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

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


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

Meredith Chapman, MD & Kristen Beck, MD
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
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
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
How To Manage Patients At Risk for Suicide

- Suicide screen
- Risk assessment
- Intervention
- Follow up
Ask Suicide Screening Questionnaire

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? ____________________________
5. Are you having thoughts of killing yourself right now?  
   Yes  No
   If yes, please describe: ____________________________
Ask Suicide Screening Questionnaire

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 would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
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: ______________________

Clinical Pearls
- Workflow creation
- Separate patient and caregiver
- Lead with suicide
- Incorporate EHR
How To Manage Patients At Risk for Suicide

Suicide screen

Follow up

Risk assessment

Intervention

Nationwide Children's Hospital
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

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

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<th>Answer</th>
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Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consultation and 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 Consultation (Psychiatric Nurse/Social Worker) and consult Patient Safety Precautions
- Item 6 3 months ago or less; Behavioral Health Consultation and Patient Safety Precautions
## Risk Assessment

### Ideation

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### Intensity

### Behavior and Lethality

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Risk Assessment

Clinical Pearls

- Workflow creation
- Incorporate EHR
- Manage expectations
- Record results
How To Manage Patients At Risk for Suicide

1. Suicide screen
2. Risk assessment
3. Intervention
4. Follow up
Primary Care Interventions

- Treatment of psychiatric symptoms, including depression and anxiety
- Strengthening the support network
- Developing a collaborative safety plan
- Helping the patient practice coping strategies in the plan
- Caring and clear provider-patient communication
- Referral
Why Is Collaborative Safety Planning Important?

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

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

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

Informs disposition

Self monitoring
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 part of comprehensive suicide care plan.

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

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

- Suicide screen
- Follow up
- Risk assessment
- Intervention

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

<table>
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<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS</th>
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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.” |
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As opposed to “I have the thoughts but I definitely will not do anything about them.” |
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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 Solicit
- Item 2 Behavioral Health Solicit
- Item 3 Immediate 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

---

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
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
- 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

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Wednesday, April 21, 2021

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

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