Nationwide Children's Hospital
Behavioral Health Webinar Series for Primary Care

Meredith Chapman, MD & Kristen Beck, MD

What Next: Tips and Tools for Busy Providers After a Positive Suicide Screen

Wednesday, April 14, 2021

12:00 – 1:00 PM

Join by Phone: 1-415-655-0001

Conference ID: 171 595 0890

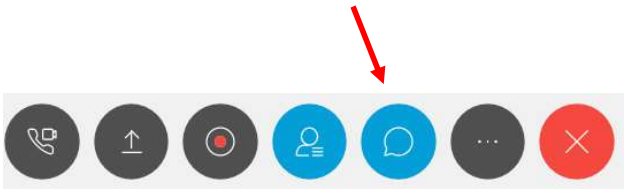
Join on WebEx: http://bit.ly/BHWebinar-14-April-2021

This session is eligible for 1.0 Category 1 CME credit upon completion of the CME Evaluation Survey.

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

A Few Reminders

- ✓ This webinar is being recorded.
- ✓ We have **muted** all participants.
- ✓ **Chat with us during the webinar!** To type a question or comment for the speaker or facilitator, enter it directly into the WebEx chat box.



Thanks for joining us today!

What Next: Tips and Tools for Busy Providers After a Positive Suicide Screen

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

Disclosures

- Kristen Beck, MD
  - Nothing to disclose

- Meredith Chapman, MD
  - Nothing to disclose

Learning Objectives

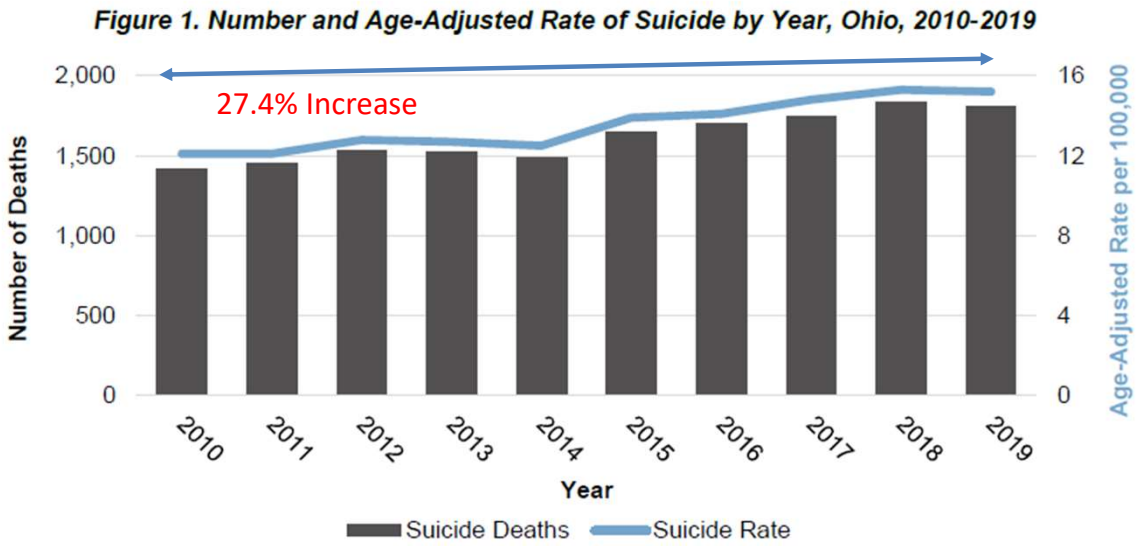
- Develop tools after a positive suicide screen incorporating clinical pearls and avoiding pitfalls
- Understand the therapeutic benefit of risk assessment and safety planning
- Prepare youth and families for mental health referral, including to a higher level of care as needed

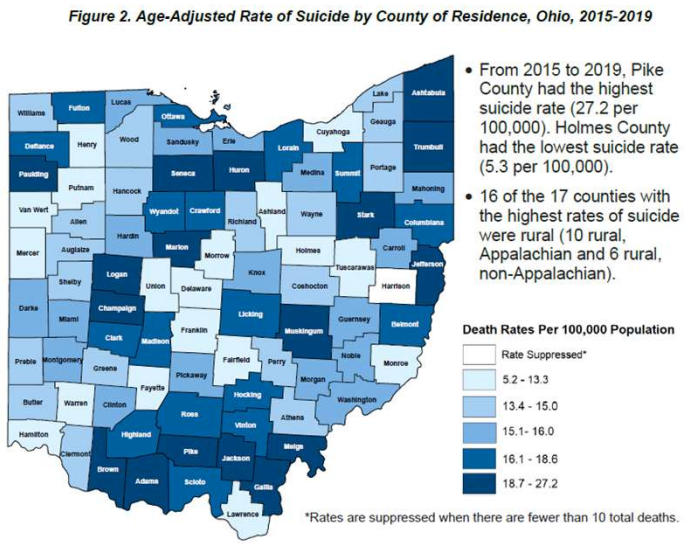
Suicide and Adolescents

- 25% of high school students report suicidal ideation (SI) during any year
- 1/13 high school students have made a suicide attempt in the past year
- Majority of youth met with a medical professional in the year before their death by suicide
- 4-fold increase in the detection of SI with screening

(CDC, 2018; Wintersteen, 2010)

Suicides in Ohio





ODH, Suicide Demographics and Trends, 2019

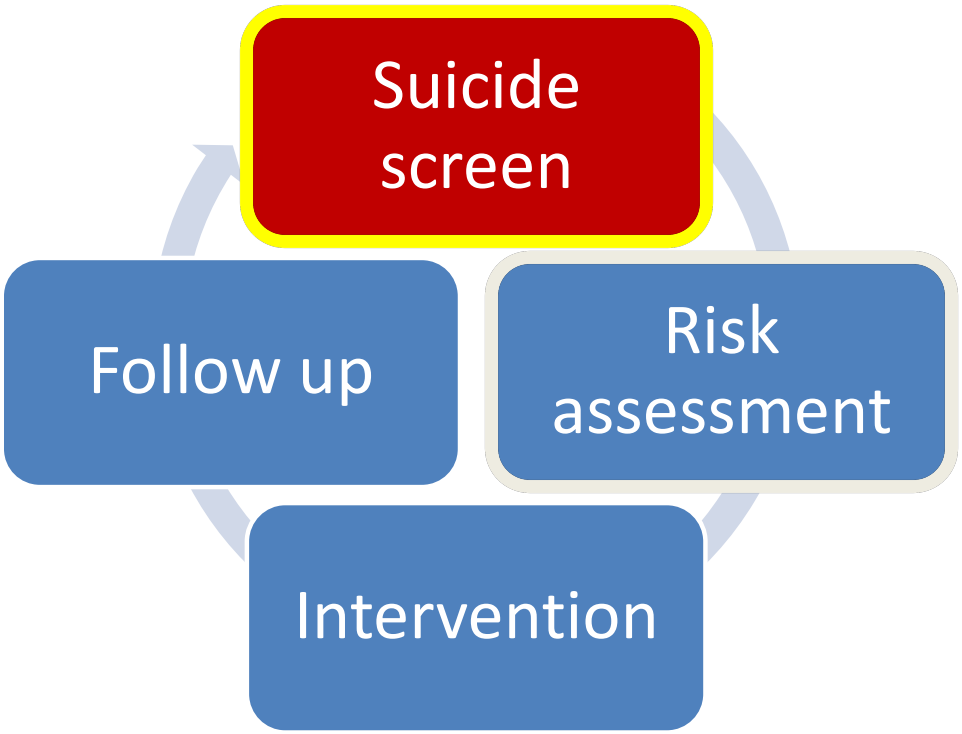
NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

Why Primary Care

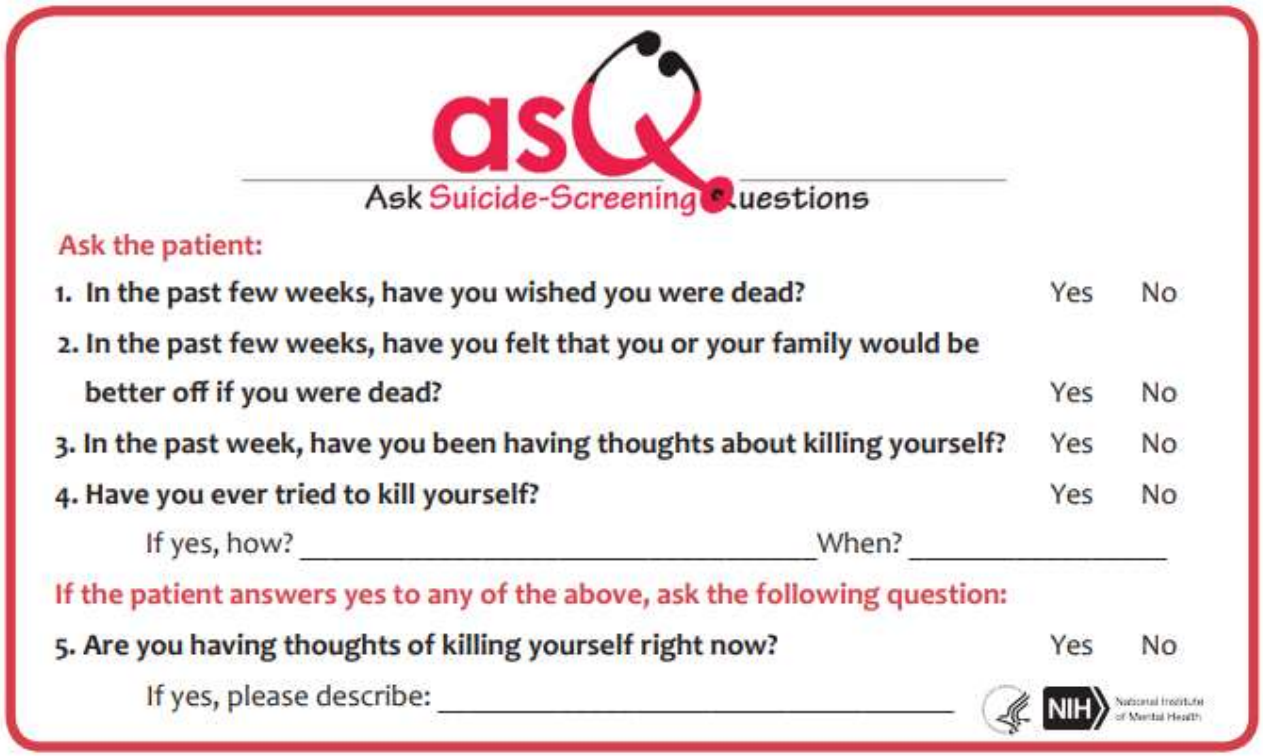
- High frequency of visits
- Larger patient volumes opportunity for greater prevention and detection
- Better adherence
  - Over 80% of children see their PCP once per year
- Comfort and trust

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

How To Manage Patients At Risk for Suicide



Ask Suicide Screening Questionnaire



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

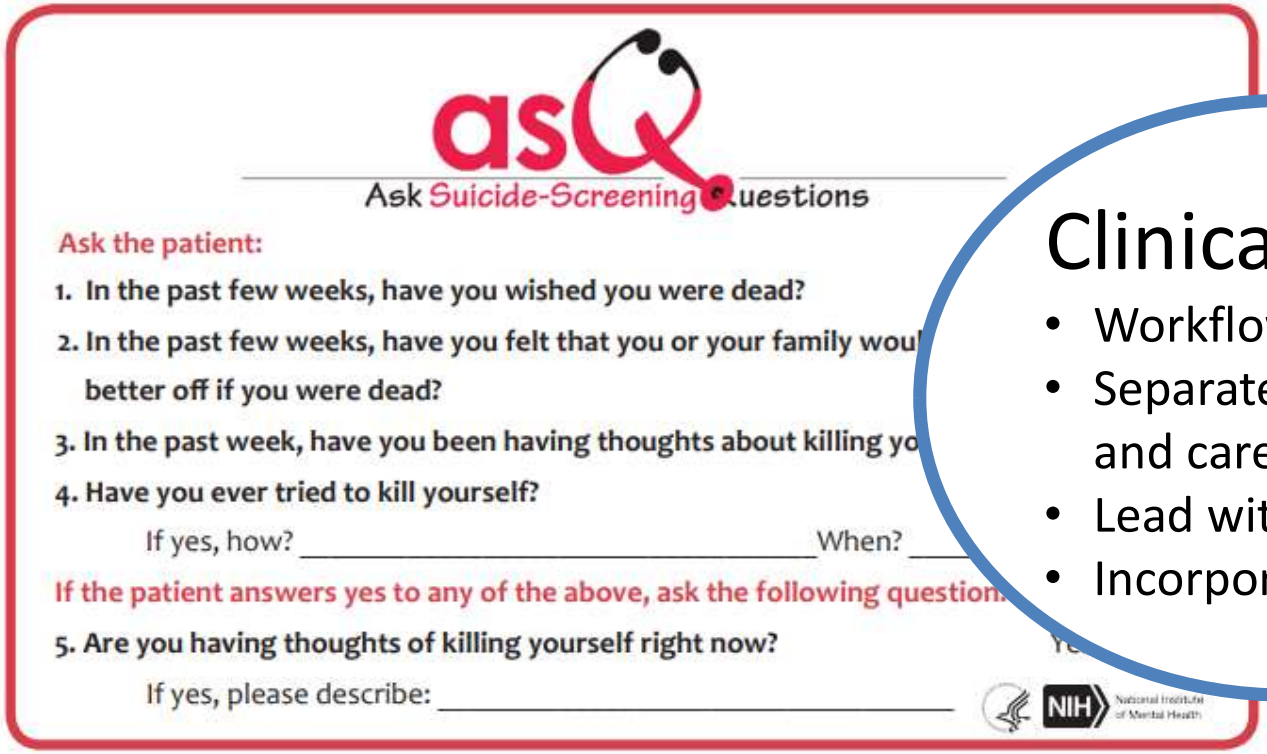
   If yes, please describe: _____

NIH National Institute of Mental Health

NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.℠

Ask Suicide Screening Questionnaire



asQ

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family wou
   better off if you were dead?
3. In the past week, have you been having thoughts about killing yo
4. Have you ever tried to kill yourself?

   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?

   If yes, please describe: _____

NIH National Institute of Mental Health

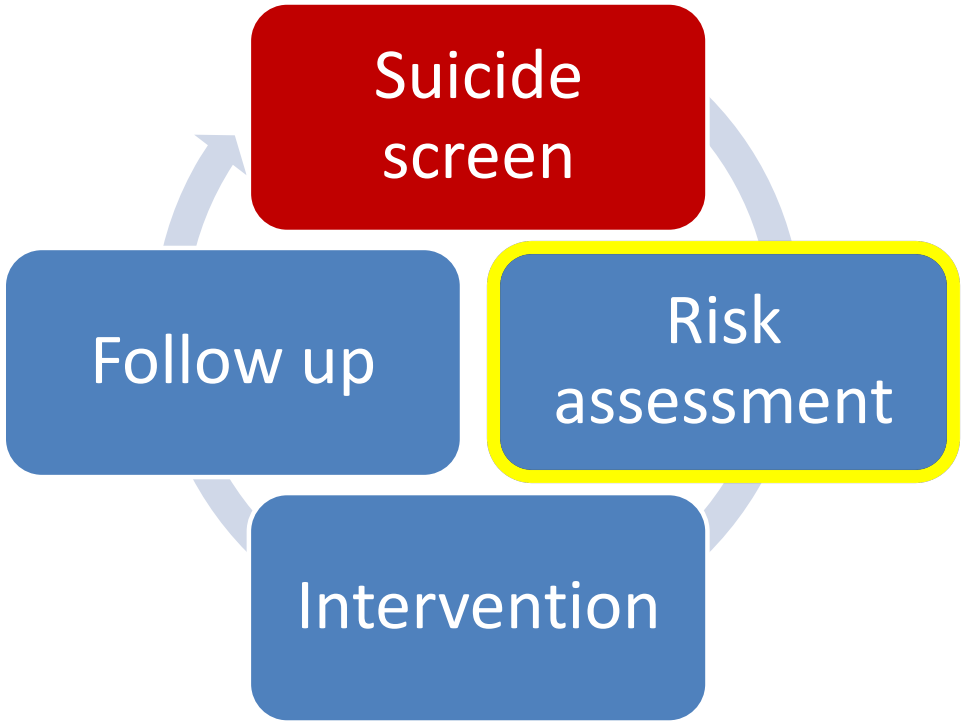
Clinical Pearls

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

NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.℠

How To Manage Patients At Risk for Suicide



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

Screening vs. Risk Assessment: What's the difference?

- Suicide Screening
  - Identify individuals at risk for suicide
  - Oral, paper/pencil, computer

- Suicide Risk Assessment
  - Comprehensive evaluation
  - Confirms risk
  - Estimates imminent risk of danger to patient
  - Guides next steps

Risk and Protective Factors

Risk Factors	Protective Factors
Prior suicide attempt(s)	Effective behavioral health care
Access to lethal means	Restrict access to lethal means
Sleep disruption	Connectedness to individuals, family, community, and social institutions
Lack of access to behavioral health care	Life skills (including problem solving skills and coping skills, ability to adapt to change)
Misuse and abuse of alcohol or other drugs	Self-esteem and a sense of purpose or meaning in life
Mental disorders, particularly depression and other mood disorders	Cultural, religious, or personal beliefs that discourage suicide
Non-suicidal self-injury	
Social isolation	
Knowing someone who died by suicide, particularly a family member	
Chronic disease and disability	

Risk Assessment

COLUMBIA-SUICIDE SEVERITY RATING SCALE
*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	**Past month**	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	**Lifetime**	
If YES, ask: ***Was this within the past 3 months?***	**Past 3 Months**	

Response Protocol to C-SSRS Screening

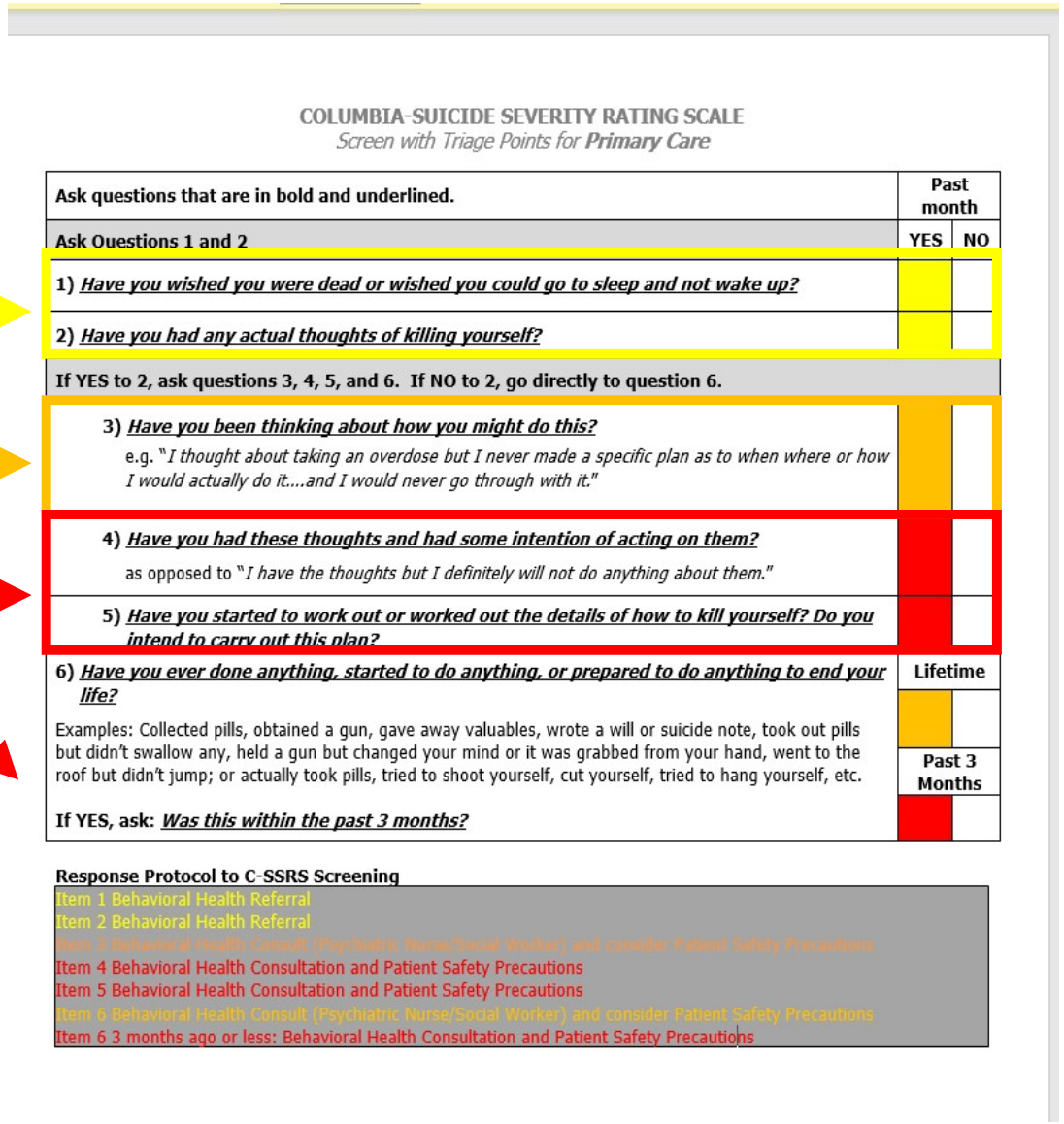
Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Risk Assessment

Ideation

Intensity

Behavior and Lethality



COLUMBIA-SUICIDE SEVERITY RATING SCALE
*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	Past month YES	NO
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you had any actual thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	**Lifetime**	
If YES, ask: *Was this within the past 3 months?*	**Past 3 Months**	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Risk Assessment

Clinical Pearls

- Workflow creation
- Incorporate EHR
- Manage expectations
- Record results

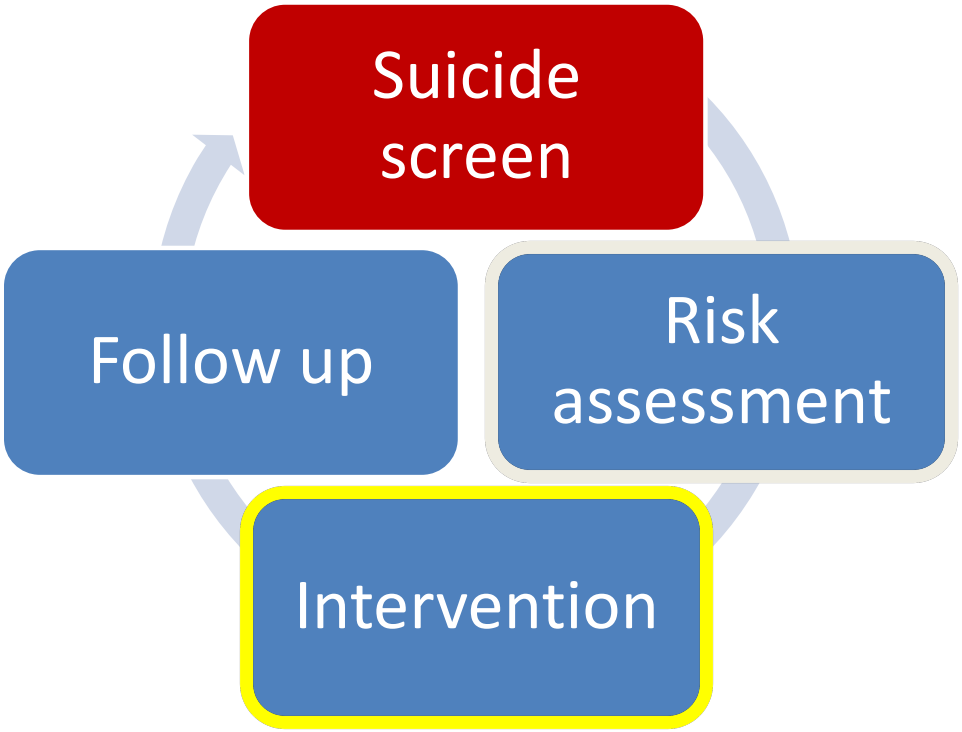
COLUMBIA-SUICIDE SEVERITY RATING SCALE
*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
Have you had these thoughts and had some intention of acting on them? …pposed to "*I have the thoughts but I definitely will not do anything about them.*"		
…you started to work out or worked out the details of how to kill yourself? Do you …d to carry out this plan?		
	Lifetime	
…ver done anything, started to do anything, or prepared to do anything to end your …ected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills …llow any, held a gun but changed your mind or it was grabbed from your hand, went to the …t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
	Past 3 Months	
…sk: ***Was this within the past 3 months?***		

…sponse Protocol to C-SSRS Screening

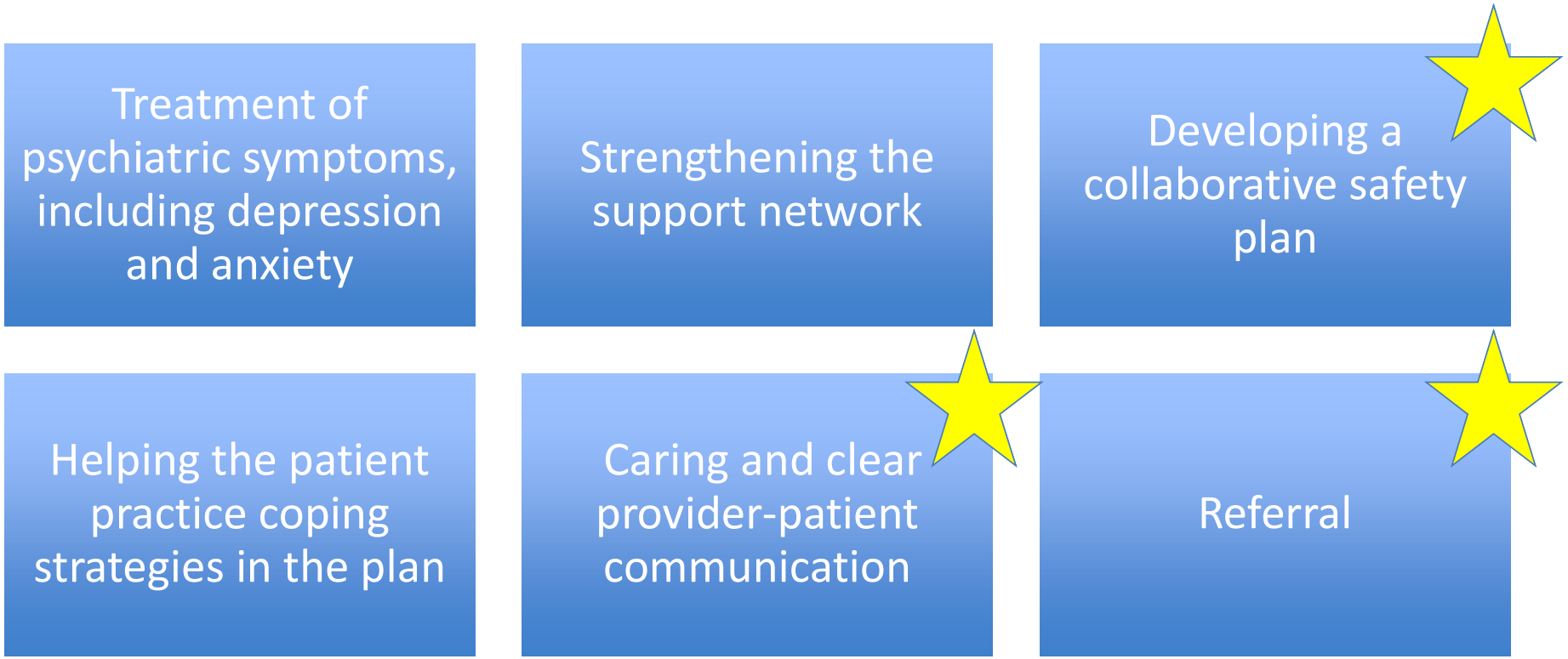
Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

How To Manage Patients At Risk for Suicide



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

Primary Care Interventions



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

Why Is Collaborative Safety Planning Important?

- Improves patient outcomes
- Considered best practice
- Improves likelihood of implementation
- Makes the plan meaningful
- Saves lives

A Living Clinical Intervention

Informs disposition

- Safety planning is part of the assessment when lethality concerns are present

Self monitoring

- Update, adapt, change based on what is working or not working

Introducing the Safety Plan

- Recognize warnings signs
- Collaborative creation of the plan
- Engage in a safe behavior
- Get distance between crisis and action

Elements of a Safety Plan

- Warning Signs
- Coping Skills
- People or Places to provide distraction
- People to Assist in Managing the Crisis
- Professional Resources
- Means Restriction/ Safety Measures
- Reasons for Living

Triggers/Warning Signs

Know WHEN you need help

- Negative Automatic Thoughts
- Physical Symptoms
- Changes in Emotions/Behaviors
- External Factors

- How do you feel in the hours or days before you first notice that you are feeling suicidal?
- What do you notice in your thoughts and feelings, or in your body?
- What are your triggers? What happens just before your start feeling of thinking this way?

Internal Coping Strategies

Know HOW to help yourself:

- Shift/Challenge negative thoughts
- Skills for emotional regulation
- Distraction
- Relaxation
- Mindfulness
- Self-Soothing
- Distress Tolerance

- What relaxes you?
- When was the last time you felt relaxed or peaceful? What were you doing?
- Are there any things that you do that help you take your mind off thinking about death and dying?

People or Places That Provide Distraction

Know HOW to help yourself (part 2):

- Go somewhere
- Do something
- Be with someone
- Schedule pleasant activities

- Where could you go or who could you call to take your mind off the crisis or off how you are feeling?
- Who helps you feel better when you socialize with them?
- Who do you spend time with that makes you feel good?

People You can Ask For Help

Know WHO to ask for help:

- Focus on quality of the relationship
- Explore how this person has helped (or not) previously
- Ensure these people know how they are to help in crisis

Reasons for Living

Know WHY you are finding help and bring reasons for living into consciousness:

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

Professional Resources

National Suicide Prevention Lifeline

(1-800-273-TALK (8255)

- Spanish Lifeline (1-888-628-9454)
- Deaf/Hearing Impaired (1-800-799-4889)

- Crisis Text Line (741-741)
  - Text 4HOPE
- Trevor Project (LGBTQ Youth)
  - https://www.thetrevorproject.org/

- Franklin County Youth Psychiatric Crisis Line (614-722-1800)
- North Central Mental Health Services Hotline: 614-294-3300
- Netcare Access (over 18): 614-276-2273

Environmental Safety

Reducing access to:

- Firearms
- Medications/Ingestibles
- Sharp objects
- Implements used for strangulation

Develop systems of safety communication

- Code words
- Check ins

Means Matter

- Intent isn't all that determines whether someone who attempts suicide lives or dies; means also matter
- Many suicide attempts occur with little planning during a short-term crisis
- 90% of attempters who survive do NOT go on to die by suicide later
- Access to firearms is a risk factor for suicide
- Firearms used in youth suicide usually belong to a parent
- Reducing access to lethal means saves lives

https://www.hsph.harvard.edu/means-matter/

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_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
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. _____

Clinical Pearls

- Intervention
- Informs assessment and disposition
- Collaborative
- Iterative

Checking In

- Assess- likelihood the plan will be used (consider scaling)
  - Identify barriers or obstacles
- Discuss- where and how the plan will be kept and located in a crisis
- Evaluate-is the plan feasible?
- Review- update the plan when needs or circumstances change

Remember:

Safety Plan is only on part of comprehensive suicide care plan

When barriers are not able to be addressed- consider the validity of the Safety Plan

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

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

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

now matters now

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

There's an App for That

Safety Planning

- Mood Tools + thought diary, behavioral activation, PHQ-9
- Stanley-Brown Safety Plan
- Suicide Safety Plan
- MY3

General

- Virtual Hope Box- coping, relaxation, distraction and positive thinking
- Smiling Mind-meditations for all ages
- Insight Timer- meditations for sleep and anxiety
- CBT i-coach- Insomnia specific
- Stop, Breathe, & Think Kids- mindfulness and meditation for kids
- Breathe2Relax-stress management through diaphragmatic breathing
- MindShift CBT- self-help anxiety relief

Primary Care Communication Tips

- Thank you for sharing your suicidal thoughts
- I won't be asking for the details now, but they are important
- Suicidal thoughts are not unusual, and they are a good indication of how bad things are
- It is hard to think clearly when our brains are overwhelmed with emotions – and others don't always understand this
- Some people in distress think about suicide because their brain wants a way out of the intense pain
- It would really help me out if you removed the gun from your home, at least temporarily
- What you do with the suicidal thought makes all the difference: Acknowledge them, but direct your attention away from them by focusing your attention on something else

Referral

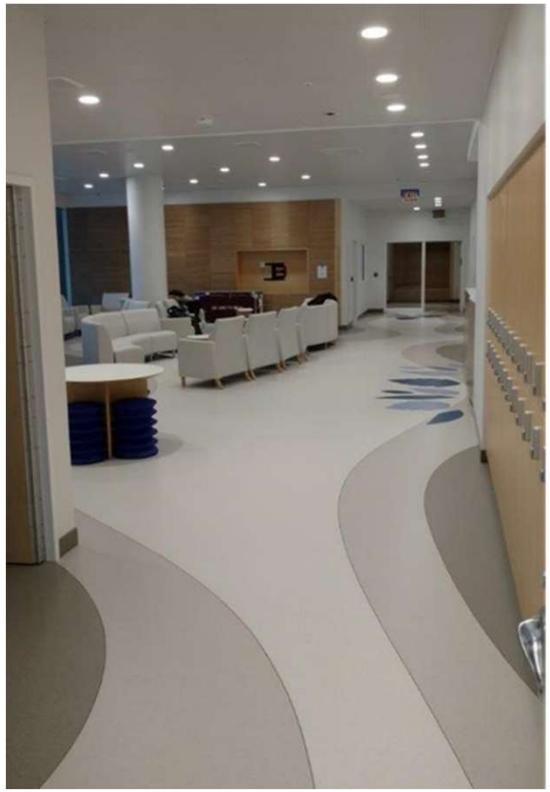
Risk Level	Suicidality	Risk-Protective Factors	Referral
Immediate	Potentially lethal SA; persistent ideation with plan and intent; preparatory acts	Risk>>Protective Severe psych symptoms; acute precipitating event; access to lethal means; poor social support; impaired judgment	911 Local ED NCH Psychiatric Crisis Department (PCD) Psychiatric Admission
Intermediate	SI +/- plan, no intent or behavior; +/-previous suicidal behavior	Risk≥ Protective	PHP or IOP Psychiatric Admission Outpatient care
Non-acute	Thoughts of death; no plan, intent, or behavior	Protective> Risk Coping skills; distress tolerance; religious beliefs; responsibility to others/ pets; + therapy relationship; social supports	Outpatient care

Psychiatric Crisis Department

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

Who Staffs the PCD

- Psychiatry
- Peds EM
- Peds
- MH clinicians
- Nurses (ED and psychiatric)
- MH specialists
- Patient care assistants
- Trainees



Upon Arriving

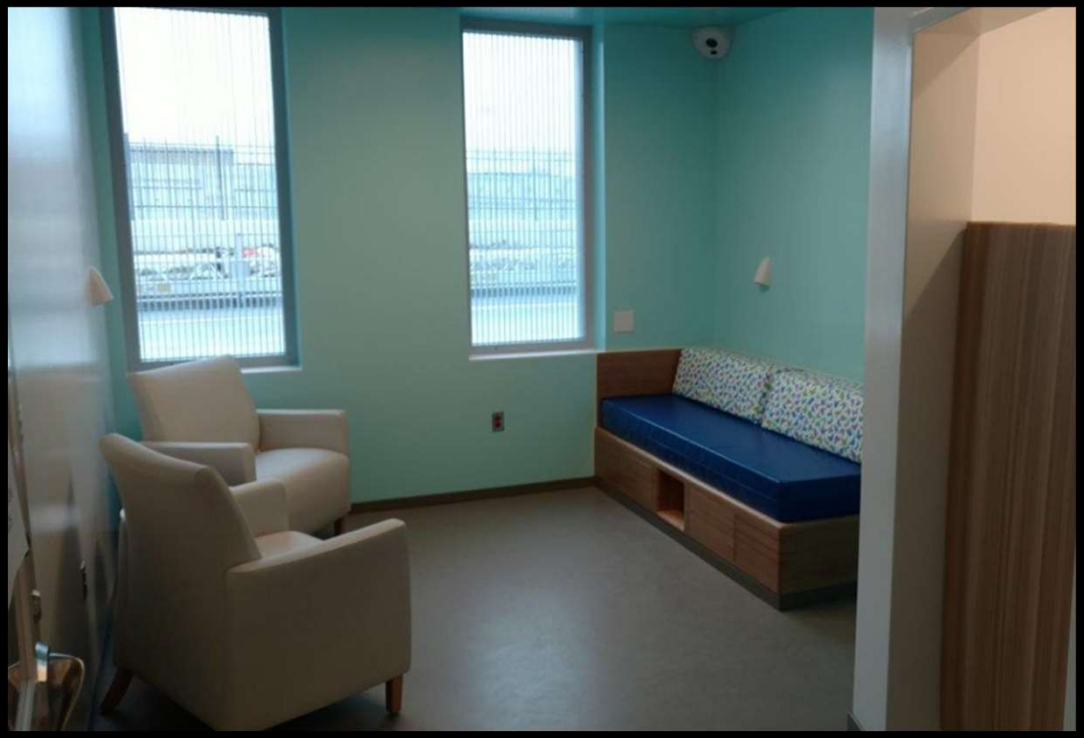
- Families are greeted by security
- Go through a magnetometer
- Enter the PCD through a double door entrance or “sally port.” The only way to leave the secured area is with staff assistance.
- Visitors are limited
- Staff assistance is available from the Yellow Garage

What Families Can Expect

- Mental health assessment to help determine next steps in treatment plan
  - What brings you here today
  - What do you hope to accomplish
  - MH treatment history
  - Behavior assessment
  - Emphasis on safety and lethality

EOS

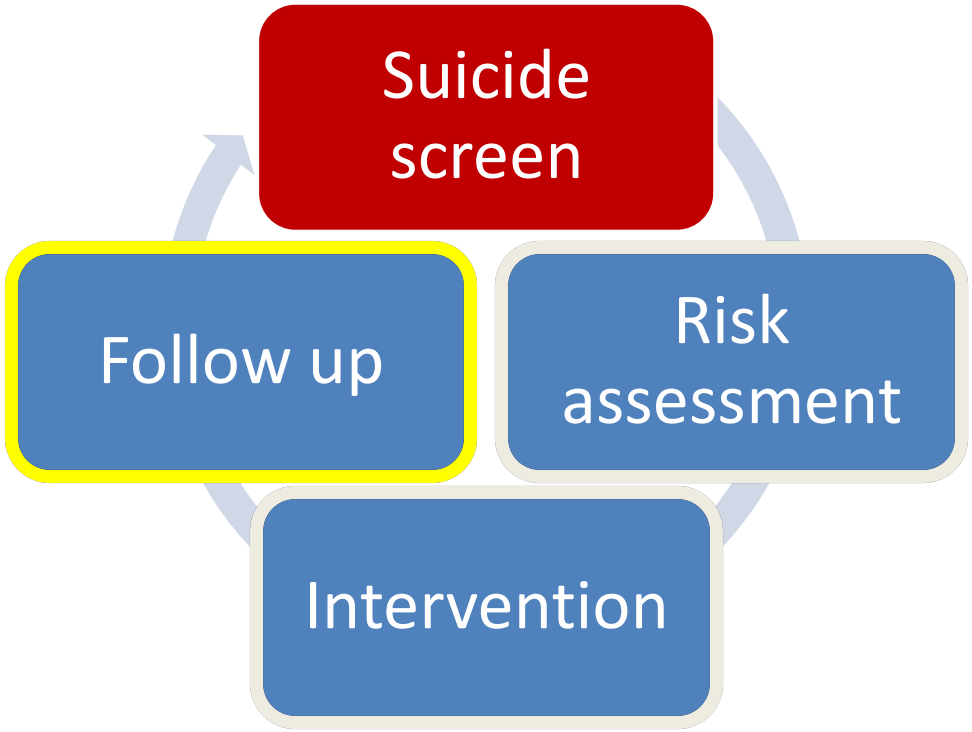
- Extended Observation Suite
  - 10 multipurpose bed hallway
  - 2 negative pressure rooms
  - Crisis intervention



Referral Information

- In office
  - Contact Acute Crisis Response Partner and Provider Line 614-938-7526
- From home
  - Families do not need to call ahead to come to the PCD but should call 911 if they have concerns about serious injury to their child or others

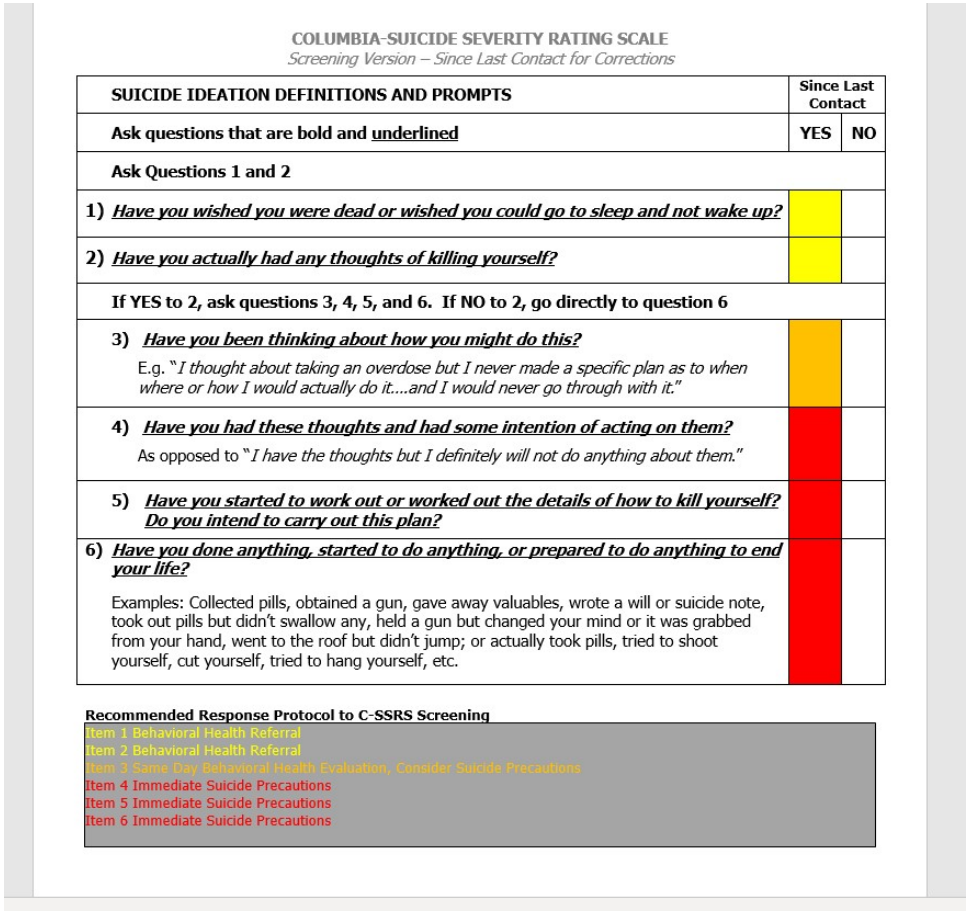
How To Manage Patients At Risk for Suicide



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

Follow-up Primary Care Visit

- Review safety plan
- Any new ideation since the last visit (Columbia has follow up screen for primary care)
- Rescreen with ASQ in 30 days
- Bridging care for those waiting for behavioral health providers



COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version – Since Last Contact for Corrections

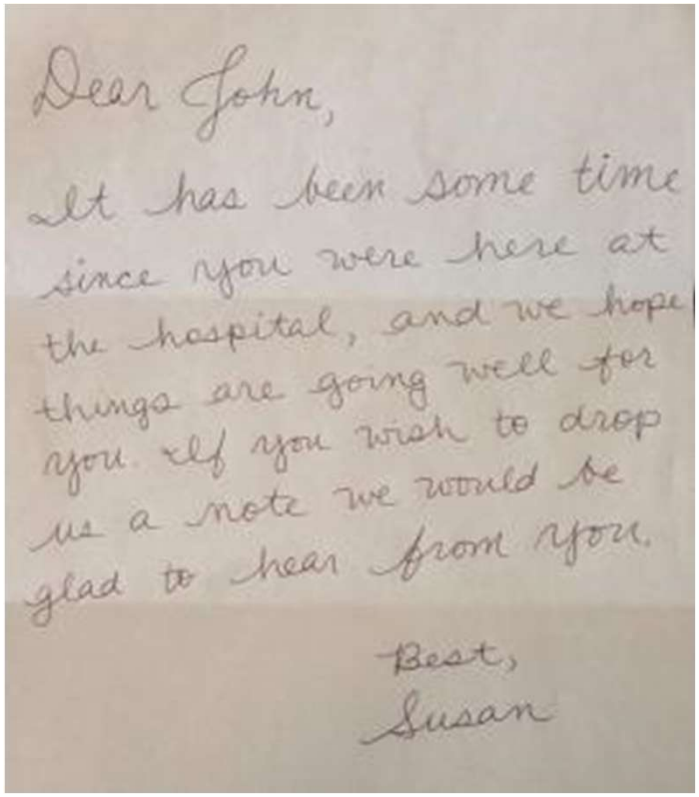
SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Contact	
Ask questions that are bold and underlined	YES	NO
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) *Have you been thinking about how you might do this?* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) *Have you done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

Recommended Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Same Day Behavioral Health Evaluation, Consider Suicide Precautions
Item 4 Immediate Suicide Precautions
Item 5 Immediate Suicide Precautions
Item 6 Immediate Suicide Precautions

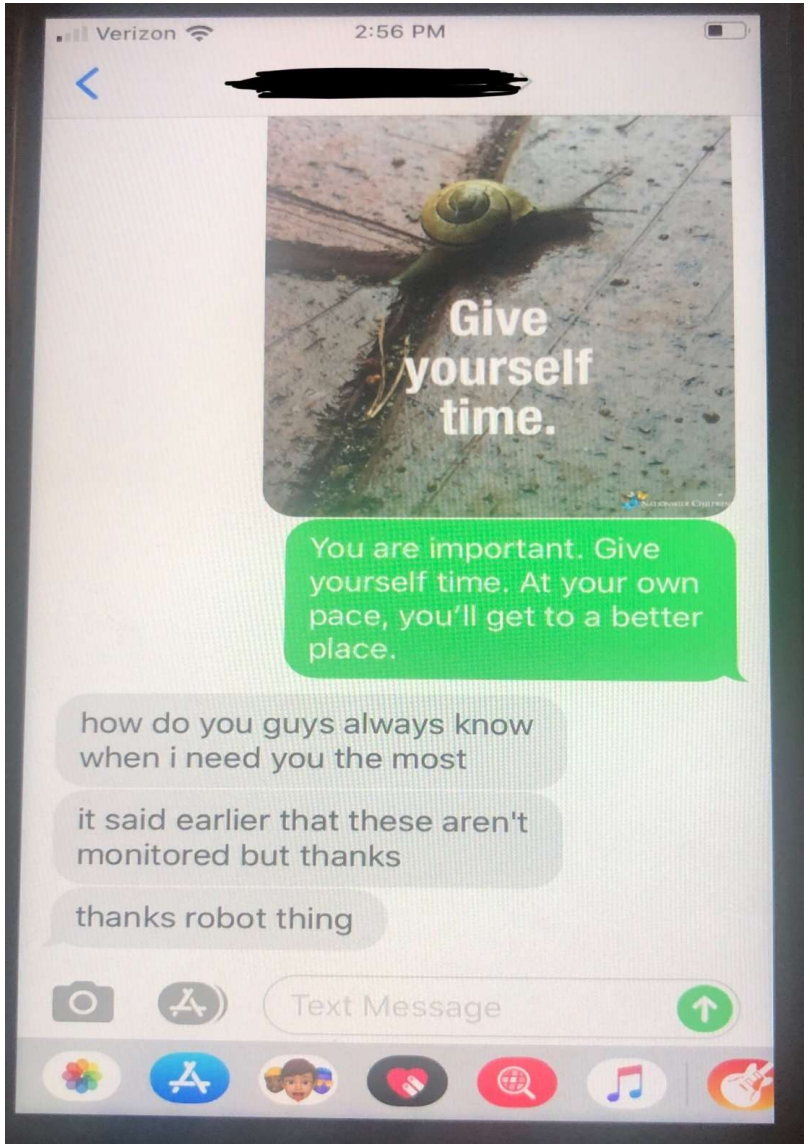
Follow-up with Caring Contacts

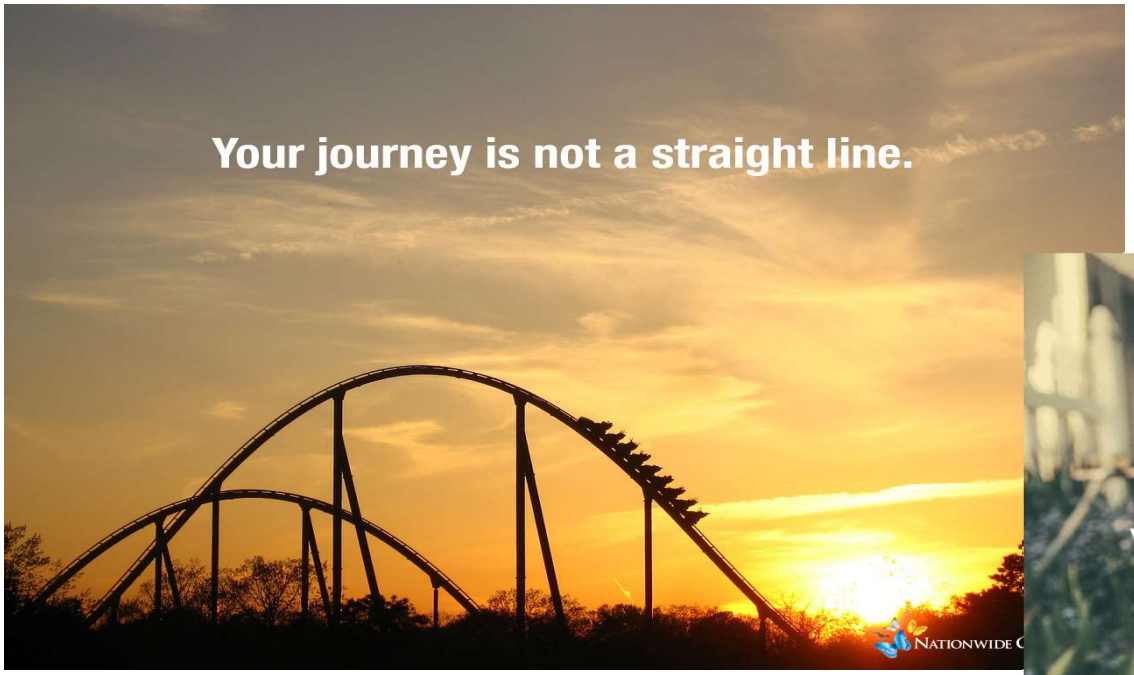
- Inspired by letters that Dr. Jerome Motto received while he was serving in the U.S. Army
- A low effort non-demand intervention consisting of contacting a patient via validating postcards, letters, or text messages
- A reminder to someone transitioning from acute care that others care about them and there are always resources to navigate a crisis


Dear John,
It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you.
Best,
Susan

THEN

NOW


Verizon
2:56 PM
[redacted]
Give yourself time.
You are important. Give yourself time. At your own pace, you'll get to a better place.
how do you guys always know when i need you the most
it said earlier that these aren't monitored but thanks
thanks robot thing
Text Message



No one's journey is a straight line. Your journey has a purpose.

These text messages cannot be replied to. If you are in crisis or are thinking about hurting yourself, please refer to your safety plan or call Franklin County Youth Psychiatric Crisis Line at 614-722-1800 or text 4HOPE at 741741. For emergencies dial 911.

You can totally do this. Give yourself credit for how far you've come.

Follow-up Documentation

- Develop registry to keep track of patients
- Flag the records of patients at risk for suicide similar to allergies or certain chronic diseases

Trainings and Resources

- ASQ NIMH » Ask Suicide-Screening Questions (ASQ) Toolkit (nih.gov)
- Columbia Suicide Severity Rating Scale https://cssrs.columbia.edu/
- Safety Plan template https://www.sprc.org/sites/default/files/resource-program/Brown_StanleySafetyPlanTemplate.pdf
- Counseling on Access to Lethal Means (CALM) http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Questions

Thanks for joining us!

CME Credit

If you would like to receive CME credit for attending today's presentation, please complete the following survey by:

Wednesday, April 21, 2021

https://www.surveymonkey.com/BHWebinar-14April2021

Please note: We are unable to provide CME credit past this deadline.

Visit our website for more information!

https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/webinar-series

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