Building An Empathic Bridge

- *New Tools For Assessing And Managing Suicide Risk In Pediatric Patients*

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Hackensack Meridian
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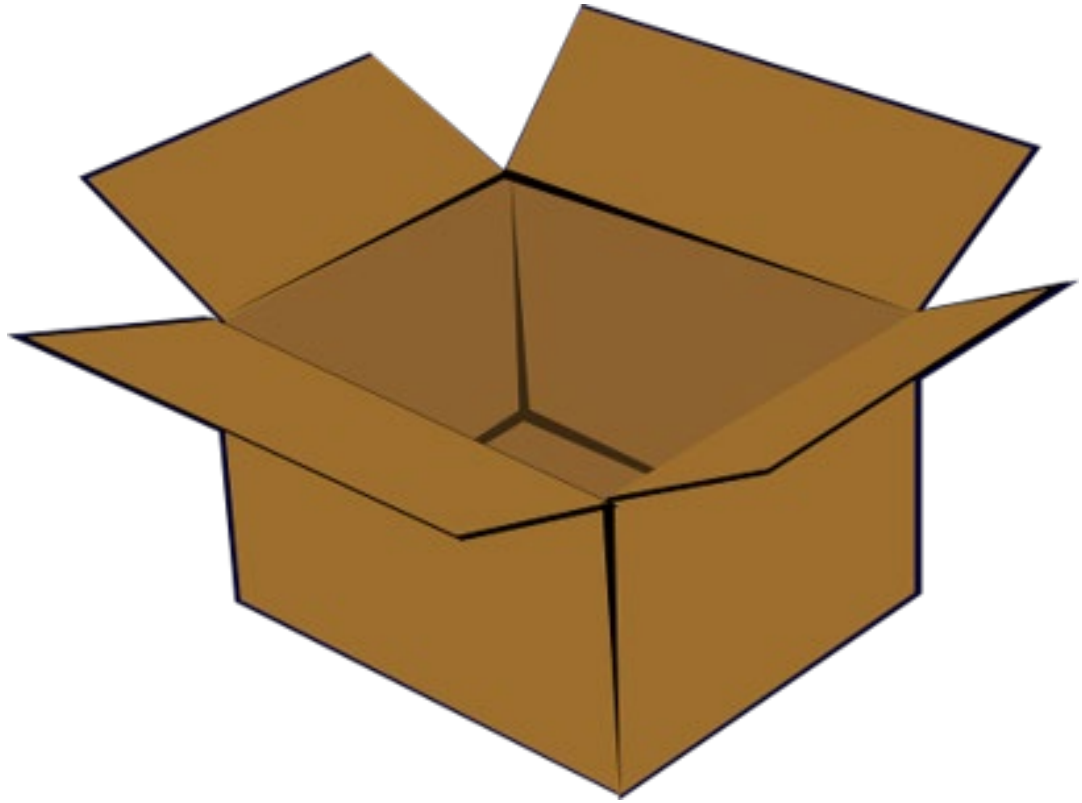

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Introductions

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

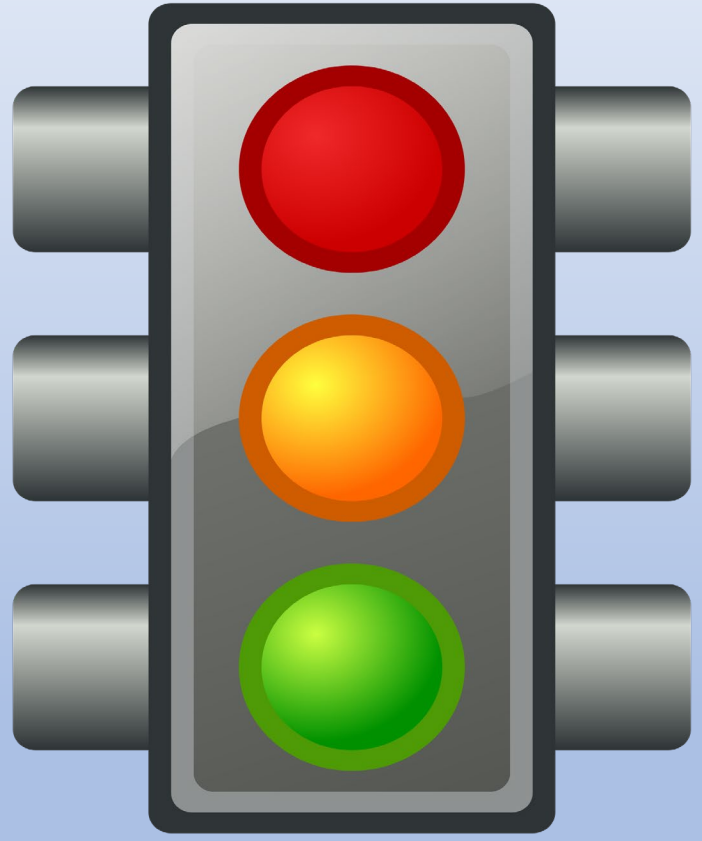
How Real is Youth Suicide

- 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

Red	Warning
Amber	Risk
Green	Protective



Suicide Warning Signs - FACTS

Feelings

Hopelessness, anxiety, desperation

Actions

Aggression, risky behavior, online suicide searches

Changes

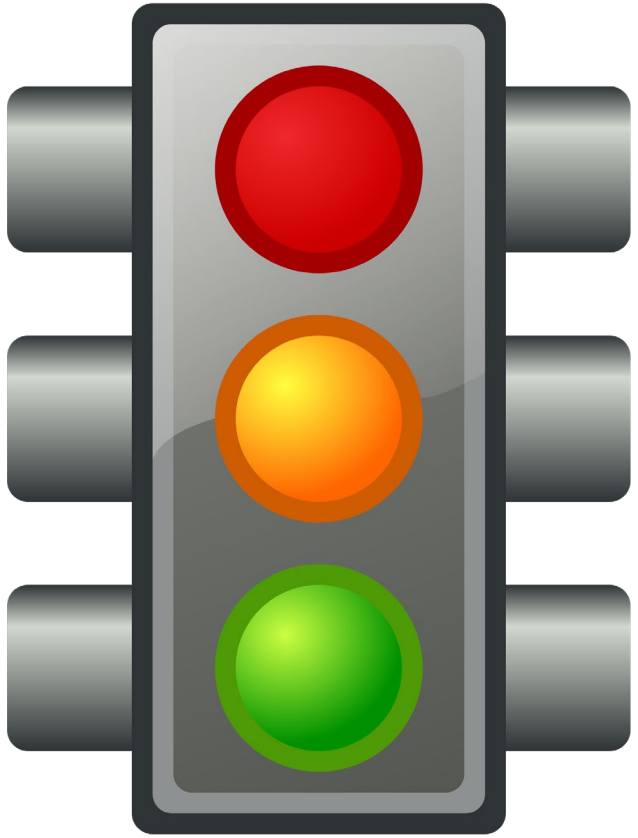
Observable changes in behavior, withdrawal from friends or changes in social activity; anger or hostility, changes in sleep

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 of Suicide

Internal characteristics are categories of GENERALLY consistent or <u>universal features.</u>

Depression, hopelessness, impulsivity, etc. are specific feelings or behaviors that are <u>not universally present.</u>

The Five Internal Characteristics of Suicide

Perceived as alternative to unsolvable problem/trigger

Crisis thinking predominates

Ambivalence about intention

Irrational quality to problem-solving

Type of communication

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

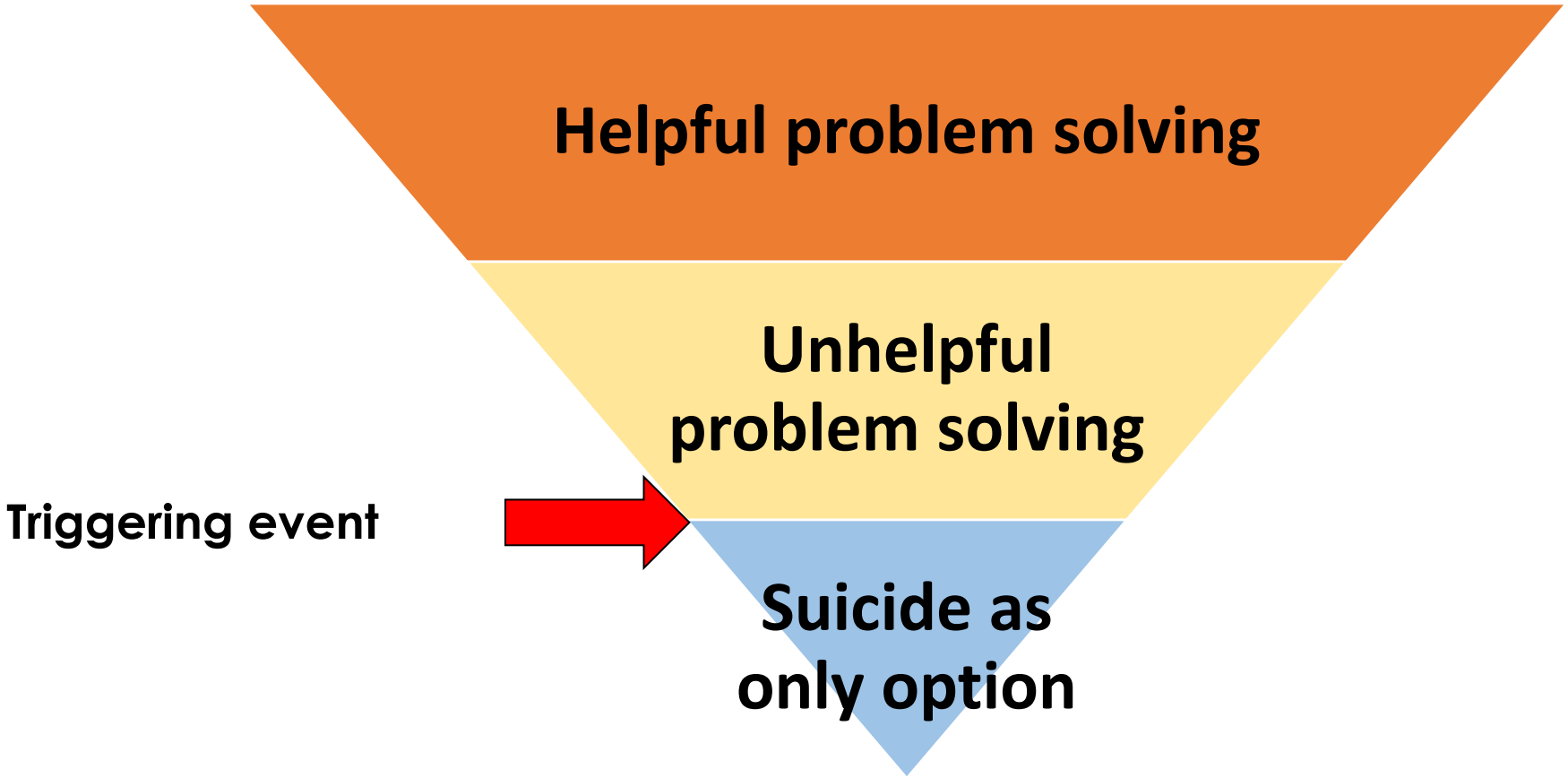
Crisis

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

Crisis Thinking

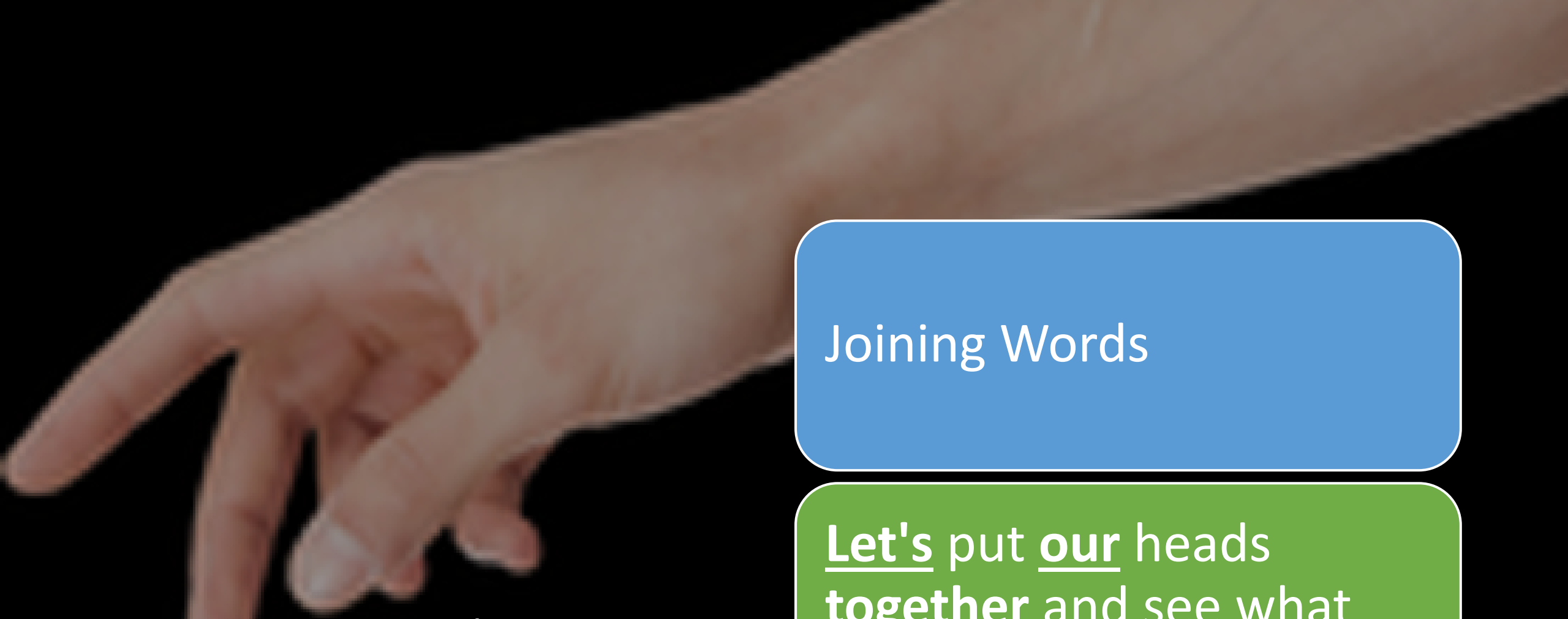
Reflects our reactions to the crisis and physiological reactions of fight, flight or freeze; usually emotional, constricted and reactive

Tunnel Thinking



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!

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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"

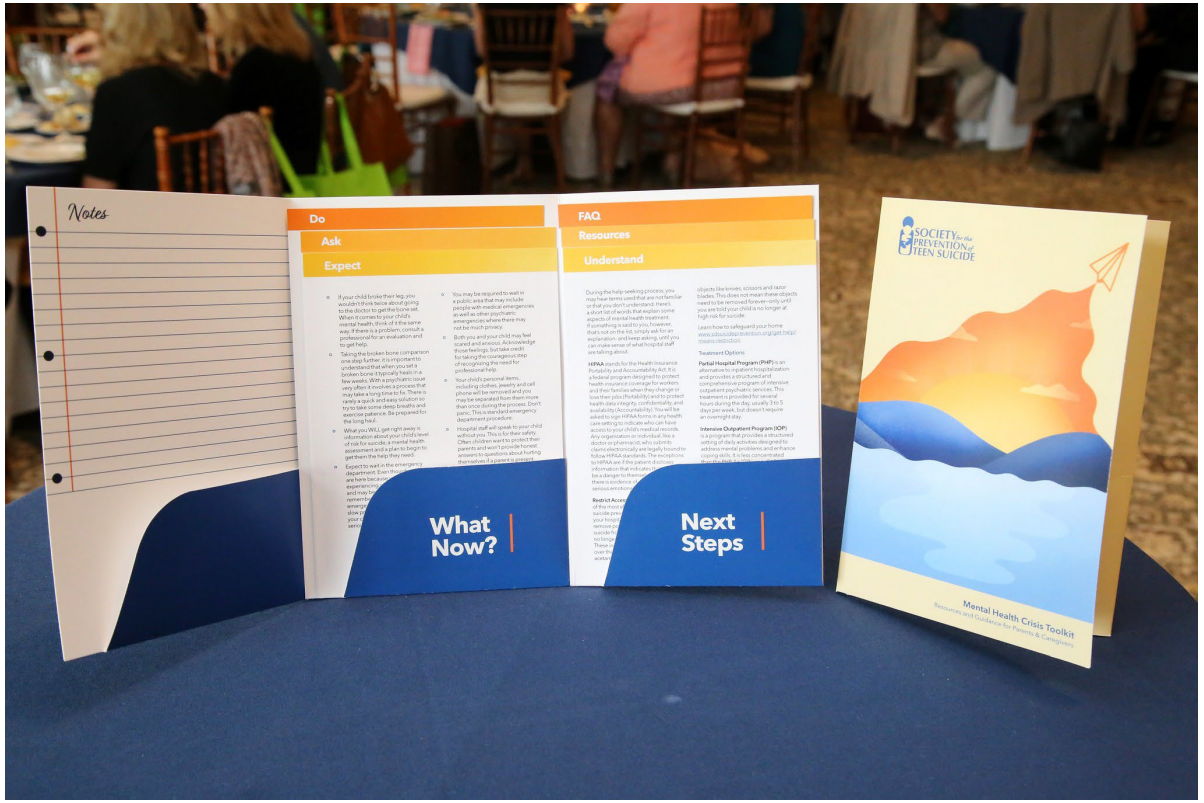
Communication – ask about the message

"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

Ask about	Ask about	Follow
Ask about what's going on in the student's life that may be the trigger for the behavior changes (Be Conservational)	Ask about suicide in clear precise language (using the CSSR, ASQ or other tool)	Follow appropriate next steps based on determination and school policy/protocol



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

Mental Health Crisis Toolkit

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.

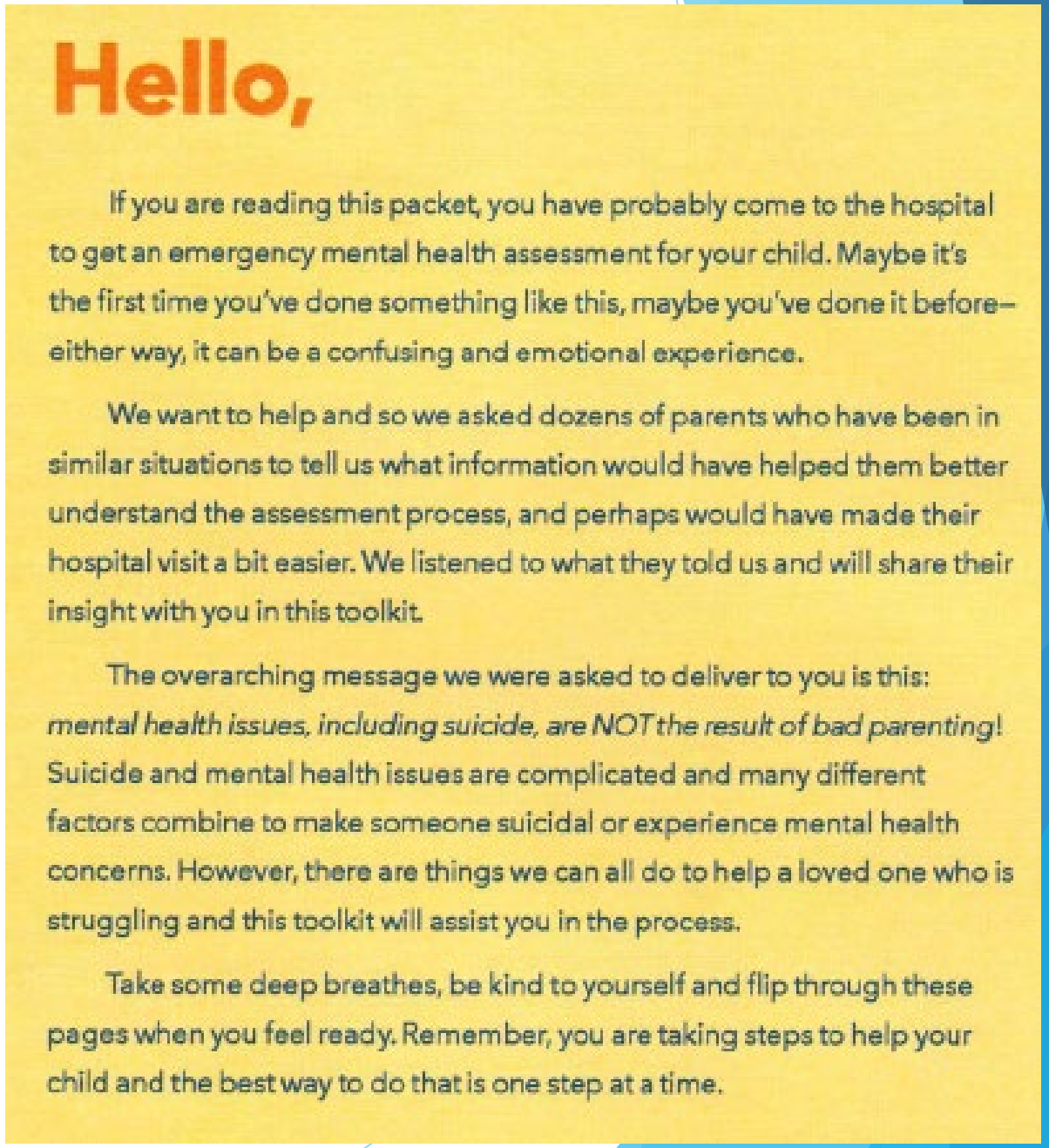
Supporting Families in Crisis

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



Hello,

If you are reading this packet, you have probably come to the hospital to get an emergency mental health assessment for your child. Maybe it's the first time you've done something like this, maybe you've done it before– either way, it can be a confusing and emotional experience.

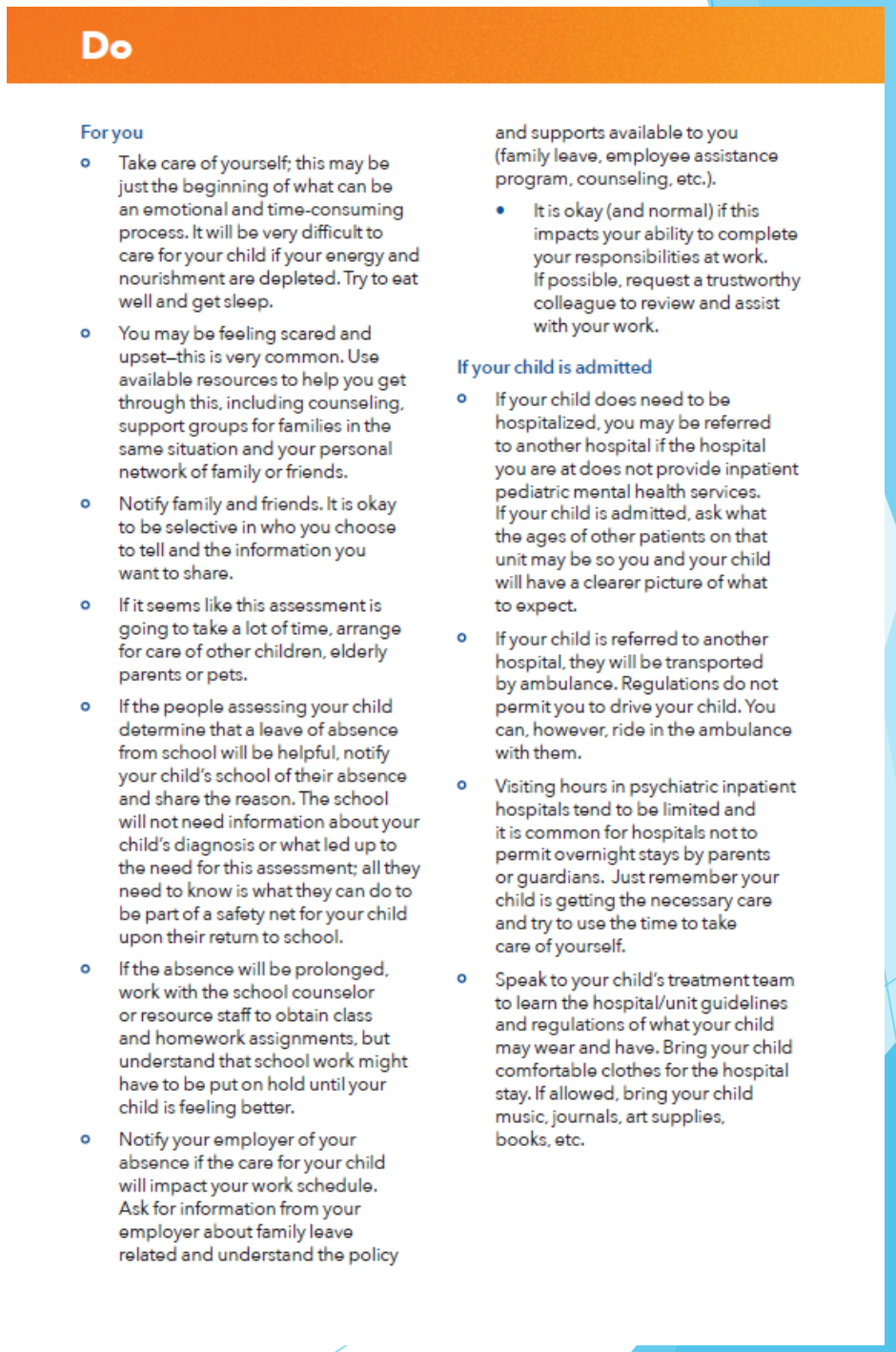
We want to help and so we asked dozens of parents who have been in similar situations to tell us what information would have helped them better understand the assessment process, and perhaps would have made their hospital visit a bit easier. We listened to what they told us and will share their insight with you in this toolkit.

The overarching message we were asked to deliver to you is this: *mental health issues, including suicide, are NOT the result of bad parenting*! Suicide and mental health issues are complicated and many different factors combine to make someone suicidal or experience mental health concerns. However, there are things we can all do to help a loved one who is struggling and this toolkit will assist you in the process.

Take some deep breathes, be kind to yourself and flip through these pages when you feel ready. Remember, you are taking steps to help your child and the best way to do that is one step at a time.

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

For you

- Take care of yourself; this may be just the beginning of what can be an emotional and time-consuming process. It will be very difficult to care for your child if your energy and nourishment are depleted. Try to eat well and get sleep.
- You may be feeling scared and upset—this is very common. Use available resources to help you get through this, including counseling, support groups for families in the same situation and your personal network of family or friends.
- Notify family and friends. It is okay to be selective in who you choose to tell and the information you want to share.
- If it seems like this assessment is going to take a lot of time, arrange for care of other children, elderly parents or pets.
- If the people assessing your child determine that a leave of absence from school will be helpful, notify your child's school of their absence and share the reason. The school will not need information about your child's diagnosis or what led up to the need for this assessment; all they need to know is what they can do to be part of a safety net for your child upon their return to school.
- If the absence will be prolonged, work with the school counselor or resource staff to obtain class and homework assignments, but understand that school work might have to be put on hold until your child is feeling better.
- Notify your employer of your absence if the care for your child will impact your work schedule. Ask for information from your employer about family leave related and understand the policy and supports available to you (family leave, employee assistance program, counseling, etc.).
  - It is okay (and normal) if this impacts your ability to complete your responsibilities at work. If possible, request a trustworthy colleague to review and assist with your work.

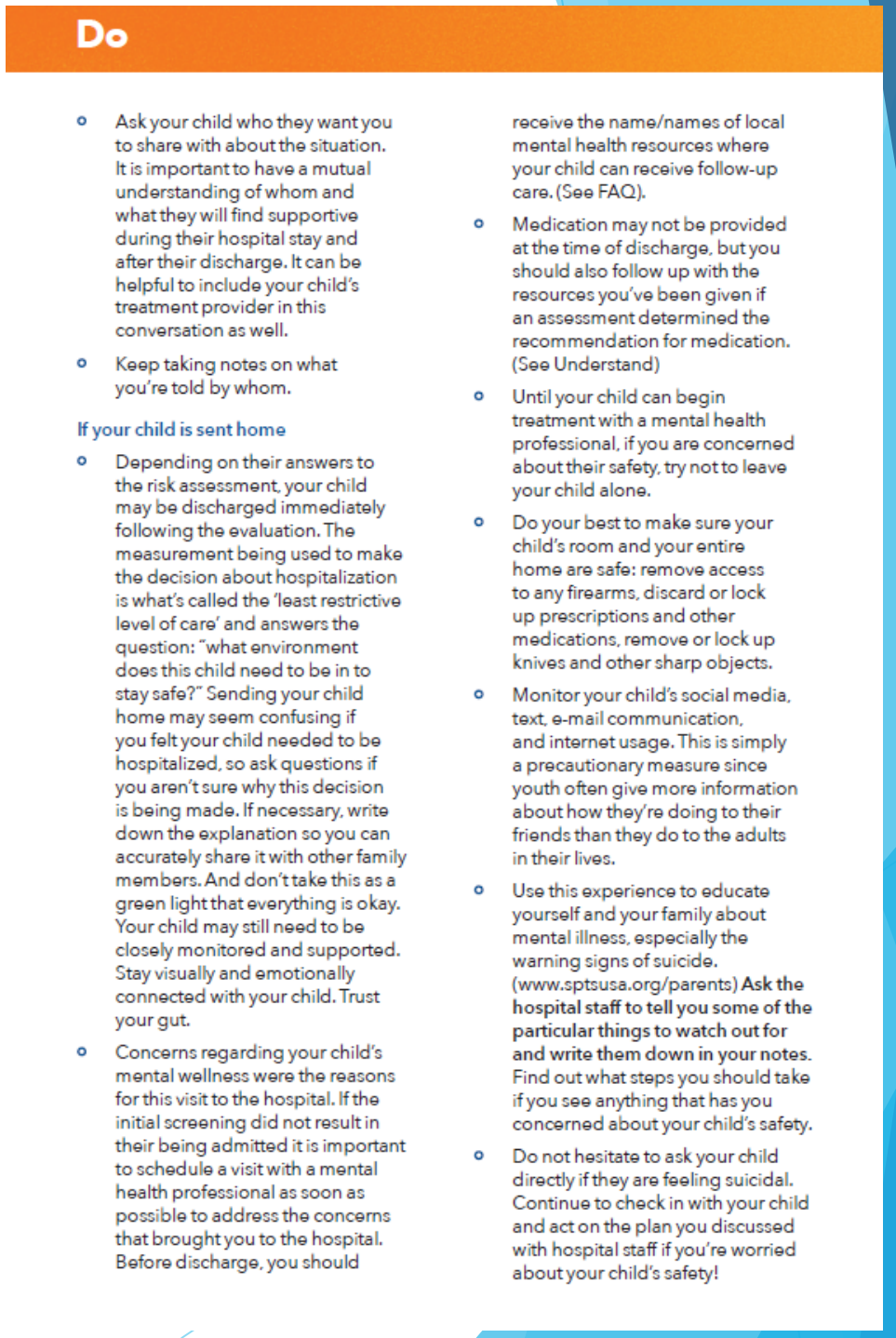
If your child is admitted

- If your child does need to be hospitalized, you may be referred to another hospital if the hospital you are at does not provide inpatient pediatric mental health services. If your child is admitted, ask what the ages of other patients on that unit may be so you and your child will have a clearer picture of what to expect.
- If your child is referred to another hospital, they will be transported by ambulance. Regulations do not permit you to drive your child. You can, however, ride in the ambulance with them.
- Visiting hours in psychiatric inpatient hospitals tend to be limited and it is common for hospitals not to permit overnight stays by parents or guardians. Just remember your child is getting the necessary care and try to use the time to take care of yourself.
- Speak to your child's treatment team to learn the hospital/unit guidelines and regulations of what your child may wear and have. Bring your child comfortable clothes for the hospital stay. If allowed, bring your child music, journals, art supplies, books, etc.

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



Do

- 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.

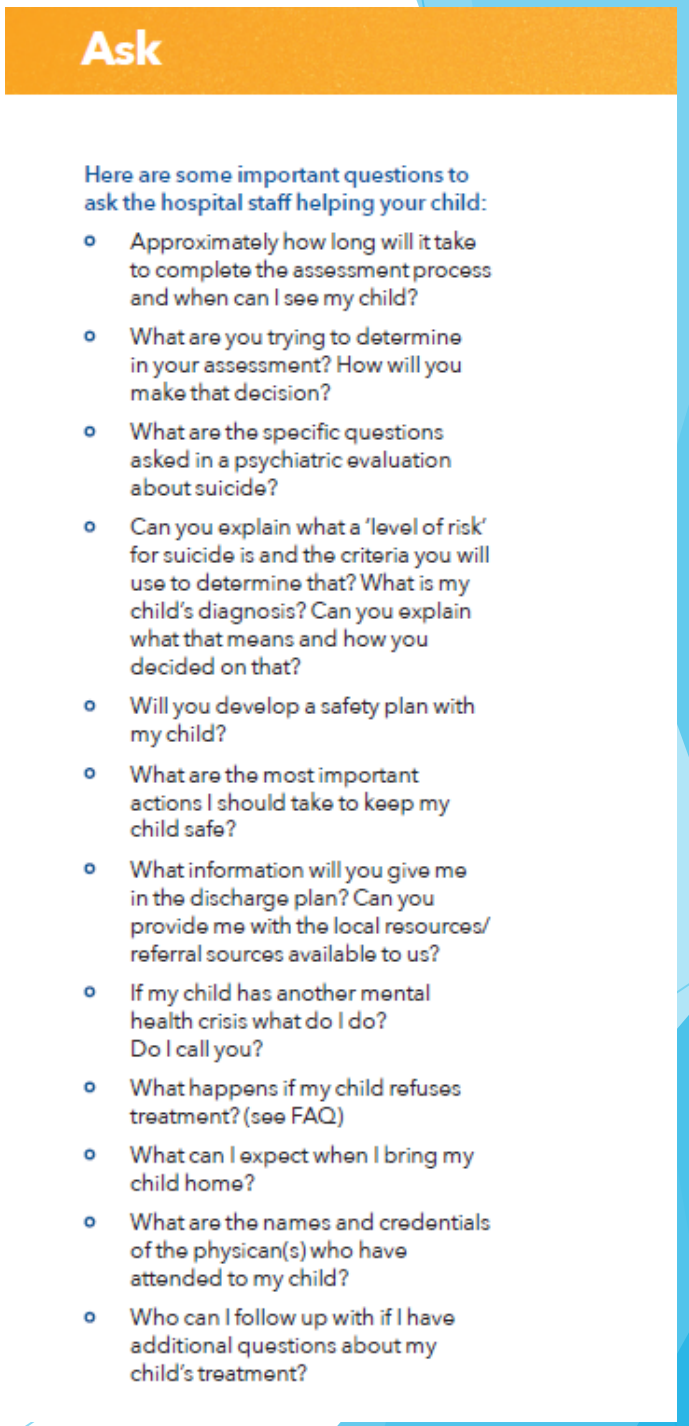
If your child is sent home

- 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?" Sending 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 visually 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 name/names 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 safe: 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, text, 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.sptsusa.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!

ASK Section

- **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

Here are some important questions to ask the hospital staff helping your child:

- Approximately how long will it take to complete the assessment process and when can I see my child?
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- Will you develop a safety plan with my child?
- What are the most important actions I should take to keep my child safe?
- 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? (see FAQ)
- What can I expect when I bring my child home?
- What are the names and credentials of the physican(s) who have attended to my child?
- Who can I follow up with if I have additional questions about my child’s treatment?

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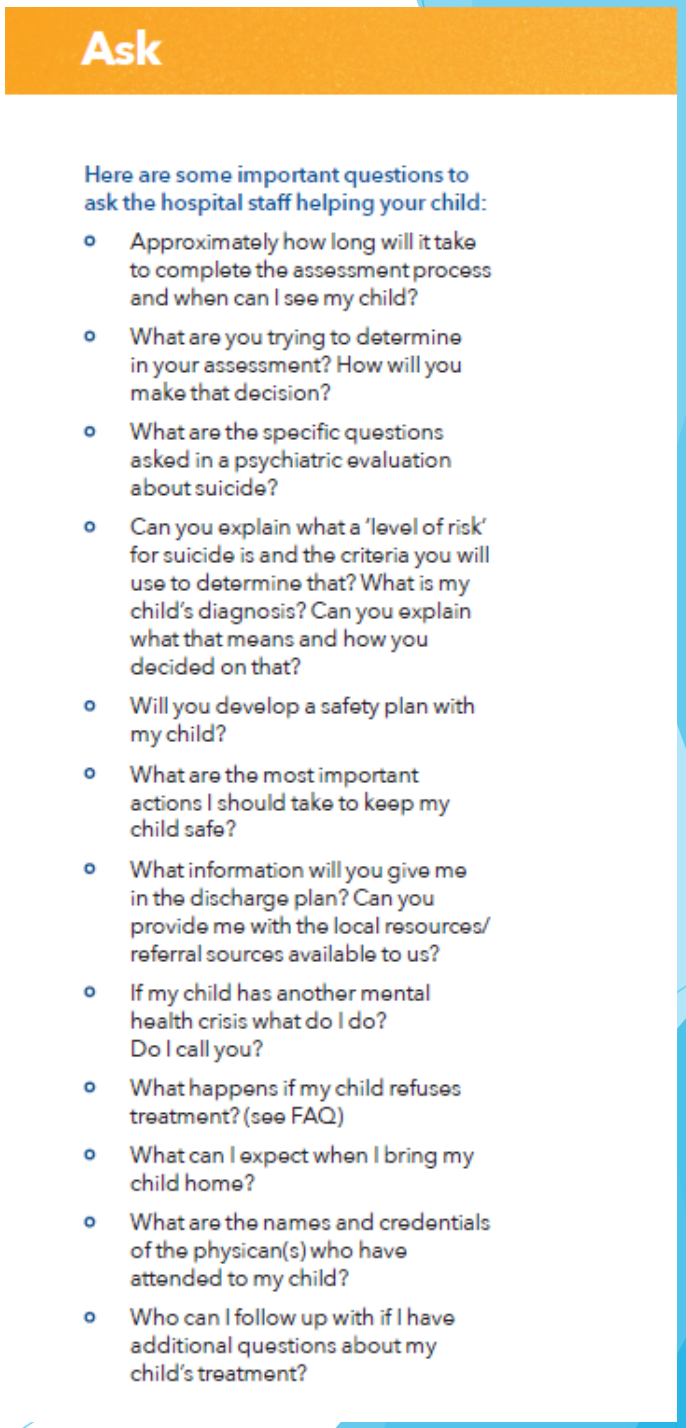

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EXPECT Section

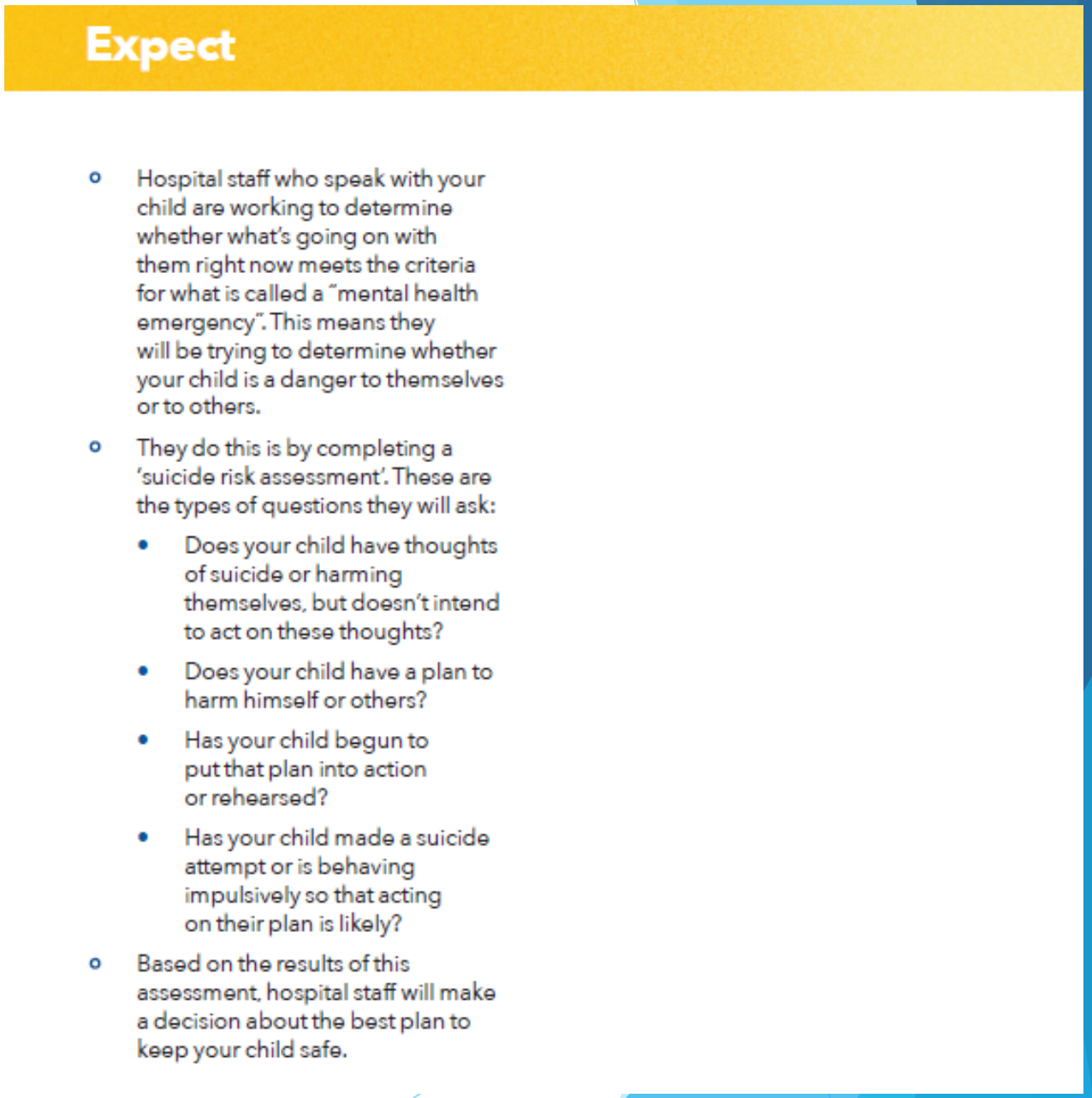
- **What to expect when receiving treatment**
  - Analogy between physical and mental health to highlight the importance of treatment
  - Expect a medical exam prior to a mental health exam
  - Should receive information right away about risk for suicide
  - Long wait in emergency room
  - Removal of 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

Expect

- If your child broke their leg, you wouldn't think twice about going to the doctor to get the bone set. When it comes to your child's mental health, think of it the same way. If there is a problem, consult a professional for an evaluation and to get help.
- Taking the broken bone comparison one step further, it is important to understand that when you set a broken bone it typically heals in a few weeks. With a psychiatric issue very often it involves a process that may take a long time to fix. There is rarely a quick and easy solution so try to take some deep breaths and exercise patience. Be prepared for the long haul.
- What you WILL get right away is information about your child's level of risk for suicide, a mental health assessment and a plan to begin to get them the help they need.
- Expect to wait in the emergency department. Even though you are here because your child is experiencing a mental health crisis and may be thinking about suicide, remember that getting care in the emergency department can be a slow process. This does not mean your child's care is not considered serious or important.
- You may be required to wait in a public area that may include people with medical emergencies as well as other psychiatric emergencies where there may not be much privacy.
- Both you and your child may feel scared and anxious. Acknowledge those feelings, but take credit for taking the courageous step of recognizing the need for professional help.
- Your child's personal items, including clothes, jewelry and cell phone will be removed and you may be separated from them more than once during the process. Don't panic. This is standard emergency department procedure.
- Hospital staff will speak to your child without you. This is for their safety. Often children want to protect their parents and won't provide honest answers to questions about hurting themselves if a parent is present.
- Expect to receive information about what's happening with your child from more than one source. **The note space on the inside of the folder is for you to record information that you receive and may want to recall in the future.**

EXPECT Section

- **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

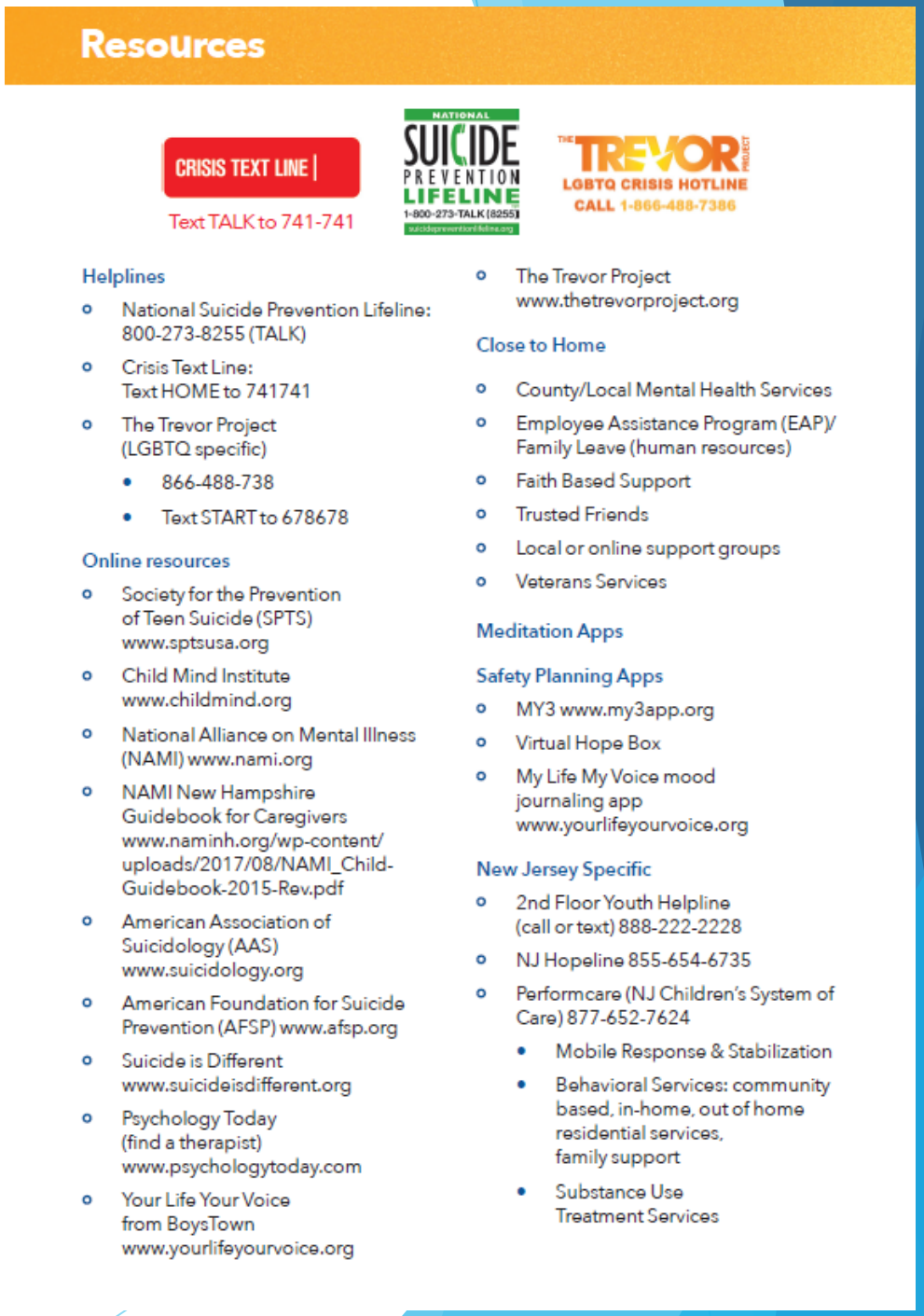


Expect

- 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 is 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.

RESOURCES Section

- 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



Resources

CRISIS TEXT LINE
Text TALK to 741-741

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

THE TREVOR PROJECT
LGBTQ CRISIS HOTLINE
CALL 1-866-488-7386

Helplines

- National Suicide Prevention Lifeline: 800-273-8255 (TALK)
- Crisis Text Line: Text HOME to 741741
- The Trevor Project (LGBTQ specific)
  - 866-488-738
  - Text START to 678678

Online resources

- Society for the Prevention of Teen Suicide (SPTS) www.sptsusa.org
- Child Mind Institute www.childmind.org
- National Alliance on Mental Illness (NAMI) www.nami.org
- NAMI New Hampshire Guidebook for Caregivers www.naminh.org/wp-content/uploads/2017/08/NAMI_Child-Guidebook-2015-Rev.pdf
- American Association of Suicidology (AAS) www.suicidology.org
- American Foundation for Suicide Prevention (AFSP) www.afsp.org
- Suicide is Different www.suicideisdifferent.org
- Psychology Today (find a therapist) www.psychologytoday.com
- Your Life Your Voice from BoysTown www.yourlifeyourvoice.org
- The Trevor Project www.thetrevorproject.org

Close to Home

- County/Local Mental Health Services
- Employee Assistance Program (EAP)/ Family Leave (human resources)
- Faith Based Support
- Trusted Friends
- Local or online support groups
- Veterans Services

Meditation Apps

Safety Planning Apps

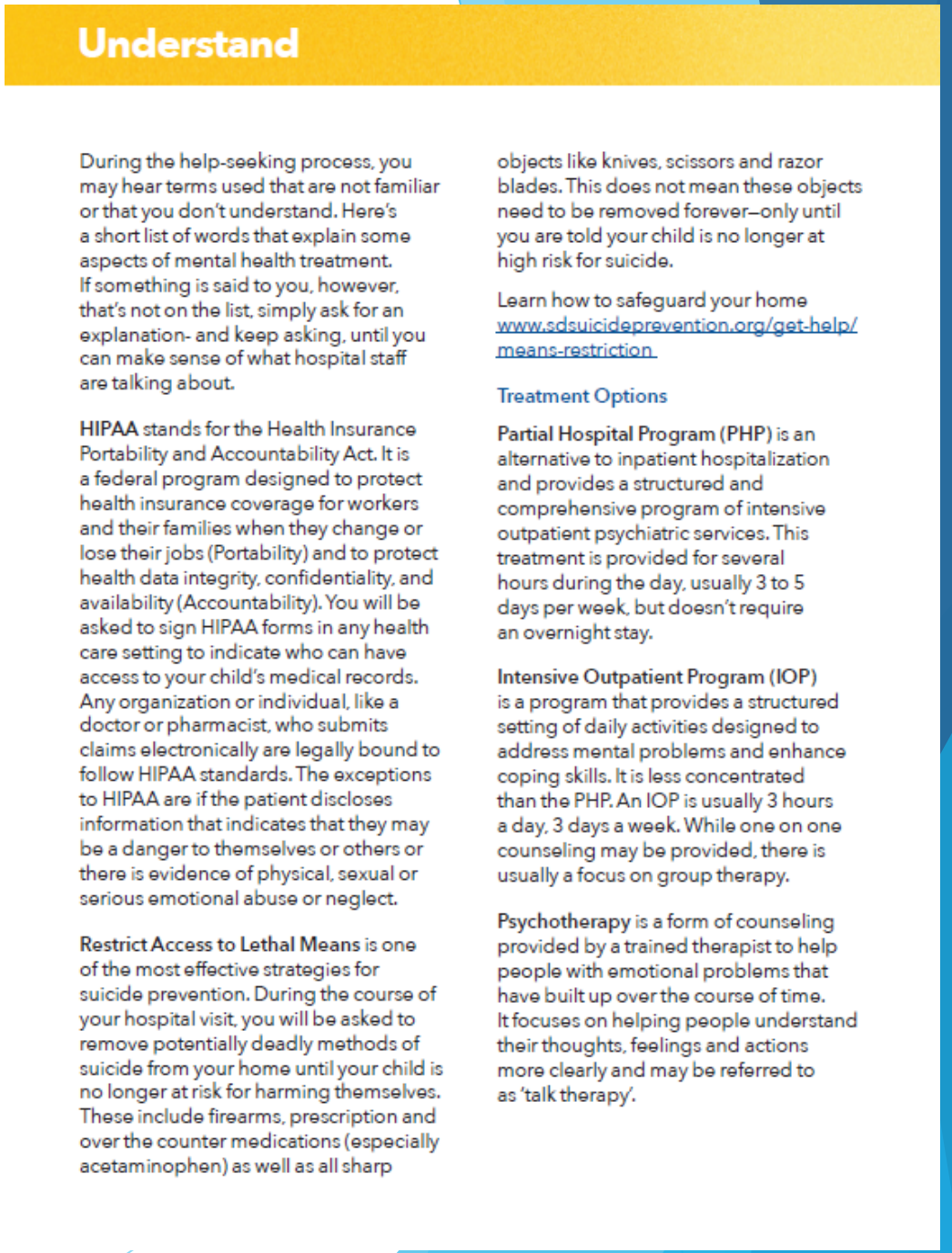
- MY3 www.my3app.org
- Virtual Hope Box
- My Life My Voice mood journaling app www.yourlifeyourvoice.org

New Jersey Specific

- 2nd Floor Youth Helpline (call or text) 888-222-2228
- NJ Hopeline 855-654-6735
- Performcare (NJ Children's System of Care) 877-652-7624
  - Mobile Response & Stabilization
  - Behavioral Services: community based, in-home, out of home residential services, family support
  - Substance Use Treatment Services

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**



Understand

During the help-seeking process, you may hear terms used that are not familiar or that you don't understand. Here's a short list of words that explain some aspects of mental health treatment. If something is said to you, however, that's not on the list, simply ask for an explanation- and keep asking, until you can make sense of what hospital staff are talking about.

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a federal program designed to protect health insurance coverage for workers and their families when they change or lose their jobs (Portability) and to protect health data integrity, confidentiality, and availability (Accountability). You will be asked to sign HIPAA forms in any health care setting to indicate who can have access to your child's medical records. Any organization or individual, like a doctor or pharmacist, who submits claims electronically are legally bound to follow HIPAA standards. The exceptions to HIPAA are if the patient discloses information that indicates that they may be a danger to themselves or others or there is evidence of physical, sexual or serious emotional abuse or neglect.

Restrict Access to Lethal Means is one of the most effective strategies for suicide prevention. During the course of your hospital visit, you will be asked to remove potentially deadly methods of suicide from your home until your child is no longer at risk for harming themselves. These include firearms, prescription and over the counter medications (especially acetaminophen) as well as all sharp objects like knives, scissors and razor blades. This does not mean these objects need to be removed forever—only until you are told your child is no longer at high risk for suicide.

Learn how to safeguard your home www.sdsuicideprevention.org/get-help/means-restriction

Treatment Options

Partial Hospital Program (PHP) is an alternative to inpatient hospitalization and provides a structured and comprehensive program of intensive outpatient psychiatric services. This treatment is provided for several hours during the day, usually 3 to 5 days per week, but doesn't require an overnight stay.

Intensive Outpatient Program (IOP) is a program that provides a structured setting of daily activities designed to address mental problems and enhance coping skills. It is less concentrated than the PHP. An IOP is usually 3 hours a day, 3 days a week. While one on one counseling may be provided, there is usually a focus on group therapy.

Psychotherapy is a form of counseling provided by a trained therapist to help people with emotional problems that have built up over the course of time. It focuses on helping people understand their thoughts, feelings and actions more clearly and may be referred to as 'talk therapy'.

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

society for the prevention of teen suicide

Building An Empathic Bridge

New Tools For Assessing And Managing Suicide Risk In Pediatric Patients

@sptsusa

Society for the Prevention of Teen Suicide

www.sptsusa.org

susan@sptsusa.org

732-410-7900

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- ❑ **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:**
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  - •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.***

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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