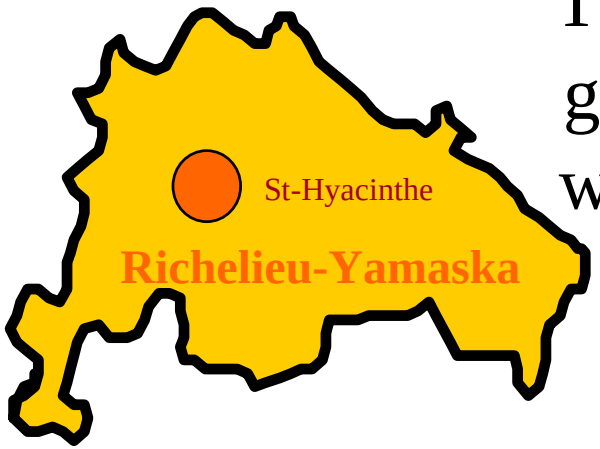
25 accept to test the PPS-MD questionnaire

32 control physicians

Elsewhere in Montérégie

Participating (experimental) physicians (N=33)

Patient mental health (pre-test)



The ***33*** experimental and ***32*** control GPs gave access to ***395*** patients (69% female) who underwent a telephone questionnaire

	Prevalence	***Discussed with physician***
Anxiety	**29%**	**44%**
Depression	**23%**	**32%**
Suicidal ideation	**4%**	**24%**
Alcohol abuse	**4%**	**18%**

Strategies

1- Behavioral (individual)

- ☛ Visit of a medical representative (academic detailing)
- ☛ Workshop on quick persuasive communication techniques
- ☛ Tools for diagnosis, management and referral
- ☛ Phone recall to increase use of the PPS-MD questionnaire

2- Environmental (community)

- ☛ Partnership with the medical associations
- ☛ Easier psychiatric consultation
- ☛ Access to a 24h/7d psychosocial pivot-resource

Visit of the medical representative

Workshops

- Small group learning
- Co-animation
- 3 hours, lunch, CME credits, 150 $
- Friday afternoon or evening
- Group discussion, rôle play and video simulations

Tools

- Video of the workshop
- Detail piece
- Pyramid-shaped diagnosis and management reminder with cards of the Suicide Prevention Centre
- PPS-MD screening questionnaire
- List of the local psychosocial ressources

Phone recall (telemarketing)

- ☛ Feedback to physicians on current prevalence and detection of emotional distress in their practice
- ☛ Invitation to test the PPS-MD screening questionnaire
- ☛ Recommendation to be proactive in referral to the Suicide Prevention Center

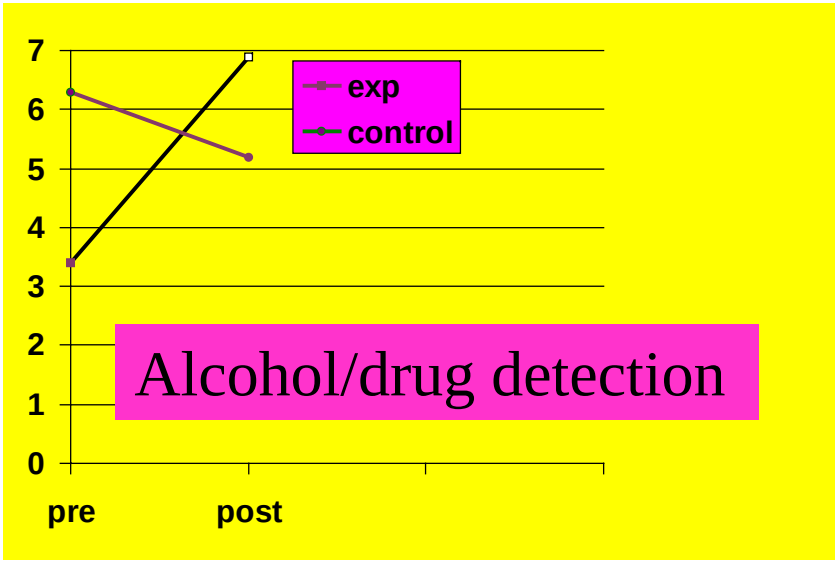
Evaluation

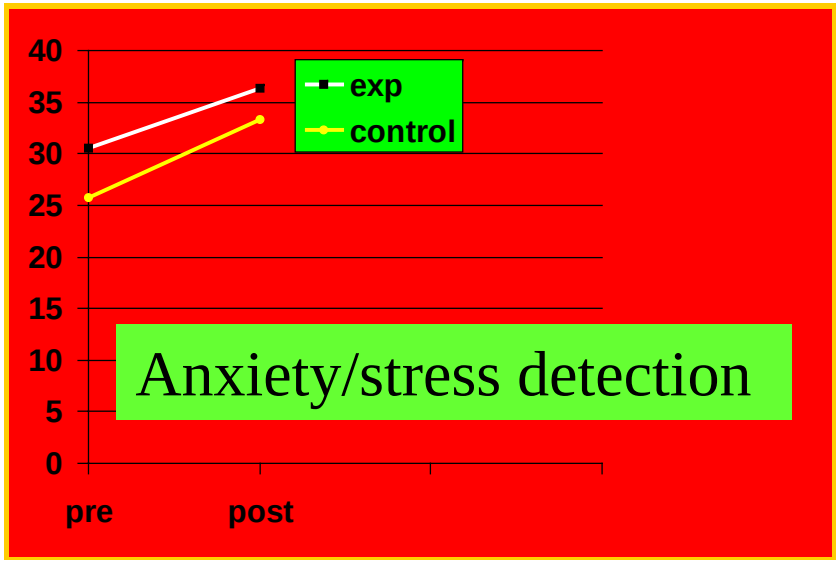
- ☛ ***Patient questionnaires***
- ☛ ***Physicians' interviews***

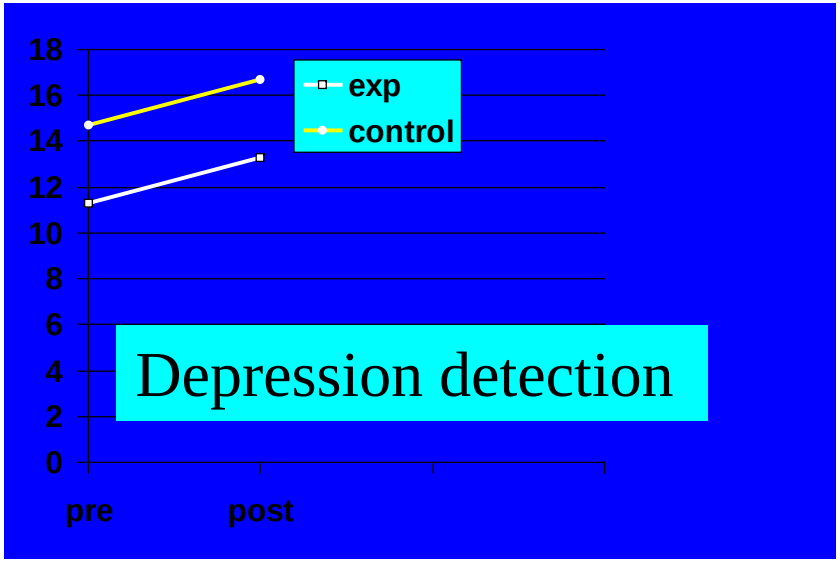
Results: process

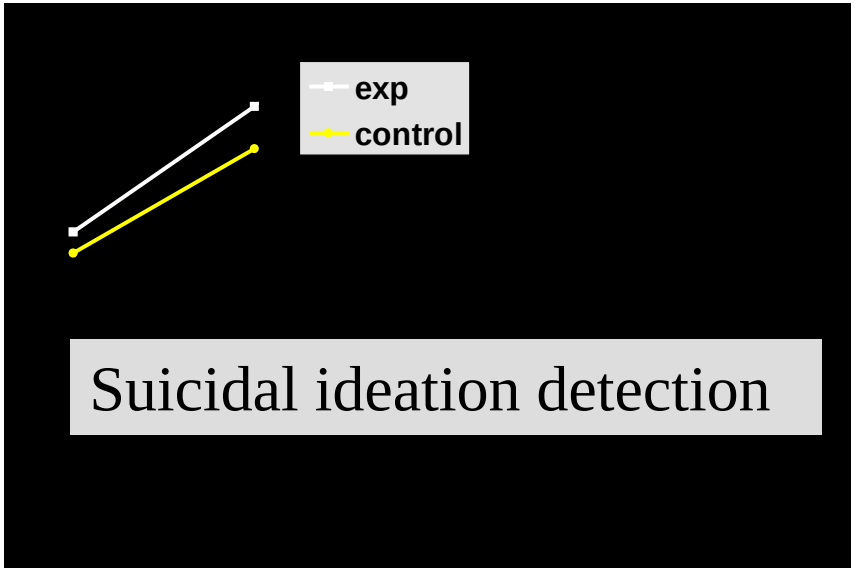
Factors	*Facilitating*	*Barriers*
Related to the context	• GPs and partners in the program feel concerned and show interest	• Physician shortage / over-sollicitation • The Pandora Box • No psychiatric ressources added by the program • Cultural gap between physicians and psychosocial resources
Related to the intervention	• Use of evidence based marketing methods with a previous experience: ***www.preventionclinique.ca*** • Satisfaction with visits, workshops and tools	• Intervention less intensive than planned and stopped for one year • Incomplete exposure to the intervention
Related to the evaluation	• Good participation of physicians and patients in the evaluation process	• Self-selection of participants • Controls know they are under observation • Sampling too small for sub-group analysis

Results: outcomes









Conclusions

1- Marketing methods were effective in recruiting private practice GPs in a suicide prevention program, to make them participate in workshops and use various diagnostic, management and referral tools

2- Participation in the program seemed to improve physicians' detection of emotional distress, as assessed through a patient questionnaire, but the intervention seemed not intensive enough to disclose a significant difference between experimental and control groups

3- The program did not succeed in improving referral to a psychosocial pivot-resource