Building An Empathic Bridge

New Tools For Assessing And Managing Suicide Risk In Pediatric Patients
There Are No Disclosures
Introductions

Susan Tellone, RN, BSN, CSN, MSN
Clinical Director,
Society for the Prevention of Teen Suicide

Stacey Donovan
Director of Business Development,
Society for the Prevention of Teen Suicide
Learning Objectives

1. Identify the warning signs and risk factors for youth suicide and understand recent changes in suicide rates and statistics
2. Assess suicide risk in young clients by utilizing a conversational model for risk assessments
3. Recognize the appropriate time for use of the Mental Health Crisis Toolkit
4. Utilize the Mental Health Crisis Toolkit to build an empathic bridge between pediatric clinicians and parents/families to better support pediatric patients
How Real is Youth Suicide

- 2nd leading cause of death among youth aged 10-24
- Since the pandemic:
  - 37.1% of youth experienced poor mental health during the pandemic
  - 50% rise in emergency room visits for adolescent girls for suspected suicide attempts
  - 3.7% rise in ER visits for adolescent boys for suspected suicide attempts
  - 24% increase in mental health related emergency room visits for youth aged 5-11

(CDC: 2021 Survey)
Suicide Risk Factors & Warning Signs

<table>
<thead>
<tr>
<th>Red</th>
<th>Warning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>Risk</td>
</tr>
<tr>
<td>Green</td>
<td>Protective</td>
</tr>
</tbody>
</table>

The Society for the Prevention of Teen Suicide
Suicide Warning Signs - FACTS

**Feelings**
Hopelessness, anxiety, desperation

**Actions**
Aggression, risky behavior, online suicide searches

**Changes**
Observable changes in behavior, withdrawal from friends or changes in social activity; anger or hostility, changes in sleep

**Threats**
Talking about, writing about or making plans for suicide

**Situations**
Stressful situations including loss, change, humiliation, trouble at home or legal troubles are triggers for suicide
Understanding Suicide Better

A behavioral definition puts suicide into words that are easy to understand:

Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills.
Internal characteristics are categories of GENERALLY consistent or universal features.

Depression, hopelessness, impulsivity, etc. are specific feelings or behaviors that are not universally present.
<table>
<thead>
<tr>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived as alternative to unsolvable problem/trigger</td>
</tr>
<tr>
<td>Crisis thinking predominates</td>
</tr>
<tr>
<td>Ambivalence about intention</td>
</tr>
<tr>
<td>Irrational quality to problem-solving</td>
</tr>
<tr>
<td>Type of communication</td>
</tr>
</tbody>
</table>
1. Problem-solving alternative to trigger event

Usually follows:
- Disciplinary crisis
- Humiliation
- Break-up or loss
- Precedes a feared event
  - Test
  - Moving
  - Transition
HOW TO ASK ABOUT THE TRIGGER

• ASK: What’s going on in your life right now that makes you feel like dying?
2. Presence of Crisis Thinking

Crisis
Any situation in which we feel our skills do not meet the demands of the environment

Crisis Thinking
Reflects our reactions to the crisis and physiological reactions of fight, flight or freeze; usually emotional, constricted and reactive
Tunnel Thinking

Helpful problem solving

Unhelpful problem solving

Suicide as only option

Triggering event
3. Ambivalence about Intention

- Feeling two opposite things
- Lacking the perspective to have hope that things can get better – creates hope/discomfort imbalance
How to Lend Hope...

Joining Words

Let's put our heads together and see what we can come up with.
4. Irrational Quality to thinking

- Defies logic
- Reflects desperation (hopelessness plus anxiety)
- Survival instinct disconnects
- Combined with impulsivity = high risk of attempt
Provide Reality Testing

“I know the reasons you want to die – what are the reasons you want to live?”

p.s. No answers are wrong!
5. Attempt at Communication

- Message usually relates back to that ‘unsolvable’ problem
- With youth, may be directed at parents
- May be on social networking sites
Ask about the Message!

• Who do you want your suicide to send a message to?

• What do you want that message to be?
A Recap: Helpful Interventions

1. Alternative – Ask about problem/trigger
2. Crisis – Ventilate & validate
3. Ambivalence- Validate, lend hope
4. Irrational- Lend ego, reality testing
5. Communication- Ask about message
How to use the Characteristics to have a CONVERSATION

Alternative to unsolvable problem – ask about the problem/trigger
"What’s going on in your life right now that makes you feel like dying?"

Crisis thinking – move them back up the tunnel
"Just by talking to me about this, you’ve moved back to helpful thinking"

Ambivalence – lend hope (use joining words)
"Let’s put our heads together and see what we can come up with"

Irrational quality to problem-solving – provide reality testing
"I hear the reason you want to die – what’s a reason you want to live"

Communication – ask about the message
"Who do you want your suicide to send a message to, and what do you want that message to be"
About those standardized screening tools: CSSRS, ASQ, etc.
## Integrating Standardized Screening Tools into Your Conversational Assessment

<table>
<thead>
<tr>
<th>Ask about</th>
<th>Ask about</th>
<th>Follow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask about what's going on in the student's life that may be the trigger for the behavior changes (Be Conservational)</td>
<td>Ask about suicide in clear precise language (using the CSSR, ASQ or other tool)</td>
<td>Follow appropriate next steps based on determination and school policy/protocol</td>
</tr>
</tbody>
</table>
Mental Health Crisis Toolkit

Hospital Emergency Department Adolescent Crisis Resource
Partnering with the Clinical Team

“The Mental Health Crisis Toolkits have been extremely helpful for both the parents/guardians as well as our clinicians. The protocols and procedures we put in place to ensure patient safety are not always received well, and this toolkit validates not only our practices, but helps foster a better working relationship with patients and their families. Furthermore, it validates the parent/guardians’ concerns and outlines what to expect moving forward. We just wish we had this resource sooner!”

Carly Dawson, MSW, LCSW
Emergency Psychiatric Services Manager, Riverview Medical Center
Fostering Family-Centered Communication

The Toolkit facilitates positive, compassionate communication.

Improving Patient Engagement

The Toolkit helps frame a collaborative approach centered on patient experience and satisfaction.

Supporting Families in Crisis

Investing in the Toolkit, you directly support vulnerable families seeking help and hope.

https://sptsusa.org/mhct/
Welcome Letter

- Overarching message is that mental health issues, including suicide, are **NOT** the result of bad parenting
- Take this process one step at a time
- This can be a confusing and emotional experience, and this toolkit is here to help guide you
DO Section

➢ FOR YOU
  • Importance of self-care for parents
  • Addresses the common feelings of being scared and upset
  • Permission to be selective in who you notify

➢ IF YOUR CHILD IS ADMITTED
  • Speaks to the process of hospitalization
  • Outlines transportation to another hospital if child is referred there
  • Provides details on visiting hours - may be limited
  • Suggests speaking to the treatment team to learn hospital/unit guidelines
DO Section

IF YOUR CHILD IS SENT HOME

- Informs why their child may be sent home after a risk assessment
- Defines “least restrictive level of care”
- How to keep your child safe - making your home a safe environment
- Trust your parent gut
- Schedule a visit with a mental health professional as soon as possible after the hospital visit
- Try not to leave your child alone if you are concerned of their safety
- Tips on social media balance and monitoring social media
- Check-in with your child regularly - don’t hesitate to ask about suicide directly

- Ask your child who they want you to share with about the situation. It is important to have a mutual understanding of whom and what they will find supportive during their hospital stay and after their discharge. It can be helpful to include your child’s treatment provider in this conversation as well.
- Keep taking notes on what you’re told by whom.
- Depending on their answers to the risk assessment, your child may be discharged immediately following the evaluation. The measurement being used to make the decision about hospitalization is what’s called the “least restrictive level of care” and answers the question: “What environment does this child need to be in to stay safe?”unding your child home may seem confusing if you felt your child needed to be hospitalized, so ask questions if you aren’t sure why this decision is being made. If necessary, write down the explanation so you can accurately share it with other family members. And don’t take this as a green light that everything is okay. Your child may still need to be closely monitored and supported. Stay visibly and emotionally connected with your child. Trust your gut.
- Concerns regarding your child’s mental wellness were the reasons for this visit to the hospital. If the initial screening did not result in their being admitted, it is important to schedule a visit with a mental health professional as soon as possible to address the concerns that brought you to the hospital. Before discharge, you should receive the names/numbers of local mental health resources where your child can receive follow-up care. (See FAQ).
- Medication may not be provided at the time of discharge, but you should also follow up with the resources you’ve been given if an assessment determined the recommendation for medication. (See Understand)
- Until your child can begin treatment with a mental health professional, if you are concerned about their safety, try not to leave your child alone.
- Do your best to make sure your child’s room and your entire home are safer: remove access to any firearms, discard or lock up prescriptions and other medications, remove or lock up knives and other sharp objects.
- Monitor your child’s social media posts, e-mail communication, and internet usage. This is simply a precautionary measure since youth often give more information about how they’re doing to their friends than they do to the adults in their lives.
- Use this experience to educate yourself and your family about mental illness, especially the warning signs of suicide. (www.spurge.org/parents) Ask the hospital staff to tell you some of the particular things to watch out for and write them down in your notes. Find out what steps you should take if you see anything that has you concerned about your child’s safety.
- Do not hesitate to ask your child directly if they are feeling suicidal. Continue to check in with your child and act on the plan you discussed with hospital staff if you’re worried about your child’s safety!
Parents reaching out for support may ask you some of these questions:

- Approximately how long will it take to complete the assessment process and when can I see my child?
- What are you trying to determine in your assessment? How will you make that decision?
- What are the specific questions asked in a psychiatric evaluation about suicide?
- Can you explain what a “level of risk” for suicide is and the criteria you will use to determine that? What is my child’s diagnosis? Can you explain what that means and how you decided on that?
- Will you develop a safety plan with my child?
- What are the most important actions I should take to keep my child safe?
**ASK Section**

Parents reaching out for support may ask you some of these questions:

- What information will you give me in the discharge plan? Can you provide me with the local resources/referral sources available to us?
- If my child has another mental health crisis, what do I do? Do I call you?
- What happens if my child refuses treatment?
- What can I expect when I bring my child home?
- What are the names and credentials of the physician(s) who have attended to my child?
- Who can I follow up with if I have additional questions about my child’s treatment?
What to expect when receiving treatment

• Analogy between physical and mental health to highlight the importance of treatment
• Expect a medical exam prior to a mental health exam
• Should receive information right away about risk for suicide
• Long wait in emergency room
• Removal of items is standard procedure, don’t panic
• Expect hospital staff will speak to your child without you
• You will be talking to multiple people - use notes page
What to expect when receiving treatment

- Defines mental health emergency
  - When someone is a danger to themselves and/or others
- Explains suicide risk assessment
  - types of questions asked
  - The results inform the decision to keep or let them go

Expect

- Hospital staff who speak with your child are working to determine whether what's going on with them right now meets the criteria for what is called a "mental health emergency". This means they will be trying to determine whether your child is a danger to themselves or to others.
- They do this by completing a 'suicide risk assessment'. These are the types of questions they will ask:
  - Does your child have thoughts of suicide or harming themselves, but doesn’t intend to act on these thoughts?
  - Does your child have a plan to harm himself or others?
  - Has your child begun to put that plan into action or rehearsed?
  - Has your child made a suicide attempt or is behaving impulsively so that acting on their plan is likely?
- Based on the results of this assessment, hospital staff will make a decision about the best plan to keep your child safe.
Very important to cover this page with parents
Familiarize yourself with these resources in case parents have questions
Encourage them to discuss using helplines and hotlines with their child
UNDERSTAND Section

- Include definitions and descriptions of common terms:
  - Health Insurance and Accountability Act (HIPAA)
  - Restrict Access to Lethal Means

- And Treatment Options:
  - Partial Hospital Program (PHP)
  - Intensive Outpatient Program (IOP)
  - Psychotherapy
  - Cognitive Behavior Therapy (CBT)

- Talks about medication and provides questions parents may want to ask professionals
Resources

▶ Helplines and Hotlines
  ▶ 2nd Floor Youth Helpline
    ▶ Call or Text: 888-222-2228
  ▶ Crisis Text Line
    ▶ Text “Home” to 741741
  ▶ National Suicide Prevention Lifeline
    ▶ 800-273-8255 (TALK)

▶ Additional Resources
  ▶ Society for the Prevention of Teen Suicide
    ▶ Resources for Parents: www.sptsusa.org/parents
    ▶ Resources for Teens: www.sptsusa.org/teens
Building An Empathic Bridge

New Tools For Assessing And Managing Suicide Risk In Pediatric Patients

www.sptsusa.org
susan@sptsusa.org
732-410-7900
Are you interested in screening for ACEs in your practice?
Are you interested in implementing the 7 Domains of Wellness with patients in your practice?

Benefits:
- A $15,000 stipend
- 25 Part 4 Maintenance of Certification (MOC) Points
- 13 Continuing Medical Education/MOC Part 2 Points
- Access to practice data in real-time
- Ongoing technical assistance with QI coaches and experts in the field of ACEs screening
- Ongoing peer-to-peer networking and connection to a learning Community

Click here to apply Now! Applications are due Friday, July 29th.
NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line

- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.

- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
Telepsychiatry with CAPs

Expansion of the NJPPC via HRSA funding

Access for patients and providers:
- Telehealth from home
- Telehealth from pediatric offices
- “Curbside Consults” with a CAP for providers

Notify your Hub if interested in Telepsychiatry from your office or contact:
Lauren Daly, Telehealth Clinical Coordinator
lauren.daly@hmhn.org
908-675-4492.
www.nj-ppc.org
Thank you!

For more Information or to Register for the NJPPC

Visit:

https://njaap.org/mental-health/njppc/

Contact:

NJAAP
Mental Health Collaborative
609-842-0014
mhc@njaap.org