Adolescent suicide prevention: Risk screening, assessment, and safety planning

Melissa Weddle, MD, MPH
Pediatric Review and Update
October 18, 2018
Objectives

- Recognize adolescent suicide risk
- Identify strategies for screening of suicide risk
- Describe assessment and management of those at increased risk
PART 1

The Evidence
FOR SUICIDE RISK SCREENING
Youth Suicide in Oregon

Figure 1: Suicide rates among youth aged 10 to 24 years, U.S. and Oregon, 2003-2017

Source: CDC WISQARS and OPHAT
Youth Suicide in Oregon

Contemplated Suicide in Last 12 Months

<table>
<thead>
<tr>
<th>Year</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>2015</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>2017</td>
<td>17%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: 2013, 2015, 2017
Oregon Healthy Teens Survey
Youth Suicide in Oregon

Contemplated Suicide in the last 12 Months

Note: “Transgender or gender...” includes those who identified as transgender, gender fluid, genderqueer, gender nonconforming, intersex/intergender, multiple responses, and “not sure of gender”

Source: 2017 Oregon Healthy Teens Survey
Youth Suicide in Oregon

Contemplated Suicide in the last 12 Months

Source: 2017 Oregon Healthy Teens Survey
Youth Suicide in Oregon

Attempted Suicide in the Last 12 Months

Note: “Transgender or gender..” includes those who identified as transgender, gender fluid, genderqueer, gender nonconforming, intersex/intergender, multiple responses, and “not sure of gender.”

Source: 2017 Oregon Healthy Teens Survey
Youth Suicide in Oregon

**Attempted Suicide in the Last 12 Months**

<table>
<thead>
<tr>
<th></th>
<th>8th grade</th>
<th>11th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian or Gay</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Straight</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>25%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: 2017 Oregon Healthy Teens Survey
Youth Suicide in Oregon

**Chart:** Attempted Suicide in Last 12 Months (11th Grade)

- Native American: 12%
- Asian: 9%
- Black/African American: 9%
- Hawaiian/Pacific Islander: 11%
- White: 6%
- Multiracial/Other: 7%
- Hispanic: 8%

*Source: 2017 Oregon Healthy Teens Survey*
Youth Suicide in Oregon
Suicide deaths by age, Oregon 2017

Source: Oregon Violent Death Reporting System
Youth Suicide in Oregon
Suicide deaths by gender, Oregon 2017

- Female: 20%
- Male: 80%
### September 2019

| 47 youth served | 414 youth served |

| 38% of cases were suicide attempts | 34% of cases were suicide attempts |

| 89% of suicide attempts were overdoses | 89% of suicide attempts were overdoses |

| 18 lockboxes provided to families | 107 lockboxes provided to families |

| 38% of referrals were from the ED | 50% of the referrals were from the ED |

| 34% of patients went to inpatient, 9% went to subacute, 2% went to residential, 55% were discharged to outpatient | 23% of cases went to inpatient, 8% went to subacute, 2% went to residential, 68% were discharged to outpatient |

| 70% of patients were female, 28% of patients were male, 0% of patients were trans: feminine, 2% of patient were trans: masculine | 62% of patients were female, 35% of patients were male, 0% patients were trans: feminine, 3% of patient were trans: masculine |
Suicide Attempts

\[ y = 0.0016x - 54.073 \]

\[ R^2 = 0.0464 \]
PART 2

Recommended
SCREENING & ASSESSMENT TOOLS
National Recommendations

American Academy of Pediatrics recommends that pediatricians ask questions about mood disorders, sexual orientation, suicidal thoughts, and other risk factors associated with suicide during routine health care visits.

American Academy of Child and Adolescent Psychiatry recommends that physicians be aware of patients at high risk for suicide.

American Medical Association Guidelines for Adolescent Preventive Services recommends that all adolescents be asked annually about behaviors or emotions that indicate risk for suicide.
Why should Primary Care Practitioners Screen?

- Suicide is the #2 cause of death of 10 – 24 year olds
- 70% of adolescents seen by PCP annually
- Adolescents more comfortable with PCP
- Patients who died by suicide visited PCPs over 2 times as often as mental health clinicians
Barriers to PCP Screening & Assessment

- **Time**: 32.8%
- Adequate training: 25.5%
- Adequate knowledge: 32.9%
- Comfort discussing suicide: 64.2%
Why screen in the hospital or ED?

- 30% of adolescents have not been seen by a PCP in the past year
- PCP may not have screened or had adequate training
Minor Consent and Confidentiality

ORS 109.675 - a minor who is 14 years or older may access outpatient mental health, drug, or alcohol treatment without parental consent

ORS 109.860 - for mental health and chemical dependency services, the provider may disclose health information to a minor’s parent or guardian if:

- It is clinically appropriate and in the minor's best interests
- The minor must be admitted to a detoxification program
- The minor is at risk of committing suicide and requires hospital admission.

Confidentiality Exceptions:

- Risk of harm to self or others
- Abuse
Risk Factors for Suicide

- Family history of suicide or child maltreatment
- Previous suicide attempt(s)
- History of trauma and/or personality or mood disorders
- History of alcohol and substance abuse
Risk Factors for Suicide

- Feelings of hopelessness
- Isolation
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
Warning Signs

- Talking about wanting to die
- Talking about being a burden to others
- Increasing use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly
Warning Signs

■ Sleeping too little or too much
■ Withdrawing from family or friends or feeling isolated
■ Displaying extreme mood swings
■ Saying good-bye to loved ones, giving belongings away
Protective Factors

- Family and community support (connectedness)
- Self-esteem and a sense of purpose and meaning
- Problem solving, conflict resolution, coping, and nonviolent communications skills
- Cultural or religious beliefs
- Effective clinical care
Components of Evaluation

■ Screening
■ Assessment
■ Safety Plan
■ Lethal Means Counseling
■ Disposition
Suicide Risk Screening and Assessment Tools

### Screening Tools
- PHQ-A (Patient Health Questionnaire for Adolescents)
- asQ (Ask Suicide-Screening Questions)
- C-SSRS (Columbia-Suicide Screening Rating Scale)

### Assessment Tools
- asQ BSSA (Brief Suicide Screening Assessment)
- C-SSRS
Depression and Suicide Risk Screening

PHQ-9 Modified for Adolescents

PHQ-9 plus suicide questions

11-17 years old

The PHQ-A can be considered a suicide risk screening tool **ONLY if suicide questions are included and everyone answers them (e.g. not only when PHQ-2 is positive)**
Suicide Risk Screening - asQ

asQ Information Sheet

Developed for patients 10-24, for use in pediatric EDs, inpatient, and primary care settings

For use by non-psychiatric clinicians

12.1% of US adolescents experience suicide ideation, 4% develop a suicide plan, and 4.1% attempt suicide

Solely relying on depression screening through PHQ-9 missed up to 28% of participants at risk for suicide
Suicide Risk Screening - asQ

asQ Suicide Risk Screening Tool

Available in multiple languages

Takes 1-2 minutes to screen

100% Sensitivity in Primary Care

88% Specificity in Primary Care

Negative Screen: “No” on first 4 questions; end of screen

Positive screen: “Yes” to any of first 4 questions requires answer to question 5, patients cannot leave until evaluated for safety

Acute positive screen: “Yes” on question 5, patient requires STAT safety/full mental health evaluation

Non-acute positive screen: “No” on question 5, use asQ Brief Suicide Safety Assessment (BSSA) (~10-15 minutes)
Your child’s health and safety is our #1 priority. New national safety guidelines recommend that we screen children and adolescents for suicide risk.

We will ask you to step out of the room for a few minutes so a nurse can ask your child some additional questions about suicide risk and other safety issues in private.

If we have any concerns about your child’s safety, we will let you know.

Suicide is the 2nd leading cause of death for youth. Please note that asking kids questions about suicide is safe, and is very 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.

Please feel free to ask your child’s doctor if you have any questions about our patient safety efforts.

Thank you in advance for your cooperation.
Brief Suicide Safety Assessment

asQ BSSA (Outpatient Version)

Developed for primary care
For use by non-psychiatric clinicians
Contains protocol and scripts for talking to pediatric patients and parents
Brief Suicide Safety Assessment

asQ BSSA (Outpatient Version)

Cues each step of process:

1. Praise patient
2. Assess the patient
3. Interview patient & parent/guardian together
4. Make a safety plan with the patient
5. Determine disposition
6. Provide Resources to all patients
BSSA Step 1: Praise Patient

“Praise patient for discussing their thoughts. I’m here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions.”
BSSA Step 2: Assess the Patient

asQ BSSA (Outpatient Version)

Step 2: Assess the patient

Frequency of suicide thoughts

Suicide plan

Past behaviors

Symptoms

Social supports and stressors
BSSA Step 2a: Frequency of Suicidal Thoughts

Assess the patient
Review patient’s responses from the asQ

Frequency of suicidal thoughts

Determine if and how often the patient is having suicidal thoughts.

Ask the patient: “In the past few weeks, have you been thinking about killing yourself?” If yes, ask: “How often?” (once or twice a day, several times a day, a couple times a week, etc.) “When was the last time you had these thoughts?”

“Are you having thoughts of killing yourself right now?” (If “yes,” patient requires an urgent/STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)
BSSA Step 2b: Suicide Plan

Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means).

**Ask the patient:** “Do you have a plan to kill yourself?” If yes, ask: “What is your plan?” If no plan, ask: “If you were going to kill yourself, how would you do it?”

**Note:** If the patient has a very detailed plan, this is more concerning than if they haven’t thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).
BSSA Step 2c: Past Behavior

Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).

Ask the patient: “Have you ever tried to hurt yourself?”
“Have you ever tried to kill yourself?”

If yes, ask: “How? When? Why?” and assess intent: “Did you think [method] would kill you?” “Did you want to die?” (for youth, intent is as important as lethality of method)

Ask: “Did you receive medical/psychiatric treatment?”

Note: Past suicidal behavior is the strongest risk factor for future attempts.
BSSA Step 2d: Symptoms

- **Symptoms**
  - **Ask the patient about:**

  - **Depression:** “In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?”
  - **Anxiety:** “In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?”
  - **Impulsivity/Recklessness:** “Do you often act without thinking?”
  - **Hopelessness:** “In the past few weeks, have you felt hopeless, like things would never get better?”
  - **Anhedonia:** “In the past few weeks, have you felt like you couldn’t enjoy the things that usually make you happy?”
  - **Isolation:** “Have you been keeping to yourself more than usual?”
  - **Irritability:** “In the past few weeks, have you been feeling more irritable or grouchier than usual?”
  - **Substance and alcohol use:** “In the past few weeks, have you used drugs or alcohol?” If yes, ask “What? How much?”
  - **Sleep pattern:** “In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?”
  - **Appetite:** “In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?”
  - **Other concerns:** “Recently, have there been any concerning changes in how you are thinking or feeling?”
BSSA Step 2e: Social Support & Stressors

**Social Support & Stressors**

(For all questions below, if patient answers yes, ask them to describe.)

**Support network:** “Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/counselor?” If yes, ask: “When?”

**Family situation:** “Are there any conflicts at home that are hard to handle?”

**School functioning:** “Do you ever feel so much pressure at school (academic or social) that you can’t take it anymore?”

**Bullying:** “Are you being bullied or picked on?”

**Suicide contagion:** “Do you know anyone who has killed themselves or tried to kill themselves?”

**Reasons for living:** “What are some of the reasons you would NOT kill yourself?”
BSSA Step 3: Interview Parent/Guardian Together

**Ask Suicide-Screening Questions**

**Brief Suicide Safety Assessment**

*If patient is ≥ 18 years, ask patient’s permission for parent/guardian to join.*

- **Say to the parent:** “After speaking with your child, I have some concerns about his/her safety. We are glad your child spoke up as this can be a difficult topic to talk about. We would now like to get your perspective.”
  - “Your child said... (reference positive responses on the asQ). Is this something he/she shared with you?”
  - “Does your child have a history of suicidal thoughts or behavior that you’re aware of?” If yes, say: “Please explain.”
  - “Does your child seem:
    - Sad or depressed?”
    - Anxious?”
    - Impulsive? Reckless?”
    - Hopeless?”
    - Irritable?”
    - Unable to enjoy the things that usually bring him/her pleasure?”
    - Withdrawn from friends or to be keeping to him/herself?”

- “Have you noticed changes in your child’s:
  - Sleeping pattern?”
  - Appetite?”
  - “Does your child use drugs or alcohol?”
  - “Has anyone in your family/close friend network ever tried to kill themselves?”
  - “How are potentially dangerous items stored in your home?” (e.g. guns, medications, poisons, etc.)
  - “Does your child have a trusted adult they can talk to?”
  - “Are you comfortable keeping your child safe at home?”

At the end of the Interview, ask the parent/guardian:
“Is there anything you would like to tell me in private?”
BSSA Step 4: Make a Safety Plan with the Patient

4 Make a safety plan with the patient

Create a safety plan for managing potential future suicidal thoughts. A safety plan is different than making a “safety contract”; asking the patient to contract for safety is NOT effective and may be dangerous or give a false sense of security.

Say to patient: “Our first priority is keeping you safe. Let’s work together to develop a safety plan for when you are having thoughts of suicide.”
Examples: “I will tell my mom/coach/teacher.” “I will call the hotline.” “I will call __________.”

Discuss coping strategies to manage stress (such as journal writing, distraction, exercise, self-soothing techniques).

Discuss means restriction (securing or removing lethal means). “Research has shown that limiting access to dangerous objects saves lives. How will you secure or remove these potentially dangerous items (guns, medications, ropes, etc.)?”

Ask safety question: “Do you think you need help to keep yourself safe?” (A “no” response does not indicate that the patient is safe; but a “yes” is a reason to act immediately to ensure safety.)
BSSA Step 5: Determine Disposition

Outcomes based on assessment:

1. Immediate referral to mental health provider
2. Safety planning with urgent referral to mental health provider within 72 hours
3. Safety planning with non-urgent referral to mental health provider
4. No further intervention needed at this time
BSSA Step 6: Provide Resources to all Patients

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 741-741

asQ Suicide Risk Screening Toolkit
NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)
Oregon Resources:

**Lines For Life** - National Suicide Prevention Lifeline above re-directs here

**YouthLine** – a teen to teen crisis and help line; teens available to help daily from 4-10PM, off-hours call re-direct to Lines for Life

Call: 877-968-8491
Text: teen2teen to 839863
Chat: [http://www.oregonyouthline.org](http://www.oregonyouthline.org)
PART 3

Management, Referral, and Structured Follow-up
Safety Planning Template

Safety Plan Template (Brown and Stanley)

Free to use after registering on website

~20-30 minutes to complete with patient, collaborative process

Identifies Internal coping strategies
Enhancing social support
Professional Supports
Emergency contacts
Safety Planning Intervention Example

**Steps:**

**Step 1:** Recognize warning signs

**Step 2:** Identify and employ internal coping strategies

**Step 3:** Use healthy social contacts as a means of distraction.

**Step 4:** Contact family and friends for help

**Step 5:** Contact MH professional or emergency services if needed

**Step 6:** Reduce access to lethal means

---

<table>
<thead>
<tr>
<th>SAFETY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1: Warning signs:</strong></td>
</tr>
<tr>
<td>1. Suicidal thoughts and feeling worthless and hopeless</td>
</tr>
<tr>
<td>2. Urges to drink</td>
</tr>
<tr>
<td>3. Intense arguing with girlfriend</td>
</tr>
<tr>
<td><strong>Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:</strong></td>
</tr>
<tr>
<td>1. Play the guitar</td>
</tr>
<tr>
<td>2. Watch sports on television</td>
</tr>
<tr>
<td>3. Work out</td>
</tr>
<tr>
<td><strong>Step 3: Social situations and people that can help to distract me:</strong></td>
</tr>
<tr>
<td>1. AA Meeting</td>
</tr>
<tr>
<td>2. Joe Smith (cousin)</td>
</tr>
<tr>
<td>3. Local Coffee Shop</td>
</tr>
<tr>
<td><strong>Step 4: People who I can ask for help:</strong></td>
</tr>
<tr>
<td>1. Name: Mother</td>
</tr>
<tr>
<td>2. Name: AA Sponsor (Frank)</td>
</tr>
<tr>
<td><strong>Step 5: Professionals or agencies I can contact during a crisis:</strong></td>
</tr>
<tr>
<td>1. Clinician Name: Dr. John Jones</td>
</tr>
<tr>
<td>Clinician Pager or Emergency Contact #: 555-822-9699</td>
</tr>
<tr>
<td>2. Clinician Name:</td>
</tr>
<tr>
<td>Clinician Pager or Emergency Contact #:</td>
</tr>
<tr>
<td>3. Local Hospital ED: City Hospital Center</td>
</tr>
<tr>
<td>Local Hospital ED Address: 222 Main St</td>
</tr>
<tr>
<td>Local Hospital ED Hours: 333-9000</td>
</tr>
<tr>
<td>4. Suicide Prevention Lifeline Phone: 1-800-273-TALK</td>
</tr>
<tr>
<td><strong>Making the environment safe:</strong></td>
</tr>
<tr>
<td>1. Keep only a small amount of pills in home</td>
</tr>
<tr>
<td>2. Don’t keep alcohol in home</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>
Lethal Means Statistics

What is it about guns?

- 85% lethality
- > 33% of households have guns
- Irreversible damage
- 85% come from the victim’s home
Lethal Means: Special Issues Related to Suicidal Youth

Involves parents and guardians whenever possible. Ask questions about means restriction with parents privately.

Gently assume there may be guns in the home.

Example scripts:

“Let’s talk about securing your guns so we can keep your child safe”

“Now might be a good time to give your guns to a friend or family member for safe-keeping”
Lethal Means: Special Issues Related to Suicidal Youth

It is important to remove and limit access to other lethal means:
- material that could be used for hanging
- medication lockbox
Means Safety Resources

[Images: A first aid kit and a bag with pills]

Lockmed.com
Referrals

Local Mental Health Resources
Identify community mental health partners

OPAL-K
Can assist with diagnostic questions

Lines For Life
Can assist with identifying local community mental health providers and resources
Phone consultation to Psychiatry for assistance in treatment and support of patients with mental health difficulties.

Washington’s PAL Clinician’s guide is available at www.palforkids.org/resources.html.
Implementation

“It’s not how are we going to do this, but how are we going to handle it if we lose one of our patients?”

~Ted Abernathy, MD
(Pilot Pediatrician for asQ Implementation)
Implementation

1. Education of staff about importance of screening
2. Identify a champion(s)
3. Provide information about confidentiality
Office Implementation

4. Establish flow of screening forms

When and where do patients receive screen?
Confidential space for patient to complete screen?
Who will review/score screen?
How is provider notified of results?
How are results documented in the chart?
Office Implementation

5. Can forms be embedded in EMR?

6. Establish tracking system to follow-up with patients
Phone consultation to Psychiatry for assistance in treatment and support of patients with mental health difficulties.

Washington’s PAL Clinician’s guide is available at www.palforkids.org/resources.html

PART 5

Resources
OPAL-K
(Oregon Psychiatric Access Line about Kids)

Psychiatric phone consultation for medical practitioners who treat children and adolescents with mental health difficulties

9 am to 5 pm, Monday through Friday
855-966-7255 (toll-free) or 503-346-1000 (Portland metro)

Register online: www.ohsu.edu/opalk
Fax: 503-346-1389
Email: opalk@ohsu.edu
Other Resources/Toolkits

**Resources for providers**

- OCCAP (Oregon Council of Child and Adolescent Psychiatry)
- Zero Suicide
- Suicide Prevention Resource Center (SPRC)
- Suicide Prevention in Primary Care Settings Toolkit (Deschutes County)

**Resources for youth**

- Lines For Life YouthLine
- Teens Finding Hope
- Trevor Project
- Youth ERA

**Resources for parents**

- Child Mind
- NAMI (National Alliance on Mental Illness) Toolkit
- OFSN (Oregon Families Support Network)
- Teens Finding Hope
Thanks to Oregon Pediatric Society and the Adolescent Suicide Prevention Task Force members who generously provided their time and expertise

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Long, MD, MPH</td>
<td></td>
</tr>
<tr>
<td>Greg Blaschke, MD, MPH</td>
<td></td>
</tr>
<tr>
<td>Kristin Case, FNP</td>
<td></td>
</tr>
<tr>
<td>Colbie Caughlan, MPH</td>
<td></td>
</tr>
<tr>
<td>Keith Cheng, MD</td>
<td></td>
</tr>
<tr>
<td>Kristan Collins, MD</td>
<td></td>
</tr>
<tr>
<td>Michael Harris, PhD</td>
<td></td>
</tr>
<tr>
<td>Ajit Jetmalani, MD</td>
<td></td>
</tr>
<tr>
<td>Kyle Johnson, MD</td>
<td></td>
</tr>
<tr>
<td>Rita Lahlou, MD</td>
<td></td>
</tr>
<tr>
<td>Stewart Newman, MD</td>
<td></td>
</tr>
<tr>
<td>Kristi Nix, MD</td>
<td></td>
</tr>
<tr>
<td>Teri Petterson, MD</td>
<td></td>
</tr>
<tr>
<td>Liz Stevenson, JD, MPH</td>
<td></td>
</tr>
<tr>
<td>Liz Thorne, MPH</td>
<td></td>
</tr>
<tr>
<td>Melissa Weddle, MD, MPH</td>
<td></td>
</tr>
</tbody>
</table>