

Developing and Testing a Patient Navigation Intervention to Prevent Suicide in LGBTQ+ Youth and Young Adults



**Kristen J. Wells, PhD, MPH (She/Her/Hers)
& Aaron J. Blashill, PhD (He/Him/His)**

**Associate Professors
San Diego State University**

Acknowledgements and Gratitude for Our Study Team

Study Team:

- Jess Alexander
- Dr. Jerel Calzo
- Sara Duran
- Cristian Garcia
- Dr. Chii-Dean (Joey) Lin
- Dr. Christian Ramers
- Alyson Randall
- Dr. Sarah Rojas
- Dr. Arjan van der Star
- Dr. Robin Weersing

Participatory Planning Group (PPG)

Members:

- Vanessa Arteaga
- Amy Budd
- Beth Davenport
- Jennifer Dihenia
- Max Disposti
- Dr. Amy Green
- Henry Lopez
- Maria Schembri
- Gina Spidel
- Dr. Garrick Tong

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Introduction

Background of the LGBTQ+ Community

- L = Lesbian
- G = Gay
- B = Bisexual
- T = Transgender
- Q = Queer/Questioning



Human Rights Campaign (2020): <https://www.hrc.org/resources/glossary-of-terms>

USA Today. (2017):

<https://www.usatoday.com/story/news/2017/06/15/lgbtq-glossary-slang-ally-learn-language/101200092/>

Study Background

- LGBTQ+ individuals are at a particularly heightened risk of suicide
- 23% of LGBTQ+ youth have reported a suicide attempt in the last 12 months
- Despite this, no known suicide prevention programs have been developed and tested using research in an LGBTQ+ population



Population of Focus

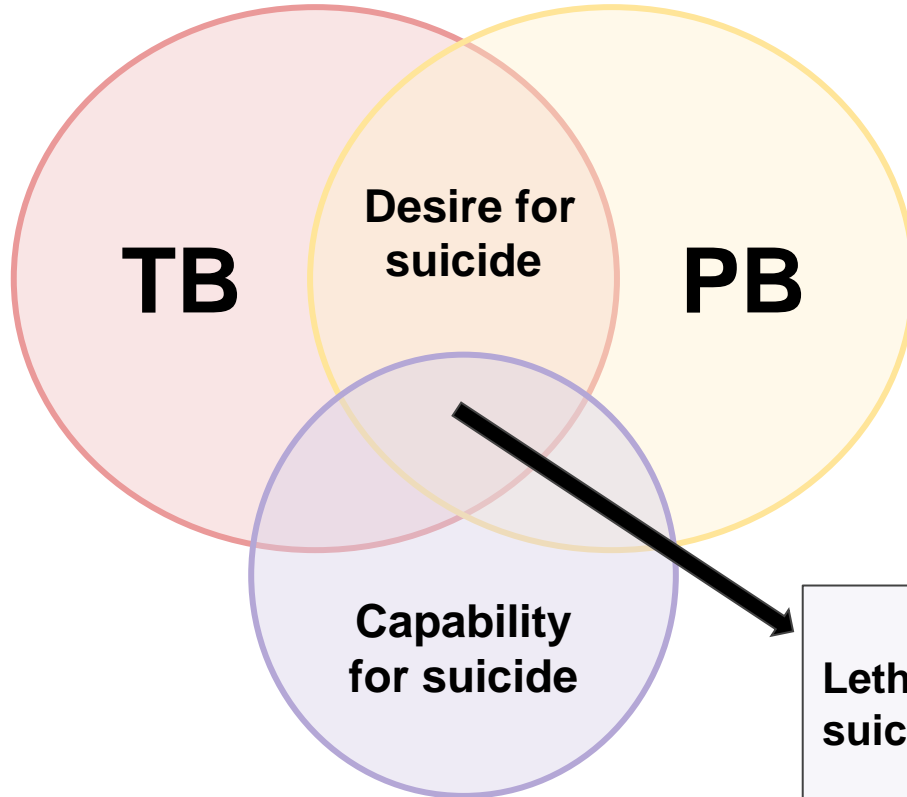
- Youth and young adults between 15 and 29 years
- Identifies as LGBTQ+
- Reports suicidal ideation over the past two weeks
- Reports lifetime history of one or more suicide attempts
- Does not have immediate plan and intention to harm themselves

Theories That Have Guided Our Project

Interpersonal Theory of Suicide

Thwarted
Belongingness

I am alone



Perceived
Burdensomeness

I am a burden

**Lethal (or non-lethal)
suicide attempts**

Minority Stress Theory

- LGBTQ+ individuals experience three types of stressors that lead to poor mental health outcomes and suicide attempts:

- 1. General stressors**

- 2. Distal minority stressors**

- 3. Proximal minority stressors**

Minority Stress Theory

- Variables which buffer the effect of these three types of stressors on negative mental health outcomes:
 1. **Social support (broadly, and specific to other LGBTQ+ members)**
 2. **Coping skills**

Description of Our Intervention Approach

Safety Planning Intervention

- Single session, brief (30 minute), empirically supported intervention that provides individuals with behaviors they can engage in to reduce the likelihood of engaging in suicidal behavior
- A recent trial of 1,640 participants showed 45% fewer suicide attempts among patients who received SPI when compared to patients who received usual care

Safety Planning Intervention

Patient Safety Plan

- Identifying warning signs
- Internal coping strategies
- People and social settings that provide distraction
- People to ask for help
- Professionals/agencies to contact during a crisis
- Making the environment safe

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Patient Navigation (Wells et al., 2008)

- Patient navigation is provided to individual patients for a defined episode of health or mental health care
- Patient navigation has a definite endpoint where services provided are complete
- Patient navigation targets a defined set of services required to complete an episode of health or mental health care
- Patient navigation services focus on the identification of individual patient-level barriers to accessing care
- Patient navigation aims to reduce delays in access the continuum of health or mental health services

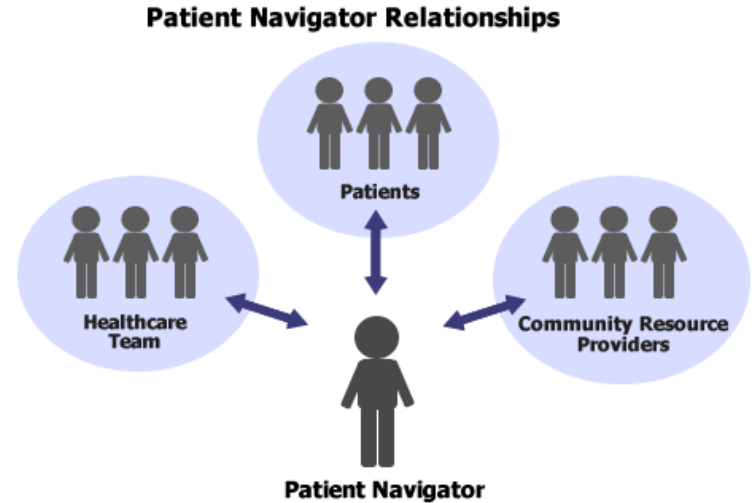
Origins of Patient Navigation



- Term coined in 1990 by Dr. Harold Freeman
- Developed to reduce cancer disparities among people with lower socio-economic status and without insurance
- Dr. Freeman recognized that many people in Harlem presented for treatment with late stage cancers which could have been detected early.
- 1995 publication indicated the intervention concept was promising to increase early detection of breast cancer

Why Patient Navigation?

- PN may be particularly well suited to address the needs of LGBTQ+ youth at risk of suicide, given its focus on cultural sensitivity and its high level of flexibility to address patients' specific needs
- Also focused on helping people connect with health care and resources



Who Can Be a Patient Navigator?

- Community health worker navigators (also called lay, unlicensed)
 - Cultural broker
 - Culturally competent
 - Linguistically concordant
- Licensed clinical navigators
 - Nurses (all different levels)
 - Social workers/counselors
 - Other health-related occupations
- Multidisciplinary team

PN + SPI Intervention Overview

- Integrates the SPI with patient navigation (PN) services (PN+SPI)
 - Designed to target mechanisms (i.e. decreasing thwarted belongingness, increasing suicide-related coping skills) theorized to underlie suicide
- PN content includes 10 flexible modules that address minority stress, reinforce and update the SPI, link participants to community resources, and assist participants with overcoming barriers to LGBTQ+-friendly mental health services or community groups
- Patient navigators deliver the modules based on the particular concerns and needs of each participant, and modules can be repeated

Mechanisms of Action

- PN+SPI aims to reduce suicide attempts among LGBTQ+ individuals by modulating two theoretical targets:
 1. Decreasing thwarted belongingness
 - Build interpersonal connectedness related to social support (general and LGBTQ+-specific)
 2. Increasing suicide-related coping skills
 - Distraction from suicidal thoughts and urges (internal suicide-related coping skills)
 - Means restriction and reaching out to others (e.g. friends, family, PN, mental health provider) when in crisis (external suicide-related coping)

Figure 1. Conceptual Model and Relation to the Study Design.

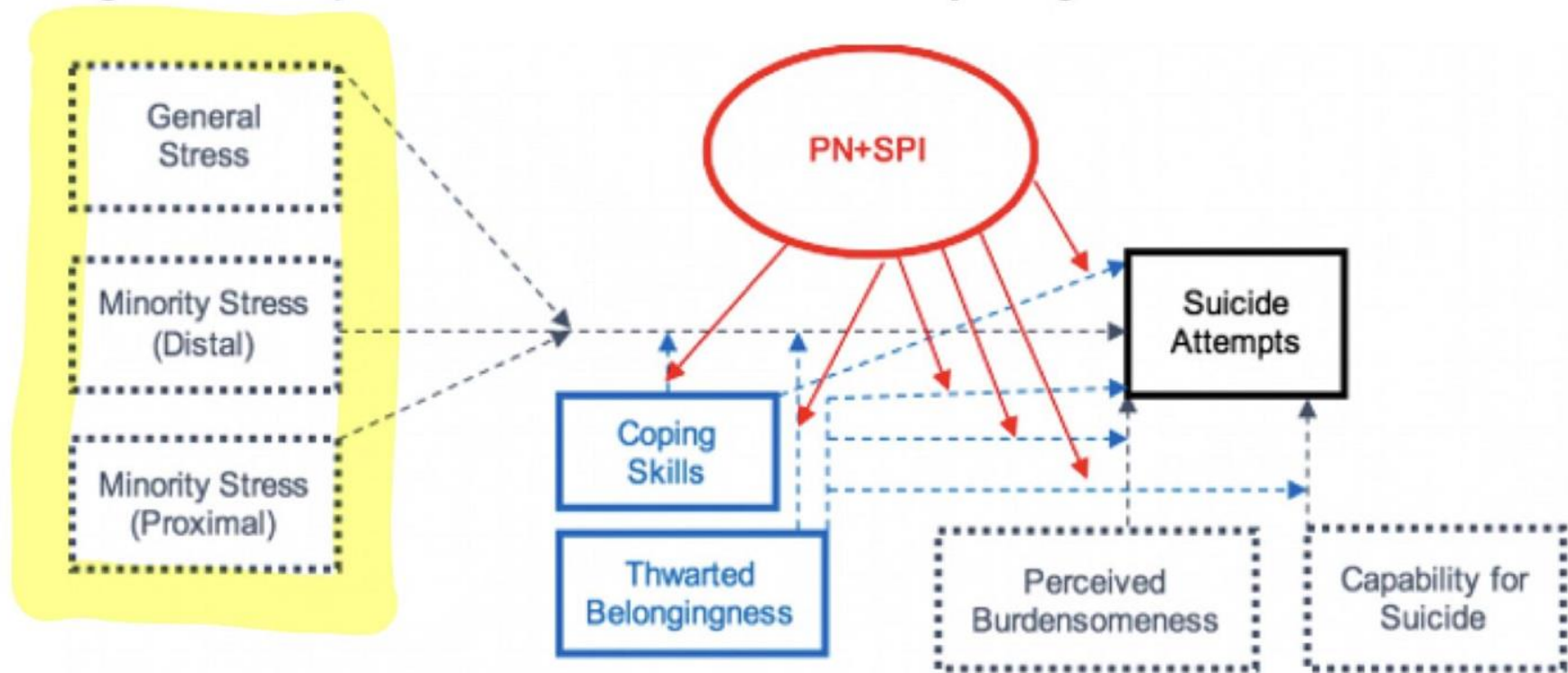


Figure 1. Conceptual Model and Relation to the Study Design.

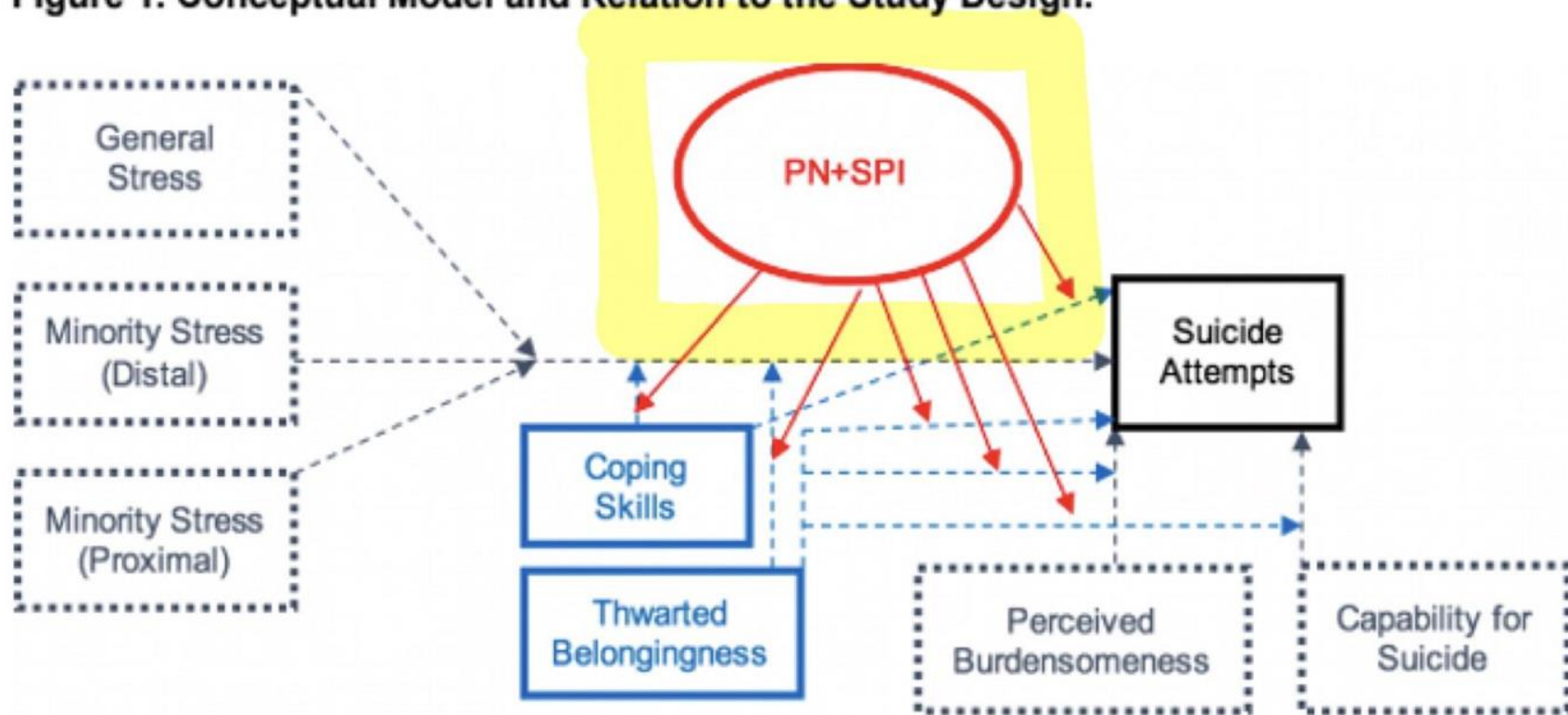
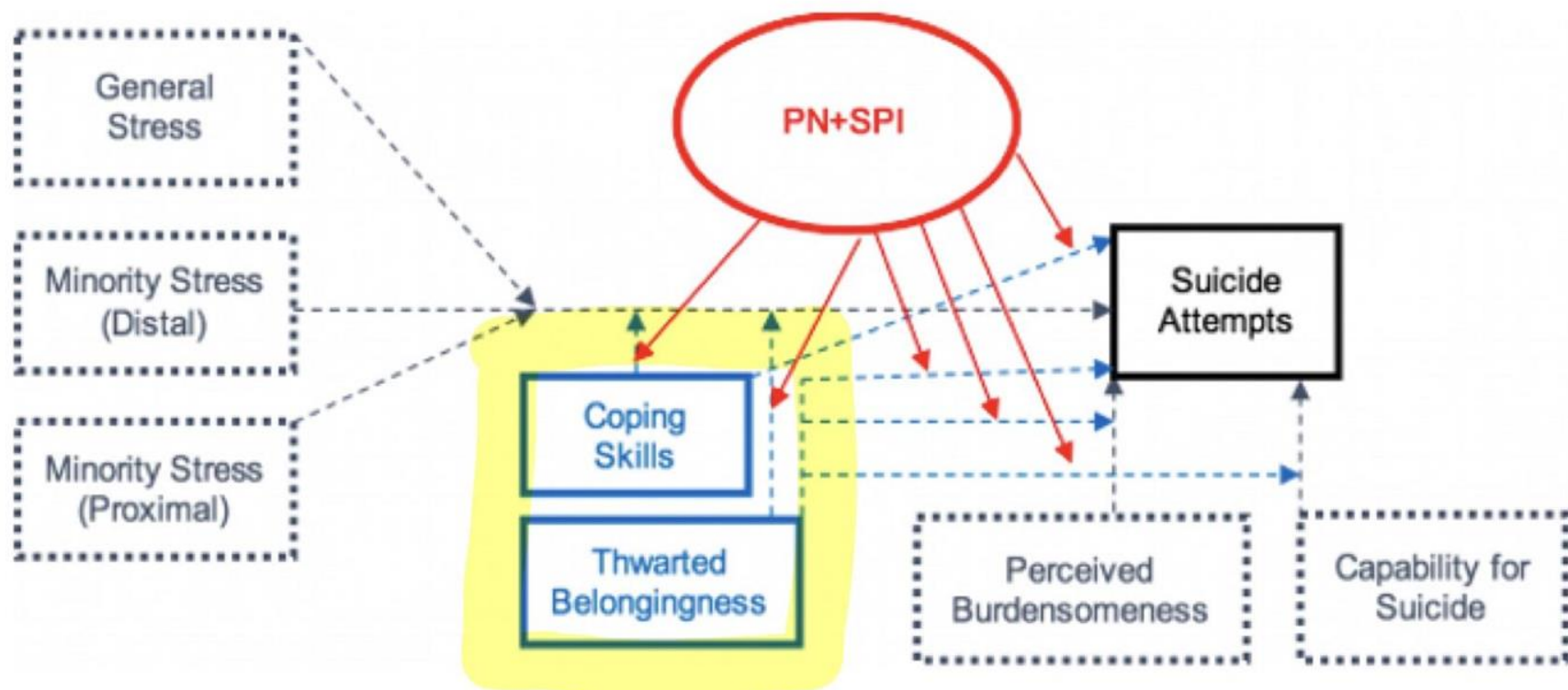


Figure 1. Conceptual Model and Relation to the Study Design.



Specific Aims of Our Study

- **Aim 1**: Adapt and test an integrated PN+SPI intervention designed to reduce suicide attempts among LGBTQ+ youth/emerging adults
- **Aim 2**: Conduct a pilot randomized controlled trial of the PN+SPI by comparing it to the SPI alone
- **Aim 3**: Conduct longitudinal analysis of the mechanisms of action (i.e. decreasing thwarted belongingness, increasing suicide-related coping skills) of the integrated PN+SPI

Developing the PN + SPI Intervention

Patient Navigation Intervention Adaptation

- PN components of the PN+SPI intervention will be adapted from previous PN interventions by the project team with Participatory Planning Group guidance
- The Intervention Mapping approach is guiding the adaptation process, including delivery fit, design features, and cultural (i.e. LGBTQ+) relevance

Intervention Mapping

- Intervention Mapping includes the following steps:
 1. Reviewing various Patient Navigation interventions developed by Drs. Blashill and Wells along with SPI
 2. Creating a logic model of the health problem (e.g. suicide)
 3. Develop program goals, outcomes, and performance objectives
 4. Creating a logic model of the integrated PN+SPI intervention
 5. Assessing intervention fit and planning adaptations
 6. Making adaptations

Participatory Planning Group (PPG)

What is the purpose of this group?

- To assist with the intervention development process, implementation of the study, and to help disseminate research findings.
- Activities: Intervention design, community engagement, recruitment, communication

Who makes up the PPG?

- Mental health providers at Family Health Centers of San Diego
- Potential program implementers
- LGBTQ+ youth
- Community members who interact with people who may benefit from this intervention

Participatory Planning Group (PPG)



What is the purpose of this group?

To assist with the intervention development process, implementation of the study, and to help disseminate research findings

What is your role?

- To provide the project team with advice to best implement the project

How often will we meet?

- As needed
- No less than 4 times during Year 1
- 2 times during the subsequent years

Interested in joining?

- Contact Aly Randall (arandall@sdsu.edu)

Participatory Planning Group Activities

- **Intervention design:**

- Help design the PN aspects of the integrated patient navigation intervention (PN+SPI)
- Assist with drafting intervention materials and manual
- Help develop and update the resource list to be given to all participants

- **Community engagement:**

- Provide information to the project team about community resources and events
- Suggest ways to engage with the community before and while implementing the study

Participatory Planning Group Activities

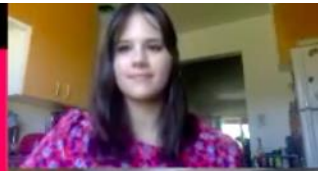
- **Recruitment:**

- Help design recruitment materials and suggest ways to engage with the community to promote the study

- **Communication:**

- Identify opportunities to communicate study findings in the community and to other interested stakeholders

Introduction to PPG



Participatory Planning Group Activities So Far

- **Language:**

- Helped us design language to describe the study
- Helped name the interventionist

- **Branding:**

- Helped us determine an intervention name

PN + SPI Modules

Module 1: Introduction to Patient Navigation +Safety Planning Intervention

- **Construct Module Targets:**

- Understanding of the patient navigation intervention and role of the patient navigator
- Coping skills (e.g. distraction, reaching out to others)
- Means restriction

- **Content of Module:**

- Conducting a patient navigation intake assessment
- Explaining the navigation intervention and the role of the navigator
- Safety Planning Intervention

Safety Planning Intervention

Patient Safety Plan

- Warning signs
- Internal coping strategies
- People and social settings that provide distraction
- People to ask for help
- Professionals/agencies to contact during a crisis
- Making the environment safe

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. _____
2. _____
3. _____
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
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Step 3: People and social settings that provide distraction:
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3. Place _____ 4. Place _____
Step 4: People whom I can ask for help:
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Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Step 6: Making the environment safe:
1. _____
2. _____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.</small>

Module 2: Psychoeducation on Minority Stress & Self-Harm Behaviors

- **Construct Module Targets:**

- Minority stress (e.g. internalized homophobia, internalized transphobia)

- **Content of Module:**

- Introduction to minority stressors
- Exploration of the influence of minority stressors on participants' day-to-day lives
- Identify how minority stress triggers risk of self-harm

Module 3: Barriers to Mental Health Services

- **Construct Module Targets:**

- Access to LGBTQ+-affirming mental health services

- **Content of Module:**

- Systematically assessing barriers to mental health services on an ongoing basis (i.e. insurance, transportation, unsure how to find a provider)
- Developing resources to address specific barriers
- Identifying and implementing actions to assist the participant in implementing barrier-reducing strategies
- Assessing whether action(s) reduced barrier(s)

Module 4: Maintaining Safety By Reducing Access to Suicidal Means

- **Construct Module Targets:**

- Means restriction

- **Content of Module:**

- Reviewing, reinforcing, and updating the means restriction plan in the SPI

Module 5: Reinforcing Coping Strategies to Navigate Suicidal Urges

- **Construct Module Targets:**

- Coping skills (e.g. distraction, reaching out to others)

- **Content of Module:**

- Reviewing, reinforcing, and updating the coping strategies plan in the SPI

Module 6: Motivational Enhancement and Problem Solving to Obtain LGBTQ+-Affirming Mental Health Care

- **Construct Module Targets:**

- Thwarted belongingness
- Coping skills (e.g. reaching out to others)

- **Content of Module:**

- Decisional balance activity re seeking mental health care
- Identifying problems to seeking mental health care and generating possible solutions

Module 7: Providing Referrals to Local LGBTQ+ Support Services

— — —

- **Construct Module Targets:**

- Minority stress (e.g. concealment, rejection sensitivity)
- Thwarted belongingness

- **Content of Module:**

- Identifying and referring participants to LGBTQ+-specific support services

Module 8: Motivational Enhancement and Problem Solving for Attending LGBTQ+ Support Services

- **Construct Module Targets:**

- Minority stress (e.g. concealment, rejection sensitivity)
- Thwarted belongingness

- **Content of Module:**

- Decisional balance activity re: seeking LGBTQ+ support services
- Identifying problems to seeking LGBTQ+ support services and generating possible solutions

Module 9: PN Intervention Review and Wrap-Up

- **Construct Module Targets:**

- Coping skills
- Means restriction

- **Content of Module:**

- Reinforcing lessons learned during the intervention related to minority stress and its impact on risk of self-harm
- Reviewing, reinforcing, and updating the coping strategies plan in the SPI
- Identifying problems which may occur in the future and generating solutions for seeking help and support

Module 10: Crisis Intervention

- **Construct Module Targets:**

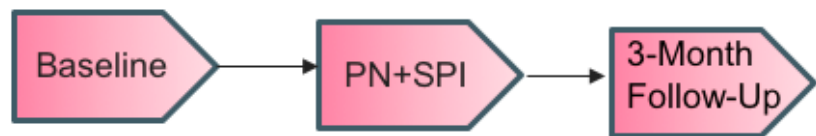
- Coping skills
- Means restriction

- **Content of Module:**

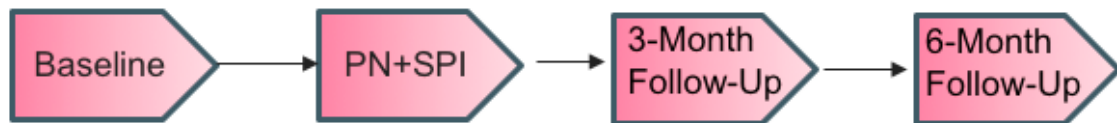
- Reviewing, reinforcing, and helping participants use the safety plan
- Facilitating help and support
- Arranging for emergency services if necessary

Testing the Intervention

Case Series (N = 10)

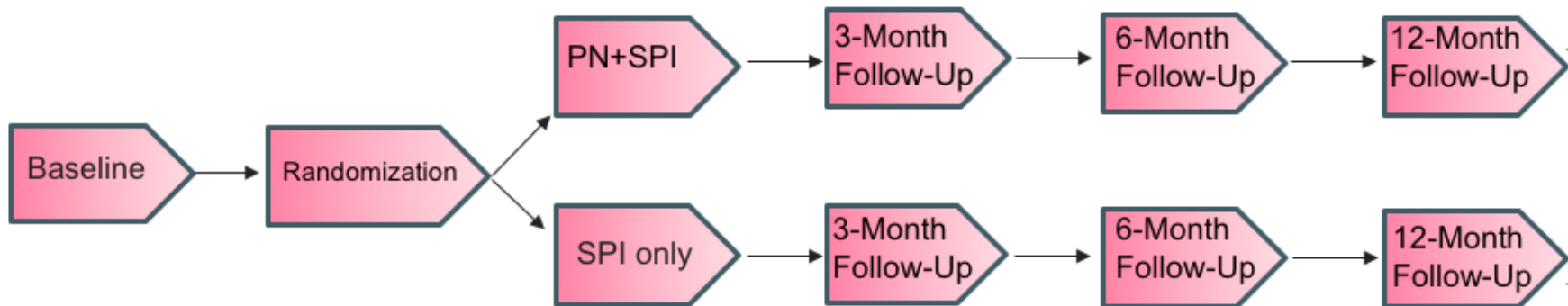


Open Trial (N = 30)



Years 1-2

Randomized Control Trial (RCT; (N = 170)



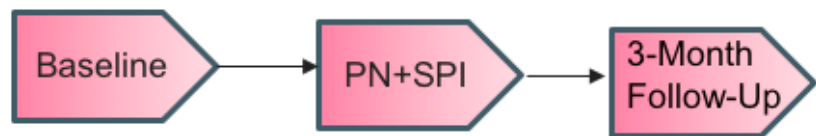
Years 3-5

Case Series

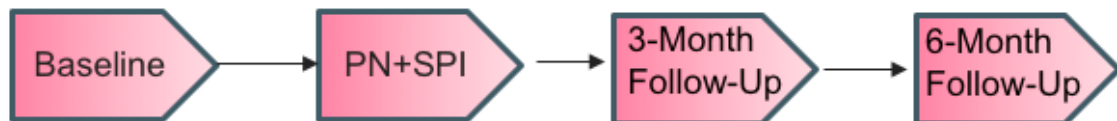
- 10 participants, 3 months
- Objective: feedback on study procedures and intervention
- Data from the case series will guide revisions of study procedures and intervention



Case Series (N = 10)

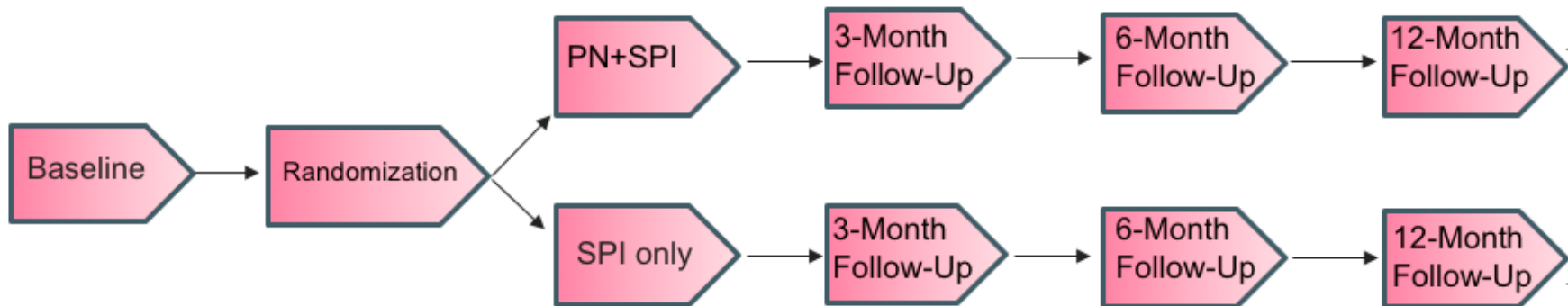


Open Trial (N = 30)



Years 1-2

Randomized Control Trial (RCT; (N = 170)



Years 3-5

Open Pilot

— — —

- 30 participants, 6 months
- All participants will get the SPI+PN intervention
- Two follow up assessments

Open Pilot

Feasibility Evaluation

- Examine areas critical to success of a larger research study

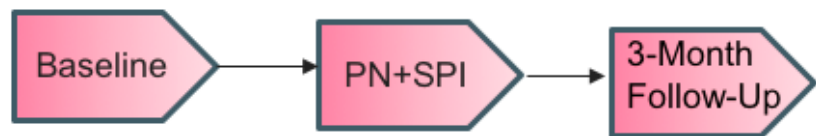
Acceptability Evaluation

- Examine how both individuals in PN + SPI and those involved in implementing the program reacted to the intervention

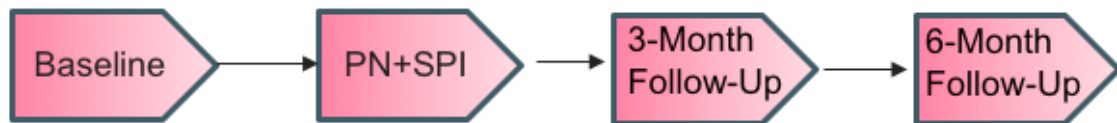
Functional Engagement of Targets

- Does SPI + PN decrease thwarted belongingness, increase suicide coping skills

Case Series (N = 10)

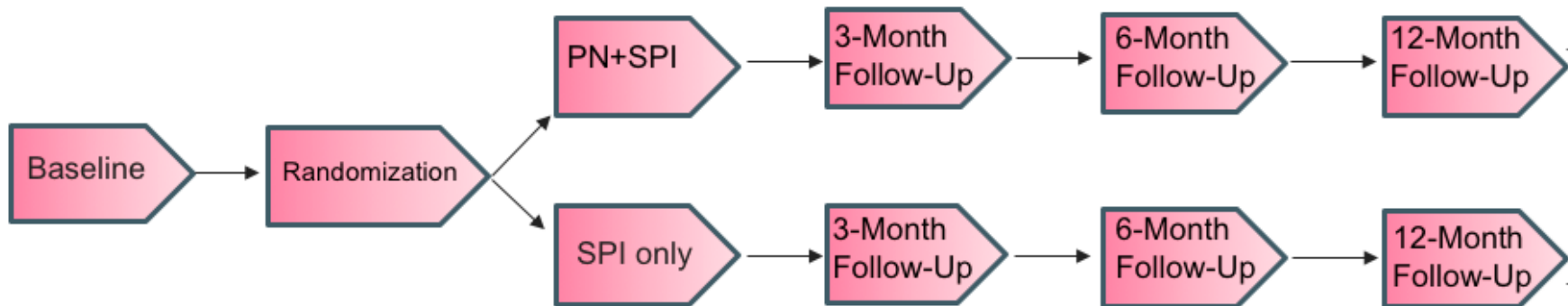


Open Trial (N = 30)



Years 1-2

Randomized Control Trial (RCT; (N = 170)



Years 3-5

Next Steps: Randomized Control Trial

- 170 participants
- Participants will be randomly assigned to PN + SPI or just the SPI
- There will be a 3 month, 6 month, and 12 month follow up for each participant



Randomized Control Trial

- **Primary Outcome**

- Suicide attempts → assessed at baseline, 3 months, 6 months, 12 months

- **Target Variables**

- Suicide-related coping → coping strategies to suicidality assessed at same time periods
- Thwarted belongingness → assessed at same time periods

- **Evaluation of Preliminary Impact**

- Any suicide attempt between baseline and 12+ months (1+ vs. 0)
- Hypothesize that participants assigned PN + SPI will have decreased odds of suicide attempts compared to participants assigned to SPI alone

Questions? And Thank You!

Kristen Wells, Ph.D, M.P.H.

Email: kwells@sdsu.edu

Phone: (619) 594-1919

Twitter: @DrKristenWells

National Suicide Prevention Lifeline: (1-800-273-TALK [8255])