

Adapting the NIMH Clinical Pathway to Rural Appalachian School-Based Health Centers

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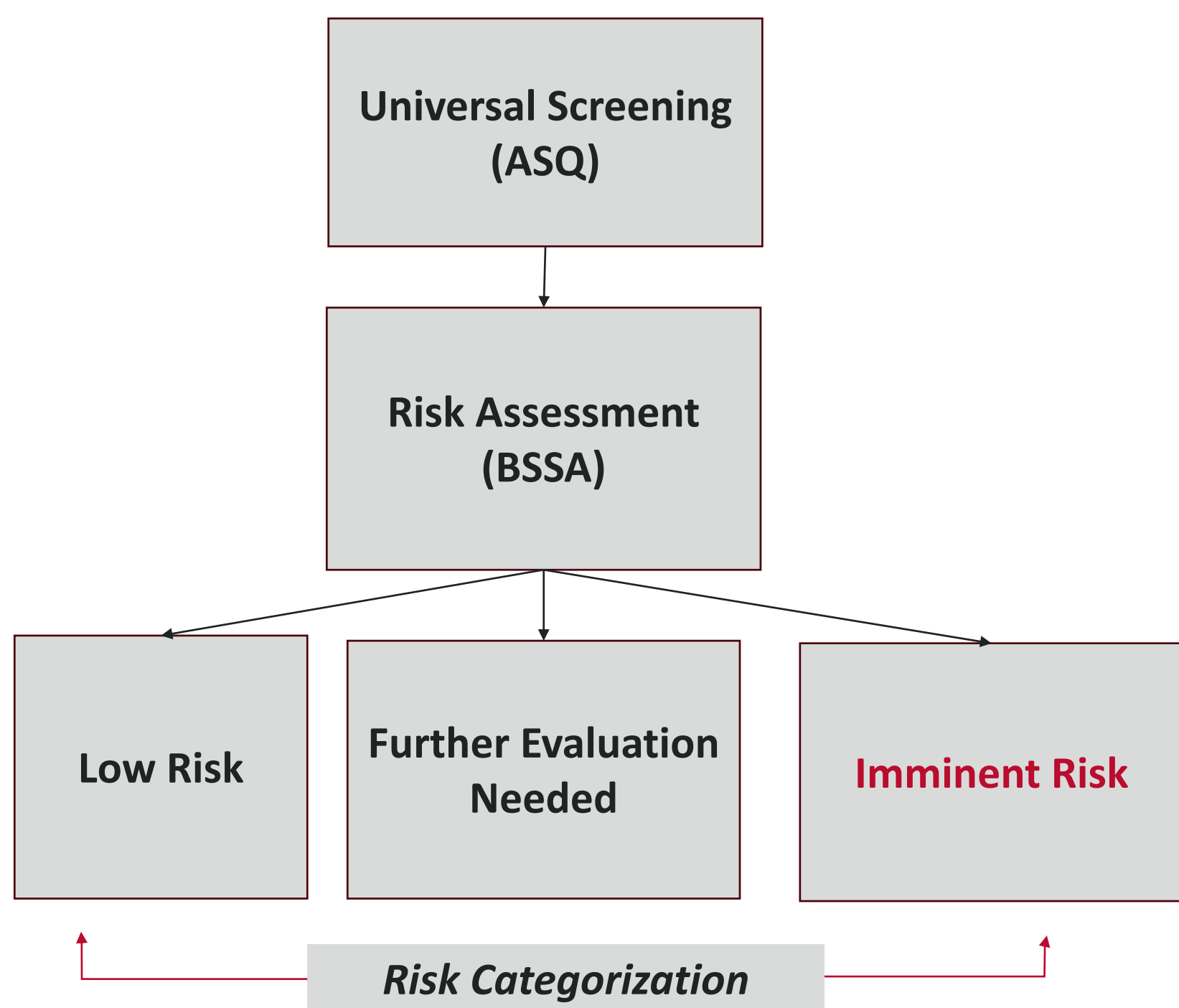
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Background

Youth in Rural Appalachia are at high risk for suicide, yet have limited access to mental health resources

- School-Based Mental Health Centers (SBHCs) provide free, on-site medical and behavioral health care to students and may be ideal sites for routine suicide screening and follow-up.
- The NIMH Clinical Pathway is an evidence-based suicide risk screening program that has not been adapted for SBHCs.

NATIONAL INSTITUTE OF MENTAL HEALTH CLINICAL PATHWAY



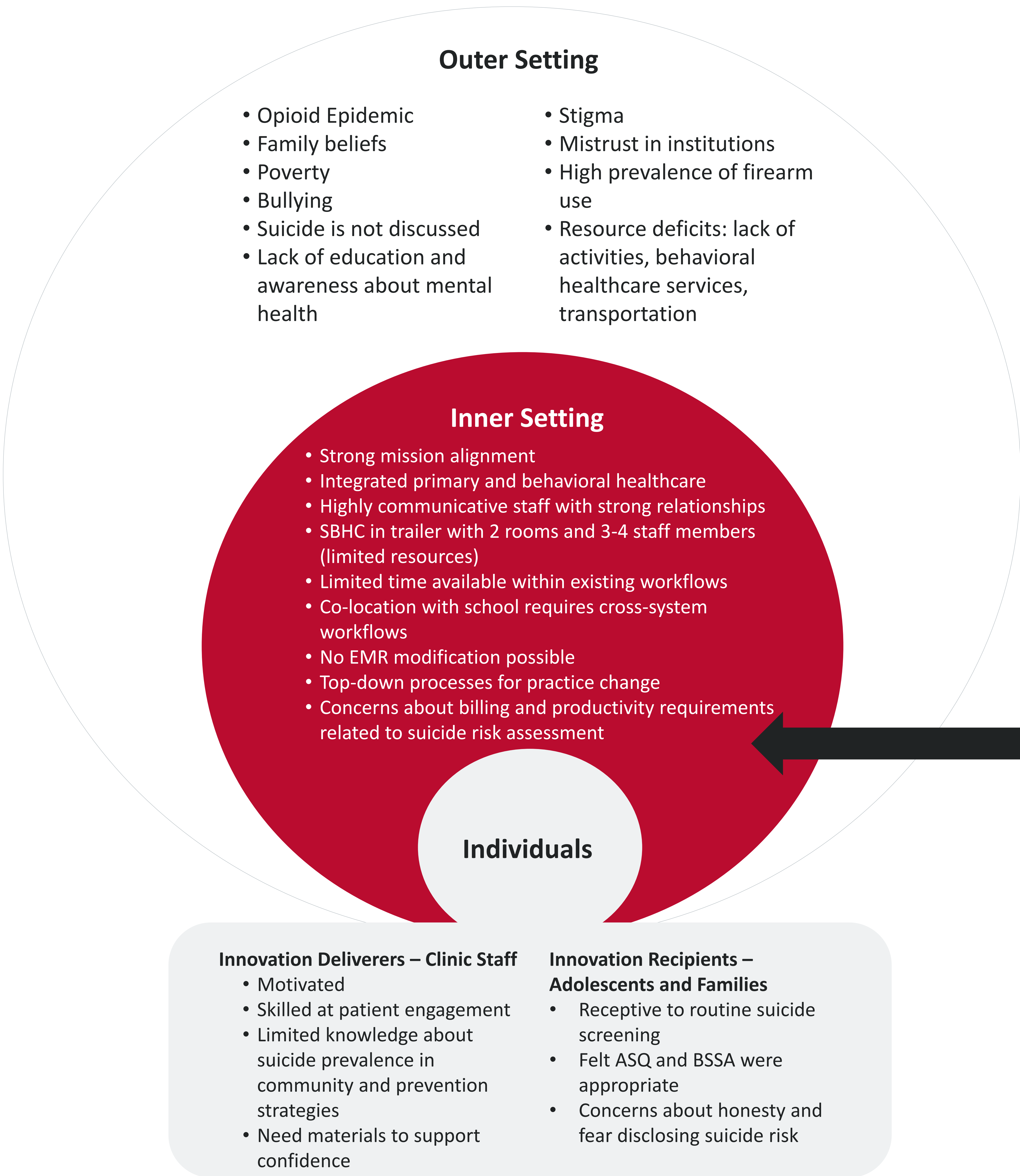
The above chart shows a simplified version of the NIMH clinical pathway which starts with universal suicide screening, risk assessment for positive screens, and appropriate follow-ups based on the results of the risk assessment.

Study Aims

- To gather formative data from providers, youth, and parents at two rural SBHCs in West Virginia regarding the **feasibility** and **acceptability** of routine suicide screening using the NIMH Clinical Pathway
- To identify necessary **adaptations** to the pathway

Methods

- Semi-structured, in-depth interviews with SBHC providers (N = 7), parents (N = 7), and youth (N = 7)
- Thematic coding using template analysis based on Consolidated Framework for Implementation Research (CFIR) constructs
- Developmental panel to adapt Pathway and design implementation plan



Implementation Process

- Assess needs and context with interviews
- Convene developmental panel
- Adapt intervention
- Asynchronous training on suicide and NIMH pathway
- Ongoing QI

NIMH Clinical Pathway

- Evidence-based
- Proven success in other adolescent-serving health care settings
- Fits well with existing workflows
- Adaptable to setting

Adaptations include:

- Self-administered screening
- Divide intervention components between nurse and provider
- Parental involvement
- Modifications to risk assessment (BSSA)

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