



Suicide Prevention in Well Child Visits

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Disclosures

I have had no financial relationship or other affiliation with a commercial interest within the last 12 months

Objectives

- Review **importance** of addressing ***Suicide Prevention and Intervention*** in Well Child Visits
- Review a **practice plan** for ***Suicide Prevention and Intervention*** in Well Child Visits

It is **important** to prevent **Suicide** because



Suicide In SC 2017-18

AGES	DEATHS	MALES	FEMALES	FIREARM M/F	SUFFOCATION -M/F	POISONING -M/F	OTHER -M/F
Ages 5-9	1	0	1	0	0M/1F	0	0
Ages 10-14	21	16	5	8M/2F	8M/3F	0	0
Ages 15-19	85	70	15	39M/5F	24M/6F	2M/2F	5M/ 2F
TOTAL	107	86	21	47M/7F 54	32M/10F 42	2M/2F 4	5M/ 2F-7

<https://wisqars-viz.cdc.gov:8006/>



Firearms
are leading
Cause of
Suicide
Deaths in **SC**
And **US**



Suffocation is
2nd Leading
Cause of
Suicide
Deaths
In **SC** and
US



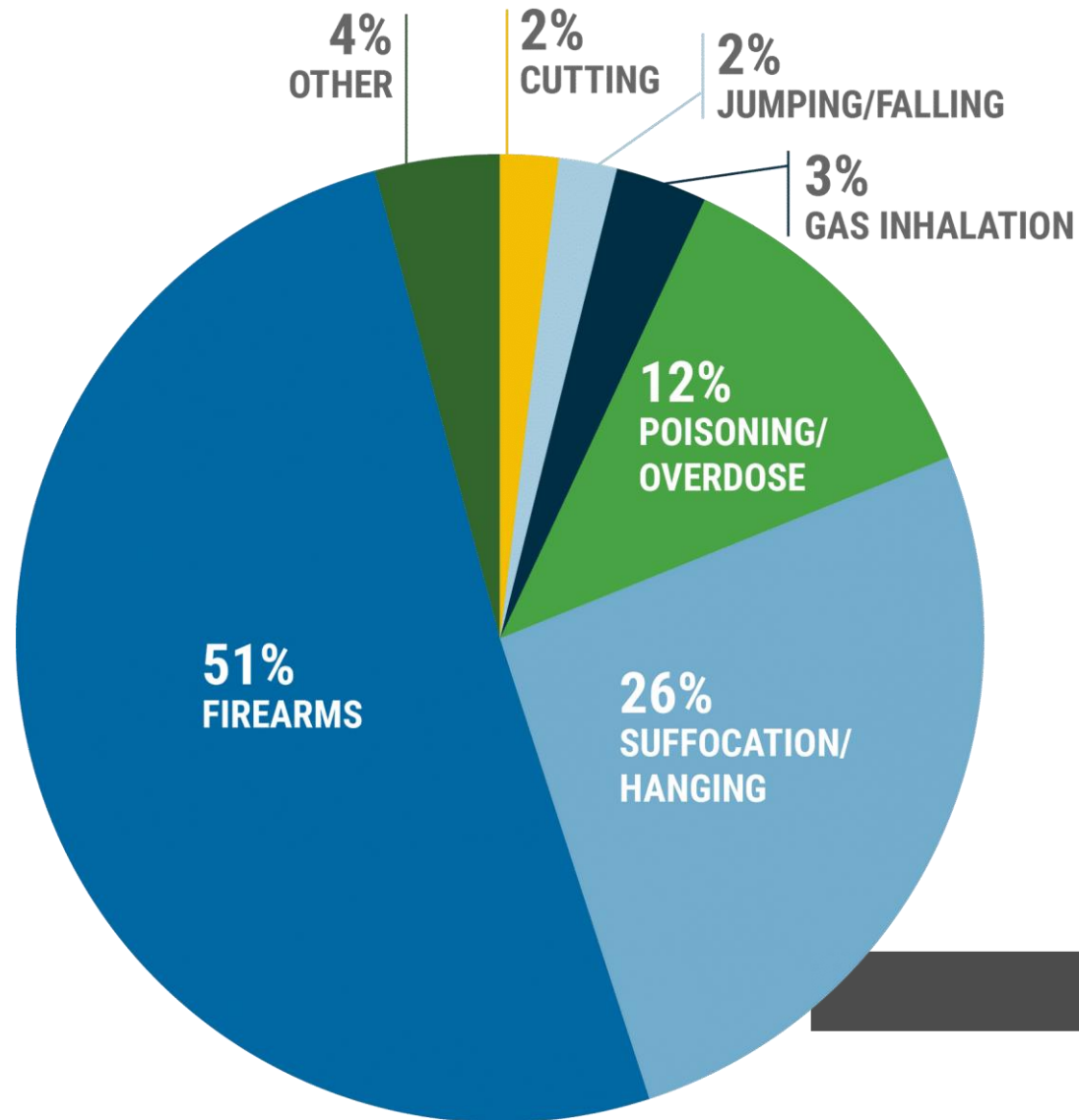
Meds are
Leading
Cause of
Suicide
Attempts
In **SC** and
US

2016 US Suicide Deaths

- 1) Firearms
- 2) Suffocation
- 3) Overdose

SC & US

Similar in
2017/18



AAP Teen Well Visit Priorities

- **Social Determinants of Health**
- **Physical Growth and Development**
- **Emotional Well-being**
 - **Mood regulation/Mental health**
- **Risk Reduction**
- **Safety**
 - **Firearm Safety**
- **Screening**
 - **Annual Depression Screening beginning age 12**

What to know

- **48%** of Suicide attempts occur with **little planning** during **short-term crisis** within **10 minutes** of crisis
- **90%** of attempters do **NOT** go on to die by suicide later
- **Intent** and **Means** determine if attempter lives or dies
- Use **direct questions** about current or past suicidal thoughts and behavior
- Let the patient know that **other people have similar thoughts and feelings**

<https://training.sprc.org/>

*Grossman DC, Mueller BA, Riedy C, et al. Gun storage practices and risk of youth suicide and unintentional firearm injuries. JAMA. 2005;293(6):707-14

<https://www.hsph.harvard.edu/means-matter/means-matter/youth-access/#refs>



Language Matters

CONSIDER THIS..

Died of/by suicide

Suicide death/attempt

Describe actual behavior

Diagnosed with

Not ready to engage

Experiencing the challenge differently

Choosing not to, making other choices

INSTEAD OF

~~Committed suicide~~

~~Successful/unsuccessful~~

~~Manipulative~~

~~She's borderline~~

~~Treatment resistant~~

~~In denial~~

~~Non-compliant~~

Practice Plan for WCC Visits

- 1) **Use Screening Tools**
- 2) **ASK Questions** during visit
- 3) **Identify Risk/Protective Factors**
- 4) **Conduct Suicide Inquiry**
- 5) **Determine Risk Level**
- 6) **Determine Intervention Needed**
- 7) **Treat Depression, if appropriate**
- 8) **Follow-Up**

1) Screening Tools

- **PHQ-9**-Depression and Suicide
- **PHQ-2**-Suicide
- **SAFE-T**-Suicide
- **ASQ** and **ASQ Toolkit**-Suicide
 - https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening-tool_155867.pdf

<http://zerosuicide.edc.org/toolkit/identify#quicktabs-identify=1>

1) Screening Tools

- **C-SSRS** Columbia Suicide Severity Rating Scale

- [https://cssrs.columbia.edu/wp-content/uploads/C-SSRS Pediatric-SLC_11.14.16.pdf](https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf)

- **PSS-3** Patient Safety Screener

- <http://www.sprc.org/micro-learning/patientsafetyscreener>

- **TASR-A** Tools for Assessment of Suicide Risk

- <https://teenmentalhealth.org/wp-content/uploads/2014/09/TASR-Am.pdf>

- **SBQ**-Suicide Behavior Questionnaire

- <https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/communications/SDQ-Color.pdf>

If PHQ-9 Positive-Consider

- **C-SSRS** Columbia Suicide Severity Rating Scale

- https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

- **SBQ**-Suicide Behavior Questionnaire

- <https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/communications/SDQ-Color.pdf>

2) AAP Sample Questions

- Do you **worry a lot** or feel **overly stressed out**?
- Have you been **feeling sad**, had **difficulty sleeping**, or **frequently feel irritable**?
- Do you ever **use any substances** to make you feel better?
- Do you **harm yourself**, such as by cutting, hitting, pinching yourself?
- Do you ever carry a **firearm**? Can you get a firearm if you want to? Is there a firearm **at home**? If so, do you know how to get hold of it? Have you **ever carried a firearm for protection**?
- Do you ever feel so upset that you **wish you were not alive** or **that you want to die**? Has anyone in your **family** had **mental health problems** or **attempted or died by suicide**?

2) Sample Questions

Over the past **two weeks**, have you been bothered by:

1. **Little interest or pleasure** in doing things?
2. Feeling **down, depressed, or hopeless**?
3. Thoughts that you want to **kill yourself**, or have you **attempted suicide**?

2) Sample Questions

- Are you **thinking** about **killing yourself**?
- Have you **ever tried to hurt yourself** before?
- Do you think you **might try to hurt yourself today**?
- Have you **thought of ways** that you might hurt yourself?
- Do you **have pills/weapons** in your home?

ASQ Questions

- In the past **few weeks**, have you **wished you were dead?**
- In the past **few weeks**, have you felt that you or your **family would be better off if you were dead?**
- In the **past week**, have you been having **thoughts about killing yourself?**
- Have you **ever tried to kill yourself?**

[Horowitz LM, Bridge JA, Teach SJ, et al. Ask Suicide-Screening Questions \(ASQ\): a brief instrument for the pediatric emergency department. Arch Pediatr Adolesc Med 2012; 166:1170](#)

3) Positive Now What?

3) Identify **Risk Factors/Protective Factors**

4) Conduct **Suicide Inquiry-**

- Ideation
- Plan
- Behaviors
- Intent

5) Determine **Risk Level**

6) Determine **Intervention** Needed

7) Treat **Depression**

8) Follow Up

3) Risk and Protective Factors

• **Risk Factors**

- 1) **Suicidal Behaviors**-Current and Past
- 2) **Mental Health Diagnoses**-Current and Past
 - Impulsivity/Self-Control/Mood
 - Alcohol and/or Other Drug Abuse
- 3) **History of Trauma**-Current and Past
- 4) **Stressors** and **Clinical Presentation**
- 5) **Access to Lethal Means**

• **Protective Factors**

- **Internal**-Problem-Solving/Coping Skills/Self-esteem
- **External** –Connectedness to support

4) Suicide Inquiry

- **Ideation**-Frequency, Intensity, Duration
- **Plan**- Timing, Location, **Lethality**, Availability, **Preparatory acts**
- **Behaviors**-Past attempts, **Aborted attempts**, **Rehearsals**, Self-injurious actions
- **Intent**-Extent to which **patient expects** to carry out **plan** and **believes plan to be lethal** vs. self-injurious

4) Suicide Inquiry

1) Tell me about a couple of times in the **past few months** when things were the worst for you—**did you think about suicide?**

- ***If yes, then ask:*** Did you take any **specific steps** toward an attempt? What **methods** did you think about? What **kept you alive?**

2) Tell me about the **last couple of days**—how much would you say **suicide** has been on your mind, if at all?

- ***If so, then ask:*** Are there **specific methods** you've thought about?

3) Have you thought about **how you'd kill yourself?**

- ***If yes, then ask:*** Have you thought about **when or where** you'd kill yourself?
- ***If they mention a specific method of suicide, then ask:*** What **other methods** are you thinking about?

4) Is there a **specific scenario** where you think you would **attempt suicide?**

5) Have you **ever attempted suicide** in the past, or started to?

5) Risk Level

- **Low Risk** *Modifiable* risk factors, *Strong* protective factors, **NO plan, NO intent** or **NO suicidal behaviors**
- **Moderate Risk** *Multiple* risk factors, *Few* protective factors, **Ideation** with **plan** but **NO intent** or **NO suicidal behaviors** in **past 3 months**
- **Severe Risk** *Serious unmodifiable* risk factors
 - *Psychiatric diagnoses* with severe symptoms/acute precipitating event
 - **NO relevant Protective** Factors
 - Potentially **Lethal Suicide Attempt** or **Persistent ideation** with **Strong intent** or **Suicidal behaviors** in **past 3 months**

6) Intervention

- Low/Moderate Risk

- Counsel, **Refer** for Mental Health Care, **Collaborative Safety Plan**, Lethal Means Safety **Follow-up**

- Severe Risk

- Counsel, **Collaborative Safety Plan**, Lethal Means Safety, **Crisis Referral to Mental Health**, Ensure everyone Closely Monitors while arranging care, **Follow-up**

What to say

To Patient: Sometimes people who are **struggling** may have a **crisis** and suddenly experience **strong suicidal feelings**. I'm not saying this is likely to happen, but if it does, I want to be sure **you make it through safely** and **get the help you need**. Can we **talk over a plan, just in case?**

To Parent/Caregiver: If a child or teenager **attempts suicide**, it's usually **at home** and it's often a **quick decision**. **Putting time and distance** between them and a **method that could do serious harm** is one of the **single most effective steps** to **protect your child**.

- **Pills are the most frequent** method of **attempt** and **guns are the most lethal**, so let's start with those

6) Collaborative Safety Plans

- **Warning Signs**

- Thoughts, images, mood, situations, behaviors that I know can *precede a suicidal crisis*

- **Internal Coping Strategies**

- *Things I can do to take my mind off* my problems without **contacting** another person (relaxation technique, physical activity)

- **People/Social Situations That Can Help Distract Me**

- *Places I can easily access* that provide a **safe environment** (a library, mall, coffee shop)

6) Collaborative Safety Plans

- **People I Can Ask for Help**

- *Three (3) support persons; available, able, aware* of resources, and **informed** that they are part of safety plan

- **Professionals/Agencies I Can Contact During Crisis**

- *Professionals and crisis support* numbers **24/7** availability

- **Making the Environment Safe**

- *Lethal means safety, limit/eliminate substance use,* and strategies to *maintain a safe environment*

6) Lethal Means Safety

- **Removal of Firearms from home-BEST**
 - *Free options:* **Trusted Relative/Friend, Law Enforcement**
 - *Cost options:* **Self-storage Unit, Shooting Range Locker, Pawn Shops, Gun Shops**
- **Safely Store Firearms**
 - **Locked and unloaded** with ammunition locked up separately or not in home
 - **Disassemble** guns and **lock** a critical component

6) Lethal Means Safety

• Medications

- Safely **dispose** of all unneeded/outdated meds
- **Steel toolbox** secured by **padlock** for current meds
- Explore with pharmacy and only prescribe **safe quantities** of medication

• *Search and Monitor*

- **Belts, Ropes, and other Suffocation devices**
- **Knives and other Lethal devices**

7) Depression Treatment

- **Antidepressant** Initiation

- Explain **box warning**
- Explain ***length of time*** to efficacy
- Make sure patient and caregiver **understand medication instructions**
- **Avoid Tricyclics** due to small difference between **therapeutic levels** and **toxic levels**
- In terms of adolescent confidentiality
 - **SAFETY TRUMPS PRIVACY**

7) Depression Treatment

- **Contact Clinician** after **Antidepressant Start** if:
 - New or **more frequent thoughts** of wanting to die
 - Self-destructive behavior
 - Signs of **increased anxiety/panic**, agitation, **aggressiveness**, impulsivity, **insomnia**, or irritability
 - New or more **involuntary restlessness** such as **pacing** or **fidgeting**
 - Extreme degree of **elation** or energy
 - Fast, **driven speech**
 - New onset of **unrealistic plans** or goals

8) Follow Up

- Continue **Follow Up** after Referral
- **Collaborative care is important**
 - Results in **greater reduction** of depressive symptoms in a primary care setting*
- Use **HELLPPP** - Mental Health Competencies
 - **Hope, Empathy, Language, Loyalty, Permission, Partnership, Plan****

*Richardson LP, Ludman E, McCauley E, et al. Collaborative care for adolescents with depression in primary care: a randomized clinical trial. *JAMA*. 2014;312(8):809–816

**Foy JM, Green CM, Earls MF, AAP COMMITTEE ON PSYCHOSOCIAL ASPECTS OF

CHILD AND FAMILY HEALTH, MENTAL HEALTH LEADERSHIP WORK GROUP. Mental Health Competencies For Pediatric Practice. *Pediatrics*. 2019; 144(5):e20192757



Crisis Lines

- **Suicide Prevention Lifeline**
 - **1-800-273-8255 (1-800-273-TALK)**
 - **Text HOPE4SC to 741741**
 - **Call 911**



<https://suicidepreventionlifeline.org/>

polling questions

1. What is the 2nd leading cause of suicide death in SC and the US?
 - a. Firearm
 - b. Overdose
 - c. Suffocation
 - d. Cutting

2. What is the leading method of suicide attempts in SC and the US?
 1. Firearm
 2. Overdose
 3. Suffocation
 4. Cutting

3. What is the leading method of suicide death in SC and the US?
 - a. Firearm
 - b. Overdose
 - c. Suffocation
 - d. Cutting

4. What % of Suicide Attempts occur within 10 minutes of a crisis?
 - a. 10%-25%
 - b. 25%-40%
 - c. 40%-55%
 - d. 55%-70%
 - e. 70%-85%
 - f. 85%-100%

polling answers

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Your story
isn't over yet.



Reach out
Speak Up