Managing Suicidal Pediatric Patients in the ED

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DOERNBECHER
CHILDREN'S
Hospital

Outline

1. Epidemiology of youth suicidality
2. Trauma (the mental health type)
3. Caring for suicidal children in the ED
4. Discussion

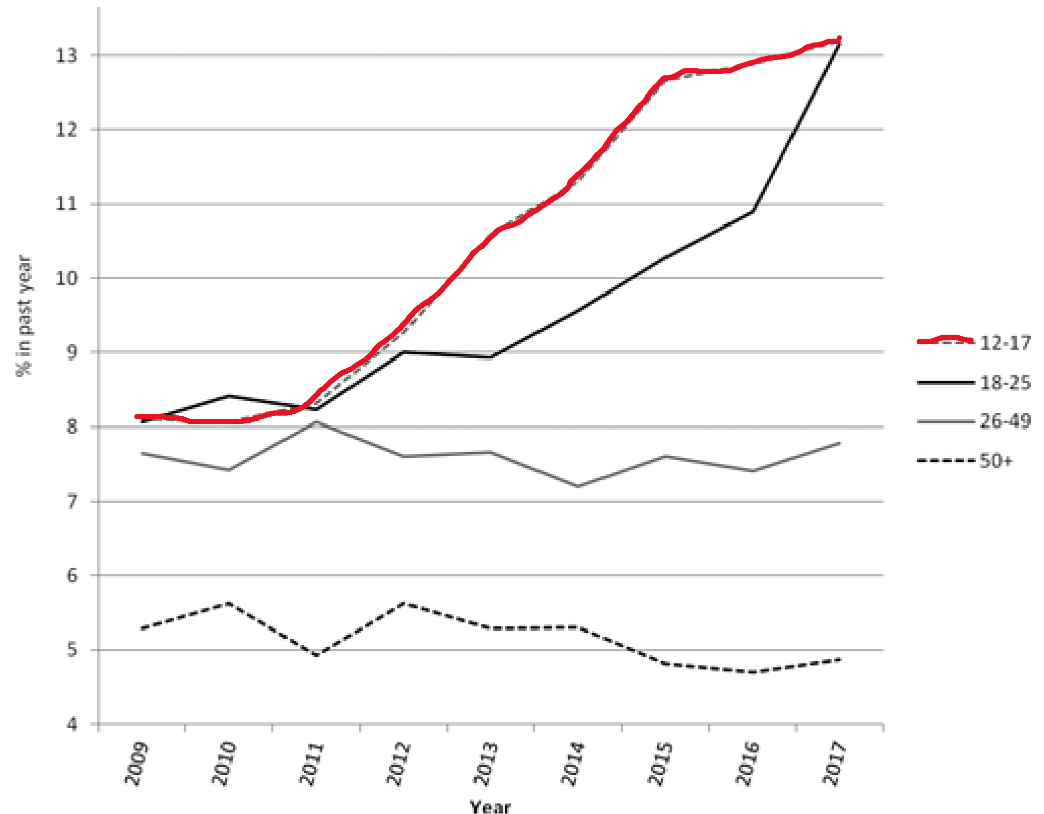
EPIDEMIOLOGY OF SUICIDALITY AMONG CHILDREN AND ADOLESCENTS

The State of Children's Mental Health

1 in 5 children 3-17y has a diagnosable mental health disorder

Est 1 in 7 children has experienced abuse or neglect

Rates of anxiety, depression, eating disorders, suicidality are increasing.



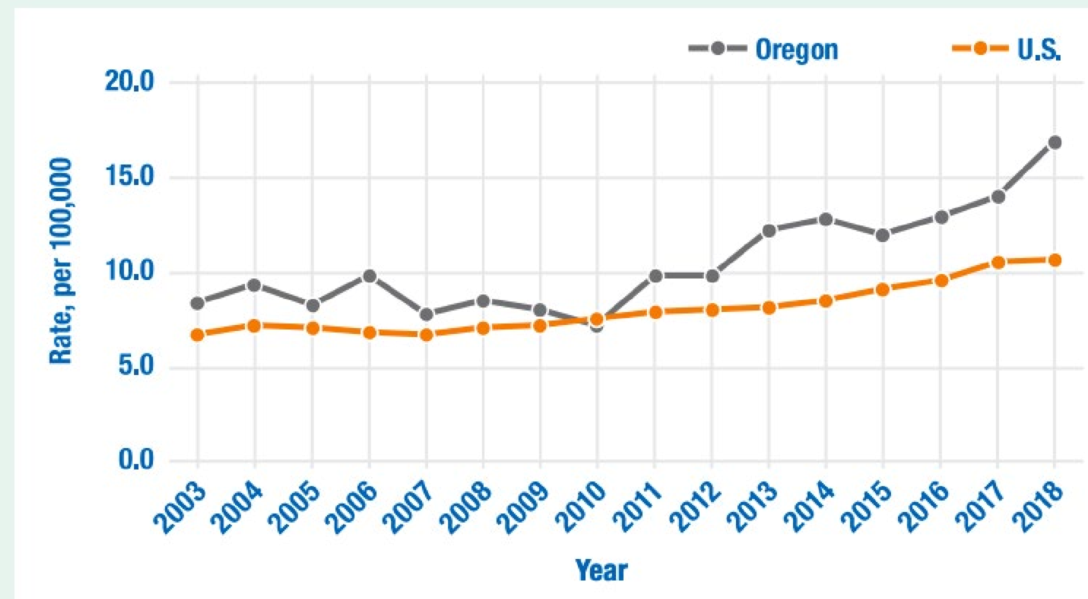
Depressive Episode in past year, 12-17y, 2005-2017.

Bitsko RH et al. Epidemiology and impact of healthcare provider diagnosed anxiety and depression among US children. *J Dev Behav Peds. 2018*

The State of Children's Mental Health

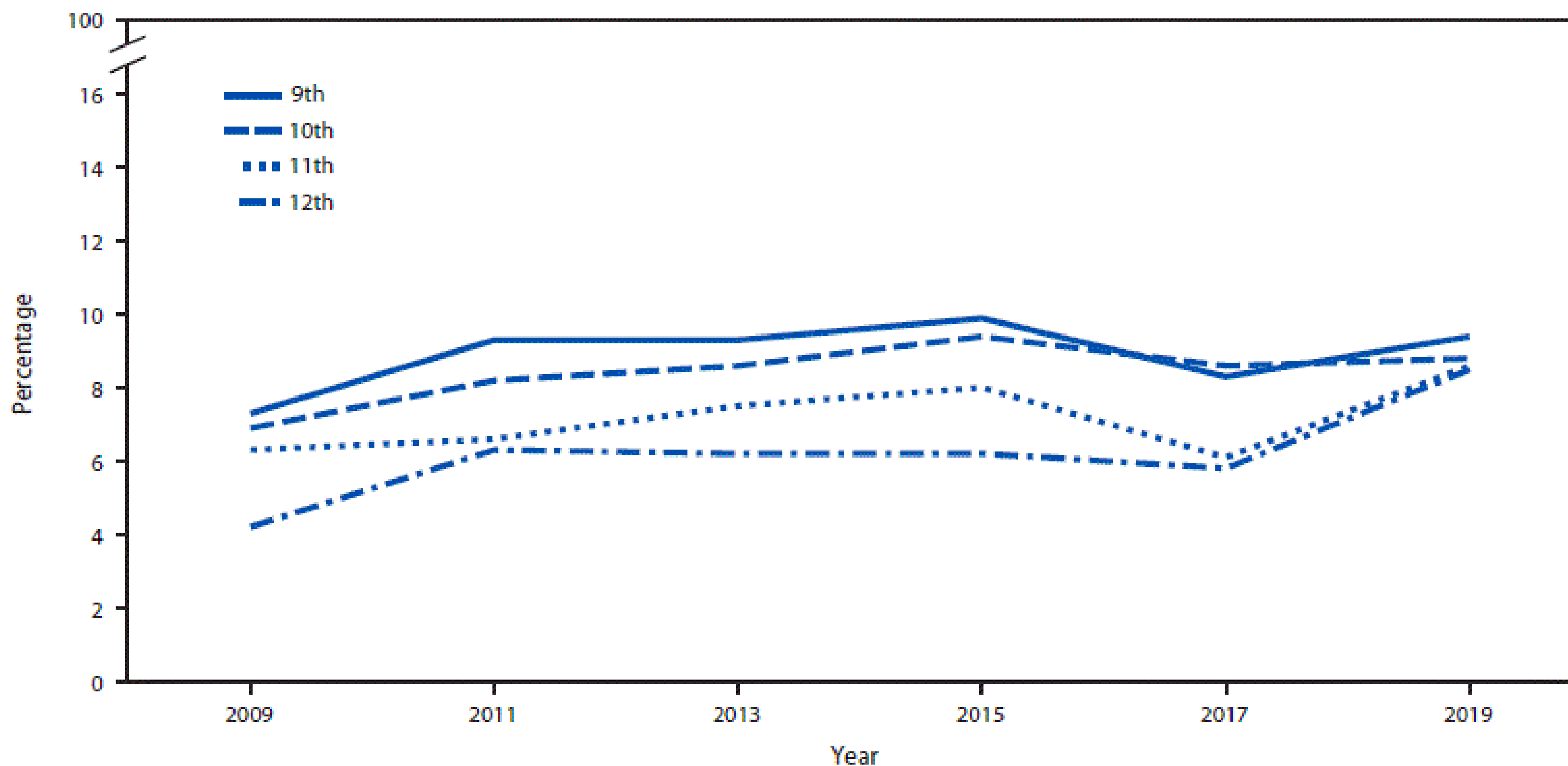
The number of children dying from suicide is increasing

Among 10-24 y/o, suicide is the leading cause of death in OR and 2nd leading cause of death in US



WISQARS) [online]. 2005. www.cdc.gov/injury/wisqars

Percentage of high school students who attempted suicide during the 12 months before the survey, by grade (2019)



Ivey-Stephenson AZ, Demissie Z, Crosby AE, et al. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. MMWR Suppl 2020;69(Suppl-1):47–55. DOI: [http://dx.doi.org/10.15585/mmwr.su6901a6external icon](http://dx.doi.org/10.15585/mmwr.su6901a6).

Mental Health in EDs

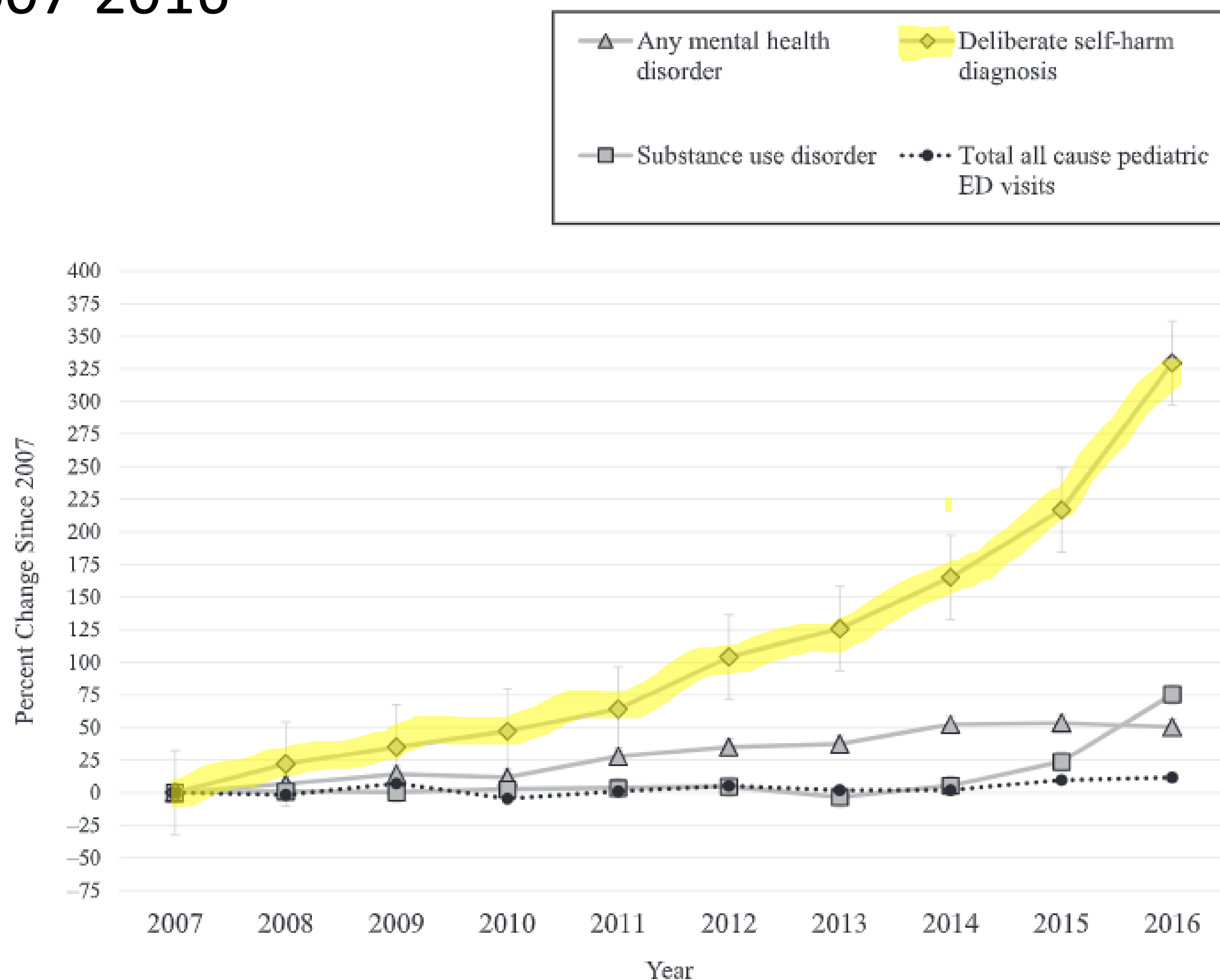
National PED visits for suicidal ideation increased from **580,000 in 2007** to **1.12 million in 2015**

16% of patients were seen by a mental health professional during their visit

Burstein B, Agostino H, Greenfield B. Suicidal Attempts and Ideation Among Children and Adolescents in US Emergency Departments. *JAMA Pediatr.* 2019;173(6):3.

Kalb LG, Stapp ED, Ballard Ed, Holinque C, Reefer A, Riley A. Trends in psychiatric emergency department visits among youth and young adults in the US. Pediatrics. 2019;143(4).

Pediatric ED Visits among Mental Health Subgroups 2007-2016



CB Low et al. Children's Mental Health Emergency Department Visits 2007-2016. Pediatrics (2020)

Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021

Weekly / June 18, 2021 / 70(24);888–894

On June 11, 2021, this report was posted online as an MMWR *Early Release.*

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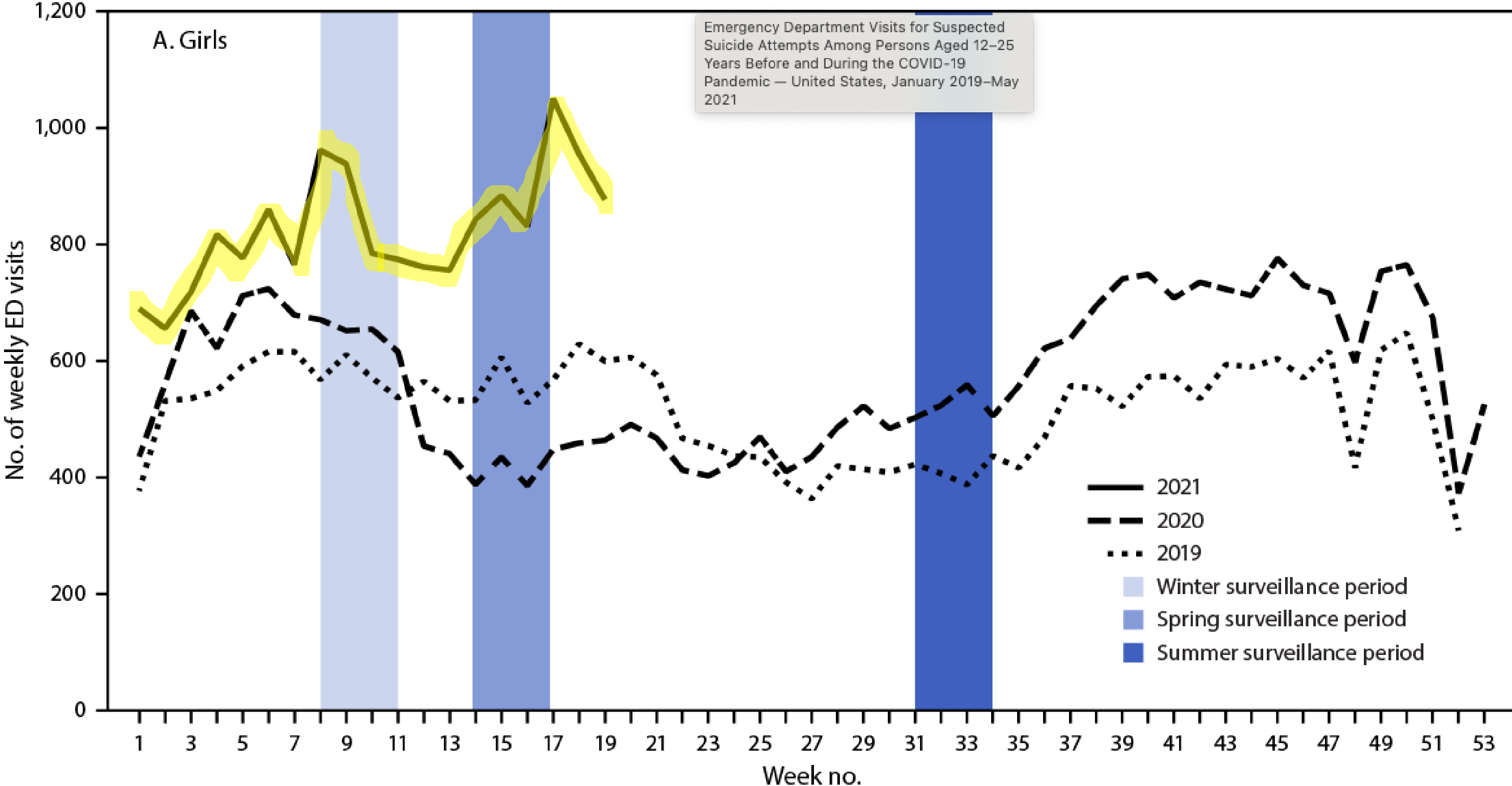
View suggested citation

FIGURE 1. Numbers of weekly emergency department visits* for suspected suicide attempts† among adolescents aged 12–17 years, by sex — National Syndromic Surveillance Program, United States, January 1, 2019–May 15, 2021



By Ashley Welch CBS News *November 21, 2017, 11:42 AM*

What’s behind the rise in youth suicides?

Suicides and suicide attempts have been rising among children and teens. Getty Images

A spate of suicides among unusually young people has made headlines in recent weeks. Earlier this month, an 11-year-old girl from South Carolina shot herself to death because she was being bullied at school.

The girl, Toni Rivers, told five of her friends that "she just couldn't do this anymore, and she was going home, and she was killing herself," her aunt, Maria Petersen, told CBS affiliate WTOC-TV.

Just a few days earlier, police reported that a 12-year-old boy jumped from an overpass above Interstate 66 in northern Virginia and landed on a car. He was critically injured and the driver was killed.

What’s behind the rise in youth suicides?

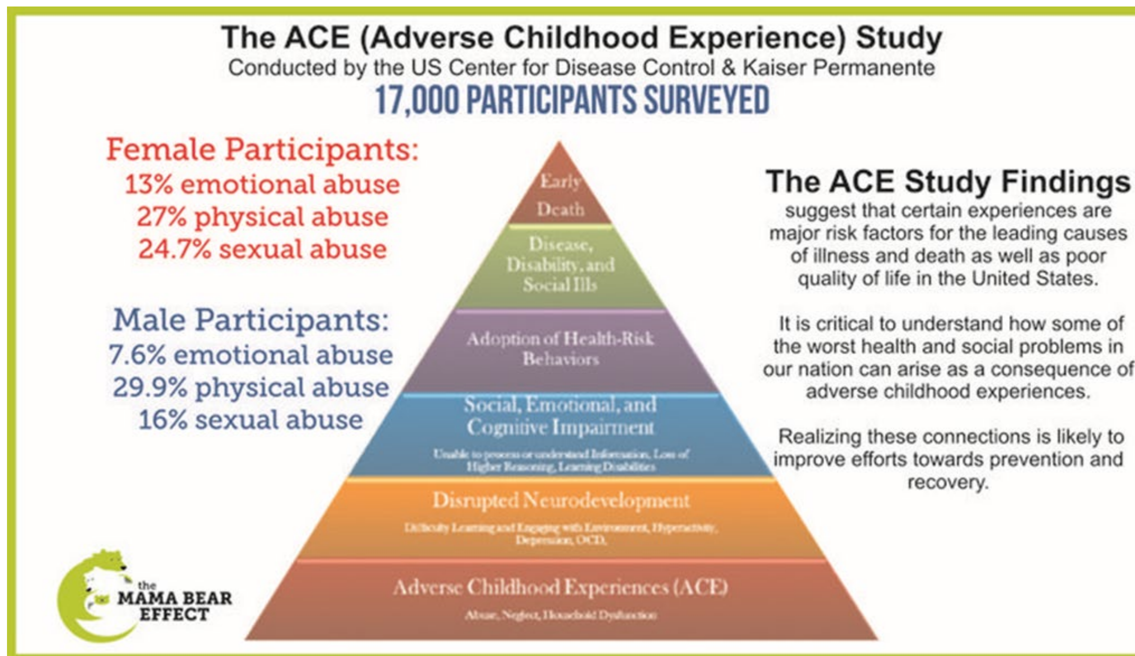
A few common hypotheses:

- Increase in media exposure
- Sleep disruption
- Opioid epidemic
- Contagion
- Less time outside

Trauma

(THE MENTAL HEALTH KIND)

Adverse Childhood Experiences



Adverse Childhood Experiences (ACEs)

1. Verbal abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Divorce or separation
7. Physical abuse of a parent
8. Alcohol or drug abuse by a parent
9. Mental illness of a parent
10. Incarceration of a parent

PROBABILITY OF SAMPLE OUTCOMES GIVEN 100 AMERICAN ADULTS

33 Report No ACEs	51 Report 1-3 ACES	16 Report 4-8 ACEs
WITH 0 ACEs	WITH 3 ACEs	WITH 7+ ACEs
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 are alcoholic	1 in 9 are alcoholic	1 in 6 are alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 use IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

ACE Scores on Child and Adolescent Psychiatry Consult Service (2016)

89% had experienced 1 or more categories of adverse childhood experiences

42% had an ACE score of 4 or more

Resilience in Children Can Mitigate the Effects of Trauma

Resilience = adapting well in the face of adversity, trauma, threats, or other stressors.

Involves internal factors -- behaviors, thoughts, and actions -- *that anyone can learn and develop.*

Strengthened by having safe, stable, nurturing relationships within and outside the family unit

Ways to Build Resilience

facilitating supportive adult-child relationships

Helping build a sense of self-efficacy and perceived control

Providing opportunities to strengthen adaptive skills and self-regulatory capacities

Mobilizing sources of / connections to faith, hope, and cultural traditions.

It is never too late to build resilience

Trauma-informed Care

When the care we provide is informed by knowledge of how traumatic experiences and traumatic stress may impact the people we are serving

Think: "**what happened to you**" not "what is wrong with you"

Caring for Suicidal Youth

Be a Container

- **Listen** to their story nonjudgmentally
- **Empathize** with what they are going through
- **Express hope** that things can get better

How Do You Cope??

I take a deep breath before I go into a tough situation

I exercise when I am stressed out!

I like to meditate or pray when I'm worried

I went for a walk with my dog when I got home yesterday really tired

I had a rough day the other day and it helped to call my best friend and talk

Key Practices in Suicide Safety

1. Don’t be afraid to talk about suicide and safety
2. Gather information
   - Screening
   - Assessment of risk factors
3. Involve the family
4. Plan disposition carefully

1. Talk about suicide and safety

- Asking about suicidality does not increase risk.
- Be curious about your patient’s thoughts and experiences
- Validate their struggles
- Offer hope that things can get better
- Involve the family
- Educate about mental health, suicide risk and safety, and the system of care

2. Gather Information : Suicide Screening

Why

- Standardized approach
- May “catch” youth who would otherwise be missed
- Some can be used as assessment tool as well
- Recommend screening all youth age 10 and up (depending on screening tool)

2. Gather Information : Suicide Screening

Validated screening tools :

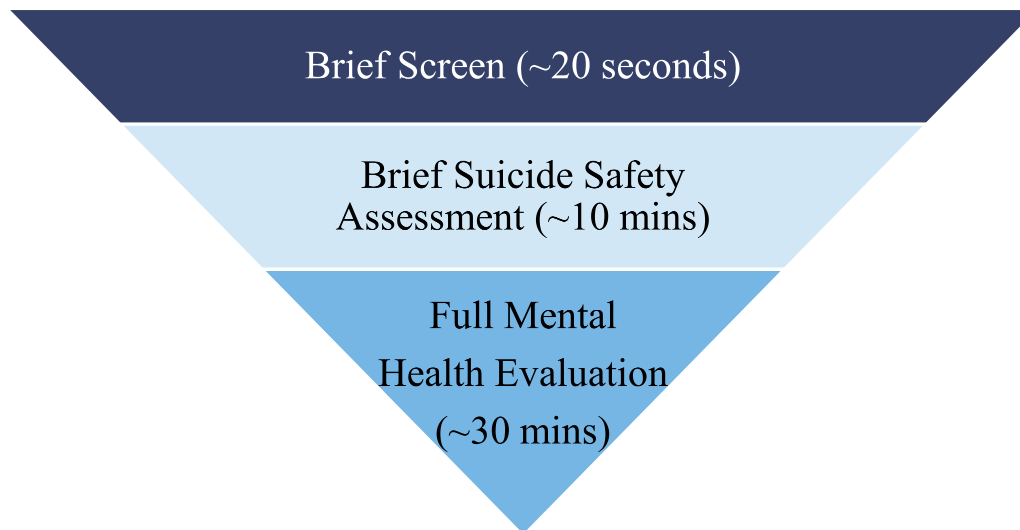
-Risk of suicide questionnaire (RSQ)

-Behavioral health screening

-Columbia suicide severity rating scale (CSSRS)

-Ask Suicide-Screening Questions (ASQ)

Universal Youth Suicide Screening Clinical Pathway



NIH National Institute of Mental Health

Brahmbhatt, Kurtz, Afzal…Horowitz, et al. (2018) *Psychosomatics*

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

NIH National Institute of Mental Health

Horowitz, Bridge, Teach, Ballard…Pao, et al. (2012*) Arch Pediatr Adolsc Med*

What is the purpose of the BSSA?

- To help clinician make "next step" decision
- 4 Choices
  - **Imminent Risk**
    - **Emergency psychiatric evaluation:** Patient is at imminent risk for suicide (current suicidal thoughts "right now"). Initiate suicide safety precautions and request emergency mental health evaluation
  - **High Risk**
    - **Further evaluation of risk is necessary**
    - **Inpatient medical surgical:** Patient will require a further mental health evaluation from a mental health clinician before discharge
    - **Outpatient medical setting:** Review the safety plan and send home with a mental health referral as soon as patient can get an appointment (preferably within 72 hours).
  - **Low Risk**
    - **Not the "business of the day"**
    - **Patient might benefit from non-urgent mental health follow-up:** Review the safety plan and send home with a mental health referral.

    OR

    - **No further intervention is necessary at this time.**

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Brief Suicide Safety Assessment

Train staff (social worker, RN, NP, MD, PA, or other trained clinical professional) to administer the BSSA

Should take about 10 minutes to complete

Brief Suicide Safety Assessment

- BSSA and Worksheets available for Youth and Adults
  - Emergency Departments
  - Inpatient Medical/Surgical Unit setting
  - Outpatient settings

NIH National Institute of Mental Health

2. Gather Information : Risk and Protective Factors

- Fixed risk factors
- Modifiable risk factors
- Protective factors

*** Note: risk factors are common; suicide is not*

***Not having known risk factors does not mean someone is not at risk*

Fixed risk factors

Family history of suicide

Male gender

Lesbian, gay, bisexual, transgender, queer

History of abuse

Previous attempt

Recent adverse or stressful life events (past year)

In foster care or adopted

Personal (modifiable) risk factors

- Sleep disturbance
- Depression
- Bipolar disorder
- Intoxication
- Substance use disorder
- Psychosis
- PTSD
- Panic attacks
- Hx aggression, impulsivity, severe anger, pathologic internet use

Protective factors

Sense of responsibility to family

Life satisfaction

Social support; belongingness

Coping skills

Problem-solving skills

Strong therapeutic relationship

Reality testing ability

Religious faith

Restricted means

3. Involve the family

Involve the family to:

-assess the patient’s symptoms and safety

-determine disposition

-safety plan including lethal means restriction

-provide psychoeducation

-provide support and reassurance that you will help their child get help

Safety Plan

Safety Concern: I am having thoughts of killing myself

Triggers that make me feel unsafe (list 3): Feeling lonely, getting bullied on Instagram, fighting with mom

Coping skills to improve my state of mind (list 3): Writing in my journal, going for a walk, petting my dog

Social situations and people that distract me and decrease distress (list 2): Playing online games with my cousin, watching a movie with my best friend

People I can ask for help (list 2): Aunt Jane, my English teacher

Professional/Agencies I can contact during a crisis: 1. Multnomah County Crisis Line/503.988.4888; 2. Portland Emergency Services: 503.823.3333 or 9-1-1; 3. Go to the nearest Emergency Department

To support safety, caregiver will do to following: Say: "Research has shown that limiting access to dangerous objects saves lives. How will you secure or remove these potentially dangerous items (guns, medications, ropes, etc.)?"

1. Provide sight and sound supervision.
2. Remove any objects of harm (lock up meds in lock box)
3. Lock up ammunition separately from gun (in gun safe)

What is one thing that is most important to me and worth living for: My family

4. Determine disposition: Lethal means restriction counseling

4. Determine disposition: Lethal means restriction counseling

- Youth in homes with guns and ammunition have increased suicide rates
- When clinicians recommend that parents restrict access to guns and medications, most do.
- Counsel parents to remove firearms from the home or lock guns and ammunition in separate places
- Parents should restrict access to prescription/OTC meds and alcohol

Medication Lockboxes

http://www.lockmed.com

- Can also use a toolbox and padlock
- a padlock on a kitchen cabinet
- Do not store medications in a car, purse, on top shelf of kitchen cupboard

- If patient is referred to inpatient, patient may improve while boarding…
- …Sleep, time away from home, or therapeutic interventions may enable safe discharge
- Invite outpatient therapist or psychiatrist to visit patient in ED
- If patient isn't sleeping, a short-term sleep medication may help stabilize (ie melatonin, trazodone, low-dose mirtazapine)

Lessons from OHSU

- Help the family reach out for support: natural supports (family, religious community, friends) or support networks (NAMI, Oregon Family Support Network, Oregon Family-To-Family)
- Help the youth identify non-parent adult supports: teacher, school counselor, older family member, religious leader, sports coach etc.
- Ask yourself, “what has changed from when the patient came in?”

Lessons from OHSU

Scales, Tools and Trainings

Assessment

- **Ask Suicide-Screening Questions (ASQ) Toolkit**: Complete the ASQ. If ASQ is positive, then complete the Brief Suicide Safety Assessment (BSSA) worksheet. Suicide Prevention in Telemedicine training available through Oregon Pediatric Society.
- **Columbia-Suicide Severity Rating Scale (C-SSRS)**: The C-SSRS uses a series of simple, plain language questions. Free protocol and training. Adaptable to different cultures.
- **COVID-19 Youth Suicide Risk Screening Pathway**: The screening is for patients that are undecided or "on the fence", and it may be safer for them to not be in the ED.
- **Recommended Standard of Care for People with Suicide Risk**: Summary of Recommended Standard Care Elements by Major Care Setting, page 11.

Addendum: COVID Guidance - Screening for Suicide Risk during Telehealth Visits.

Clinical Training & Tools

- **Applying Zero Suicide in a Pediatric Care Setting**: The presenters of this recorded webinar are from hospitals, with one implementing ASQ and one implementing C-SSRS. Webinar Recording and Slides.
- **Critical Crossroads**: Pediatric Mental Health Care in the Emergency Department: This toolkit is designed to support the mission of improving emergency care for children in mental health crises. It contains references and tools that can be used by hospitals to support the creation of care pathways to improve the identification and management of children and adolescents who present to the ED in a mental health crisis.
- **ESSENCE Suicide Data Reports**: Statewide monthly suicide data reports are available via website or email subscription. Hospitals may also access their data -- for more information click HERE.
- **Preventing Suicide in Emergency Department Patients**: This 2-hour free course teaches ED providers how to conduct pediatric and adult screening, assessment, and brief interventions, such as safety planning and lethal means counseling. It also addresses patient-centered care for patients with suicide risk, patient safety during the ED visit, and incorporating suicide prevention into discharge planning.

Scales, Tools and Trainings

Regulations

- **Oregon**: HB 3090 Fact Sheet for discharge planning for patients presenting with behavioral health crisis or hospitalized for mental health treatment.
  - Emergency Department Mental Health Discharge Survey Tool
  - Inpatient Departments Mental Health Discharge Survey Tool
- **Washington**: Behavioral Health Administration laws and rules

Support for Providers

- **Healthcare Provider Mental Health and Crisis Support Resources**: This NEW website has helplines, ready-to-use tools, webinars and other resources to support healthcare providers' physical and mental health.

Thank you!

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