

Magellan Health Services alters approach to suicide prevention

by Casey Newton

Over the summer, feeling overwhelmed by her physical and mental-health problems, Katie Ayotte went into her bathroom and swallowed a large number of pills she took to treat her bipolar disorder.

It was a suicide attempt, Ayotte said, one of several the 47-year-old Phoenix resident has made over the years. Ayotte survived, and as she recovered, she noticed a new approach her clinical team was taking.

Before, she would awake in an intensive-care unit to find a doctor or nurse barking questions.

Did you think this would solve anything? Didn't you think about your family? What were you thinking?

This time, no one blamed Ayotte. Instead, she saw a doctor who got up from behind his desk and sat down next to her. "I'm concerned for you," he said. And together they began to create a "safe zone" for Ayotte, moving her medications from the bathroom to the kitchen, where she would have trouble accessing them without her husband or another loved one noticing.

Ayotte's doctor had embraced the principles of an approach to treating suicide that is new to Maricopa County. This fall, Magellan Health Services, which was hired by the state in 2007 to improve mental-health care in the county, launched a new plan to reduce suicides.

Arizona perennially finishes in the top 10 nationally for suicides per capita, according to the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. In 2007, 986 Arizonans died by suicide, twice the number of those who were murdered, according to Magellan. The rate of suicide was 15.9 per 100,000 people; in New York, the rate was 6.9 per 100,000.

Among people with serious mental illnesses, the risk of suicide is roughly six times higher than for people who have not been diagnosed, according to academic research.

The centerpiece of Magellan's plan is an effort to train up to 2,400 case managers, nurses and other clinical staff in working with people at risk for suicide. The goal is to improve the current system of treating people with suicidal thoughts, which historically has consisted primarily of hospitalizing them.

Patients often are transported to hospitals in the back of police cars, where they are handcuffed, as required by police policy. The measures are intended to protect the patient, but they also can reinforce a patient's sense that suicidal thoughts should not be shared with a health worker.

"We put them through a demeaning process," said Dr. Richard Clarke, CEO of Magellan of Arizona.

He has organized a steering committee to reduce self-harm in Arizona, one of four main initiatives the company launched to improve patients' well-being.

While the rate of suicide in the Maricopa County mental-health system is lower than the state average, a person with a serious mental illness here has a life expectancy up to 35 years less than a person without an illness, Clarke said.

Reducing suicides among the county's mentally ill - there have been 17 this year - will help close the life-expectancy gap.

About 10 percent of workers in the county mental-health care system have taken the two-day course, known as applied suicide-intervention skills training. The training aims to make clinical-staff members more comfortable talking with patients about suicide.

"There are a lot more people suffering from suicidal thoughts than we realize, because it's so taboo," said Stacy Robertson, a counselor at a mental-health clinic in Mesa. "We're losing people because we're not willing to talk about it."

Robertson, who underwent the training earlier this year, said the program had helped her find new ways to talk about suicide.

After Ayotte recovered, she joined a Magellan team working on ways to use suicide survivors to help counsel others facing severe depression. The committee will develop new support systems for people who have threatened or attempted suicide.

Ayotte, who has struggled with bipolar disorder for more than 30 years, believes the effort will particularly help people like her who attempt suicide based on temporary fluctuations in mood.

"Sometimes emotions get the best of us. We get put in the back seat, and they're driving," she said. "That's why it's so important Magellan is putting forward this suicide-prevention initiative. They help us talk about it as a thought before it becomes an action."

<http://www.azcentral.com/news/articles/2009/12/10/20091210suicide1210.html>