Youth Suicide Prevention in a Medical Setting

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12.08.22
Disclosures

• I have no actual or potential conflict of interest in relation to this program/presentation
Mental health disorders affect 1 in 5 US children each year.
## Mental Health and Suicide Variables*

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<tbody>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness</td>
<td>26.1</td>
<td>28.5</td>
<td>29.9</td>
<td>29.9</td>
<td>31.5</td>
<td>36.7</td>
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<tr>
<td>Seriously considered attempting suicide</td>
<td>13.8</td>
<td>15.8</td>
<td>17.0</td>
<td>17.7</td>
<td>17.2</td>
<td>18.8</td>
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<td>Made a suicide plan</td>
<td>10.9</td>
<td>12.8</td>
<td>13.6</td>
<td>14.6</td>
<td>13.6</td>
<td>15.7</td>
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<tr>
<td>Attempted suicide</td>
<td>6.3</td>
<td>7.8</td>
<td>8.0</td>
<td>8.6</td>
<td>7.4</td>
<td>8.9</td>
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<td>Were injured in a suicide attempt that had to be treated by a doctor or nurse</td>
<td>1.9</td>
<td>2.4</td>
<td>2.7</td>
<td>2.8</td>
<td>2.4</td>
<td>2.5</td>
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Source: National Youth Risk Behavior Surveys, 2009-2019
*For the complete wording of YRBS questions, refer to Appendix.*
Middle School Students – Suicide Risk - 2019

6th, 7th, 8th grade

Ever, Thought, Plan, Attempt

Girls, Boys
Pediatric Mental Health

• Growing concern prior to pandemic
• Review of 35 studies children and teens post COVID-19
  • Anxiety (28%) & depression (23%) most commonly reported
• Adolescent Behaviors and Experiences Survey (CDC)
  • Jan – June 2021; 9-12 grade; 7,705 national sample
  • More than 1/3 students experience poor mental health
  • 44% experienced persistent sadness 2 weeks or longer
  • 12% of female students, 25% of LGB students, 5% of male students attempted suicide during past year
  • 10% reported physical abuse in the home in past year
  • More than 1/3 reported negative treatment at school due to race or ethnicity
Why Should Health Systems Be Involved?

• Claims reviewed patients with Medicaid, New York
• In the year before hospitalization for self-harm
• Primarily female, ages 15-34
• 69% received medical services 30 days before hospitalization
  • Medical more common than behavioral visits
  • Outpatient more common than ED or inpatient care
• 97% had services in the year before hospitalization
  • 73% behavioral, 90% medical

Kammer et al, 2021, J Behavioral Health Services Research
Leading Causes of Death in 10-to 24-year-olds: United States, 2016-2020

<table>
<thead>
<tr>
<th>Cause</th>
<th>% of Deaths</th>
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</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>70,310</td>
</tr>
<tr>
<td><strong>Suicide</strong></td>
<td>32,866</td>
</tr>
<tr>
<td>Homicide</td>
<td>26,893</td>
</tr>
<tr>
<td>Cancer</td>
<td>9,002</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>5,023</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>2,719</td>
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</tbody>
</table>

Data Source: Centers for Disease Control and Prevention WONDER data: [Underlying Cause of Death, 1999-2020 Results Form (cdc.gov)](https://www.cdc.gov)
Patient Opinions about Suicide Screening

- Asked series of questions about suicide risk
- Asked if ER nurses should ask the question
- All 156 patients supported idea that nurses should ask youth about suicide

- Themes:
  1. identification of youth at risk
  2. a desire to feel understood and known by clinicians
  3. connection of youth with help and resources
  4. prevention of suicidal behavior
  5. lack of other individuals to speak with about these issues

Patient Opinions about Suicide Screening

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Objective: Understanding how children and adults coexist in an emergency department (ED) can inform implementation strategies. This qualitative study explored patient opinions regarding suicide screening in that setting.

Methods: As part of a multi-institution validation study, patients aged 10 to 21 years presenting with both psychiatric and nonpsychiatric complaints to an urban, tertiary care pediatric ED were recruited for suicide screening. Interviews with subjects included questions about symptoms, treatment, and whether they thought their ED nurses should ask about suicide.尽早. Patient opinions were transcribed verbatim and coded into NCHE 6 qualitative software for coding and content analysis.

Results: Of the 156 participants who participated in the study, 156 (100%) agreed to the ED with psychotropic complaints and 59 (32%) presented with psychiatric complaints. The participants’ mean (SD) age was 14.6 (3.8) years (range, 10–21 years), and 56% of the sample was female. All participants answered the question of interest, and 100% (156) of the patients supported the idea that nurses should ask youth about suicide in the ED. The most frequently endorsed reason was to facilitate (1) identification of youth at risk (156/156, 100%), (2) a desire to feel known and understood by clinicians (156/156, 100%), (3) connection of youth with help and resources (156/156, 100%), (4) prevention of suicidal behavior (156/156, 100%), and (5) lack of other individuals to speak with about these issues (156/156, 100%).

Conclusions: Pediatric nurses in the ED support suicide screening after being asked a number of suicide-related questions. Further research should evaluate the impact of suicide screening on mental practice and help-seeking behaviors with evidence-based outcomes.

Key Words: suicide risk, screening, qualitative patient opinion (Pediatric Emerg Care 2012;28:600–606)

Youth suicide is a global public health problem and the third leading cause of death among 10–24-year-olds in the United States. According to the most recent Youth Risk Behavior Survey, 15.8% of high school students seriously thought about suicide in the past year, and 6.3% made a suicide attempt.

METHODS

Participants: Population

As part of an ongoing, larger, multi-institution validation study, a convenience sample of ED patients with both medical and psychiatric presenting complaints were recruited to participate in a suicide screening study. Participants included patients aged 10 to 21 years, seeking care in an urban tertiary care pediatric ED, with an arrest cardiac 60,000 visits. This age group was chosen based on the ages of most patients seen at this particular pediatric ED. This was conducted between September 2008 and April 2009. During the study period, trained study staff members stationed in the ED during the week between the hours of 10 AM and 9:30 PM to obtain target numbers of psychiatric and nonpsychiatric patients, every cardiac and nonpsychiatric patient who entered the ED were approached for enrollment into the study.
LGBTQIA+ Differences

• Higher levels of suicide related risks
• 3x more likely to have attempted suicide
• Higher family rejection  8.4 times more likely to report having a suicide attempt

• LGBT and ethnic/racial differences
  • Asian Americans and Black Americans reported less ideation, planning, and self-harm than European American youth
  • NA/PI and Latinx reported more attempts than European American youth

• LGBT and gender
  • Females higher risk for all suicidal-related bx except attempts

• LGBT, ethnicity and gender
  • Asian American and Black American females less likely to have been involved in suicide-related behaviors than European American youth

How Do I Screen?

• Ask Suicide Questions (ASQ) and BSSA follow-up
  • Brief Suicide Safety Assessment (BSSA):

• PHQ-9-A
  • [IHC MHI Depression Fact Sheet: Children and Adolescents (aacap.org)](http://aacap.org)
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).
- If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered to have a positive screen. Ask question 5 to assess acuity:
  - Yes to question 5 = acute positive screen (immediate 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 (82555) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741741

CHOC Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)
PHQ-A (Modified for Adolescents)

| 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. |
|---|---|---|---|
| (9) Not at all | (1) Several days | (2) More than half the days | (3) Nearly every day |
| 1. Feeling down, depressed, irritable, or hopeless? |
| 2. Little interest or pleasure in doing things? |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? |
| 4. Poor appetite, weight loss, or overeating? |
| 5. Feeling tired, or having little energy? |
| 6. Feeling bad about yourself— or feeling that you are a failure, or that you have let yourself or your family down? |
| 7. Trouble concentrating on things like school work, reading, or watching TV? |
| 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? |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? |

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
- [ ] Yes
- [ ] 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?
- [ ] Not difficult at all
- [ ] Somewhat difficult
- [ ] Very difficult
- [ ] Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?
- [ ] Yes
- [ ] No

Have you **EVER** in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?
- [ ] Yes
- [ ] 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.

Office use only: 

**Severity score: ________**

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)
How can you do this in busy office?

• Does not add time to visit
• Children will usually tell you if asked directly
• Do need to have plan for how to refer and to where for families and patients
• Identify and leverage resources in your community (County Behavioral Health, managed Medicaid plans, schools, community clinics)
• CA is making an investment in children’s mental health, now is the time to make connections
One model of screening

- **Goal:** screen all children 12 and older annually for depression, explicitly asking about suicide
  - Screen all children 8 and older with ASQ in ED regardless of reason for visit
- **Automatic task to complete PHQ-9-A in clinics**
- **Scored and given to provider who reviews results**
- **Orders for mild, moderate, severe and suicidal risk patients**
- **Suicidal risk**
  - Screen by behavioral health providers (psychologists or social workers)
  - Referral to Crisis Clinic (ideation without active plan)
  - Send to Emergency Dept if active plan
We are not ready to screen, what else can I do?

• Using handouts from resources (following page) can provide anticipatory guidance

• Can let families know mental health is important and what symptoms to look for

• Can discuss depression and suicide as being more common during teen years and increase awareness

• Can ask if child or family is aware of counseling resources at school

• Can ask parents if they have ever asked their child about their mental health functioning to open a dialogue
Questions/Dialogue Examples

• I know a lot of parents have asked me about depression and suicide as they are seeing more information about that in the news. Tell me what you know about those topics?

• Have you had a conversation with your child about mental health/wellness? If not, what are some things that get in the way of that? If so, what have you talked about (and praise parents for the conversation)

• Ask the teenager: What have your friends at school been saying about mental health issues?
Resources

• Mental Health Toolkit
  • Depression - CHOC - Children's health hub
  • www.choc.org/MentalHealthToolkit (resources for providers, parents and children)

• AAP: Suicide: Blueprint for Youth Suicide Prevention

• Zero Suicide Institute
  • www.Zerosuicide.edc.org

• American Academy of Child and Adolescent Psychiatry: Suicide Resource Center
  • Suicide Resource Center (aacap.org)
If we do not aim for zero deaths from suicide, how many deaths are we saying are acceptable?
Questions