

Disclosure belangen spreker S4.2

(potentiële) belangenverstrengeling	Geen
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
<ul style="list-style-type: none">• Sponsoring of onderzoeksgeld• Honorarium of andere (financiële) vergoeding• Aandeelhouder• Andere relatie, namelijk ...	<ul style="list-style-type: none">••••



GPS

Gatekeepers to Prevent Suicide

(cost-)effectiveness of Gatekeeper Training in the prevention of suicide attempts: a randomised controlled trial



GGZ Friesland

Martin Steendam

*Clinical psychologist GGZ Friesland
Head of clinical training program for psychologists
PhD candidate Vrije Universiteit Amsterdam*



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Epidemiology

- ▶ 1,600 people commit suicide annually *(CBS)*
- ▶ 100,000 attempt suicide *(Trimbos 2006, 2011)*
- ▶ 14,000 of them contact the emergency department
(Kerkhof et al, 2007; RIVM, 2008)
- ▶ 462,500 suffer from suicidal ideation *(Trimbos 2006, 2011)*

- ▶ The corresponding disease burden equals 231,000 disability adjusted life years (DALY's) *(RIVM 2011)*



The problem

- ▶ Many people who are suicidal (thoughts, plans, attempts) do not seek treatment
- ▶ The inclination not to seek help is one of the core symptoms of the suicidal syndrome
- ▶ People experiencing suicidal thoughts typically feel pessimistic, hopeless and so may not have positive expectations that treatment will help them
- ▶ Shame and fear of stigma may even lead suicidal individuals to reject any form of help

Who cares ?

- ▶ Problems involving suicidality generally need to be addressed by specialised care from qualified mental health professionals
- ▶ Gatekeepers are often the first to identify suicidality and address the subject. These gatekeepers could be
 - police officers, care workers, district nurses, teachers, members of ZAT teams (school counselors and health care advice), pastors, geriatric care workers, volunteers of telephone helplines, etc.



- ▶ In 1983 and 1984 all GPs on the Swedish island of **Gotland** were trained in the diagnosis and treatment of depression. In the two following years the prescriptions for anti-depressants rose by 50% while the suicide rate declined by 60%

Rutz et al., 2001

- ▶ The **Nuremberg** Alliance Against Depression (NAAD) initiative was followed by a 26% reduction in the number of suicide attempts. A two-year community intervention to combat depression was implemented in Nuremberg (480,000 inhabitants) and compared to a control condition (Würzburg, 270,000 inhabitants)

Hegerl et al., 2006

- ▶ In the **US Air Force** the suicide rate was reduced by 33% following a large-scale programme including intensive gatekeeper education

Knox et al., 2003, 2010

- ▶ The studies mentioned point in a promising direction
- ▶ The effects are valid in specific conditions
- ▶ Or in locations that diverge sharply from the situation in the Netherlands
- ▶ Owing to the combination of activities, it is unclear which effect can be attributed to the training of GPs or to the gatekeepers or to the synergetic effect of interventions



The intervention

- ▶ Gatekeeper training (4 hours)
- ▶ Homogenous groups (16 participants)
- ▶ Two seasoned and trained clinical trainers
- ▶ Knowledge, attitude and skills

Course content for Gatekeeper Training

- ▶ Introduction: participants introduce themselves

- *Aim: to activate existing knowledge, attitudes and skills*

- ▶ Lecture in suicidal behavior

- *Aim: to increase knowledge concerning suicidal behavior*

- ▶ Active role playing for each participant

In three rounds every participant will be trained in skills to engage with and motivate suicidal people to talk about their problems. This will be achieved through intensive and repeated role playing including personalized support and feedback.

- *Aim: To enhance skills in motivating people for referral*

- ▶ Group discussion (about how to refer) and conclusion

- *Aim: To consolidate obtained knowledge, attitude and skills*

GPS project (2012 – 2016)

Three questions

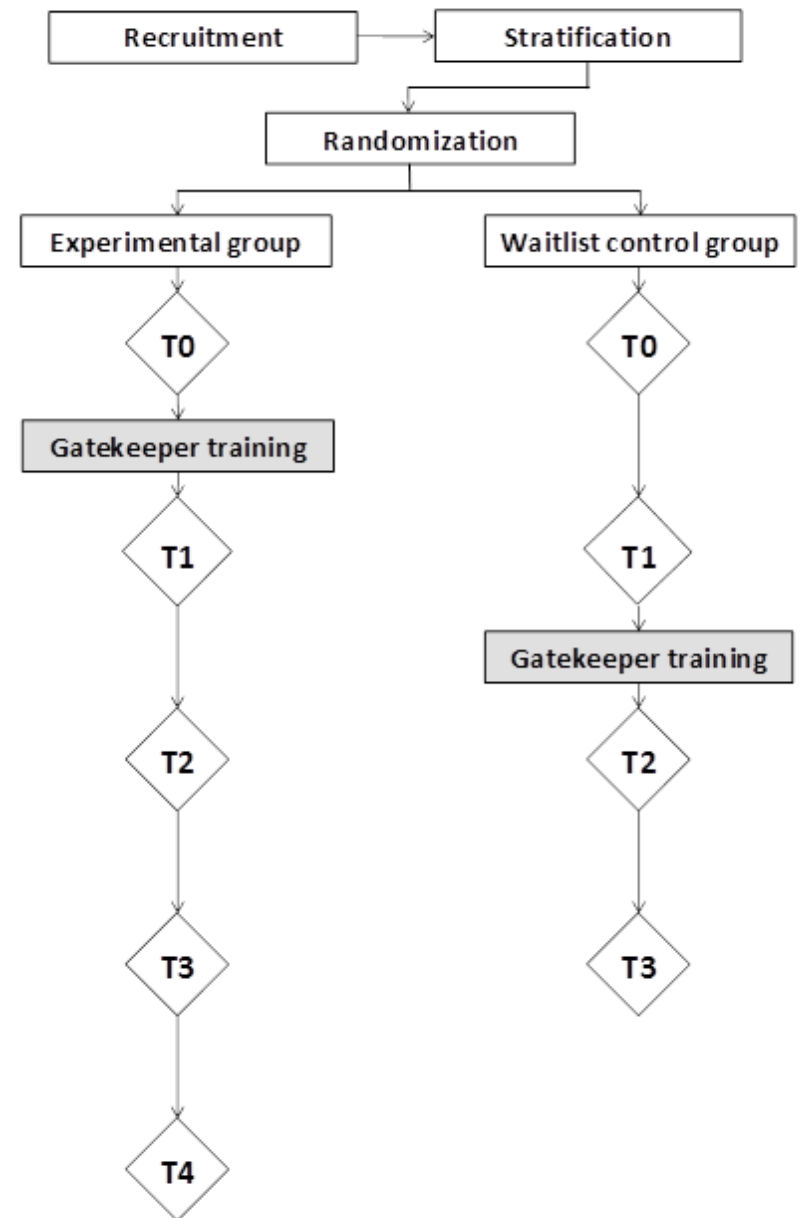
- ▶ Is gatekeeper training effective in enhancing relevant skills?
- ▶ Does the intervention impact on rates of (attempted) suicides?
- ▶ Is the intervention cost-effective relative to routine medical care?

STUDY 1

Does training of gatekeepers improve professional competencies and skills?

Design

RCT, two parallel groups (waitlist control)
2 * 270 participants



Outcome measures

- ▶ Outcome measure is professional competence
 - to identify suicidality
 - to communicate about suicidality
 - to make adequate referrals to the GP
- ▶ Questionnaire on Attitudes Towards Suicide
(Renberg and Jacobsson, 2003)
- ▶ Assessing actual referral behavior during the preceding three months with questions concerning number of contacts and time invested
(Smit ea, 2012)

STUDY 2

Does the training of gatekeepers and GPs lead to fewer suicide attempts and suicides?

Intervention regions

Control region



Together they cover an area in which about 8 percent of the Dutch population lives



Design

- ▶ Comparing changes in numbers of suicides and ED registrations of suicide attempts between trained regions and control regions
- ▶ We intend to make use of the data generated by emergency departments
 - ▶ *4 EDs Friesland*
 - ▶ *6 EDs in Amsterdam*
- ▶ To maximize the effect we will train as many GP's as possible (minimum 100 GP's in two regions taken together) and gatekeepers (minimum 600 in two regions taken together)

STUDY 3

How cost-effective is training of gatekeepers / GPs?

Design

- ▶ In STUDY 1 the providers of the training for gatekeepers and GPs are surveyed about the costs of providing the training (hours worked and materials used)
- ▶ From STUDY 2 we calculate how many quality adjusted life years (QALYs) are gained in one year thanks to the intervention
- ▶ Finally, the cost data and DALYs (disability adjusted life years) avoided are combined in an econometric model to produce incremental cost-effectiveness ratios (ICERs)

First results are expected summer 2014



Results GPS study

Participants included (april 2014)

	T0	T1
JGZ ROC	30	8
Leger des Heils	8	7
Streetcorner work	27	0
Vangnet en Advies	35	17
Fier Fryslan	98	49
Politie	66	37
Slachtofferhulp	31	30
Timpaan	68	47
VNN	33	24
VO en MBO	116	95
Totaal	512	314

StaVaZa april 2014

- ▶ Inclusie loopt nog door tot in elk geval zomer 2014
- ▶ Voldoende trainers voor deelstudie 2 (effect op SEH)
- ▶ Meer data gewenst voor deelstudie 1 (effect training)
- ▶ Reeds beschikbare data worden nu vast geschoond
- ▶ Metingen training lopen door tot medio 2015
- ▶ Dataverzameling bij SEH vanaf zomer (en retrospectief)
- ▶ Wordt vervolgd ...

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- ▶ Prof. dr. A.J.F.M. Kerkhof *Professor of Clinical Psychology VU Amsterdam*
- ▶ Prof. dr. F. Smit *Professor of Evidence-Based Public Mental Health, Trimbos Utrecht*
- ▶ Prof. dr. A. Verhoeff *Professor of Urban Health and Health Care, UVA*
- ▶ Dr. J. de Keijser *Director and Head Post MSc Clinical Psychology*
- ▶ Dr. M.C.A. Buster *Senior Researcher, Dep of Epidem and Health Prom*
- ▶ Drs. S. Cremer *Head research and health promotion group adults*
- ▶ Drs. M. Steendam *Clinical Psychologist*

Martin Steendam

*Clinical psychologist GGZ Friesland
Head of clinical training program for psychologists
PhD candidate Vrije Universiteit Amsterdam*

