

PROJECT STARR 911 A MODEL FOR RESEARCHERS TO ENGAGE IN SUICIDE PREVENTION

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INTRODUCTION

The STARR Coalition is a nonprofit organization consisting of thought leaders throughout the pharmaceutical industry, contract research organizations, clinical research sites, and patient advocacy groups. The organizations makes in the build unbiased, collaborative initiatives to reduce the stignal associated with central nervous system makes in the stignal associated with central nervous system sites of the properties are one patient delications within Tea STARR Coalition.

A strong link exists between mental illness and suicide. Having a chronic condition increases the odds by 363%. Up to 20% of individuals with a diagnosis of mental illness die by suicide? Approximately 90% of those who complete suicide experienced mental illness, and 64% of those who attempted suicide visited a doctor within a month before their attempt.¹²

Tens of thousands of calls are screened across the clinical research spectrum on a yearly basis. For individuals contacting research sites about possible serrollment in a clinical study, their call may be their first attempt to reach out for heip. For some, it may feel like three last bago. Therefore, researchers have an obligation to include suicide prevention education and support as a part of their first contact process and culture.

STARR 911 is a concent to build collaboration between clinical research and suicide prevention. The concent is to 3/AMA 7/1 is a concept to dual collego-ation devices on initial research and suicide prevention. The concept is to train operators on techniques for recognize cellers who may have suicidal destine. A simple, bridge questionnaism on e-scale call is given to the caller to quickly assess suicidal thoughts. Options may include educational information, de-escalation techniques, and access to "warm" hand-offs to suicide prevention specialists.

Most important is the human factor. The data speaks volumes for the need to develop a program like STARR 911. Linking individuals with support systems that meet their immediate needs is vital. The STARR 911 initiative is only one link in the chain of recovery, but a much-needed starting point.

cept can be adopted across all indications but we see the immediate need for those with serious menta The concept can be adopted across an indications but we see the immediate neet for those with serious mental illness. This project will increase education to sites, call centers, and recruitment agencies of suide prevention resources. Creating an industry standard to assist individuals with serious mental illness will build the foundation for expansion into other research indications.

RATIONALE FOR PROJECT STARR 911

We spoke with clinical research sites to identify current practices for recognizing and taking action for callers who can be appear suicidal idention. Many research sites current process includes providing all staff forms guidance on what special process and all staff some sites of the careful process. And all callers, regardless of presenting liness, are assessed for possible saudicids behaviors. Several of these sites use all staff special processes are assessed for possible saudicids behaviors. Several of these sites use all staff special processes and the several processes and the several processes and the several processes and the several processes of how risk factors are identified, site practices/responses after varied. Some site responses include:

- 1) Speaking to a trained physician or clinician
- Providing Information regarding the National Suicide Prevention Lifeline
 Giving the client information regarding local inpatient facilities
 Notification of appropriate authorities

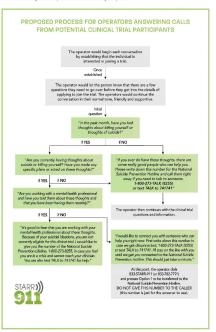
Some research sites were found not to provide any type of formal guidance for assessing callers subbiting suicidal behaviors. Instead, staff interacting with callers, when needed, supply local hotine numbers to those exhibiting suicidal behaviors. For those callors that seem to be in immediate risin; or explicitly suing thoughts of suicide, site staff contact local authorities for a welfare check. Through this survey process, it became apparent that all sites had ones not or glidence, sortion, or resource to provide to calles in cases of suspected suicida behavior.

However, over the last 18 ments, 52 culti-were placed to readon of linical research sites strong-fourt the United Sources to lequival asked reliable misses the lequival stand reliable misses the lequival stand reliable misses the lequival stand bear standard standard to the last stronged audicide within the last three months. As expected all inserviews concluded stating the called view insligible for entering the trial. Sources in 1969, of call 600 out of 52 ended the interaction with the "potential volunteer" by telling them they were not eligible and call back in a year. No attempt was made to offer education or support.

Through the mock coller process, it became evident that not all sites and staff within those sites are consistently trained and knowledgeable in evoluting for suicidal behaviors and, furthermore, lacked proper guidance on providing appropriate evocures. It is the intent and hope of 25MB 971 that all state sites one unified script in overland propriate and the providing appropriate evocures. It is written and provided and the provident provided and the state of the stat

THE STARR 911 PROCESS

Research can be a part of the solution to suicide prevention. Potential suicidal ideation or behavior can be identified by clinical research call centers and referred to national suicide prevention experts in a systematic way for broad-reaching impact. The following illustration shows a process that can easily be implemented by research sites and call centers fielding calls from potential clinical research participants.



NEXT STEPS AND IMPLEMENTING STARR 911 AT YOUR SITE

The short script and best practices for recognition and de-escalation will be made available for research sites, call centers, and recruitment agencies to implement and a brief training program will be developed. If your site is interested in implementing this initiative, please follow these steps:

- 1) Email The STARR Coalition at STARR911@thestarr.org with your site and contact information. You will be contacted to arrange a time to meet with appropriate staff to discuss the program in detail.
- 2) Your site will be sent general information, scripts, and a brief video training on how to integrate STARR 911 into the screening process. This information will also be available at **thestarr.org**.
- 3) A follow up call will be scheduled for further questions or concerns before implementation.

The STARR Coalition will be available for support by emailing STARR911@thestarr.org or calling (833) STARR 911 or (833) 782-7791.

A tracking system to record the number of successful referrals or "warm" hand-offs to suicide prevention specialists will be implemented. All sites participating will be sent reports on STARR 911 as we implement the program across the research industry.

The STARR 911 team will continue to identify intervention resources for suicide prevention in clinical research, such as a suicide prevention program that can be disseminated at investigator meetings.

REFERENCES

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- ⁶ Ahmedani, Brian K. "Racial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States." Medical Care 53.5 (May 2015): 430-35. Web.

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