

Mental Health Emergencies

Pediatric Mental Health Emergencies

- Suicidal ideation/intent
- Homicidal ideation/intent
- Psychosis

Depression

GLAD guidelines for Adolescent Depression in Primary Care

Active monitoring

- Schedule Frequent Visits
- Recommend Peer Support Group (NAMI)
- Review Self Management Goals (sleep, exercise, socialization)
- Follow-up with parents via telephone
- Provide educational materials

Supportive Counseling and Problem Focused Therapy

- Evidence Based Psychotherapy
 - CBT (cognitive behavioral therapy)
 - IPT-A (interpersonal Therapy for Adolescents)

Evidence Based Pharmacotherapy

- Fluoxetine/Prozac – First Line. 10 mg starting dose increase weekly to maximum of 60 mg.
- Escitalopram/Lexapro – Second line. 5 mg starting dose increase weekly to 20mg daily

PHQ-A

PHQ-9: Modified for Teens

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling asleep, staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Poor appetite, weight loss, or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling tired, or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things like school work, reading, or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year have you felt depressed or sad most days, even if you felt okay sometimes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				
Has there been a time in the past month when you have had serious thoughts about ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you EVER in your WHOLE LIFE tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Safety Planning for ALL Adolescents with Depression

- Encourage Adolescent and Parents to make their home safe
 - ALL guns, ropes, cables should be removed from the home
 - All medications in the home secured in a lock box
- Ask about suicide – every visit
- Watch for suicidal behavior
 - Expressing self destructive thoughts
 - Drawing Morbid or death related images
 - Death as a theme during play (younger children)
 - Music that centers on death
 - Video games with self-destructive theme
 - Books/Television/Internet centered on Death
 - Giving away possessions

Watch for signs of drinking/drug use

Develop Safety Plan

High Risk Teen Suicide Attempters

SAD PERSONS (developed for use of all ages in the Emergency Room setting)

Sex (females attempt/Males complete (more lethal means)

Age over 16

Depression (and comorbid conduct disorder/impulsive aggression/anxiety)

Previous attempts

Ethanol use (substance use)

Rational thinking lost (intoxication/psychosis)

Social supports lacking

Organized plan

No significant other (confidante or trusted plan)

Sickness (stressors)

And First Degree Relative of a completer

Suicide

- Higher Rates of Suicide
 - American Indian/Native Alaskan highest suicide rate
 - Sexual minority youth (lesbian, gay, bisexual, transgender or questioning)
- Leading methods for suicide
 1. Suffocation/hanging – 43%
 2. Discharge of firearms – 42%
 3. Poisoning – 6%
 4. Falling – 3%

Fixed Risk Factors of Suicide

1. Family history of suicide attempts
2. History of adoption
3. Male gender
4. Parental mental health problems
5. Lesbian, gay, bisexual or questioning sexual orientation
6. Transgender identification
7. History of physical or sexual abuse
8. Prior suicide attempt
9. Personal mental health problems (sleep disturbance, depression, bipolar disorder, substance intoxication or substance use disorder, psychosis, post-traumatic stress disorder, panic attacks, history of aggression, impulsivity, severe anger and pathological internet use)
10. 70% increased in acute suicidal behavior in adolescent with psychosis.

Social/Environmental Risk Factors of Suicide

- Bullying (both victimization and perpetration)
- Impaired parent-child relationship
- Living outside the home (homeless, living in corrections facility or group home)
- Difficulties in school
- Neither working nor attending school
- Social isolation
- Presence of stressful life events (legal or romantic difficulties/argument with parents)
- Unsupported social environment (for lesbian, gay, bisexual or transgendered adolescents)
- Internet use (>5 hours daily associated with higher depression and suicidality)

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____
Step 4: People whom I can ask for help:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1. Clinician Name _____	Phone _____
2. Clinician Pager or Emergency Contact # _____	Phone _____
3. Local Urgent Care Services _____	
Urgent Care Services Address _____	
Urgent Care Services Phone _____	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Step 6: Making the environment safe:	
1.	_____
2.	_____

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The one thing that is most important to me and worth living for is:

SAFETY PLAN

3 THINGS you like to do that help distract you from your problems and help your current mood.

1: _____
 2: _____
 3: _____

2 FRIENDS that you feel safe with and offer a healthy distraction.

1: _____
 2: _____

2 PLACES that help you feel safe.

1: _____
 2: _____

3 HEALTHY CARING ADULTS who you can trust and turn to for help.
(i.e. an aunt/uncle, a friend's parent, your teacher, a school counselor, coach etc.)

Name: _____
 Number: _____
 Name: _____
 Number: _____
 Name: _____
 Number: _____

OTHER RESOURCES

Suicide Prevention Hotline (1-800-273-8255)
Crisis Text Line: Text HOME to 741741



CHEO MY SAFETY PLAN

A safety plan can help keep you safe. If you are feeling overwhelmed and having thoughts of ending your life. Making a plan like this will help you to understand yourself better, keeping you safer. It's important to share this plan with your parents or guardians and people close to you, so they can support you. If your needs or triggers change, revise your safety plan with your counsellor or therapist. If you don't have one, call your local Youth Crisis Line for help.

If you're still having trouble keeping yourself safe, you can always come back. Some youth like to get creative with their safety plans. Use art, music, scrapbooking or writing- whatever helps you to express yourself!

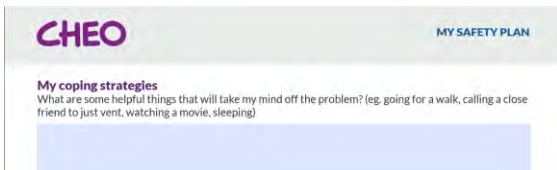
My triggers
 What are some things that set me off? _____
 How can I manage my triggers? _____

My warning signs
 What are my warning signs that tell me I'm starting to get overwhelmed? (for example, withdrawing from others or sleeping more) _____

Thoughts (example: thinking negative dark thoughts, or about ways to harm yourself)	Emotions (example: starting to feel hopeless/guilty or angry)	Body sensations (example: a racing heart, feeling I'm suffocating)	Behaviours (example: pacing, spending lots of time sleeping)
_____	_____	_____	_____

If parents and caregivers notice any of my warning signs, they can help by: _____

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CHEO MY SAFETY PLAN

My coping strategies
 What are some helpful things that will take my mind off the problem? (eg. going for a walk, calling a close friend to just vent, watching a movie, sleeping)

Reasons for living
 Who are the people or animals I live for? (eg. mother, father, brother, sister, friends, relatives or pets)

What are other things I have to live for? (eg. remembering that things will get better one day, future goals like school, career, travel or family goals)

Sometimes, when people are feeling sad, they have a hard time seeing the reasons for living. If this is the case for you right now, what are some reasons that others might point out for you?

My support network
 Who are main people that I can turn to for support if I am overwhelmed? (people to whom I can say, "Hey, I'm not feeling good right now, I really need someone to talk to. I don't need advice, I just need you to listen. Can we talk?")

Someone to spend time with to take my mind off things: _____

Someone who can help with practical things (ex. taking me to appointments): _____

Someone who is a good listener: _____

Crisis plan and resources
 If no one is available, what are the local telephone crisis lines in my area? Check the ones you like best.

- Child, Youth and Family Crisis Line for Eastern Ontario 613-260-2360 or toll-free, 1-877-377-7775
- Kids help phone: 1.800.668.6868 Live chat also available at www.kidshelpphone.ca
- Good2Talk: 1-866-925-5454 (for college and university students in Ontario).
- Ottawa and Region Distress Centre: 613-238-3311
- Youth Service Bureau 24/7 Crisis line: 613-260-2360

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North Dakota Pediatric Mental Health Care Access

[Pediatric Mental Health Care Access Program](#)

[Services](#)

[Consult Line](#)

[Resources](#)

- [Diagnosic Folders](#)
- [Education](#)
- [Recommended Websites](#)
- [Crisis Support](#)**
- [Service Finders](#)

[North Dakota PMHCA Program](#) > [Resources](#)

Crisis Support

If this a mental health emergency, call 9-1-1.



[Crisis Text Line](#)

Text HOME to 741 741 to connect with a Crisis Counselor



[FirstLink](#) - Get Help Now

Offers free, confidential services in North Dakota and parts of Minnesota.



[National Helpline](#)

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.



[National Suicide Prevention Helpline](#) - 1-800-273-8255

Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Psychosis

- Delusions or hallucinations (auditory or visual)
 - Delusions more frequent in youth
- Onset 14-35
- 30% of those with schizophrenia make suicide attempt in lifetime

Psychiatric symptoms associated with psychosis in Children and Adolescents

- Alcohol intoxication/withdrawal
- ADHD
- Autism
- Bipolar
- Brief Reactive Psychosis
- Catatonia
- Delerium
- Factitious disorder/malingering
- Major Depression with psychotic features
- Obsessive Compulsive Disorder
- Parasomnia
- Personality Disorder
- Post Traumatic Stress Disorder
- Schizophrenia/Schizoaffective Disorder
- Severe Stress

Medical Workup of psychosis

- Urine Drug Screen
- CBC/CMP
- EEG
- Structural imaging IF neurological findings

Treatment Psychosis

FDA approved medications for Children 13 and old

- Aripiprazole
- Olanzapine
- Paliperidone
- Quetiapine
- Risperidone