



Offer teen patients a smartphone app to help them with intense emotions & thoughts of suicide

- The HEART+ study will explore the feasibility and acceptability of a brief digital intervention, called iCHART, for patients 12-17 years who screen positive for suicide risk. This study will involve 4 practices that do not have integrated mental health services. What we learn from HEART+ will inform a larger study in the future.
- The goal of iCHART is to 1) identify patients at risk of suicide so they develop a digitized, personalized safety plan and 2) give patients a smartphone app, called BRITE. BRITE contains their safety plan with features to help teens build and use coping skills when they have intense emotions and thoughts of suicide. **Clinician benefits:**
 - ◆ Learn how to assess and counsel teens using the technical aspects of iCHART.
 - ◆ Create greater safety planning efficiencies to minimize workflow disruptions.
 - ◆ Track and submit weekly study-developed forms to improve suicide prevention care.
 - ◆ Receive a \$1,500 practice honorarium (\$500 after the Training phase and \$1,000 at the end of the study).

What would my practice be asked to do? (see back page for more details on iCHART)

- Complete enrollment forms, including a legal agreement with NuRelm, the platform that houses iCHART.
- Participate in the study for ~18-24 months, which includes Usual Care, Training, and Intervention phases. Your practice will receive brief trainings before or during each phase.
- Identify a staff “champion” who will set up and manage iCHART.
- Clinicians / applicable staff will attend 3 hours of live group training, either all at once or over 3 separate sessions.
- Refer 15 parent / teen dyads, before and after iCHART is implemented, so they may complete 4 surveys.
- Track the number of patients who screen for suicide risk, along with other data and routinely report these numbers to the study team.
- Identify 1-3 clinicians who will participate in 1-hour interviews and complete a brief survey at the end of the Intervention phase.

What would families be asked to do?

- Consent / assent to study participation
- Take 4 surveys at Baseline, 1, 3, 6 months
- Download the safety planning app, BRITE
- 1-3 parent / teen dyads will be asked to take part in 1-hour interviews and short survey in the last phase

To join the study or ask questions

Please return the Study Response Form to Ali Torres, atorres@aap.org OR fax (1-847-434-8910) OR call 630-626-6188

Principal Investigators and Study Funder :

Stephanie Stepp, PhD at the University of Pittsburgh (Pitt)

National Institutes of Health (NIH) National Institute of Mental Health (NIMH)

Grant Number: R34MH132932

This study involves the American Academy of Pediatrics Pediatric Research in Office Settings (AAP PROS) network, Columbia University, and the University of Pittsburgh.

Brief Overview of the iCHART Intervention

What is the iCHART intervention and what does it mean for my practice?

The iCHART intervention is accessible to practices via a web based portal, called the iCHART portal, which allows pediatricians to access, manage, and implement the following intervention components with their patients:

1. An *optional*, digital mental health screening tool called the **Enhanced Mental Health Screening (EMHS)** for patients and their parents. EMHS assesses mental health risks and treatment preferences by bundling standardized screening tools for depression (PHQ-9) with additional suicide screening questions, anxiety (GAD-7), mania (CRMS), and substance use (CRAFFT). **However, your practice may opt-out of using EMHS and use your own screening tools, if preferred.**

Benefit: The EMHS bundles standardized screening tools that your practice may already be using with patients and allows you to create an output of your patients' screening responses so they may be uploaded into their medical records.

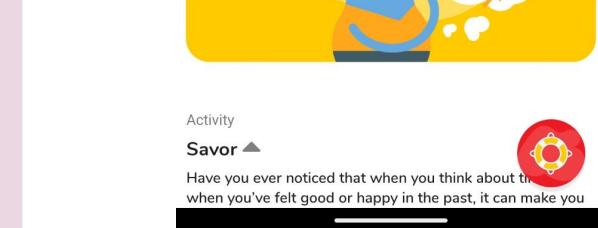
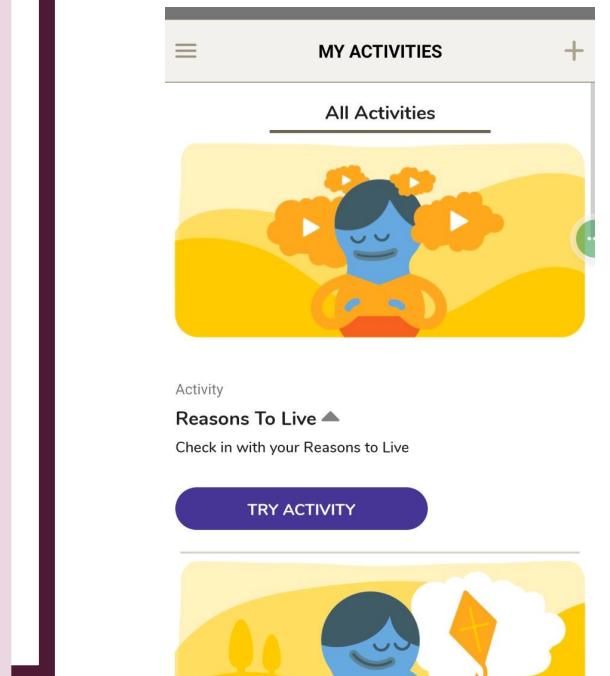
2. A safety planning and skills building smartphone app, **BRITE**, for teen patients. Before downloading BRITE, patients develop a personalized, digitized safety plan via a series of modules that aim to help patients cope with intense emotions or suicidal thoughts. Safety planning is an evidence-based and effective, brief intervention that clinicians use to support their patients by identifying each patient's:

- Own warning signs or triggers
- Coping strategies
- Social contacts/supports
- Emergency contacts
- Ways to reduce access to lethal means

Benefit: The BRITE app is designed to be engaging, accessible 24/7, and user-friendly for your patients. The BRITE app prompts patients to rate their distress levels daily using emojis and review their coping strategies based on their distress ratings. Clinicians may give BRITE access to patients using the iCHART portal. After onboarding, clinicians may access an output of the patient's digitized safety plan. **Clinicians and parents will not have access to patients' activities within the app including distress ratings.**

How may the BRITE app help my teen patients?

1. Offer patients a menu of evidence-based, age-appropriate coping activities. These coping activities or skills (shown below) help patients to self-manage their intense emotions or thoughts of suicide.



2. Help patients identify their emotions with daily prompts to rate their distress level (1-5 scale) and feelings (shown below). The daily prompts promote patients to self-monitor their emotions.

