Suicide Prevention in Pediatric Practice

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https://www.nationwidechildrens.org/suicide-prevention

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Objectives

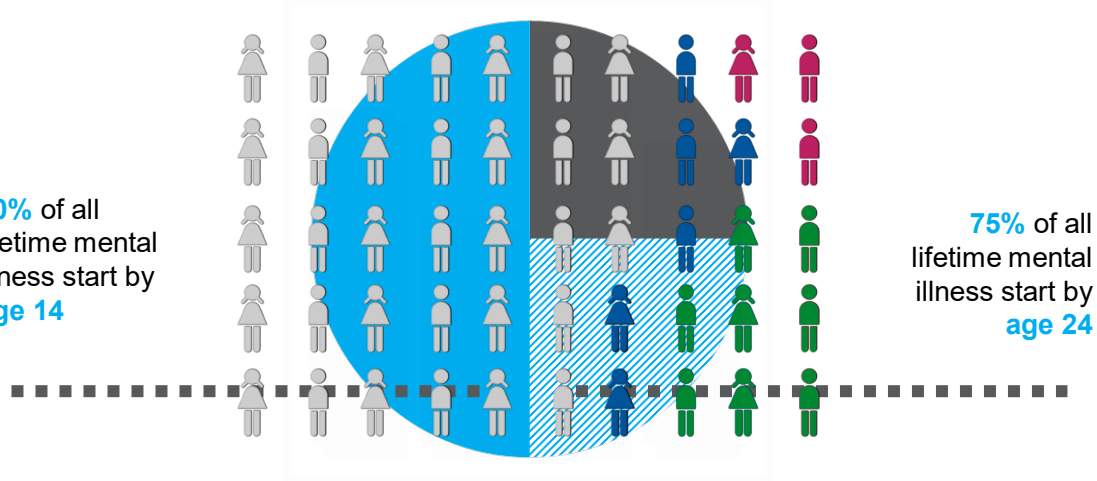
- Participants will be able to identify current trends in youth suicide as well as key risk and protective factors
- Participants will understand the benefits of universal screening and validated tools that can be routinely implemented in practice settings.
- Participants will be able to identify best practices in suicide risk assessment and collaborative safety planning.
- Participants will become familiar with suicide-specific referral and treatment options after identification and assessment.

Burden of Mental Illness on Children

11% of children (ages 8 to 11) have or have had a mental illness with severe impairment

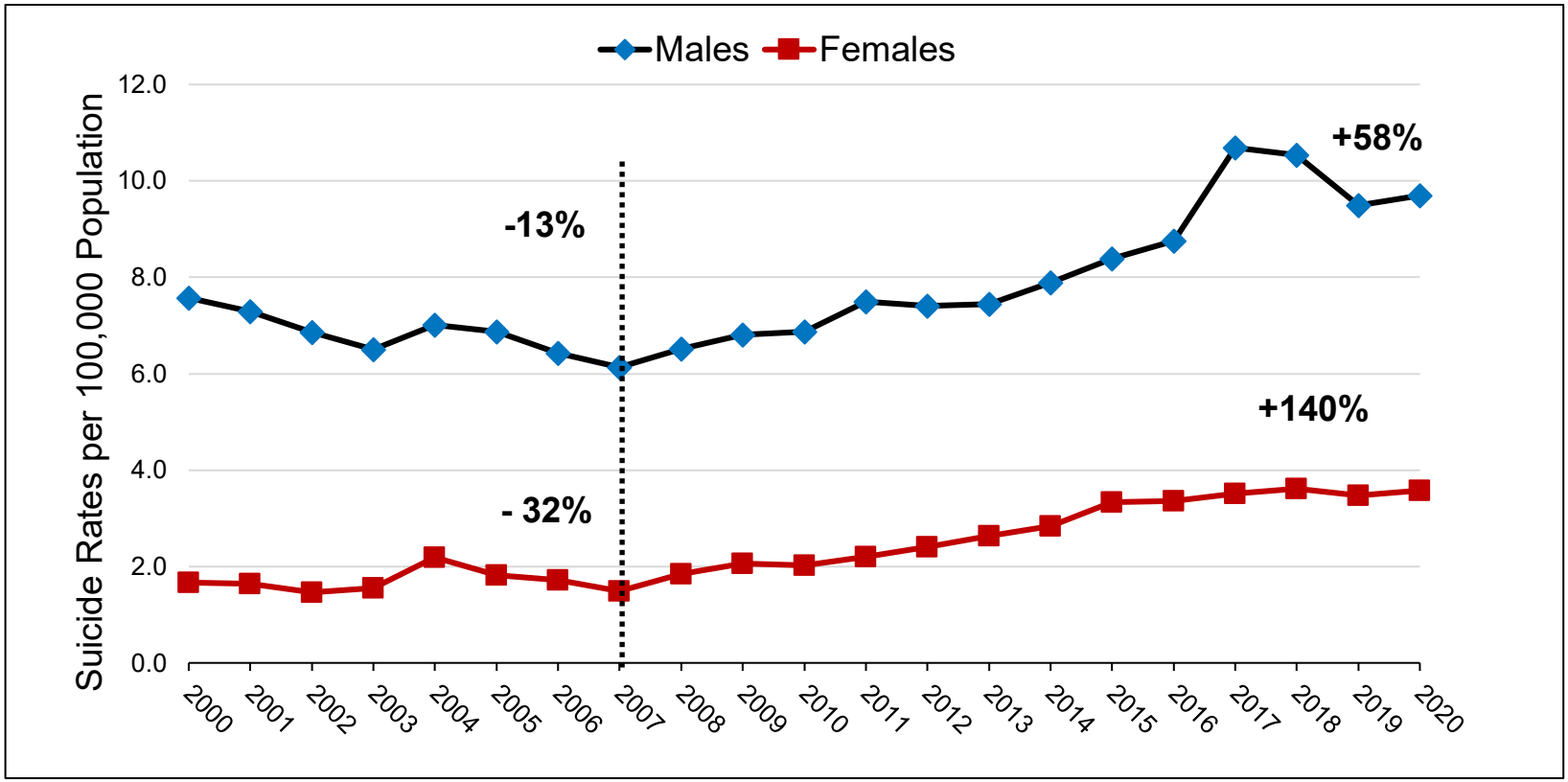
22% of teens (ages 13 to 18) have had a mental illness with severe impairment in their lifetime

Only 50% of youth with a mental health disorder receive any behavioral health treatment



Source: National Health & Nutrition Examination Survey , 2010; National Comorbidity Survey Replication-Adolescent Supplement, 2010; NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005

U.S. Youth Suicide Rate: Ages 10-19 Years, 2000 to 2020



Leading Causes of Death, Age 5-12 years

2009

Rank	Age Groups 5-12
1	Unintentional Injury 1,253
2	Malignant Neoplasms 713
3	Congenital Anomalies 285
4	Homicide 197
5	Influenza & Pneumonia 172
6	Heart Disease 152
7	Chronic Low. Respiratory Disease
8	Suicide 82
9	Neoplasms 69
10	Septicemia 60

2014

Rank	Age Groups 5-12
1	Unintentional Injury 1,099
2	Malignant Neoplasms 662
3	Congenital Anomalies 286
4	Homicide 185
5	Heart Disease
6	Suicide 117
7	Respiratory Disease 113
8	Influenza & Pneumonia 78
9	Cerebro-vascular 66
10	Benign Neoplasms 58

2019

Rank	Age Groups 5-12
1	Unintentional Injury 1,113
2	Malignant Neoplasms 611
3	Congenital Anomalies 309
4	Homicide
5	Suicide 164
6	Disease 135
7	Chronic Low. Respiratory Disease 122
8	Influenza & Pneumonia 96
9	Cerebro-vascular 62
10	Benign Neoplasms 52

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Suicide in Focus: North Dakota

- Suicide is the 2nd leading cause of death among youth 10-24 in ND (and for adults aged 25-44)
- Nearly 3x as many people die by suicide annually than in motor vehicle accidents
- 77% of firearm deaths in ND are suicides
- Nearly 1 in 5 high school students have seriously contemplated suicide in the past 12 months (North Dakota Youth Risk Behavior Survey 2021)

Risk Factors for Suicide

Top 3 Risk Factors

- Depression/Mood Dx
- Alcohol and Drug Abuse
- Previous Suicide Attempts

Other Important Risk Factors

- Psychological Aspects

  Neg. feelings, loneliness, behavioral issues

- Biological Considerations

  Gender, distress re: LGBTQ+ identity, genetics

- Environmental Implications
  - ❖ Access to means to attempt suicide
  - ❖ History of sexual, physical, emotional abuse
  - ❖ History of bullying others or being bullied
  - ❖ Knowing someone that died by suicide

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Protective Factors

Individual Characteristics

- Coping Skills
- Self-Esteem
- Spiritual Faith

Mental Health

- Access to Care
- Therapeutic Support

Family/Other Supports

- Connectedness
- Social Support
- School

Restricted Access to Means

- Firearms
- Medications
- Chemicals
- Sharps

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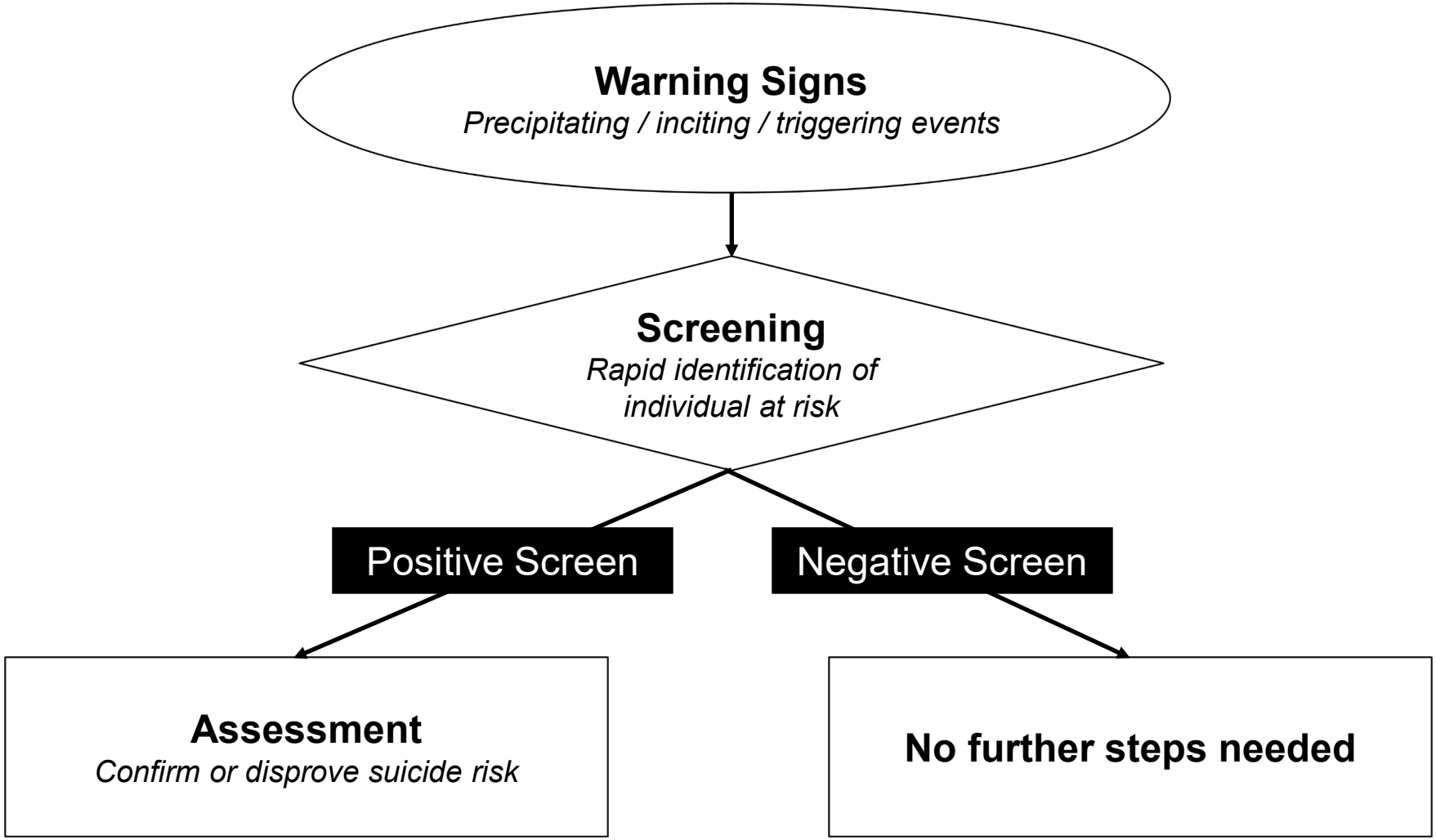
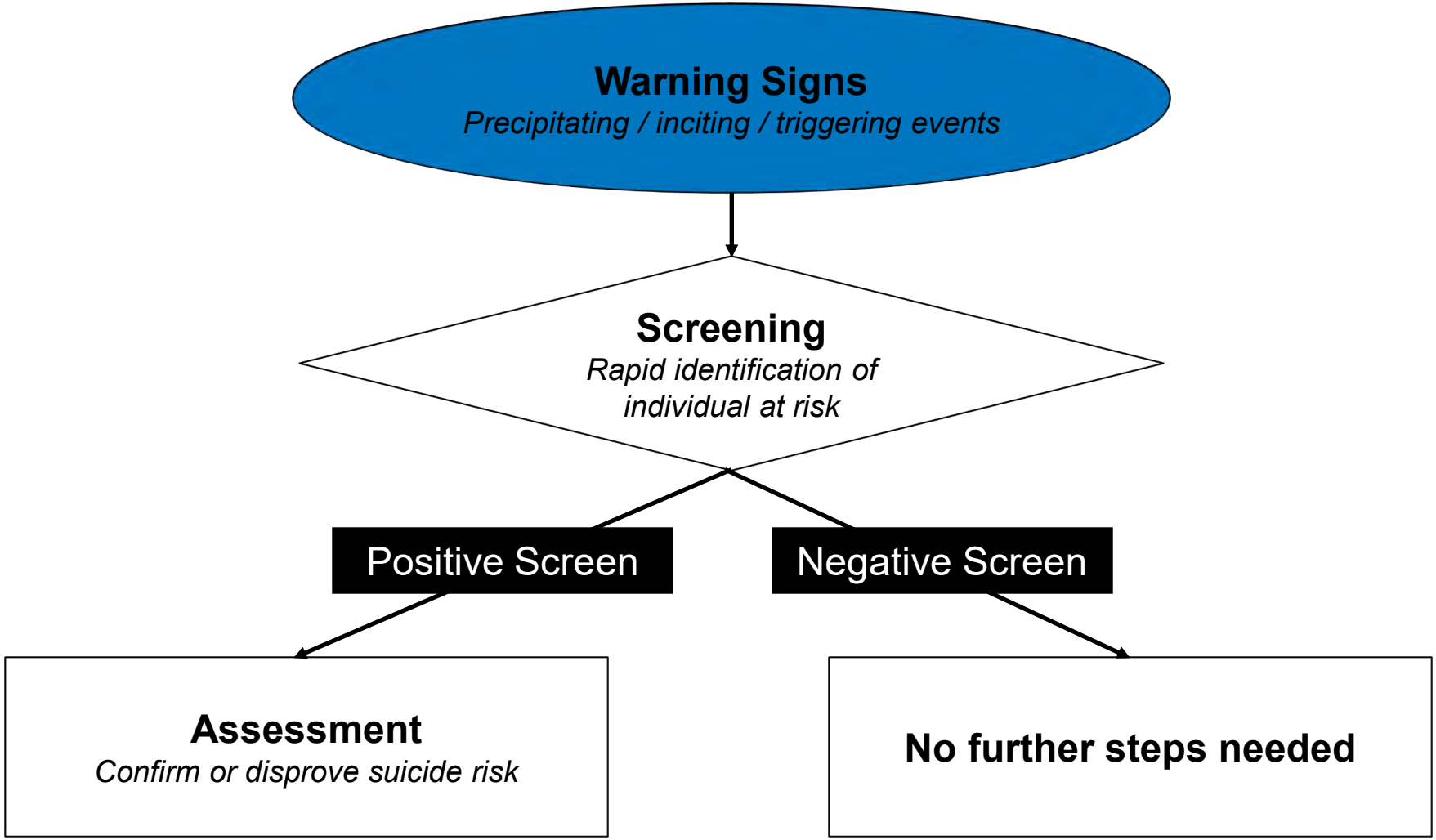
Detection Workflow

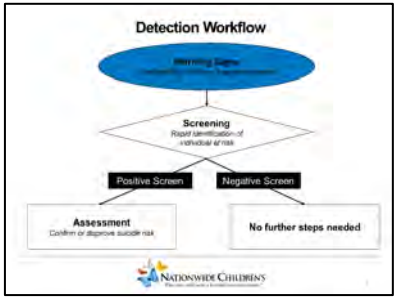


Detection Workflow



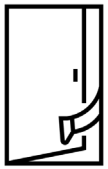
Suicide Warning Signs

Many people who attempt suicide show warning signs



Wanting to be alone all the time

Giving away important belongings



Communicating not being around

Spike in suicidal thoughts

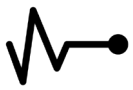
Planning or Preparing for suicide

Triggering Events:

Breakup

Family Stressors

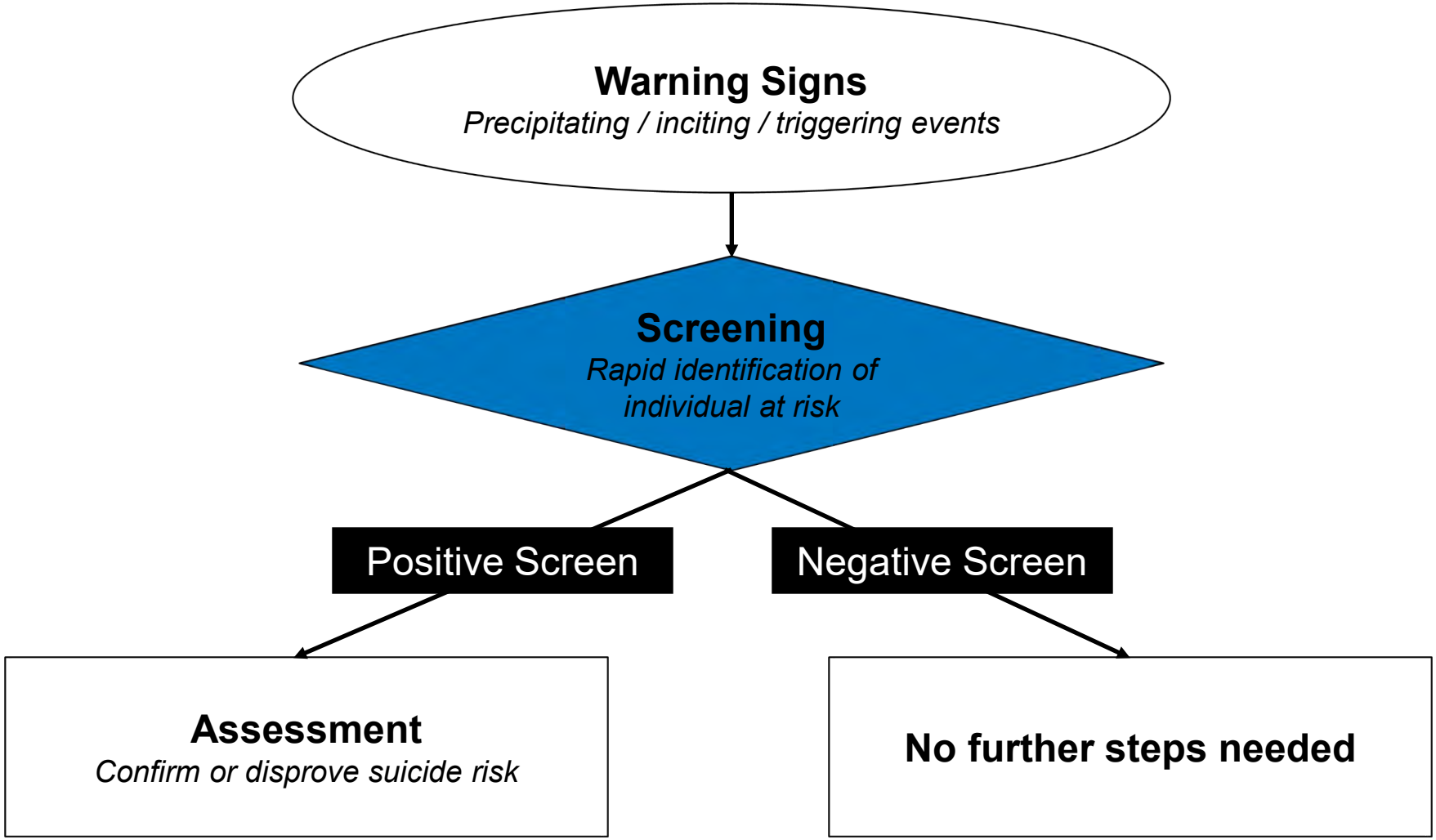
School Problems



Death of loved one

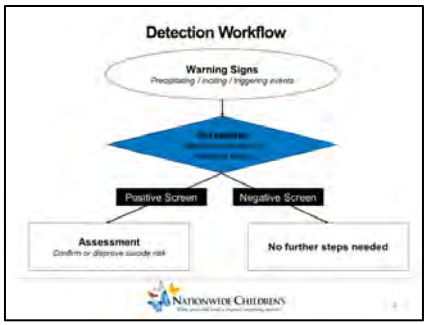
Bullying

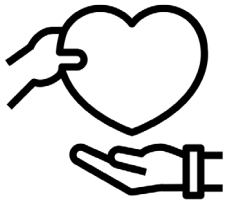
Detection Workflow



Screening: Why?

Part of a standardized, evidence-based protocol



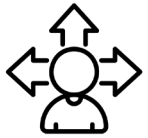


Universal suicide screening reduces stigma and saves lives

Detection before suicide action is essential for prevention

Asking directly is one of the most helpful things one can do

For every suicide chief complaint, at least twice as many go undetected

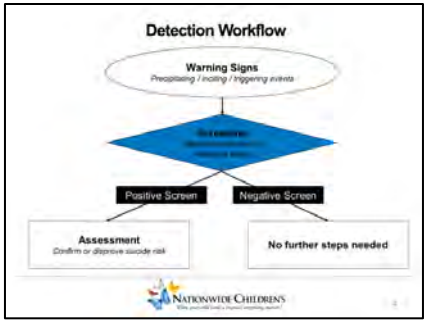


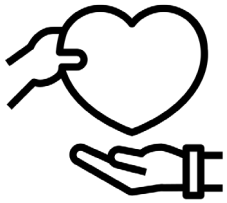
Information guides action planning & coordination with other providers

Screening saves staffing resources for the individuals who really need it!

Screening: Techniques

Part of a standardized, evidence-based protocol





Universal suicide screening reduces stigma and saves lives

Deliver sensitive and compassionate screening to every patient

Listen actively without passing judgment, rushing the person, interrupting, or giving advice

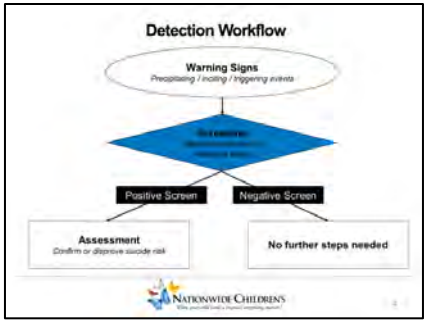
Use encouraging verbal responses and demonstrate interest in answers

Non-verbal behavior is as important as verbal responses

Levels of disclosure, honesty, and self-reporting are higher if a patient perceives the provider as being engaged!

Screening: Limitations

Part of a standardized, evidence-based protocol



Screening tools inform but do not replace clinical judgment

Important part of overall process with goal to reduce risk by identifying warning signs

Inform treatment planning and promote wellness in terms of current state

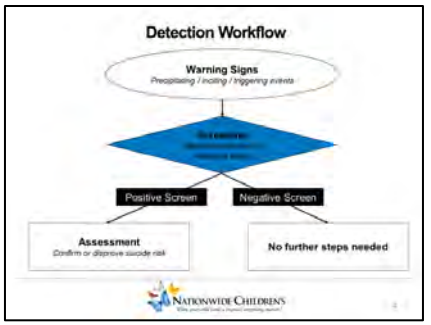
AAP and AMA - Annual suicide screening for adolescents in Primary Care

U.S. Preventative Services Task Force – Insufficient evidence to screen asymptomatic individuals

The Joint Commission – Screen all patients presenting with a primary behavioral health complaint

Screening: ASQ*

Part of a standardized, evidence-based protocol



Desire

History

Imminency

asQ

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now? Yes No

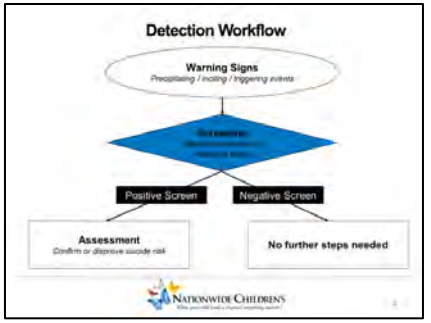
If yes, please describe: _____

NIH National Institute of Mental Health

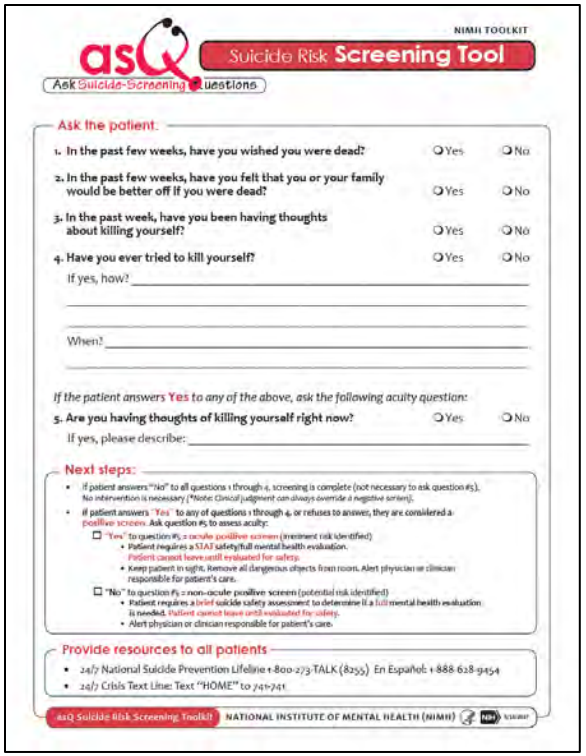
**There are multiple evidence-based tools; we recommend ASQ*

Screening: ASQ*

Part of a standardized, evidence-based protocol



National Institute of Mental Health



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ❍ Yes ❍ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ❍ Yes ❍ No
3. In the past week, have you been having thoughts about killing yourself? ❍ Yes ❍ No
4. Have you ever tried to kill yourself? ❍ Yes ❍ No

If yes, how? _____

When? _____

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ❍ Yes ❍ No

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - ☐ "Yes" to question #5 = acute positive screen (imminent risk identified)
    - Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = non-acute positive screen (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Tool® NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Clinical Pearls

- Workflow creation
- Separate patient and caregiver
- Lead with suicide
- Incorporate EHR

Estimated time to complete: <5 minutes

**There are multiple evidence-based tools; we recommend ASQ*

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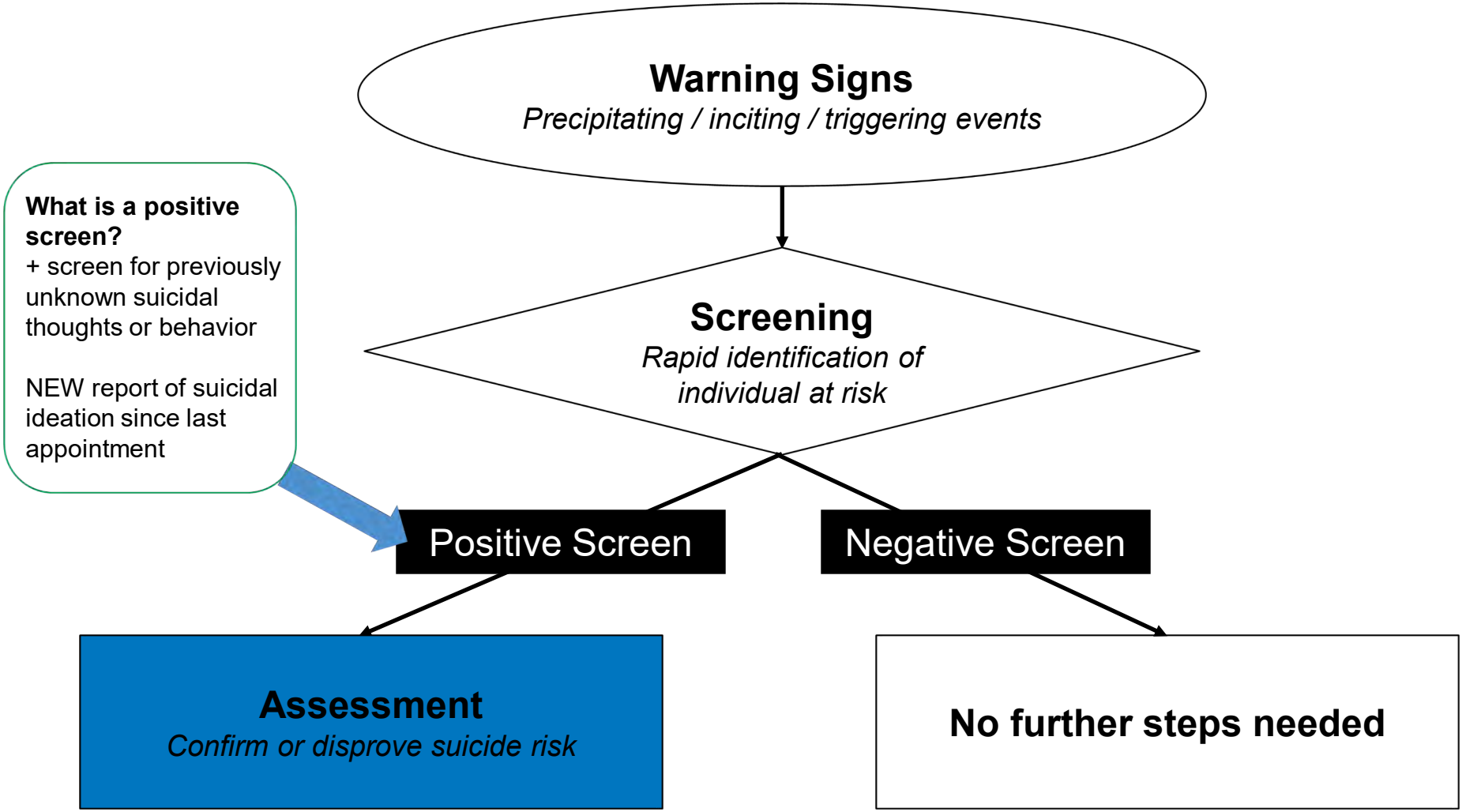
Detection Workflow



Assessment: Elements

Part of a standardized, evidence-based protocol

Suicide Inquiry:
Thoughts / plan / intent / access to means

Risk Factors:
Inquiry and determine if modifications can reduce risk

Protective Factors:
Inquiry and +/- Safety Plan

Assessor Judgment:
Determination of risk

"I want to follow-up on your responses to the suicide risk screening questions. These can be hard things to talk about. I need to ask you a few more questions."

Assessment: C-SSRS*

Columbia Suicide Severity Rating Scale

Part of a standardized, evidence-based protocol

Why C-SSRS?

- ✓ Strong evidence base supporting use
- ✓ Reviews suicidal ideation and behavior
- ✓ Information about severity guides next steps
- ✓ Can repeat administration to at-risk clients
- ✓ Structured, but flexible tool that helps identify suicide risk and need for intervention

**There are multiple evidence-based tools; we recommend C-SSRS*

Assessment: C-SSRS*

Part of a standardized, evidence-based protocol

Suicidal Ideation:

- Wish to be dead
- Non-specific active suicidal thoughts
- Suicidal ideation with methods (not plan) without intent to act
- Suicidal ideation with at least some intent to act, but without a specific plan
- Suicidal ideation with specific plan and intent

Suicidal Behavior:

- Previous suicide attempts
- History of non-suicidal self-injury
- Interrupted or self-aborted attempts
- Preparatory action
- Potential or actual medical lethality

Assessment: Risk Factors

Part of a standardized, evidence-based protocol

Distal (chronic):
Longstanding factors that elevate chronic risk of suicide, both modifiable and non-modifiable

Proximal (acute):
Recent experiences that increase imminent suicide risk

Common Risk Factors

- Sex (male)
- History of non-suicidal self injury
- History of physical abuse or sexual abuse
- Family history of suicide
- Chronic medical problem
- Stressful life event/Trauma
- Access to lethal means
- Substance abuse or dependence
- Bullying or rejection by peers
-
- Command hallucinations
- Feelings of hopelessness or worthlessness
- Distress related to gender identity or sexual orientation
- Family conflict/Exposure to DV
- Increased impulsivity or risk-taking
- Suicide of peer in last 2 years
- Highly impairing emotional dysregulation or agitation
- Sleep difficulties

Assessment: Protective Factors

Part of a standardized, evidence-based protocol

Personal traits or environmental qualities that can reduce the risk of suicidal behavior

Individual Characteristics

- Coping Skills
- Reasons for Living
- Deterrents

Family/School Support

- Connectedness
- Social support
- Positive experiences

Mental Health

- Access to care
- Psychoeducation and Crisis Resources

Means Reduction

- Reduce access to lethal means (dispose, remove, trusted person)
- Avoid potentially dangerous places or situations
- Counsel about reducing access to alcohol and other substances

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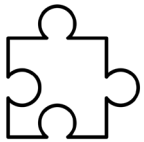
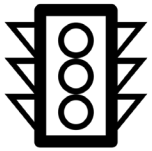
Detection: Balancing Act

Risk Factors



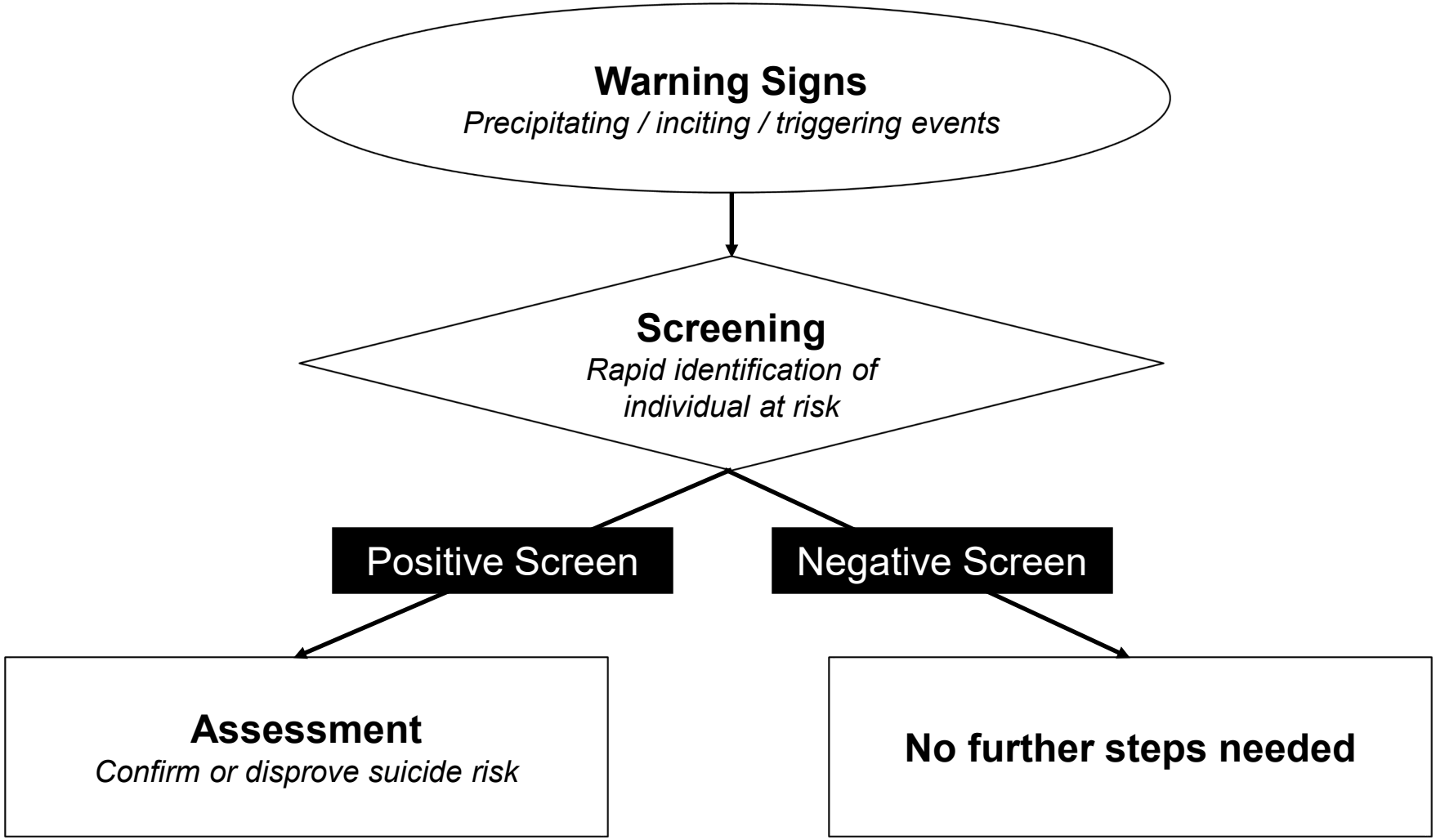
Warning Signs



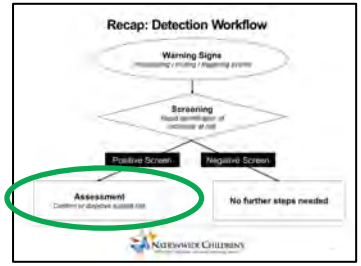
Triggering Events

Protective Factors

Detection Workflow



Intervention Workflow



Assessment
Confirm or disprove suicide risk

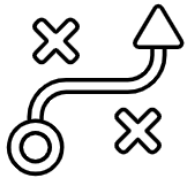
Emergency MH Evaluation Required
Patient not safe to return to home / community

Further MH Evaluation and/or Follow-Up Required
Patient is safe to remain in home / community

May Benefit from MH Linkage or Follow-Up
Patient is safe to remain in home / community

Collaborative Safety Planning

What is Collaborative Safety Planning?

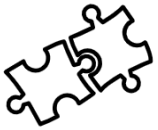


- ✓ A set of co-created strategies to decrease the risk of suicidal behavior during a crisis.
- ✓ A defined commitment to safety

Why is Collaborative Safety Planning Important?

Improves patient outcomes

Best Practice



Addresses decreased problem-solving

Increases self-efficacy and confidence

Instills hope

Collaborative safety planning is NOT a no-suicide contract or a box to check

Safety Planning

When asking about commitment and safety planning you are looking at patient's:

- Facial Expressions
- Affect
- Body language
- Tone of Voice
- Language
- Confidence vs. Ambivalence
- Ability to develop realistic ways to maintain safety

Key Elements of a Safety Plan

Recognize warning signs

Collaborative creation of the plan

Engage in a safe behavior

Get distance between crisis and action

Safety Plan Content:
This could look different based on your setting

- **Warning Signs**
- **Internal Coping Skills**
- **External Coping Skills**
- **People to assist in managing crisis**
- **Professional resources**
- **Reasons for living**
- **Means restriction / safety measures**

Safety Planning: Internal Coping Skills

Know **WHEN** you need help:

- Unhelpful negative thoughts
- External factors
- Physical symptoms
- Changes in emotions / behaviors

Know **HOW to help yourself**:

Internal Coping Strategies

- ✓ Shift / challenge negative thoughts
- ✓ Skills for emotional regulation
- ✓ Distraction
- ✓ Relaxation
- ✓ Mindfulness
- ✓ Self-soothing exercises
- ✓ Distress tolerance

Safety Planning: External Coping Skills

Know **WHEN** you need help:

- Unhelpful negative thoughts
- External factors
- Physical symptoms
- Changes in emotions / behaviors

Know **HOW to help yourself**:

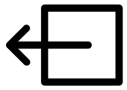
People or Places to Provide Distraction

- ✓ Go somewhere
- ✓ Do something
- ✓ Be with someone
- ✓ Schedule pleasant activities
  behavioral activation

Safety Planning: People

Know **WHEN** you need help:


Unhelpful negative thoughts


External factors


Physical symptoms


Changes in emotions / behaviors

Know **WHO** to ask for help:

People You Can Ask for Help:

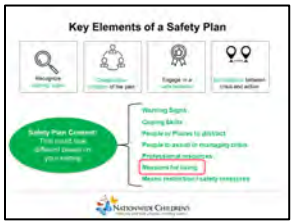
- ✓ Focus on the quality of the relationship
- ✓ Explore how the person has helped (or not) previously
- ✓ Ensure they know how they are to help in a crisis
- ✓ How can we help them to build their support network?

Safety Planning:
Professional Resources

Additional Resources to Include:

- Include Outpatient Providers and/or on-call numbers
- County Crisis Line
- 988 Suicide & Crisis Lifeline
- Crisis Text Line (741-741)
  - Text “START”
- Trevor Project (LGBTQ Youth)
  - https://www.thetrevorproject.org/

Safety Planning: Reasons for Living



Know **WHEN** you need help:

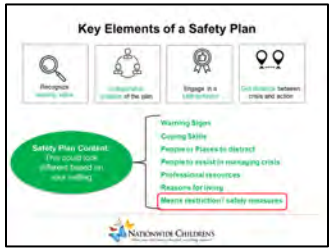
- Unhelpful negative thoughts
- External factors
- Physical symptoms
- Changes in emotions / behaviors

Know WHY you are finding help:

Finding help and bringing reasons for living into consciousness:

- ✓ Identifying future goals or plans
- ✓ Weighing reasons for living over reasons for ending one's life
- ✓ Providing hope
- ✓ Helps the patient think beyond the moment

Safety Planning: Environmental Safety



Know **WHEN** you need help:

- Unhelpful negative thoughts
- External factors
- Physical symptoms
- Changes in emotions / behaviors

Know **WHY** this is important:

Exploring access and restriction to lethal means is crucial in safety planning:

- ✓ Reducing access to firearms
- ✓ Reducing access to medication / ingestibles
- ✓ Reducing access to sharp objects
- ✓ Reducing access to implements used for strangulation

Did you know?

- Many suicide attempts occur during a short-term crisis
- Many suicide attempts are impulsive
- Studies show that many people report less than 5-10 minutes between suicidal thought and action
- 90% of attempters do NOT go on to later die by suicide

Firearm Safety

Make a **gentle assumption** about firearms in the home:

"*Now I would like to talk about how to best store firearms for safety*."

VS.

"*Do you have any firearms at home*?"

Offsite storage (best option)

- Relative / friend
- Self-storage unit
- Gun shop
- Shooting range
- Pawn shop
- Law enforcement

Other options

- Gun safe
- Disassemble gun
- Keep gun unloaded
- Store ammunition separately

Medication Safety

"Let's also talk about what types of medications are in your home and how they're stored."

- Remove unneeded or expired medications
- Keep non-lethal quantities of medication
- Lock abuse-prone medications

Documentation

- ✓ **All information collected**
  Provide a copy of the safety plan to the individual if one was created and keep a copy for your records
- ✓ **Education reviewed**
  Means safety
- ✓ **Response and disposition**
- ✓ **Any next steps if applicable**
  referrals, follow-up

As needed, consult manager / supervisor and / or legal team to identify where to store documentation or how long to keep the documentation

Checking In

- Is this plan feasible?
- Use scaling
- Address any concerns with implementing safety plan
- If barriers are not able to be addressed- consider the validity of the Safety Plan
- Decide who, what, where, why, when of safety plan
- Address next steps

Other Safety Planning Tips

- Have patient take a picture of it so it is always with them or co-develop it on an app
- If there is time, practice calling local or national crisis line and/or texting Crisis Text Line
- Where will they put this at home? Accessible?

Benefits

- Identifying youth at risk who might otherwise have gone undetected
- Increasing competency/skills to manage patients
- Fewer handoffs and internal capability of managing higher risk clients

Opportunities

- Address time barriers created by follow-up needs
- Increase training to nurses to more independently triage, provide safety planning via phone for those calling in with concerns, or to support follow-up
- Increase provider confidence in safety planning

Take-Home Messages

- Pediatric healthcare settings are ideal places to identify and support youth at elevated risk for suicide
- Validated, developmentally appropriate screening instruments and risk assessment tools are freely available
- Screening should be brief and can take <2 minutes
- Essential to have a workflow in place for managing positive screens including risk assessment and safety planning intervention
- A range of professionals can administer tools but key to have downstream support for clinical decision-making and crisis support

Take-Home Messages

- **Ask directly about depression and suicide**
- Know risk factors for suicide & suicidal behavior in youth
- Collaborative safety planning is effective
- Talk with parents about risks associated with all lethal means in the home, especially if the child is experiencing an emotional crisis or has displayed warning signs
- Everyone plays a role in preventing youth suicide!

Appendix

Educational Information – To share with families

Resources for Parents:

https://afsp.org/teens-and-suicide-what-parents-should-know

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx

Progressive Muscle Relaxation Resource:

https://www.anxietycanada.com/articles/how-to-do-progressive-muscle-relaxation/

Calm Breathing Resource:

How to Do Calm Breathing (anxietycanada.com)

Implementation Checklist

- **Discuss suicide prevention initiative with all office staff, determine lead coordinator for the office**
- **Educate clinicians/ office staff on tools & resources**
- **Develop processes and write procedures**
  - Determine which screener to use; patients to target; when and where; who reviews screens, documents, and flags positive screens; who conducts risk assessment; what are the local crisis contacts; who manages referral and tracking; data monitoring

Implementation Checklist

- **Expand referral network to support collaborative care**
  - Enhance internal capacity, integrated behavioral health care, linkage with established providers.
- **Follow-up/Outreach:**
  - Identify who will follow-up with patients and how follow-up will occur (e.g. office visit, phone call)
- **In case of the need for hospitalization:**
  - Last resort when efforts at illness management, safety planning, and referral fail to mitigate risk
  - Know local resources and procedures

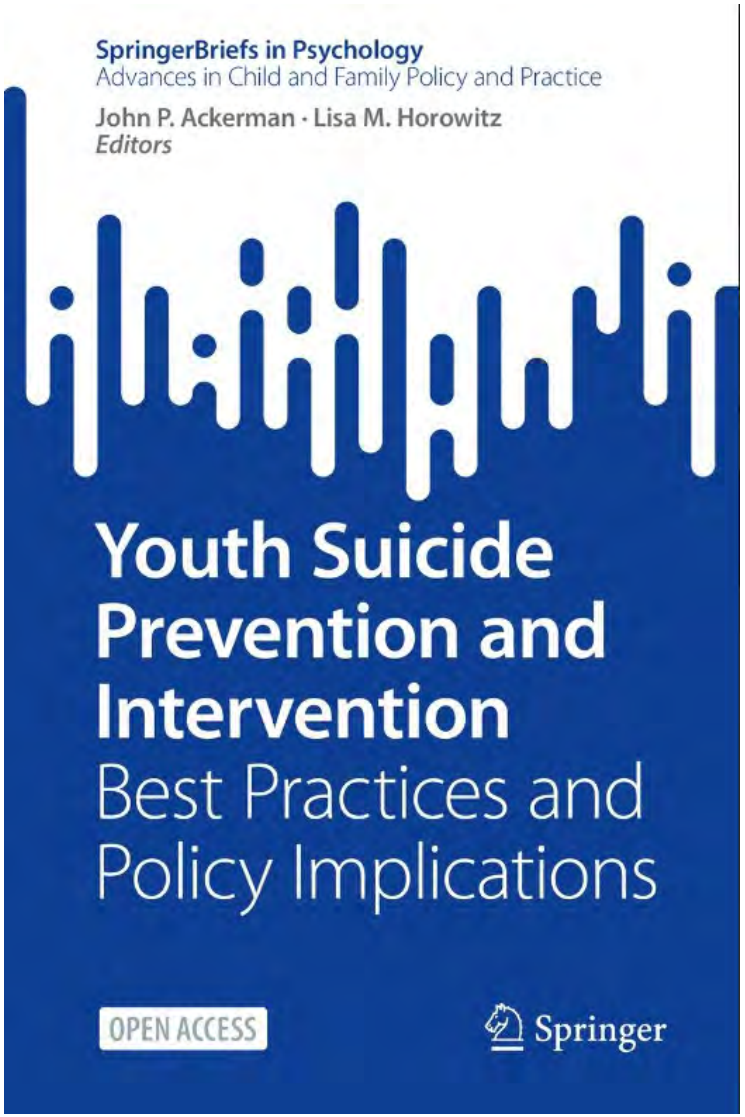
Mobile Safety Plans

Suicide Prevention-
Is there an app for that?

- My3
- Virtual Hope Box
- Mood Tools
- Stanley-Brown Safety Plan

Youth Suicide Prevention and Intervention: Best Practices and Policy Implications

Open Access (free!):
https://link.springer.com/book/10.1007/978-3-031-06127-1



Creating a Platform for Change: OUR MISSION

On Our Sleeves is on a mission to give expert-created resources to all U.S. communities so **everyone can understand and promote mental health for children.**