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RESEARCH QUESTION: What is most useful for assessing and intervening suicide risk in an asynchronous communication environment?

INTRODUCTION

- Suicide is a **leading cause of death**, yet **little is known about communications of suicidality** in patient portals
- Even if we can identify these concerning messages, **little is known on how to best act and what values HCPs hold**

METHODS

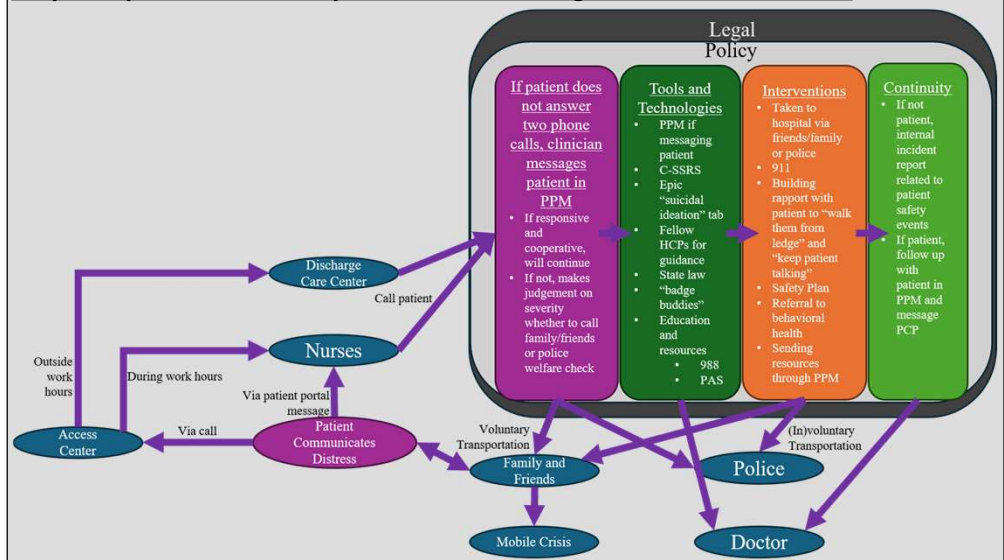
- Conduct **semi-structured interviews** with HCPs who interact with portal messages recruited via **snowball sampling**
 - What **helps and hinders HCPs in responding to messages?**
 - HCPs' **desiderata for the design** of a system to help with assessment and intervention
- Code interview transcripts using **Dedoose**
 - Open-coding to **identify themes and values, Systems Engineering Initiative for Patient Safety 2.0, and value sensitive design** frameworks

PARTICIPANTS

- **16 HCP interviews**
- 5 different clinics
- Most were **nurses** (7)
- **Median age 36.5** with 23-45 age range and **in current roles for median of 4 years**

RESULTS

People map and workflow of patient communicating distress to intervention



Message of Concern

- **Explicit** messages suggest self-awareness and a desire for help are **less common**
- Most common message is **cryptic**, conveying some sort of **hopelessness, finality, or unsettling vagueness**
- Sometimes **actions** they take or **multifactorial**
- Patients **cannot flag messages as urgent**
- Sometimes they receive **threats**

Barriers to Assessment and Intervention

- Messages can be **sent outside of work hours**
- Desire for **more training and knowledge** about tools/technologies
- **More mental health professionals** to refer patients to
- **Discomfort** with the gravity of the topic and **stigma**
- Frameworks and tools **never applicable** in every situation
- **Onus on patient** for disclosure
- Concerns about **laws and liability**
- **Unclear risk level** if message has been sitting for long time
- **Do not know outcomes** of previous interventions

Design feature	Practical advantage(s)	Values supported
Automated message response based on automated identification	Responded to right away	Timeliness/urgency ; continuity
Automated message that must be "humanized" right away	Can receive needed care immediately by human . Allows patient to be heard and understood	Therapeutic alliance ; timeliness/urgency ; collaboration; continuity; personalized assessment of risk; accountability; legal protection
Having automated feature that allows concerning messages to be marked as urgent for HCPs	Reduces cognitive burden on HCPs and improves timeliness	Timeliness/urgency
Content of message not saying outright that it is a message related to STB . Calling it a "concerning" message	Does not scare the patient if they were just saying it as a threat but also doesn't further escalate or heighten situation if being serious	Human welfare; calmness; avoiding stigma
Not immediately calling police or mobile crisis if STB message is received. Gives patient option if they would like to themselves	Does not scare the patient if they were just saying it as a threat but also does not diminish patient's autonomy	Personalized assessment of risk; avoiding stigma; autonomy; calmness
Content of message explicitly stating that it is an automated message , and someone might not respond to their message right now	Informs patient of situation so they can decide how to proceed	Informed consent; trust
Content of message thanking patient for their message and being vulnerable with them. We are not scared by the content shared	Acknowledges the patient for being vulnerable with them	Therapeutic alliance ; trust; avoiding stigma; calmness
Content of message giving patient easy to access resources they can access right now	Patient may be in heightened state with limited capacity to think rationally or complete complicated tasks	Personalized assessment of risk; human welfare; timeliness/urgency ; collaboration; informed consent; autonomy
Making it clear that response is mandatory , but giving them multiple easy options to select from	Help HCPs know what is going on and what steps the patient chose to take while still acknowledging the likely heightened state of the patient	Clinician care; autonomy; universal usability
Urgent care psychiatric evaluations	Can receive needed care immediately	Therapeutic alliance ; timeliness/urgency ; continuity
Information-gathering tool to help HCPs better understand the patient	Reduce cognitive burden and improve response time	Timeliness/urgency ; personalized assessment of risk

CONCLUSION

It is **doubtful that current technologies can, without human oversight and involvement, participate effectively in this very human task of responding to patients in crisis** while supporting the values endorsed by HCPs