Depression Care Effort Brings Dramatic Drop in Large HMO Population’s Suicide Rate

Tracy Hampton, PhD

While physicians and other health care workers may not be able to predict which of their patients will attempt suicide, they can implement preventive strategies that markedly lower the risk of such tragedies. Now, one pioneering program has demonstrated the importance of pursuing 2 key approaches at once: carefully assessing patients for risk of suicide and adopting measures to reduce the likelihood that a patient will attempt suicide.

The example comes from a quality-improvement initiative that succeeded in substantially bringing down the rate of suicide in a population of about 200 000 members of a large health maintenance organization (HMO). Through the second quarter of last year, the Perfect Depression Care program of the Behavioral Health Services (BHS) division of the Henry Ford Health System resulted in 9 consecutive quarters without any suicides, a dramatic contrast to the annual rate of 89 suicides per 100 000 members at baseline and approximately 230 suicides per 100 000 individuals expected in a patient population. The work has won several awards, including the Joint Commission’s Earnest Amory Codman Award and the Gold Achievement Award from the American Psychiatric Association.

“I believe we have a model that is applicable to most health care settings and that could dramatically improve the care of patients with depression and other major mental disorders that raise the risk of suicide,” said neuropsychiatrist C. Edward Coffey, MD, Henry Ford Health System vice president and CEO of BHS, a large integrated mental health and substance abuse system that includes 2 inpatient hospitals and 10 clinics serving southeastern Michigan and adjacent states.

**ZERO SUICIDES**

The Perfect Depression Care Initiative was one of 12 national demonstration projects (and the only mental health...
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Integrated Care Key for Patients With Both Addiction and Mental Illness

Bridget M. Kuehn

Despite a growing body of evidence that integrated care is important in treating individuals with addiction and comorbid psychiatric disorders, such care remains in short supply. But efforts by scientists and policy makers aim to improve access to such treatment.

Substance abuse disorders often occur in patients with other psychiatric illnesses, yet few such individuals receive treatment for their conditions despite the serious health and other consequences that often result. An estimated 17.5 million adults had a serious mental illness in 2002 based on the National Survey on Drug Use and Health (previously called the National Household Survey on Drug Abuse), a nationally representative survey of more than 68,000 US individuals. About 4 million (23%) were also dependent on or abusing alcohol or illicit drugs (http://www.oas.samhsa.gov/2k4/coOccurring/coOccurring.htm). But more than half of these individuals received no treatment for either condition, about one-third received treatment only for their mental illness, 2% received only specialty substance abuse treatment, and just 12% received care for both conditions.

Common Vulnerabilities

There are a number of potential explanations why substance abuse and other types of psychiatric illness frequently occur together, explained Nora D. Volkow, MD, director of the National Institute on Drug Abuse (NIDA) in an interview. She explained that there may be common genetic or environmental factors that lead to both conditions. Additionally, because substance abuse and other mental illnesses affect overlapping brain circuits, brain changes related to one disorder may lead to another. There may also be complex interactions between such factors.

One environmental factor that has been strongly associated with the development of both addiction and other mental illnesses is exposure to stress during childhood or adolescence. For example, a child raised in a household in which there is parental neglect, physical abuse, or sexual abuse has an elevated risk of developing a substance use disorder, depression, or an anxiety disorder.

"Which of these trajectories you take when you get exposed to these environmental stimuli is a function of genetic vulnerability factors and also..."