# Youth Suicide Prevention in a Medical Setting

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CHOC

# Disclosures

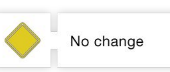
- I have no actual or potential conflict of interest in relation to this program/presentation

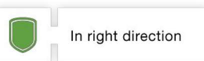
# Mental health disorders affect 1 in 5 US children each year

# MENTAL HEALTH AND SUICIDE VARIABLES*

| THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO: | 2009 Total | 2011 Total | 2013 Total | 2015 Total | 2017 Total | 2019 Total | Trend |
|---|---|---|---|---|---|---|---|
| Experienced persistent feelings of sadness or hopelessness | 26.1 | 28.5 | 29.9 | 29.9 | 31.5 | 36.7 | |
| Seriously considered attempting suicide | 13.8 | 15.8 | 17.0 | 17.7 | 17.2 | 18.8 | |
| Made a suicide plan | 10.9 | 12.8 | 13.6 | 14.6 | 13.6 | 15.7 | |
| Attempted suicide | 6.3 | 7.8 | 8.0 | 8.6 | 7.4 | 8.9 | |
| Were injured in a suicide attempt that had to be treated by a doctor or nurse | 1.9 | 2.4 | 2.7 | 2.8 | 2.4 | 2.5 | |

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

40
35
30
25
20
15
10
5
0

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 that 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

| Cause | % of Deaths |
|---|---|
| Accidents | 70,310 |
| **Suicide** | 32,866 |
| Homicide | 26,893 |
| Cancer | 9,002 |
| Heart Disease | 5,023 |
| Congenital anomalies | 2,719 |

Data Source: Centers for Disease Control and Prevention WONDER data: Underlying Cause of Death, 1999-2020 Results Form (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

## Patients' Opinions About Suicide Screening in a Pediatric Emergency Department

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**Objective:** Understanding how children react to suicide screening in an emergency department (ED) can inform implementation strategies. This qualitative study describes pediatric patients' opinions regarding suicide screening in that setting.

**Methods:** As part of a multisite instrument validation study, patients 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 the question, "do you think ER nurses should ask kids about suicide/thoughts about hurting themselves…why/why not?" Responses were transcribed verbatim and uploaded into NVivo8.0 qualitative software for coding and content analysis.

**Results:** Of the 156 patients who participated in the study, 106 (68%) presented to the ED with nonpsychiatric complaints and 50 (32%) presented with psychiatric complaints. The patients' mean (SD) age was 14.6 (2.8) years (range, 10–21 years), and 56% of the sample was female. All patients answered the question of interest, and 149 (96%) of 156 patients supported the idea that nurses should ask youth about suicide in the ED. The 5 most frequently endorsed themes were as follows: (1) identification of youth at risk (31/156, 20%), (2) a desire to feel known and understood by clinicians (31/156, 20%), (3) connection of youth with help and resources (28/156, 18%), (4) prevention of suicidal behavior (25/156, 16%), and (5) lack of other individuals to speak with about these issues (19/156, 12%).

**Conclusions:** Pediatric patients in the ED support suicide screening after being asked a number of suicide-related questions. Further work should evaluate the impact of suicide screening on referral practices and link screening efforts with evidence-based interventions.

**Key Words:** suicide risk, screening, qualitative, patient opinion

(*Pediatr Emer Care* 2012;28: 00–00)

Youth suicide is a global public health problem and the third leading cause of death among 10- to 24-year-olds in the United States.[1] According to the most recent Youth Risk Behavior Survey, 13.8% of high school students seriously thought about suicide in the past year, and 6.3% made an actual suicide attempt.[2]

Routine screening of pediatric patients in medical settings has been suggested as a way to identify youth with undetected mental health needs.[3] As a result, universal suicide screening has been proposed in both primary care settings and emergency departments (EDs).[4] For millions of children and adolescents, the ED is their only contact with health care providers.[5] As such, the ED may be uniquely situated to rapidly detect children and adolescents with unmet mental health needs presenting to the ED for both psychiatric and nonpsychiatric chief complaints.[4]

The onus of assessing suicide risk in a pediatric ED, regardless of chief complaint, falls mainly on nonpsychiatric clinicians because most pediatric EDs are not staffed with mental health professionals.[6] Unfortunately, brief instruments assessing suicidality in pediatric nonmental health patients are lacking. Although a large, multisite study aiming to develop such a tool to detect suicidality in nonpsychiatric patients is underway, it is essential to understand how children and adolescents will react to being questioned about suicide during an ED visit before implementing universal screening efforts. Whereas limited data suggest that pediatric patients are supportive of mental health screening[7] and there is no evidence that asking about suicide increases thoughts of suicidal ideation[8] or negative mood states,[9] there is little qualitative research assessing adolescent patients' opinions about suicide screening in the ED. Data on how pediatric patients respond and react to suicide screening in the ED are necessary to create the most effective, appropriate, and realistic strategies for intervention. Specifically, these data have the potential to inform screening practices and to provide assurance to nonpsychiatric clinicians that suicide assessments will be acceptable to patients. Therefore, the aim of this qualitative analysis was to describe the opinions of psychiatric and nonpsychiatric patients, aged 10 to 21 years, regarding universal suicide screening in the ED.

### METHODS

#### Participant Population

As part of an ongoing, larger, multisite instrument 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 annual census exceeding 80,000 visits. This age limit was chosen based on the ages of most patients seen at this particular pediatric ED. The study was conducted between September 2008 and April 2009. During the study period, trained study staff members were stationed in the ED during the week between the hours of 1:00 and 9:30 PM. To obtain target numbers of psychiatric and nonpsychiatric patients, every psychiatric patient and every second nonpsychiatric patient who entered the ED were approached for recruitment into the study.

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# 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 that 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

**Bostwick, W.B., Meyer, I., Aranda, F., Russell, S., Hughes, T., Birkett, M., and Mustanski, B. (2014). Mental health and suicidality among racially/ethnically diverse sexual minority youths. American Journal of Public Health 104(6); 1129-1136**

# How Do I Screen?

- Ask Suicide Questions (ASQ) and BSSA follow-up
  - www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials
  - Brief Suicide Safety Assessment (BSSA): www.nimh.nih.gov/research/research-conducted-at-nimh/bssa_outpatient_youth_asq_nimh_toolkit.pdf (nih.gov)
- PHQ-9-A
  - IHC MHI Depression Fact Sheet: Children and Adolescents (aacap.org)

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

# PHQ-A (Modified for Adolescents)

## PHQ-9 modified for Adolescents (PHQ-A)

**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? | | | | |
| **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
  - www.aap.org/en/patient-care/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

LONG LIVE CHILDHOOD

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