

Texas Youth Suicide Prevention Project

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Significance

WORLDWIDE

*Suicide is the thirteenth leading cause of death

UNITED STATES

*Suicide is the eleventh leading cause of death

*Suicide is the third leading cause of death among children and adolescents ages 15-24 years

TEXAS

*Suicide is the tenth leading cause of death

*Texas has the highest percentage of attempted suicides in the United States according to the 2005 Youth Behavioral Surveillance Survey

Panel Members

- Isaac G. Martinez, PhD Psychologist
- Dr. Robert T. Frame, FACHE and U.S Army Reservist (Retired)
- Jeffery P. Greene, MD, FAAP and U.S. Army Lt. Colonial
- Teresa L. Arata-Maiers, PsyD Psychologist

Significance:

- In Texas, an average of six deaths a day occur due to a completed suicide.
- In Bexar County, 2006, statistics reveal that out of 170 suicides completed, 16 of those were adolescents aged thirteen through nineteen.
- 90% of the suicides that occurred were due to under treated or untreated mental illness with the most prominent being depression.
- Rapid assessment with mental health and suicide screening tools can assist primary care providers in identifying struggling children and teens with mental health conditions.



Military Significance:

- Deployments abroad, injuries received in a conflict and frequent moves may exacerbate or hasten the development of depressive symptoms and suicidal behaviors among children and adolescents of soldiers.
- This screening effort is consistent with a previously identified area of need with respect to the 2007 DOD Task Force on Mental health pertaining to elements in dealing with families of military dependents.

Goals:

- Identify children and adolescent military dependents at risk for suicide in a setting where mental health conditions may otherwise go unrecognized.
- Provide referrals for community support and mental health services to each participant whether they exhibit suicidal behaviors or not.
- Identify the utility of instruments used in suicidal assessment for the present population of youth.
- Follow-up surveys will assess the effectiveness of the referral system for youth identified as having at-risk issues associated with depression and suicidality.

Hypotheses/Research Questions

- **What is the prevalence of unidentified children and adolescent military dependents with depressive symptoms and/or risk factors for suicidal behaviors?**
- **How does deployment, having a wounded member in the household, and frequency of geographic moves effect the mental health of children in the family?**
- **What are the types of services that participants receive after identified as being in need of further mental health needs?**
- **How satisfied are families with regard to treatment recommendations following the initiation of the referral process?**

Eligible Participants in Project:

- Military Dependents ages 10-19 (active duty, retired, or reservists).
- Recruitment of participants includes attendees to the BAMC pediatric or adolescent clinic and students in the Fort Sam Houston Independent School District (FSHISD) grades 5-12.

BAMC Recruitment

- Participants are recruited when they are scheduled for a clinical visit at either the Pediatric or Adolescent clinic.
- Parents are asked if they would like to participate, given the opportunity to ask questions regarding the study, and sign a consent form onsite prior to participation.
- Screening occurs on site after their regularly scheduled appointment.

Fort Sam ISD Recruitment

- Consent form packets were sent out to each student, grades 5-12, that included an introductory parent letter to be returned to the project.
- Participants are scheduled for consent process and screening times around school schedule.

Participation in the screening and research project include:

- Completion of consent process, demographic form, and screening questionnaires.
- Evaluation by licensed mental health professional if risk factors are indicated.
- Referral for appropriate level of mental health services dependent on outcome of the screening process.
- Resource information for both community based and mental health services.

Screening Tools

Pediatric Symptom Checklist – Youth (PSC-Y)

- General symptom questionnaire widely used by pediatricians to identify cognitive, emotional, and behavioral problems.

Patient Health Questionnaire – (PHQ-9M)

- A nine question inventory used to identify the DSM-IV-TR criteria for depressive disorder.

Depressive Symptom Index Suicidality Subscale – (DSI-SS)

- A four item questionnaire to assess suicidality.

Screening Process

- Participants receive questionnaires to complete.
 - Age 10-13 receive a modified version of the DSI-SS (suited for younger age) and the PSC-Y.
 - Age 14-19 receive DSI-SS, PSC-Y and PHQ-9M.
- If risk factors are indicated, a further assessment is completed by a licensed clinician or physician.

Further Assessment and Referral

- Suicide risk will be determined by asking about:
 - ✓ presence of suicidal ideation
 - ✓ suicidal plans
 - ✓ suicidal intent if they have not already been indicated on the self-report instrument.
- Participants will receive referral based on need identified in further assessment ranging from inpatient to outpatient services.
- Support services in the community will also be made available to the family via an information packet that will be given to the participant at the time of the screenings.

Referrals

- Mental Health Based:
 - Children and Adolescent Psychological Services (CAPS) at BAMC.
 - Center for Health Care Services
 - Private Tri-care Providers
 - Laurel Ridge
 - The Nix
 - Southwest Mental Health Center

- Community Based:
 - Army Community Services
 - Ft. Sam Houston Child and Youth Services
 - Inspire Fine Arts

Follow Up Process

- Families will be contacted at 1, 3, 8 week, and 3 month intervals to collect data regarding:
 - Types of services that participants receive after being identified as in need of further mental health services.
 - Timeline from the point of referral to actual contact with service providers.
 - Satisfaction with treatment recommendations, screening process and treatment received.



Current Data as of June 2008

- N=201
- 70 Required Further Assessment (35%)
 - 7 Referrals for Inpatient Evaluation
 - 2 Admissions for Inpatient Treatment
 - 2 Admission of Intensive Partial Day Treatment
 - 1 Referred to inpatient; however, went out outpatient
 - 16 Already receiving Outpatient Treatment
 - 47 Referrals for Outpatient Treatment
 - 30 referrals to CAPS

Preliminary Profiles of Demographics for Participants Identified with Risk Factors as of April 2008

- Gender:
 - 64% Male 36% Female
- Race/Ethnicity:
 - 55% White
 - 20% African American
 - 18% Hispanic
 - 5% American Indian
- Military Status:
 - 54% Active Duty
 - 38% Retired
 - 7% Active Reserves
- 18% reported having a parent currently in the military that is in rehabilitation or receiving medical care for an injury receive in a recent conflict.
- 29% reported having moved 3 or more times in the past 5 years.

Ft. Sam Houston ISD Screening Site



BAMC Screening Site

