Suicidal Adolescents and Their Families

HOW TO HELP IN THE CHILDREN'S HOSPITAL

Objectives of This Discussion

- **Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.**
  - Especially children of veterans, and persons who are LGBTQ, as well as others identified at higher risk
- **Promote suicide prevention as a core component of health care services.**
  - Promote inclusion of suicide risk screening and assessment questions in electronic health records
- **Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk**
  - Assess and manage risk of self-harm in the children's hospital

Objectives of this Discussion (cont'd)

- **Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery**
  - Assess and mitigate risk factors (e.g. family in crisis, lack of mental health care access)
  - Assess and support protective factors (e.g. family support, friends, religious affiliation)

- **Provide care and support to individuals affected by suicide to promote healing and implement community strategies to help prevent further suicides.**
  - Provide health care providers, first responders, and others with care and support when a patient under their care attempts or dies by suicide.

Statistics on Suicides and Suicide Attempts in Minors

- As of 2017, suicide is the 10th leading cause of the death in the United States
- In children and adolescents, it is now the 2nd leading cause of death
- Approximately 157,000 youth are treated in emergency rooms annually for self-inflicted injuries
- 8% of American high school students report a suicide attempt in the previous year
- Between 2007 and 2017, suicide rates in 10-24 year olds increased by 56%
- **Suicide rates for children 10-14 years old increased by 300% in the same period**

Motivations for Suicide Attempts in Children and Adolescents

- Among younger children, suicide attempts are often impulsive.
  - They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity.
- Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss.
  - For some teens, suicide may appear to be a solution to their problems.

Methods and Gender Differences in Suicide Attempts

- Overdoses and cutting are common methods of attempting suicide.
- Firearms and asphyxiation are the most common **lethal** methods of suicide.
- Female are twice as likely to attempt suicide as males, but males are four times as likely to die when they do attempt.
  - These statistics are starting to merge, as females have begun using increasingly lethal methods to attempt suicide.

Who is Most At Risk?

- **LGBTQIA+ youth**
  - Dealing with uncertainty about themselves as well as stigma from others
  - 2-6 times higher risk of self harm or suicidal behaviors
- **Children with chronic medical issues**
  - They often become hopeless about their quality of life and ability to be 'normal'
- **Children from abusive or chaotic homes**
  - Children in foster care

Who is Most At Risk? (cont'd)

- **Youth with a known mental health history**
  - Depressive disorders are consistently the most prevalent disorders among adolescent suicide victims, ranging from 49% to 64%
  - In younger children affective disorders are less common, but impulse control disorders can increase risk
- **Children of veterans**
  - They often have easier access to firearms

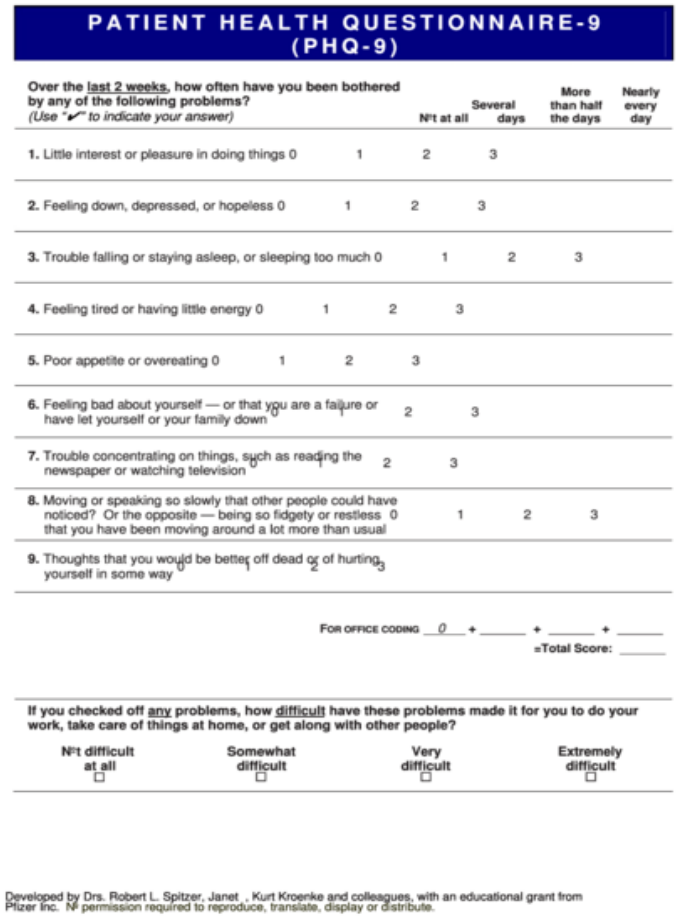
How Can Hospital Staff Help?

- Minors are brought to the hospital or ER for many reasons
  - Sometimes the stated reason is not the 'real' reason

- Basic screening for mental health issues is critical for all patients and can be done by anyone
  - "Have you felt really down or depressed a lot lately?"
  - "Have you been feeling overwhelmed or stressed out?"

- If any answers are yes, further assessment is warranted
  - The PHQ-9 is a 9 item depression questionaire which includes questions about suicidal thoughts. It can be completed in 2 minutes.
  - Social workers can administer the assessment, but the physician needs to be notified of the results

PHQ-9 Form



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, 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
☐	☐	☐	☐

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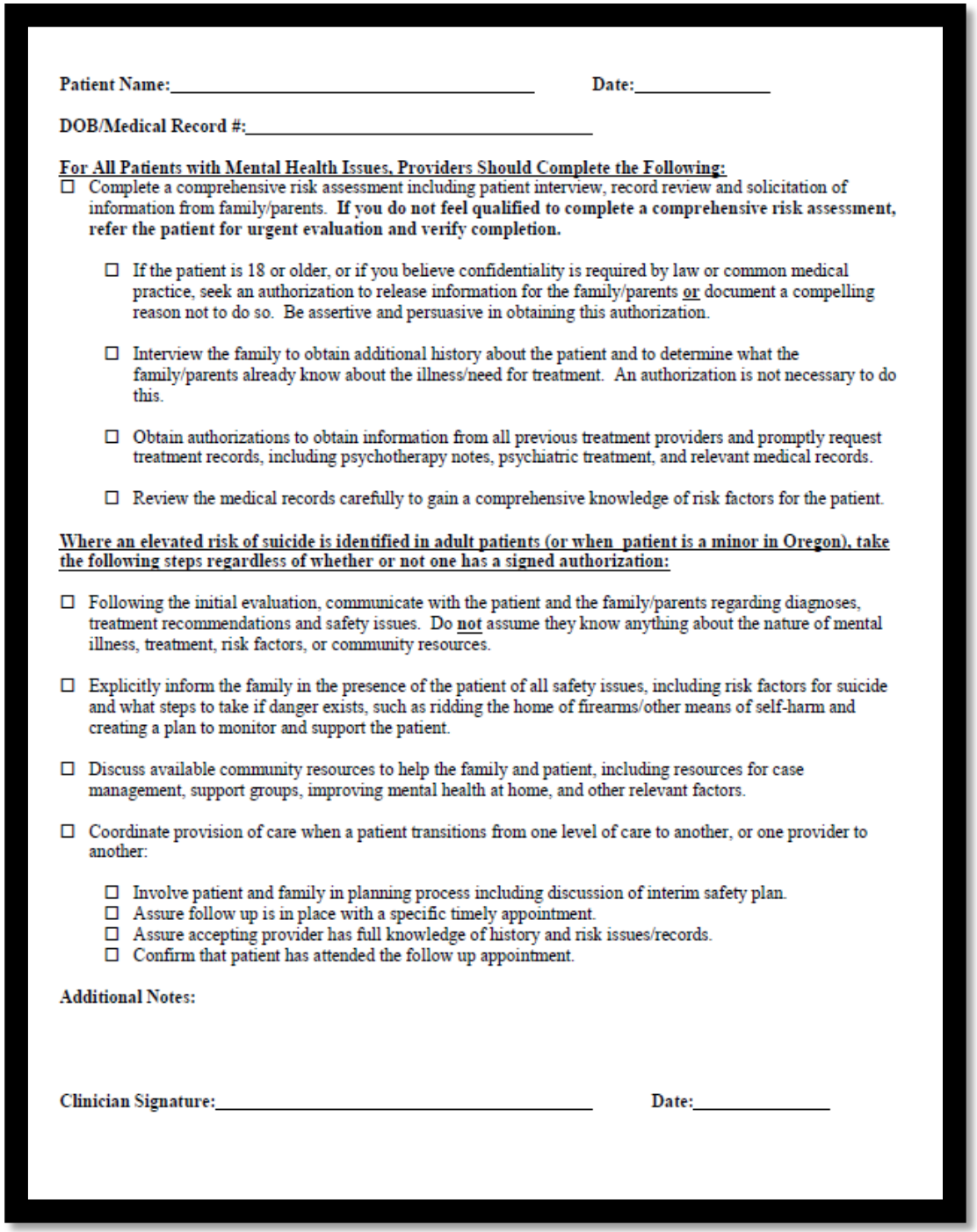
PHQ-9 Scoring

Interpretation of Total Score and Treatment Suggestions

Score	Range	Treatment
0-4	Normal	No action
5-9*	Mild	Watchful Waiting; Consider scheduling a follow-up visit in a few weeks, patient education, or discuss counseling as an option
10-14	Mild-Moderate	Patient education, counseling or active treatment
15-19	Moderate	Active Treatment for most
20+	Severe	Combination treatments and/or referral to behavioral health



Patient Name:_____ Date:_____

DOB/Medical Record #:_____

For All Patients with Mental Health Issues, Providers Should Complete the Following:

- ☐ Complete a comprehensive risk assessment including patient interview, record review and solicitation of information from family/parents. **If you do not feel qualified to complete a comprehensive risk assessment, refer the patient for urgent evaluation and verify completion.**
  - ☐ If the patient is 18 or older, or if you believe confidentiality is required by law or common medical practice, seek an authorization to release information for the family/parents or document a compelling reason not to do so. Be assertive and persuasive in obtaining this authorization.
  - ☐ Interview the family to obtain additional history about the patient and to determine what the family/parents already know about the illness/need for treatment. An authorization is not necessary to do this.
  - ☐ Obtain authorizations to obtain information from all previous treatment providers and promptly request treatment records, including psychotherapy notes, psychiatric treatment, and relevant medical records.
  - ☐ Review the medical records carefully to gain a comprehensive knowledge of risk factors for the patient.

Where an elevated risk of suicide is identified in adult patients (or when patient is a minor in Oregon), take the following steps regardless of whether or not one has a signed authorization:

- ☐ Following the initial evaluation, communicate with the patient and the family/parents regarding diagnoses, treatment recommendations and safety issues. Do not assume they know anything about the nature of mental illness, treatment, risk factors, or community resources.
- ☐ Explicitly inform the family in the presence of the patient of all safety issues, including risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the patient.
- ☐ Discuss available community resources to help the family and patient, including resources for case management, support groups, improving mental health at home, and other relevant factors.
- ☐ Coordinate provision of care when a patient transitions from one level of care to another, or one provider to another:
  - ☐ Involve patient and family in planning process including discussion of interim safety plan.
  - ☐ Assure follow up is in place with a specific timely appointment.
  - ☐ Assure accepting provider has full knowledge of history and risk issues/records.
  - ☐ Confirm that patient has attended the follow up appointment.

Additional Notes:

Clinician Signature:_____ Date:_____

Checklist for Hospitals for Patients at Risk

Offers method for treatment team to coordinate with other providers and each other

In the Emergency Room

- *There are two main strategies to keep patients with serious suicide ideation safe in emergency departments:*

- *1) Place the patient in a "safe room" that is ligature-resistant or that can be made ligature-resistant by having a system that allows fixed equipment that could serve as a ligature point to be excluded from the patient care area (for example, a locking cabinet)*

- *2) keep the suicidal patient in the main area of the emergency department, initiate continuous 1:1 monitoring, and remove all objects that pose a risk for self-harm that can be easily removed without adversely affecting the ability to deliver medical care.*

In the Hospital

- Acute care children's hospitals do NOT have to resemble inpatient psychiatric hospitals to care for minors at risk of suicide
- The Joint Commission has recommendations for general hospitals who are caring for youth at risk for suicide or self harm

So What, Exactly, Constitutes Safety?

- Ligature risk is a primary concern in the acute hospital setting.
  - *The panel adopted this definition of ligature resistant: "Without points where a cord, rope, bedsheet, or other fabric/material can be looped or tied to create a sustainable point of attachment that may result in self-harm or loss of life."*
- Doors, door knobs, and even fixtures close to the floor could be used for hanging.
  - It is impossible for a general hospital to make itself truly 'ligature resistant'.
- To be clear: PRACTICALLY ANYTHING CAN BE USED TO SELF-HARM
- The best option is to have a plan and procedures in place for patients at risk of self harm.

Joint Commission Recommendations

- Training staff and testing them for competency on how they would address the situation of a patient with serious suicidal ideation
- 1:1 monitoring (either in person or with continuous video monitoring) of patients with serious suicidal ideation
- Conducting risk assessments for objects that pose a risk for self-harm
- Removing any items that a suicidal patient could use for self-harm
- Monitoring of visitors
- Monitoring of bathroom use for a patient with serious suicidal ideation
- Implementing protocols to have qualified staff accompany patients with serious suicidal ideation from one area of the hospital to another

Imminent Risk vs. Chronic Risk

- Previous slides discussed those groups of youth at highest risk for suicide attempts.
- However simply being a member of such groups does not presuppose suicidality.
- Patients with greatest safety concerns are those who are at 'imminent risk' of suicide, even while hospitalized.

Imminent Risk

- Serious suicide attempt immediately prior to admission
- Statements of intention to harm self while in hospital
- Plan for self-harm that is actionable in hospital
- Recent severely distressing loss, disappointment or threat
- History of suicide among friends or family
- Active substance abuse problem

Imminent Risk (cont'd)

- Extreme psychological anguish or distress
- Intense self-hatred
- Hopelessness
- Agitation or "perturbation"
- Psychosis, especially delusional guilt
- A wish for death

Mitigating Risk Factors

- For those with significant imminent risk of suicide, 1:1 observation and removal of high-risk items from hospital rooms is VERY important
- Patient will need emergent psychiatric assessment for possible psychiatric inpatient admission.
- For those youth without imminent risk but who have elevated scores on the PHQ-9 and are part of an at-risk group, it's important to assess their protective factors as well as their risk.
  - Effective utilization of protective factors will result in less suicide risk.

Protective Factors Against Suicide

- A strong sense of responsibility to family or pets
- The following sources of support:
  - Friends, relatives, co-workers
  - Belonging to a faith-based community
  - Positive therapeutic relationship with a professional
- A sense of hope and future-orientation
- Ability to articulate reasons for living

Documentation of Risk Assessment

- DO NOT document: "Patient contracted for safety."

- *Instead*, document:
  - Protective factors and factors mitigating risk
  - Specific indicators that the patient is not at risk for imminent self-harm
  - Patient's plan to remain safe
  - Future orientation/reasons for living
  - Patient quotes when possible
  - How the patient has changed/improved during treatment

Interventions for Families and Youth

- Encourage use of outpatient mental health services
  - Have a list of local providers on hand to give to families
  - If possible have social worker or other staff member arrange appointment before discharge
- Ask about firearms in the house. If there are any, encourage the family to remove them.
  - **Firearms are involved in 51% of completed suicides**
- Assess and encourage family bonding and support
  - Many families are unaware of the extent of their child's mental pain
  - Basic education on depression, including Facts for Families from AACAP website, can help families start to understand
- A staff member should be assigned to call the family 2 days after discharge to ensure that appointments and medications are utilized as planned.

What Can You Do When a Patient Dies By Suicide?

- Suicide while a person is in the hospital is relatively rare
  - About 1400 total nationwide since 1995
- However the effects on medical staff can be devastating.
  - Having a procedure in place in case of such outcomes is important so that the event can be processed and people receive help if needed.
  - Most suicides while inpatient are found to be the result of lack of screening.
- The Joint Commission describes patient suicides while hospitalized as reviewable "Sentinel Events"
  - Reporting is not mandatory but encouraged

Conclusions

- Caring for adolescents who are suicidal or who have attempted suicide can be emotionally draining for staff.
- Having well-documented screening and safety measures in place can mitigate some of the uncertainty.
- Don't be afraid to ask about suicidal thoughts. This will NOT trigger them.
- Universal screening for depression is vital as many adolescents will not discuss their feelings unprompted.
- Ask for help. The social worker or on-call psychiatrist can give advice on how to approach individual patients.
- Ask about protective factors as well as risk factors, and make those protective factors work for your patient and their family.
- Take care of yourself!

"The estimation of suicide risk, at the culmination of suicide assessment, is the quintessential clinical judgment, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior."

- American Psychiatric Association 2003

"If someone listens, or stretches out a hand, or whispers a word of encouragement, or attempts to understand a lonely person, extraordinary things begin to happen." **– *Loretta Girzartis***

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