



Psychological Centers, Inc.

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*Providing a broad spectrum of
behavioral health expertise to help
communities solve their problems*

Outpatient offices:

- Providence, Warren (Riverwood Mental Health Services)

Consultation and psychological evaluation

- Trudeau Center & Homestead Group, Early Intervention
- Crossroads Rhode Island
- Program evaluation

Center for ADHD and Disruptive Behavior Disorders

- Multisystemic Therapy (MST)

Center for Broad-Spectrum School-Based Services:

- RYSE School, Autism Spectrum Disorder, and At-Risk Programs, Chariho Regional School District
- Johnson and Wales University Counseling Center

Center for Community-Based Services:

- Intensive Outpatient Services
- Enhanced Community-Based Services for Youth with Severely Disruptive Behavior
- Developmental Disabilities Program

Infant and Early Intervention behavioral health services:

- Growing Families Project: maternal mental health
- Head Start/Early Head Start, Citizens for Citizens
- Homestead Group Early Intervention
- Looking Upward Early Intervention
- Trudeau Center Early Intervention

Center for Integrated

Behavioral-Medical Care:

- Hillside Avenue Family and Community Medicine (Pawtucket and Scituate)
- Mount Hope Medical Center
- OB-Gyn Associates (various)
- Pediatric Associates
- Portsmouth Medical Center
- Thundermist Health Center
- University Family Medicine
- University Medicine Foundation (Providence sites)
- Wood River Health Services

Psychological Centers/ URI Counseling Center Professional Continuing Education Program

Center for Behavioral Science and Public Policy

Integrated behavioral and medical care as a strategy to reduce youth suicide:

- Suicide is the third leading cause of death among youth 10-24 years old⁽¹⁰⁾
 - After increasing significantly from the 1950s to the early 1990s⁽¹⁰⁾, youth suicide rates decreased dramatically from the 1990s to the early 2000s⁽⁶⁾
 - This change is largely attributed to increased detection and treatment of depression and suicidality, including antidepressant use⁽⁶⁾ and including in primary care^(1, 15), with evidence of a rebound in suicide rates with recent decreases in antidepressant prescription for youth after FDA black box warnings^(5, 13, 16) that were also accompanied by decreased diagnosis of depressive disorders in youth⁽¹³⁾
- Youth suicide risk is detectable and preventable^(6, 10, 12, 17)
 - Youth psychiatric disorders including substance abuse, family history of psychopathology and suicidality, life stress, access to firearms, and youth history of suicidality are key indicators of suicide risk^(6, 8, 17)
 - Antidepressants, Cognitive-Behavioral Therapy, Dialectic Behavior Therapy, and restricting access to lethal means are effective options for intervening with youth at risk of self-harm^(6, 17, 19)
- Primary care offers critical opportunities to detect and intervene with potentially suicidal youth^(4, 6, 7)
 - Suicidal youth see general practitioners approximately twice as often in the previous year as the general youth population, including for general medical complaints, and dramatically more often with mental health complaints^(8, 14)
 - Youth with psychiatric disorders are more than six times more likely to have seen a primary care provider than a mental health specialist in the past year, and suicidal youth are twelve times more likely⁽⁸⁾
- Primary care physicians receive inadequate training, have inadequate time, and too frequently fail to detect or effectively manage youth suicide risk^(2, 4, 8, 9)
 - Referrals of children to outside mental health specialists too frequently fail to result in attendance and participation in adequate mental health care⁽¹⁸⁾
 - Referrals to co-located (on-site) mental health providers are much more successful^(3, 11)
- Therefore, co-located mental health providers practicing collaboratively with primary care providers to manage identified mental health concerns, unidentified mental health problems, and behavioral aspects of general health (integrated care) reduce risk by education and consultation of medical providers, and directly improving detection and management of youth suicidality^(6, 15, 19)
 - On-site mental health providers help primary care providers improve detection and directly detect suicidal youth whose risk is not independently identified by medical providers^(4, 12)
 - On-site mental health providers improve appropriate intervention by primary care providers and offer mental health specialty services that effectively manage suicide risk^(6, 17)

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