Children's Mercy

Behavioral Health in Primary Care

Suicide Screening, Assessment and Triage



September 24, 2021

Introduction

Suicide is the second leading cause of death among young people ages 10-24. Asking kids questions about suicide is safe and important for suicide prevention. Research has shown that asking kids about thoughts of suicide is not harmful and does not put thoughts or ideas into their heads. Early detection is a critical prevention strategy. Most people who die of suicide visited a healthcare provider within months before their death. This means health care providers have an opportunity to identify those at risk and intervene. In February 2016, the Joint Commission for health care accreditation issued a sentinel event alert recommending all patients in all medical settings be screened for suicide risk.

https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/youth-ed/parent_ed_youth_asq_nimh_toolkit.pdf

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Screening & Assessment Tools

The screening tools listed below are for adolescents, ages are specified with each tool. If suicide risk is present in younger children, a full mental health evaluation is recommended rather than a screening tool.

Screening tools are not diagnostic.

Team education and the development of a comprehensive response plan is crucial prior to implementing screening.

	PHQ 2-Depression Screening	PHQ 9-Depression & Suicide Screening	ASQ-Suicide Screening
Description	Evaluating depressed mood and inability to feel pleasure in the past two weeks	Evaluating depressed mood and inability to feel pleasure in the past two weeks	Evaluating suicide risk
Ages	12 and above	11-17	8-21
Scoring	A score of 3 or greater warrants further evaluation.	A score of 5 or greater warrants further evaluation. 0-4 No or minimal depression 5-9 Mild depression 10-14 Moderate depression 15-19 Moderately severe depression 20-27 Severe depression	If any 'yes' answers on questions 1-4 proceed to question 5. A "yes" to any question is considered a positive screen.
Intervention	Assess the duration and severity of symptoms and level of engagement and understanding of parent/caregiver.	Assess the duration and severity of symptoms and level of engagement and understanding of parent/caregiver.	Assess the duration and severity of symptoms and level of engagement and understanding of parent/caregiver.
Link	https://www.med-iq.com/files/noncme/material/pdfs/LI042%20IG%20tools.pdf	https://www.med-iq.com/files/noncme/material/pdfs/LI042%20IG%20tools.pdf	NIMH » Ask Suicide-Screening Questions (ASQ) Toolkit (nih.gov)

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Scripting

When you first start suicide screening, it can feel uneasy to bring it up. Below are suggestions from the National Institutes of Mental Health about how to initiate the conversation. Remember, the overwhelming majority of parents are glad you are asking.

a. "National safety guidelines recommend that we screen all kids for suicide risk. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child's safety, we will let you know."
   i. If the parent refuses to leave, proceed with the screening with them present.

b. Once parent steps out, say to patient: "I'm going to ask you a few questions." Administer the screening tool and any other questions you want to ask in private (e.g. domestic violence).

c. If patient screens positive, say to patient: "These can be hard things to talk about. Thank you for telling me. I'm going to share your answers with [insert name of MD, PA, NP, or mental health clinician] and he/she will come speak with you."

d. If patient screens positive, and parent/guardian is awaiting results, say: "We have some concerns about your child's safety that we would like to further evaluate. It's really important that he/she spoke up about this. I'm going to talk to [insert name of MD, PA, NP, or mental health clinician], and he/she will further evaluate your child for safety."

https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/youth-outpatient/nurse_script_outpatient_youth_asq_nimh_toolkit.pdf

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Suicide Screening

1. The US Preventive Services Task Force (USPSTF) recommends screening adolescents ≥12 years of age for major depressive disorder.

2. The American Academy of Pediatrics endorses the Guidelines for Adolescent Depression in Primary Care (GLAD-PC), which provides a comprehensive evidence-informed toolkit. https://www.thereachinstitute.org/wp-content/uploads/2021/08/glad-pc-toolkit-2018.pdf

Risk Factors for Suicide

- Access to lethal means (e.g., firearms)
- Aggressive/impulsive/risky behavior
- History of sexual or physical abuse
- Family psychiatric history
- History of bullying
- LGBTQ - Sexual orientation and gender identity
- Medical conditions, chronic pain, brain injury

Triggering Events

- Breakup
- Bullying
- School problems
- Rejection or perceived failure
- Sudden death of a loved one
- Suicide of a friend or relative
- Family stressors (divorce, jail, deployment)

Protective Factors

- Access to effective clinical care for mental, physical, and substance abuse disorders
- Restricted access to highly lethal means of suicide
- Strong connections to family & community support
- Use of a variety of coping skills and a flexible problem solving approach
- Cultural and religious beliefs that discourage and support self-preservation
- Reasons for living; future orientation

4 Screening Triage

Green

- Patient has mild symptoms of depression
- No suicidal/homicidal ideation
- Parent/caregiver is engaged, understands and is willing to follow provider recommendations
- Action:
  1. Provide resources for a community mental health provider and follow up to ensure a connection is made
  2. Provide education on safe storage of medications and firearms (guns should be stored locked with ammunition separate)

Yellow

- Patient has moderate symptoms of depression
  1. Assess duration of symptoms and level of engagement & understanding of parent/caregiver
  2. No suicidal/homicidal ideation
- Action:
  1. Recommend next day walk in appointment at a community mental health center and follow up to ensure a connection is made
  2. Provide education on safe storage of medications and firearms (guns should be stored locked with ammunition separate)
  3. Consider a safety plan
     a. A trusted adult the patient can talk to
     b. Coping strategies
        i. Music
        ii. Art
        iii. Exercise
     c. Identify a support system
     d. Provide crisis phone numbers

Red (patients in this category should NEVER be left alone)

- Patient has suicidal/homicidal ideation
- Patient has a plan for suicide and the means to carry out the plan
- Action:
  1. Call an ambulance for transfer to a psychiatric facility and have someone from your staff remain with the patient at all times
     a. Do not allow the patient to transfer in a private vehicle
  2. If parent/caregiver does not agree with transfer to a psychiatric facility and wants to take the patient home, share your concerns for the safety of the patient and emphasize your obligation to keep the child safe
  3. Do not allow a child who is actively suicidal to leave your practice without a plan to ensure safety and a mental health evaluation

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Levels of Care

Inpatient

- Acute hospitalization with 24/7 monitoring
- Average 3-6 day stay

Residential

- 3-6 month out of home treatment for children who cannot safely remain in the community
- Generally, a long wait list (months) and extensive process to get admitted

Partial Hospitalization Program

- Outpatient program where children attend 6-8 hours per day and return home in the evening

Intensive Outpatient Program

- 2-3 hours of outpatient therapy in the evening 2-3 times per week to allow children to attend school during the day

Outpatient

- 1 visit per week or month depending on severity of symptoms

> *A prior suicide attempt is the single most potent risk factor for youth suicide*
>
> *(Brent et al., 1999; Marttunen et al., 1992; Shaffer et al., 1996)*

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Inpatient Psychiatric Facilities for Children

St. Luke's Crittenton Children's Center
10918 Elm Ave, KCMO 64134
816-765-6600

Services
a. Inpatient
b. Psychiatric Residential Treatment Facility
c. Outpatient Therapy

Research Psychiatric Center
2323 E 63rd Street, KCMO 64130
816-444-8161

Services
a. Inpatient
b. Outpatient
c. Intensive Outpatient Program

University of Kansas Marillac Campus
8000 W 127th St, OPKS 66213
913-574-3800

Services
a. Inpatient
b. Partial Hospital Program
c. Outpatient Therapy

KCV Health Systems
4300 Brenner Dr, KCKS 66104
913-890-7400

Services
a. Inpatient
b. Outpatient
c. Psychiatric Residential Treatment Facility

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Community Mental Health Centers (CMHC)

What is a CMHC?

- Federally and state funded centers for anyone needing access to outpatient mental health diagnostic and treatment services. CMHC's are located near public transportation and offer free, or income-based mental health services.

Locations: https://dmh.mo.gov/behavioral-health/treatment-services/locating-services-treatment/community-mental-health-centers

- **Tri-County Mental Health**
  3100 NE 83rd Street, Suite 1001, KCMO 64119
  816-468-0400
- **Swope Health Services**
  3801 Blue Parkway KCMO 64130
  816-922-7645
- **Truman Behavioral Health**
  300 W 19th Terrace KCMO 64108
  816-404-5700
- **ReDiscover Mental Health**
  901 NE Independence Ave, Lee's Summit, MO 64086
  816-246-8000
- **Comprehensive Mental Health**
  17611 E. 24 Hwy, Independence, MO 64056
  816-254-3652
- **Johnson County Mental Health Center**
  1125 W. Spruce, Olathe, KS 66061
  6440 Nieman Road, Shawnee, KS 66203
  913-826-4200
- **Wyandot Center**
  1301 N 47th St, KCKS 66102
  913-287-0007

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On Demand Mental Health Resources

Convenient, discrete, *affordable* access to a licensed therapist

- Average cost $50-$90 per visit

Options:

- Exchange messages
- Chat live
- Speak over the phone
- Video conference

Better Help

- https://www.betterhelp.com/about/
- Affordable, private on-line therapy. Anytime. Anywhere.

Talk Space

- https://www.talkspace.com/
- On-line counseling that provides users the confidential support of a licensed counselor through an easy-to-use and HIPAA-compliant app.

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Resources

1. Suicide prevention lifeline

- 1-800-273-8255

2. Crisis text line

- 741741

3. Missouri Department of Mental Health CommCARE Crisis Line

- 888-279-8188

4. Missouri Child Psychiatry Access Project (MO CPAP)

- **FREE** telephonic consultation for primary care providers with a psychiatrist.
- Monday-Friday
- 10am-6pm
- Response time: 30 minutes, or you may schedule in advance
- Ages: birth-21 years
- Enroll now via this link - https://showmeportal.missouri.edu/redcap/surveys/index.php?s=3A3TC8YFYX
- MO CPAP also offers free CME's, webinars, and training opportunities

5. Mental Health Technology Transfer Center

- https://mhttcnetwork.org/centers/mid-america-mhttc/home
- The Mid-America MHTTC focuses on integrated behavioral health and primary care, schools and mental health training programs. Our goal is to assist mental health programs and providers establish evidence-based programs that are locally supported and sustainable.

6. Lift Up KC

- https://liftupkc.org/
- Connect your patients and their families to trusted community resources.