Youth Suicide: Improving Identification, Prevention and Care

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Objectives

1. Why we should focus on injury prevention and suicide?

2. Appreciate the prevalence of suicide amongst youth in the US and specifically in CT

3. Recognize the symptoms and risk factors for suicide through use of evidence based screening

4. Understand how to provide lethal means counseling in order to reduce suicide risk
“Injury causes more deaths than non-communicable diseases and infectious diseases combined”
Background

“Why?”
2000-2015
(n=652-3308)
2000-2015
(n=652-3308)

HIGH RISK
Is it just us?
Methods

- Retrospective data from PHIS
- Birth – 17 years
- 5 years (2009-2014)
- 44 U.S. Children’s Hospitals
Results

13 million visits evaluated

>150,000 Visits with Psychiatric Diagnosis
Conclusions

• Significant increase in PED psychiatric volumes

• Consume vast resources in already busy PEDs

• Most providers receive relatively limited amount of formal mental health training

• Research and quality improvements need to be a priority
But where do we start?

“What’s the most emergent problem?”
Suicide

• > 47,000 Americans (1 death every 11 minutes)

• > 575,000 people are treated in U.S. ED’s for self-inflicted injuries

• >1.4 million attempt suicide

• $69 billion estimated cost

• 5723 young people (age 15-24) die by suicide each year at a rate of one suicide every 2 hours
### 10 Leading Causes of Death by Age Group, United States - 2014

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Unintentional Injury</th>
<th>Unintentional Injury</th>
<th>Unintentional Injury</th>
<th>Unintentional Injury</th>
<th>Unintentional Injury</th>
<th>Malignant Neoplasms</th>
<th>Malignant Neoplasms</th>
<th>Malignant Neoplasms</th>
<th>Heart Disease</th>
<th>Heart Disease</th>
<th>Heart Disease</th>
<th>Heart Disease</th>
<th>Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>Congenital Anomalies 4,146</td>
<td>1.216</td>
<td>Unintentional Injury 730</td>
<td>Unintentional Injury 11,835</td>
<td>Unintentional Injury 17,257</td>
<td>Unintentional Injury 16,948</td>
<td>Malignant Neoplasms 44,834</td>
<td>Malignant Neoplasms 113,262</td>
<td>Malignant Neoplasms 115,262</td>
<td>Heart Disease 498,722</td>
<td>Heart Disease 614,346</td>
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<tr>
<td>2</td>
<td>1-4</td>
<td>Short Gestation 4,173</td>
<td>Congenital Anomalies 309</td>
<td>Malignant Neoplasms 436</td>
<td>Suicide 425</td>
<td>Suicide 5,079</td>
<td>Suicide 6,559</td>
<td>Malignant Neoplasms 11,287</td>
<td>Heart Disease 34,761</td>
<td>Heart Disease 74,473</td>
<td>Malignant Neoplasms 413,885</td>
<td>Malignant Neoplasms 691,698</td>
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<tr>
<td>3</td>
<td>5-9</td>
<td>Maternal Pregnancy Comp. 1,574</td>
<td>Homicide 364</td>
<td>Congenital Anomalies 192</td>
<td>Malignant Neoplasms 415</td>
<td>Homicide 4,144</td>
<td>Homicide 4,159</td>
<td>Heart Disease 10,356</td>
<td>Unintentional Injury 20,510</td>
<td>Unintentional Injury 18,030</td>
<td>Chronic Low Respiratory Disease 124,693</td>
<td>Chronic Low Respiratory Disease 147,101</td>
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<tr>
<td>4</td>
<td>10-14</td>
<td>SIDS 1,546</td>
<td>Malignant Neoplasms 321</td>
<td>Homicide 123</td>
<td>Congenital Anomalies 158</td>
<td>Malignant Neoplasms 1,569</td>
<td>Malignant Neoplasms 3,624</td>
<td>Suicide 3,179</td>
<td>Suicide 8,767</td>
<td>Chronic Low Respiratory Disease 16,492</td>
<td>Coronary Artery Disease 113,308</td>
<td>Unintentional Injury 136,053</td>
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<tr>
<td>5</td>
<td>15-24</td>
<td>Unintentional Injury 1,161</td>
<td>Heart Disease 149</td>
<td>Heart Disease 69</td>
<td>Homicide 155</td>
<td>Heart Disease 953</td>
<td>Heart Disease 3,341</td>
<td>Homicide 2,588</td>
<td>Liver Disease 8,627</td>
<td>Diabetes Mellitus 13,342</td>
<td>Alzheimer’s Disease 92,604</td>
<td>Coronary Artery Disease 133,103</td>
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<tr>
<td>6</td>
<td>25-34</td>
<td>Placenta Cord, Membranes 965</td>
<td>Influenza &amp; Pneumonia 109</td>
<td>Chronic Low Respiratory Disease 61</td>
<td>Heart Disease 122</td>
<td>Congenital Anomalies 377</td>
<td>Liver Disease 725</td>
<td>Liver Disease 2,582</td>
<td>Diabetes Mellitus 6,602</td>
<td>Liver Disease 12,792</td>
<td>Diabetes Mellitus 54,161</td>
<td>Alzheimer’s Disease 93,541</td>
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<tr>
<td>7</td>
<td>35-44</td>
<td>Bacterial Septicemia 544</td>
<td>Chronic Low Respiratory Disease 53</td>
<td>Influenza &amp; Pneumonia 57</td>
<td>Chronic Low Respiratory Disease 71</td>
<td>Influenza &amp; Pneumonia 197</td>
<td>Diabetes Mellitus 709</td>
<td>Diabetes Mellitus 1,999</td>
<td>Coronary Artery Disease 5,349</td>
<td>Coronary Artery Disease 11,727</td>
<td>Unintentional Injury 48,295</td>
<td>Diabetes Mellitus 76,468</td>
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<tr>
<td>8</td>
<td>45-54</td>
<td>Respiratory Distress 480</td>
<td>Septicemia 53</td>
<td>Cerebrovascular 46</td>
<td>Cerebrovascular 40</td>
<td>Diabetes Mellitus 181</td>
<td>HIV 1,415</td>
<td>Cerebrovascular 1,455</td>
<td>Chronic Low Respiratory Disease 4,402</td>
<td>Suicide 7,527</td>
<td>Influenza &amp; Pneumonia 44,836</td>
<td>Influenza &amp; Pneumonia 55,227</td>
<td></td>
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<tr>
<td>9</td>
<td>55-64</td>
<td>Circulatory System Disease 444</td>
<td>Benign Neoplasms 38</td>
<td>Benign Neoplasms 36</td>
<td>Influenza &amp; Pneumonia 41</td>
<td>Chronic Low Respiratory Disease 176</td>
<td>Cerebrovascular 579</td>
<td>HIV 1,174</td>
<td>Influenza &amp; Pneumonia 2,731</td>
<td>Septicemia 5,709</td>
<td>Nephritis 59,957</td>
<td>Nephritis 48,146</td>
<td></td>
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<tr>
<td>10</td>
<td>65+</td>
<td>Neonatal Hemorrhage 441</td>
<td>Perinatal Period 38</td>
<td>Septicemia 33</td>
<td>Benign Neoplasms 36</td>
<td>Cerebrovascular 171</td>
<td>Influenza &amp; Pneumonia 549</td>
<td>Influenza &amp; Pneumonia 1,125</td>
<td>Septicemia 2,514</td>
<td>Influenza &amp; Pneumonia 8,390</td>
<td>Septicemia 29,124</td>
<td>Suicide 42,773</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47,000 deaths annually

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>47,173</td>
</tr>
<tr>
<td>2016</td>
<td>44,965</td>
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<tr>
<td>2015</td>
<td>44,193</td>
</tr>
<tr>
<td>2014</td>
<td>42,773</td>
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<tr>
<td>2013</td>
<td>41,149</td>
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<tr>
<td>2012</td>
<td>40,600</td>
</tr>
<tr>
<td>2011</td>
<td>39,518</td>
</tr>
<tr>
<td>2010</td>
<td>38,364</td>
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<tr>
<td>2009</td>
<td>36,909</td>
</tr>
</tbody>
</table>
CT Rates of Suicide Deaths

• 1 suicide every day

• 2nd leading cause of death (age 10-34)

• More than 3x as many people die by suicide than in alcohol related motor vehicle crashes
Leading Causes of Death in CT Youth Ages 15-19 years

- Motor vehicle accidents: 29.4%
- Unintentional injuries: 13.2%
- Homicide: 12.3%
- Suicide: 18.0%
- Other Causes: 18.9%
- Cancer: 3.9%
- Heart Diseases: 4.4%

Source: CT Dept of Public Health
Suicide Deaths by Method, 2017

- Firearm: 50.6%
- Suffocation: 27.7%
- Poisoning: 13.9%
- Other: 7.8%
Top 3 Youth Suicide Methods for CT

- Firearm: 45%
- Suffocation: 40%
- Poisoning: 8%

CDC, 2012
In a classroom of 30 high school students, about __________ said they felt sad or hopeless for 2 weeks or more, in the past year.
In a classroom of 30 high school students, about **8 students** said they felt sad or hopeless for 2 weeks or more, in the past year.
Out of those 8 students who have felt sad, empty, hopeless, angry, or anxious, about _________ said they got the help they needed when feeling that way.
Out of those 8 students who have felt sad, empty, hopeless, angry, or anxious, about 2 students said they got the help they needed when feeling that way.
In a classroom of 30 high school students, about __________ said they seriously considered attempting suicide one or more times during the past 12 months?
In a classroom of 30 high school students, about 4 students said they seriously considered attempting suicide one or more times during the past 12 months.
In a classroom of 30 high school students, about ___________ said they actually attempted suicide one or more times during the past 12 months.
In a classroom of 30 high school students, about **2 or 3 students** said they actually attempted suicide one or more times during the past 12 months.
So what can YOU do?
Identify  ➞  Connect  ➞  Prevent
Keys To Successful Suicide Prevention

1. Early Identification
   o Parental/Self-recognition
   o Screening: PSC/HEADSS/ASQ/PHQ9/CSSRS

2. Connection to Clinical/Community Support Services
   o Emergency Mobile Psych Services (EMPS)

3. Harm Prevention
   o Lethal Means Restriction (LMR) Counseling
IDENTIFY

“Effective Screening”
## Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child’s behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complains of aches and pains</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Spends more time alone</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Tires easily, has little energy</td>
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<tr>
<td>4. Fidgety, unable to sit still</td>
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<tr>
<td>5. Has trouble with teacher</td>
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<tr>
<td>6. Less interested in school</td>
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<tr>
<td>7. Acts as if driven by a motor</td>
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<td>8. Daydreams too much</td>
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<tr>
<td>9. Distracted easily</td>
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<td>10. Is afraid of new situations</td>
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<td></td>
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<tr>
<td>11. Feels sad, unhappy</td>
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<tr>
<td>12. Is irritable, angry</td>
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<td></td>
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<td>13. Feels hopeless</td>
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<td></td>
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<tr>
<td>14. Has trouble concentrating</td>
<td></td>
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<tr>
<td>15. Less interested in friends</td>
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<tr>
<td>16. Fights with other children</td>
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<td>17. Absent from school</td>
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<tr>
<td>18. School grades dropping</td>
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<tr>
<td>19. Is down on him or herself</td>
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<tr>
<td>20. Visits the doctor with doctor finding nothing wrong</td>
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<tr>
<td>21. Has trouble sleeping</td>
<td></td>
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<tr>
<td>22. Worries a lot</td>
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<td></td>
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<tr>
<td>23. Wants to be with you more than before</td>
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<tr>
<td>24. Feels he or she is bad</td>
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<tr>
<td>25. Takes unnecessary risks</td>
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<td></td>
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<tr>
<td>26. Gets hurt frequently</td>
<td></td>
<td></td>
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<tr>
<td>27. Seems to be having less fun</td>
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[www.brightfutures.org/mentalhealth](http://www.brightfutures.org/mentalhealth)
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? How? When?

Source: Horowitz (NIMH) 2012
COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Just ask.
Because you can save a life.

C-SSRS part of the National Action Alliance's Toolkit for Zero Suicides

http://www.cssrs.columbia.edu/
<table>
<thead>
<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS:</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are bolded and underlined.</td>
<td>YES  NO</td>
</tr>
</tbody>
</table>

**Ask Questions 1 and 2**

1) **Wish to be Dead:**
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

*Have you wished you were dead or wished you could go to sleep and not wake up?*

2) **Suicidal Thoughts:**
General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

*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) **Suicidal Thoughts with Method (without Specific Plan or Intent to Act):**
Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "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 been thinking about how you might kill yourself?*

4) **Suicidal Intent (without Specific Plan):**
Active suicidal thoughts of killing oneself and patient reports having **some intent to act on such thoughts**, as opposed to "I have the thoughts but I definitely will not do anything about them."

*Have you had these thoughts and had some intention of acting on them?*

5) **Suicide Intent with Specific Plan:**
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

*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) **Suicide Behavior Question**

*"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.

**If YES, ask:** **How long ago did you do any of these?**

- Over a year ago?
- Between three months and a year ago?
- Within the last three months?
Ask questions that are bolded and underlined.

<table>
<thead>
<tr>
<th>Ask Questions 1 and 2</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>YES NO</td>
</tr>
<tr>
<td><strong>2</strong> Have you actually had any thoughts of killing yourself?</td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Have you been thinking about how you might do this?</td>
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<tr>
<td>E.g. &quot;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.&quot;</td>
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<tr>
<td><strong>4</strong> Have you had these thoughts and had some intention of acting on them?</td>
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<tr>
<td>As opposed to &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
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<tr>
<td><strong>5</strong> Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Have you ever done anything, started to do anything, or prepared to do anything to end your life?</td>
<td>Lifetime Past 3 Months</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>If YES, ask: <strong>Was this within the past three months?</strong></td>
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</tbody>
</table>
Effective July 1, 2019, seven new and revised elements of performance (EPs) will be applicable to all Joint Commission-accredited hospitals and behavioral health care organizations. These new requirements are at National Patient Safety Goal (NPSG) 15.01.01 and are designed to improve the quality and safety of care for those who are being treated for behavioral health conditions and those who are identified as high risk for suicide. Because there has been no improvement in suicide rates in the U.S., and since suicide is the 10th leading cause of death in the country, The Joint Commission re-evaluated the NPSG in light of current practices relative to suicide prevention.
Screening Pathway

SUICIDE RISK SCREENING PATHWAY

[See accompanying text document]

Presentation to ED

- Medically able to answer questions?
  - NO
    - Screen when medically able
  - YES
    - Administer ASQ (ideally separate from parents)

Patient refuses to answer?

- NO
  - YES on any question 1-4?
    - NO
      - YES to Q5?
        - YES
          - Non-acute Positive Screen: Conduct Brief Suicide Safety Assessment (BSSA)
          - BSSA outcome (free possibilities)
        - NO
          - LOW RISK
            - Judgmental evaluation needed in ED
            - SAFETY EDUCATION
              - Child and family education needed on suicide prevention
              - Safety precautions should not leave without a full safety assessment
            - SAFETY PRECAUTIONs!
              - Fire and electrical precautions
              - Medication under direct observation
              - Remove dangerous items, etc.
            - REFERRAL
              - To behavior mental health crisis as appropriate; coordinate with child’s clinician and education community mental health provider
              - P2F

- YES
  - HIGH RISK
    - Further evaluation of suicide risk is necessary should not leave without a full safety assessment
    - Conduct Full Suicide Safety Assessment
  - IMMINENT RISK
    - Patient presents an immediate risk to suicide with current suicidal thoughts
    - INITIATE SAFETY PRECAUTIONS!
      - Patient presents an immediate risk to suicide with current suicidal thoughts
      - SAFETY PRECAUTIONs!
        - Fire and electrical precautions
        - Medication under direct observation
        - Remove dangerous items, etc.
    - SAFETY EDUCATION
      - Child and family education needed on suicide prevention
      - Safety precautions should not leave without a full safety assessment
    - SAFETY PRECAUTIONs!
      - Fire and electrical precautions
      - Medication under direct observation
      - Remove dangerous items, etc.
    - REFERRAL
      - To behavior mental health crisis as appropriate; coordinate with child’s clinician and education community mental health provider
      - P2F

Needs inpatient psychiatric hospitalization?

- NO
  - Is patient being admitted for medical treatment?
    - NO
      - Transfer to psychiatric unit
      - Safety precautions to be followed throughout transfer process
    - YES
      - Handoff clinical risk assessment information to accepting psychiatric unit upon transfer from ED

- YES
  - Handoff clinical risk assessment information to accepting medical unit upon transfer from ED
  - Transfer to medical unit
  - Safety precautions to be followed throughout transfer process
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 741741
<table>
<thead>
<tr>
<th>Question</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask Questions 1 and 2</td>
<td>YES NO</td>
</tr>
<tr>
<td>1) <em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td></td>
</tr>
<tr>
<td>2) <em>Have you actually had any thoughts of killing yourself?</em></td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td></td>
</tr>
<tr>
<td>3) <em>Have you been thinking about how you might do this?</em></td>
<td></td>
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<tr>
<td>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.”</td>
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<tr>
<td>4) <em>Have you had these thoughts and had some intention of acting on them?</em></td>
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<tr>
<td>As opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
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<tr>
<td>5) <em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td>Lifetime</td>
</tr>
<tr>
<td>6) <em>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</em></td>
<td>Past 3 Months</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>If YES, ask: <em>Was this within the past three months?</em></td>
<td></td>
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</tbody>
</table>

Item 1 Behavioral Health Referral at Discharge
Item 2 Behavioral Health Referral at Discharge
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 6 Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Suicide Screening and Assessments

Legend:
- RN
- Provider
- Social Worker

Patient presents to ED → Is Patient 10 or older?

- Y: ASQ Screen (RN)
- N: Patient in ED for BH concern?

- Y: Discharge w/ Resources
- N: Non-Acute Positive Screen?

- Y: Low Risk?
- N: CBT Consult

- Y: Columbia Brief Safety Assessment (Provider)
- N: END

- (15%, 85%)
- (85%, 25-39%, 53-71%)
ASQ Screening Results

# of kids 10 and older who went through ED

<table>
<thead>
<tr>
<th>Date</th>
<th>8/11</th>
<th>8/18</th>
<th>8/25</th>
<th>9/1</th>
<th>9/8</th>
<th>9/15</th>
<th>9/22</th>
<th>9/29</th>
<th>10/6</th>
<th>10/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>290</td>
<td>309</td>
<td>311</td>
<td>308</td>
<td>395</td>
<td>495</td>
<td>458</td>
<td>452</td>
<td>389</td>
<td>415</td>
</tr>
</tbody>
</table>

ASQ Screening Compliance

<table>
<thead>
<tr>
<th>Date</th>
<th>8/11</th>
<th>8/18</th>
<th>8/25</th>
<th>9/1</th>
<th>9/8</th>
<th>9/15</th>
<th>9/22</th>
<th>9/29</th>
<th>10/6</th>
<th>10/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>% receiving ASQ screening</td>
<td>85%</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
<td>88%</td>
<td>86%</td>
<td>87%</td>
<td>88%</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>Times parent present during ASQ</td>
<td>39</td>
<td>42</td>
<td>34</td>
<td>42</td>
<td>64</td>
<td>51</td>
<td>46</td>
<td>45</td>
<td>35</td>
<td>28</td>
</tr>
</tbody>
</table>
ASQ Screening Results

- 204 (6%) medical patients screened positive in 10 weeks
Columbia Utilization Results

Non-Acute Positive ASQ Screens & Columbia Brief Assessments

- # ASQ Non Acute Positive Screens
- % Columbia Suicide Assessment Compliance
Columbia Risk Results

% of Columbia Briefs by Risk Level

- Columbia UNKNOWN - % (not done, incomplete and refusals)
- Columbia HIGH RISK - % of patients identified with non-acute + screen
- Columbia MODERATE RISK - % of patients identified with non-acute + screen
- Columbia LOW RISK - % of patients identified with non-acute + screen
# BRIEF COLUMBIA-SUICIDE SEVERITY RATING SCALE

**USE FOR A PATIENT WITH A NON ACUTE POSITIVE ASQ SCREEN**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Have you actually had any thoughts of killing yourself?</td>
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<td></td>
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<tr>
<td>3) Have you ever thought about how you might do this? E.g. &quot;I thought about jumping in the ocean, but I never made a specific plan as to where or how I would actually do it... and I would never go through with it.&quot;</td>
<td></td>
<td></td>
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<td>4) Have you had these thoughts and had some intention of acting on them? As opposed to &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
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**LOW RISK (YELLOW)**

1. Consider discharge
2. Confirm discussion with family on identified risk
3. Review safety plan as printed on ASQ
4. Consider EMPS in ED or home (211)
5. Consider order for care coordination consult

**MODERATE RISK (ORANGE)**

1. Consider social work consult and safety precautions if indicated
2. Consider EMPS in ED or home (211)
3. Consider order for care coordination consult
4. Document medical decision making if cleared for discharge
5. Confirm discussion with family on identified risk
6. Review safety plan as printed on ASQ

**HIGH RISK (RED)**

1. Ensure patient safety within department
2. Social work consult for full assessment
3. Discuss identified risk with family
4. Note suicide banner/flag will appear on screen
Officials pediatric teaching hospital of

Recommendations for speaking to patient/families

a. Patient: I am following up on your suicide screening questions- thank you for telling us, I need to ask a few more questions. I am required to share safety concerns to maintain your safety, everything else will be confidential.

b. Family: Based on your child’s responses to the suicide risk screening, I would like to ask a few questions in private. If we continue to have concerns for safety we will speak to you about our concerns.

Low Risk (Yellow)

a. Patient: I am concerned about you today but do not feel you are currently at risk for suicide. However I do feel that it is important you get help with your feelings to decrease your thoughts of suicide. I will share some resources with you.

b. Family: I think your child is dealing with challenges but is not currently at risk for suicide. However it is important they get the help they need to deal with emotions and reduce the thoughts of suicide. I will share some resources with you to assist them in getting the help they need. (safety plan/care coordination)

Moderate Risk (Orange)

a. Patient: I am concerned about you today and feel that you are experiencing thoughts of suicide even though you do not have a specific plan at this time. Chose one of the following:
   1. I will recommend a full suicide safety assessment to better understand how we can best help you.
   2. I feel that it is important you get help with your feelings to decrease your thoughts of suicide. I will share some resources with your family.

b. Family: I believe your child is experiencing thoughts of suicide even though they do not have a plan at this time. Chose one of the following:
   1. I am concerned that your child may be at risk for suicide and I will recommend a full suicide safety assessment to better understand how we can help.
   2. I feel it is important they get the help they need to reduce the thoughts of suicide. I will share some resources with you to assist them in getting help. (safety plan/care coordination)

High Risk (Red)

a. Patient: I am concerned about you experiencing thoughts of suicide and have an active thought or plan to carry it out at this time. I am very concerned about your risk for suicide and will be ordering an evaluation with a full suicide safety assessment to better understand what might be contributing to this risk and how we can help. We will be using safety precautions while you wait for this formal evaluation.

b. Family: I am concerned your child is experiencing thoughts of suicide and has an active thought or plan to carry it out. I am very concerned about their risk for suicide and will be ordering an evaluation with a full suicide safety assessment to better understand what might be contributing to this risk and how we can help. We will be using safety precautions while you wait for this formal evaluation.
CONNECT

“Referral Services”
Emergency Mobile Psychiatric Services

Is your child in crisis, dial 2-1-1.

When your child is in crisis.

http://www.empsct.org
EMPS Dial 2-1-1 plus 1, plus 1

What is It?

• Statewide DCF-funded program available to any youth in CT, regardless of insurance

• Provides crisis intervention and stabilization services to youth from birth to 18 years old (19 if still enrolled in school)

• Key Aims:
  o Stabilize crises and assess behavioral health risk
  o Divert from unnecessary ED/hospitalizations
  o Link to appropriate care
EMPS Dial 2-1-1 plus 1, plus 1
Available to Any CT Youth Experiencing:

- Suicidal Ideation
- Homicidal Ideation
- Psychosis
- Depression
- Aggressive Behaviors
- Alcohol/Substance Use or Abuse
- Anxiety
- Eating Concerns
- Trauma (exposed to an event, sexual abuse, physical abuse, neglect, loss of someone, etc.)
- Legal Involvement
- Truancy
- Sexualized Behaviors
- Other Concerning Behavior
EMPS Dial 2-1-1 plus 1, plus 1
How it Works:

• Anyone, including the youth him/herself, can contact EMPS
• 211 call specialist connects caller with the local EMPS team
• EMPS clinician arrives at the location of the youth within 45 minutes unless the referral source requests a later time
• Crisis assessment, with focus on immediate risk, conducted
• Comprehensive safety planning with the youth, family and other key members of the youth’s life (teachers, coaches, etc.)
• EMPS will provide ongoing follow-up
• If the youth appears to need inpatient admission, EMPS may refer to the hospital for further evaluation
EMPS Dial 2-1-1 plus 1, plus 1
Where/when is it?

• EMPS responds mobile into the community
  • Residence
  • Emergency Departments
  • School
  • Court, DCF office, doctor’s office, etc.

Mobile Hours
  o Mon-Fri 8am-10pm
  o Sat/Sun/Holidays 1-10pm

Telephonic support 24/7
ACCESS MENTAL HEALTH

http://www.accessmhct.com/
ACCESS-Mental Health CT

- Hartford Hospital 866.561.7135
- Wheeler Clinic, Inc. 855.631.9835
- Yale Child Study Center 844.761.8955
What We All Provide

- Free telephone consultation to primary care providers concerning their patients under 19 years of age, often immediately, but at least within 30 minutes of the initial call
- Assistance with finding community behavioral health services
- On-going education about pediatric mental health assessment and treatment
- Where indicated, a one-time diagnostic assessment and treatment recommendations to assist the child and family with being cared for within the medical home
PREVENT

“Reducing Risk of Harm”
A trained health care professional should:

1. Inform parents that the child is at increased suicide risk
2. Explain that they can reduce this risk by limiting their child's access to any lethal means (i.e. guns, medications, alcohol)
3. Educate parents and problem solve with them about how to limit access to lethal means.
Lethal Means Restriction

Effective:

“Emergency Department Means Restriction Education increased the safe storage of firearms, among other positive outcomes, in homes of adolescent suicide attempters.”

Source: Suicide Prevention Resource Center
“Families who received the intervention were more likely to report limiting access to medications” Source: Kruesi 1999
“Means Matter”

Lethal Means Counseling

http://www.hsph.harvard.edu/means-matter/lethal-means-counseling/
Follow-up Care

• Ensure all high risk patients have secured appropriate follow-up care

• Link families with care coordination services
  o EMPS
  o The Center for Care Coordination
  o Other state agencies (DCF, DDS, etc)

• Suggest and/or schedule routine monitoring visits to ensure patient compliance/tolerance of prescribed therapy and/or medications (weekly, monthly, etc)
Conclusions

• Suicidal behavior is frequent and outcomes severe

• A diverse unpredictable population of youth are at risk for suicide in CT and therefore all youth should be screened for suicide

• Comprehensive, integrated efforts are needed to prevent youth suicide including screening and connection to services

• LMR counseling may help provide better quality care and a safer environments for identified high risk youth
Take Homes

IDENTIFY
• Screen ALL patient 10yrs and greater: “ASQ”

CONNECT
• Promote and utilize EMPS: “211”

PREVENT
• Provide Lethal Means Counseling to families for ALL at risk patients: “Means Matter”
Resources

- CT Suicide Advisory Board
  - http://www.preventsuicidect.org/

- Suicide Prevention Resource Center
  - http://www.sprc.org/

- American Foundation for Suicide Prevention
  - http://www.afsp.org/

- CDC, Center for Injury Prevention and Control
  - http://www.cdc.gov/injury/
Thank You
<table>
<thead>
<tr>
<th><strong>Strengthen economic supports</strong></th>
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<tr>
<td>• Strengthen household financial security</td>
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<tr>
<td>• Housing stabilization policies</td>
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<tr>
<th><strong>Strengthen access and delivery of suicide care</strong></th>
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</thead>
<tbody>
<tr>
<td>• Coverage of mental health conditions in health insurance policies</td>
</tr>
<tr>
<td>• Reduce provider shortages in underserved areas</td>
</tr>
<tr>
<td>• Safer suicide care through system change</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Create protective environments</strong></th>
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</thead>
<tbody>
<tr>
<td>• Reduce access to lethal means among persons at risk of suicide</td>
</tr>
<tr>
<td>• Organizational policies and culture</td>
</tr>
<tr>
<td>• Community-based policies to reduce excessive alcohol use</td>
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<thead>
<tr>
<th><strong>Promote connectedness</strong></th>
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<tr>
<td>• Peer norm programs</td>
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<tr>
<td>• Community engagement activities</td>
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<table>
<thead>
<tr>
<th><strong>Teach coping and problem-solving skills</strong></th>
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</thead>
<tbody>
<tr>
<td>• Social-emotional learning programs</td>
</tr>
<tr>
<td>• Parenting skill and family relationship programs</td>
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<table>
<thead>
<tr>
<th><strong>Identify and support people at risk</strong></th>
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<tbody>
<tr>
<td>• Gatekeeper training</td>
</tr>
<tr>
<td>• Crisis intervention</td>
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<tr>
<td>• Treatment for people at risk of suicide</td>
</tr>
<tr>
<td>• Treatment to prevent re-attempts</td>
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<tr>
<th><strong>Lessen harms and prevent future risk</strong></th>
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<tbody>
<tr>
<td>• Postvention</td>
</tr>
<tr>
<td>• Safe reporting and messaging about suicide</td>
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