**PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)**

Date: 2007 (For resources, this is the publication date. For programs, this is the date posted.)

**Information**

Type: Program/Practice, Treatment/Services Program, Program with Evidence of Effectiveness

Organization: Patrick J. Raue, Ph.D.

Costs: See the archived NREPP listing [1].

**Contact**

See the archived NREPP listing [1].

Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. It also aims to reduce their risk of death. The intervention components are (1) recognition of depression and suicidal ideation by primary care physicians, (2) application of a treatment algorithm for geriatric depression in the primary care setting, and (3) treatment management by health specialists (e.g., nurses, social workers, psychologists). The treatment algorithm assists primary care physicians in making appropriate care choices during the acute, continuation, and maintenance phases of treatment. Health specialists collaborate with physicians to monitor patients and encourage patient adherence to recommended treatments. Patients are treated and monitored for 24 months.

**Designation as a "Program with Evidence of Effectiveness"**

SPRC designated this intervention as a "program with evidence of effectiveness" based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP).

Outcome(s) Reviewed (Overall Quality of Research Rating-scale of 0 to 4)*

1: Depression (3.6)
2: Suicidal ideation (3.6)
3: Mortality Rate (3.5)

Read more about the program's ratings [1].

* NREPP changed its review criteria in 2015. This program is a “legacy program,” meaning that it was reviewed under the pre-2015 criteria. The evidence for each outcome was reviewed and scored on a scale of 0-4, with 4 indicating the highest quality of evidence and 0 indicating very poor quality of evidence. The overall rating was based on ratings of six criteria: 1) reliability of measures, 2) validity of measures, 3) intervention fidelity, 4) missing...
data and attrition, 5) potential confounding variables, and 6) appropriateness of analysis. When considering programs, we recommend (a) assessing whether the specific outcomes achieved by the program are a fit for your needs; and (b) examining the strength of evidence for each outcome.

2012 NSSP Objectives Addressed:

Objective 7.5: Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

- Populations: Adults, Older Adults
- Settings: Health Care, Primary Care, Behavioral Health Care, Outpatient Mental Health
- Strategies: Identify and Assist, Effective Care/Treatment, Treatment, Care Transitions/Linkages

Links within this resource