



Suicide Care Research Center

The Suicide Care Research Center (SCRC) is a NIMH-funded interdisciplinary center working to improve the design and delivery of suicide care for adolescents and young adults ages 13-30 in outpatient medical settings.

The Challenge

Stepped up mandates for suicide care and system change have come from The Joint Commission and national Zero Suicide programs. Due to these efforts, there has been substantial expansion of suicide screening, assessment, and safety planning, but treatment has lagged. As a result, too many adolescents and young adults disclose suicidality to health care providers who are not prepared to offer them treatment onsite. Patients and families are often referred to the emergency room even when an outpatient intervention is better suited to their needs. This approach results in overwhelmed systems and negative experiences for patients and providers.

In 2021, Biden proclaimed “My Administration is committed to advancing suicide prevention best practices and improving non-punitive crisis response.”

We are at a crucial point in the development of care for adolescents and young adults (AYA) who experience thoughts of suicide.

Our Goal

Our goal is to improve the design and delivery of suicide specific care in outpatient medical settings, so they are effective, feasible in busy clinic environments and supportive of adolescent and young adult (AYA) patients, their providers, and their families.

Who We Are

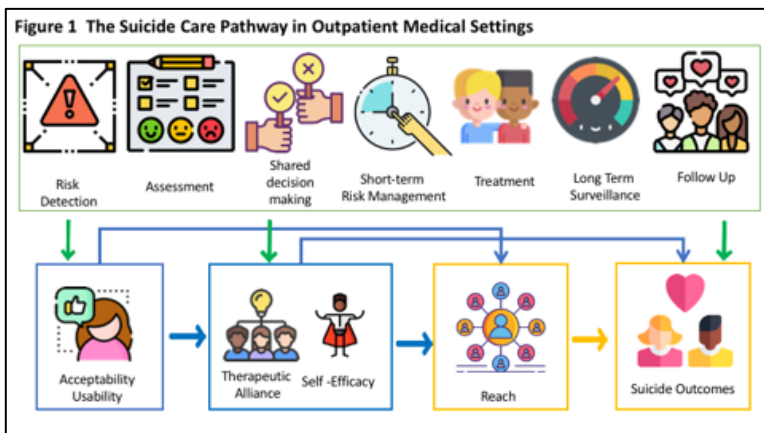
SCRC is a partnership between UW Departments of Psychiatry and Behavioral Sciences, Pediatrics, Family Medicine, and Biomedical Informatics and Medical Education. Our team brings a wide array of expertise, including:

- suicide prevention experts
- people with lived experience of suicidality and their families
- clinician-researchers and healthcare organizations treating patients with suicidality in outpatient medical settings
- informatics researchers and operational experts designing innovative and cutting-edge technology, such as improved EHR workflows, which allow clinicians to do their jobs and communicate efficiently

Conceptual Model

SCRC's work focuses on intervention components along the Suicide Care Pathway.

In our model, the acceptability and usability of new interventions are implementation mechanisms that combine with the clinical mechanisms of therapeutic alliance and provider self-efficacy to maximize the reach of our interventions and the outcomes for AYA and their families (see Figure 1).



Research Projects

Each SCRC research project will have its own unique contribution to improving the Suicide Care Pathway for AYA. All studies will use the same outcome and mechanism measures. Together, these projects will inform a full-spectrum model that can be implemented in part or in full, based on system and setting specific needs.

> **Swift Outpatient Alternatives for Rapid Stabilization (SOARS R01)**

SOARS, SCRC's Signature Project, is the optimization of an innovative brief outpatient crisis intervention where adolescents can be referred as an alternative to the ED through Seattle Children's Hospital.

> **Augmented Momentary Personal Ecological Risk Evaluation (AMPERE R34)**

The AMPERE study aims to co-design an ecological momentary assessment (EMA) suicide risk monitoring system using human-centered design and then conduct a pilot to inform further system revision and development.

> **Integrated Screening & Safety Planning (ISSP R34)**

The ISSP study goal is to use human-centered design strategies with youth, parents, and healthcare providers to build and optimize an integrated screening and safety planning (ISSP) tool for use with youth who screen positive for suicidal ideation.

> **Connections Study (R34)** The Connections study goal is to co-design the Aeschi Model in integrated behavioral health settings and then pilot test the intervention components compared to treatment as usual.

> **WisePath (Pilot R03)**

This project is partnering with a digital mental health app, WisePath, designed to improve parent and youth communication and parental self-efficacy to prevent risk behaviors. It aims to adapt and test a prototype for assessing for suicidal thoughts and behaviors in primary care.

> **HOPES (Pilot R03)**

With feedback from patients and caregivers, HOPES aims to develop two innovative interventions to be delivered in a primary care setting: an adapted caring contacts protocol and a system to provide short-term, centralized remote monitoring of patient's suicide risk.

> **Pilot Studies, To Be Awarded**

Each year SCRC awards funding to two pilot R03 projects to bring new voices, talents, and disciplines to the field of suicide care.

Collaboration as a Value

SCRC believes that meaningful collaboration is the key to maximizing intervention scalability, ensuring better outcomes, and improving the suicide care delivery experience. Beyond our interdisciplinary team and partnerships, SCRC also has:

> **a Collaborating Scholars Program**

This program will provide ongoing mentorship to scholars who do not traditionally work in suicide prevention research but who will bring much-needed skillsets and perspective to the field.

> **Advisory Boards**

SCRC convenes four boards to offer perspective and guidance on all SCRC activities. These include:

1. Lived Experience Advisory Board
2. Outpatient Medical Setting Advisory Board
3. Research Advisory Board
4. Policy and Financing Advisory Board

Let's Connect

If you have questions or would like to learn more about our work, email us or join our mailing list for updates and upcoming opportunities.

- Email: UWSCRC@uw.edu
- Newsletter sign-up: <http://tiny.cc/SCRC-Newsletter>
- Webpage: psychiatry.uw.edu/research/suicide-care-research-center/