Suicide Prevention Outreach Trial (SPOT)

Study Snapshot

**Principal Investigator:** Gregory Simon, MD, MPH

**Sponsoring Institution:** Kaiser Permanente Washington Health Research Institute

**ClinicalTrials.gov:** NCT02326883

**Abstract:** Suicide ranks 10th among all causes of mortality in the United States, accounting for more than 40,600 deaths in 2012. Suicide attempts result in 600,000 emergency room visits and nearly 200,000 hospitalizations each year. Reducing this potentially preventable morbidity and mortality is a public health priority.

This large pragmatic trial will test treatments intended to reach large groups of adult patients who have serious thoughts of suicide. Patients at risk will be identified and followed through medical records. The research team will test two treatment programs: The first program, a care management approach, draws on two previous efforts, a collaborative care for depression strategy plus an approach developed at the Henry Ford Health System. The second program is an online skills training method designed to help people manage painful emotions and stressful situations.

To determine the impact of the two prevention strategies, patients will be compared with another group of patients receiving usual care. This 5-year study is designed to enroll 19,500 patients. The study design and intervention programs were developed in collaboration with people with "lived experience," those who have experienced suicidal thoughts or survived suicide attempts themselves.

**Collaborating Healthcare Systems:** HealthPartners Institute for Education and Research; Kaiser Permanente Northwest; Kaiser Permanente Washington; Kaiser Permanente Colorado

**NIH Institute Oversight:** National Institute of Mental Health (NIMH)

Ongoing at four Mental Health Research Network sites:
- KP Washington
- HealthPartners
- KP Colorado
- KP Northwest

12,000 enrolled as of 10/1/2017
What We’ve Learned So Far

<table>
<thead>
<tr>
<th>Current Barriers</th>
<th>Level of Difficulty</th>
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</thead>
<tbody>
<tr>
<td>Enrollment and engagement of patients/subjects</td>
<td>X</td>
</tr>
<tr>
<td>Engagement of clinicians and health systems</td>
<td>X</td>
</tr>
<tr>
<td>Data collection and merging datasets</td>
<td>X</td>
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<tr>
<td>Regulatory issues (IRBs and consent)</td>
<td>X</td>
</tr>
<tr>
<td>Stability of control intervention</td>
<td>X</td>
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<tr>
<td>Implementing/delivering intervention across</td>
<td>X</td>
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<tr>
<td>healthcare organizations</td>
<td></td>
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</tbody>
</table>

1 = little difficulty
5 = extreme difficulty

Challenge | Solution
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Finding the right balance between assertive and intrusive for the study intervention outreach | The study team partnered with people with lived experience of suicidal ideation and self-harm to develop and refine their outreach messages. They iterated language carefully, borrowing extensively from motivational interviewing and using first-person content for their skills program.

Process of IRB approval took longer than expected; a fundamental issue was whether one could conduct a minimal-risk study in a high-risk population, such as those at risk for suicide | Stakeholders had strong and often contradictory opinions about suicide, and defining appropriate ways to engage patients and obtain appropriate consent was a challenge.

Selected Publications & Presentations

- September 2017: PCT Grand Rounds Presentation: [Who To Include in a Pragmatic Trial? It Depends](https://example.com)