A Pediatrician's Role in the Prevention of Youth Suicide - NVPeds White Paper Series Issue 4

Nevada Pediatric Psychiatry Solutions

The uncertainty and exposure to high-stress situations during the COVID-19 pandemic has significantly impacted youth throughout Nevada and around the world. Recent literature on the impact of living through a pandemic indicate youth have been experiencing increased levels of stress, which may manifest as feelings of helplessness, engagement in risky behaviors, and increased frequency of social problems (Meherali et al., 2021). Disease mitigation measures put in place for COVID-19 – including increased social isolation, missed developmental milestones, and separation from social support systems – have contributed to rising rates of depression and anxiety amongst adolescents (Racine et al., 2021) and increased rates of positive suicide-risk screening in pediatric emergency departments (Hill et al., 2021). Now, more than ever, it is important to assess youth for suicide risk and provide support to help strengthen mental wellness.

PEDIATRIC RECOMMENDATIONS

1. Use a standard assessment of suicide ideation for every patient
2. Stay up to date with youth suicide prevention training
3. Implement a referral & follow up process
4. Encourage your organization to adopt zero suicide practices
5. Connect with NVPeds

Understanding Youth Suicide

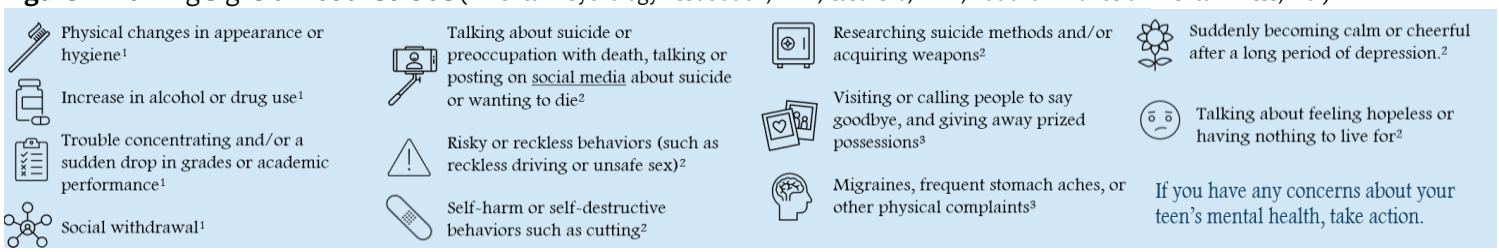
Prior to the pandemic, rates of Nevada high school students that made a suicide plan and attempted suicide were already on the rise, with a subsequent increase in the percentage of students who reported feeling sad or hopeless almost every day for two or more weeks during 2020 (Ahmedani et al., 2014; Diedrick et al., 2020a). Likewise, the percentage of middle school students who never or rarely received help when they felt sad, empty, hopeless, angry, or anxious increased between 2017 and 2019 (Diedrick et al., 2020b). Youth suicides (17 and under) in Nevada increased 60% between the years of 2017 and 2018, with Clark County numbers increasing by 90%. A statewide reduction of 42% was observed in 2019, but CDC reports an increase of 12.5% in 2020 and preliminary reports show an increase of 11% in 2021. It is important to note, the youngest suicide in Nevada lowered from 12 years in 2019 to 8 years of age in 2020 (Nevada Office of Suicide Prevention, n.d.). Becoming familiar with the warning signs of suicide and protective factors as youth experience negative life events will allow for pediatric healthcare providers to be more attuned to circumstances that may have significant impacts on the mental health of their patients.

Knowing the Signs

Whether evaluating a new patient, following up, or performing a wellness check, an empathetic approach to pediatric care greatly improves the patient experience, builds trust by empowering the relationship, and increases awareness of potential socioemotional or adverse events that may put the youth at risk for suicide (Foy et al., 2019). It is important to inquire with the youth (and family members if appropriate) about significant life events and everyday behaviors that may indicate suicidality. Awareness of both risk and protective factors for youth suicide provides a broader understanding and proactive approach to potential events.

Risk factors include any circumstance that increases the risk of suicidal thoughts, behaviors, or ideation. These may include exposures such as bullying, physical or mental illness, toxic stress, impulsivity, and history of trauma or abuse (American Psychology Association, 2018; Schaeffer, 2017). Likewise, Adverse Childhood Experiences (ACEs) have a strong relationship with youth substance use, suicidal ideation, and suicide attempts. Specifically, youth with three or more ACEs have almost twice the risk of suicide than those with two or less ACEs (Centers for Disease Control and Prevention, n.d.). Protective factors may include environmental, social, behavioral, moral, and emotional influences that can decrease a person's risk for suicide. The most common factors include a strong support system (both friends and family), academic success, engagement in regular physical activity, a sense of purpose or meaning in life, and cultural or religious beliefs that discourage suicide (Suicide Prevention Resource Center, n.d.; Vancampfort et al., 2018).

Figure 1. Warning Signs of Youth Suicide (American Psychology Association, 2018; Casarella, 2020; National Alliance on Mental Illness, n.d.)



Warning signs (Figure 1) are important indicators that may present during a routine wellness check or discussion with a patient. If appropriate, consider talking to family members of the patient to get more context about the presentation of these signs, including duration, manifestation, and any potential triggers that may cause these behaviors to begin or intensify.

How to Know if a Youth is at Risk

Studies have indicated that approximately 75-80% of youth who die by suicide saw a healthcare provider within 6 months to a year prior to the event, and 40-45% saw a provider within 1 month of the event (Ahmedani et al., 2014; Fontanella et al., 2020). Of the individuals who were seen within a month prior to suicide, only 24% had a known mental health diagnosis (Ahmedani et al., 2014), further emphasizing the importance that all patients need to be screened for potential suicide risk at every visit. With this increasing awareness, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA) joined together to declare a National State of Emergency in Children's Mental Health in 2021. Within this declaration, one of the primary recommendations included the improvement of clinical strategies amongst providers. Due to a lack of available mental health providers across both inpatient and outpatient settings, a clinical pathway model was developed utilizing a multidisciplinary approach to effectively screen youth for suicide risk (Brahmbhatt et al., 2019). This clinical pathway is an efficient, consistent method for assessing suicide risk in youth ages 10 and over.

> "We just didn't know the signs to look for, I thought my daughter was just going through typical teenage drama. The pediatrician saw signs of depression and pointed us in the right direction. We are so thankful, and she is doing much better."
>
> Family Voice from Nevada PEP

For most patient interactions, the clinical pathway requires only 20-30 seconds to administer the initial screening. If a patient has a positive screening, the full risk assessment takes approximately 15-20 minutes. It is important to note that it is not the responsibility of the pediatrician to provide a mental health intervention, but instead to be a professional advocate for the patient and provide the appropriate referral to behavioral health or other resources based on severity of risk. Furthermore, the clinical pathway is intended to be a blueprint for suicide-risk screening recommendations in youth and should never be utilized in place of a current facility's policies and procedures. Although the screening tools are an imperative component of risk mitigation and prevention of youth suicide, clinical judgement should never be overlooked. Pediatricians are encouraged to use information gathered through medical history, interviews with patients, and physical examination alongside suicide screening tools to make an informed determination of risk level for suicide (Brahmbhatt et al., 2019).

What to Do if a Youth Has Suicidal Ideations

It is essential that any assessment finding a youth at risk must be taken seriously. As the primary care provider, it is a pediatrician's responsibility to help the family understand the seriousness of the situation (Dilillo et al., 2015) and connect the family with appropriate help and care as soon as possible. Although some pediatric healthcare providers may be anxious about screening youth and uncomfortable with the next steps following an at-risk youth assessment (Bajaj et al., 2008; Plemmons et al., 2018), the steps below can offer a solid foundation for providing appropriate care, support, and training. As with any medical issue, early detection and immediate attention is the best way to prevent escalation of a health crisis. Below are some steps pediatricians can take to ensure that the youth remain safe and that they and their family receive the necessary support. It is important that families are connected with support *before* leaving a pediatrician's office – this may mean that the pediatrician sits with them to navigate a website to set up an appointment or make a joint phone call to an appropriate care provider to ensure that next steps are in place (Breslin et al., 2020).

Contact Mobile Crisis

It is important to help the youth and/or their family connect with the Children's Mobile Crisis Response Team (MCRT). MCRT is available 24 hours a day by calling 702-486-7865 (Rural Nevada and Clark County) or 775-688- 1670 (Washoe County). These units are available throughout Nevada to respond to youth experiencing any stage of a mental health crisis as defined by the family. MCRT may provide the family telephone triage or in-person crisis response. After the initial response, MCRT can provide short term crisis stabilization and aftercare services. Through these services, MCRT can help to reduce emergency room visits, facilitate short-term inpatient psychiatric hospitalization (when necessary), and keep youth united with their family while navigating a crisis. Services are available in English and Spanish. To learn more and contact Mobile Crisis, visit: https://www.knowcrisis.com/.

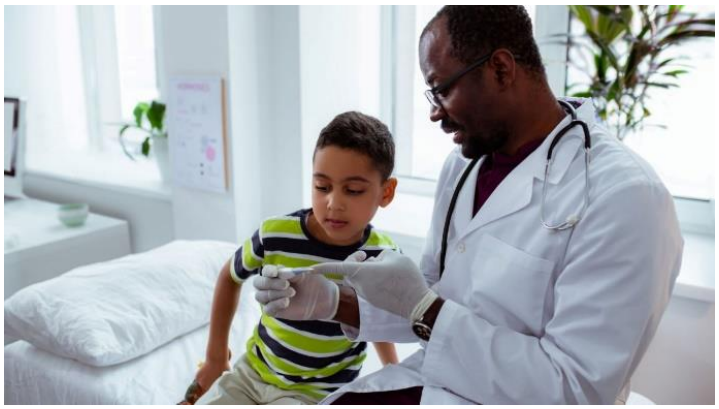
Children's Mobile Crisis Response Team

Rural Nevada and Clark County
(702) 486-7865

Washoe County
(775) 688-1670

Create a Safety Plan

It may be that a youth screens at-risk for suicide and a mental health care provider or supportive service is not immediately available. In instances such as these, it is essential that the youth and family have a safety plan they can utilize to prevent a mental health concern from escalating into a crisis. Whereas a crisis plan specifically incorporates therapeutic interventions and self-monitoring techniques to target behaviors and feelings, the purpose of a safety plan is to lower the risk of a suicide attempt by utilizing effective coping strategies and a list of important contacts in case of an emergency (Stanley & Brown, 2012). The safety plan allows for the youth and family to think about immediate actions they can take to de-escalate a crisis. An example safety plan is available from the Suicide Prevention Resource Center (https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf) that you can print and complete together with your patient and their family. In the safety plan, it is also important to discuss temporarily removing or safely storing any potentially lethal items that may be present in the house - such as firearms, poisonous substances, or prescription drugs – in order to reduce harms that may occur with a suicide attempt (Dilillo et al., 2015; Hoffmann & Grupp-Phelan, 2020).



Last Resort: Psychiatric Hold

If a patient screens at high and immediate risk and is showing the signs of currently being in a mental health crisis, it may be necessary to place that patient in a psychiatric hold. Please note, this should only be done as a *last resort* if de-escalation is not possible and there are no other crisis supports available. The purpose of this hold is to provide emergency psychiatric care and the hold can last up to 72 hours (Nevada 211, 2022). Prior to initiation, the person placing the hold must attempt to contact the parent or guardian to obtain consent (N.R.S. § 433A.185). Additional links to current best practices can be found below in *Resources for Pediatric Providers*.

Recommendations for Pediatric Providers

1) USE A STANDARD ASSESSMENT OF SUICIDE IDEATION FOR EVERY PATIENT

Suicide risk screening is an essential component of pediatric care, as pediatricians are commonly the only medical provider many children and youth interact with on a regular basis. Pediatricians have a unique advantage of providing a trusting and empowering relationship with their patients, further strengthening the unique opportunities to promote healthy socio-emotional development and prevent suicide. Below are validated screening and assessment tools for youth behavioral health and suicide risk. For example, the Ask Suicide-Screening Questions (ASQ) Toolkit is a quick screening tool that can be completed in under 30 seconds and provides a standardized assessment of suicide risk. If risk is indicated on the initial screening tool, follow-up screening to determine the *level* of risk can be completed through the ASQ Brief Suicide Safety Assessment (BSSA) or the Columbia Suicide-Severity Rating Scale (C-SSRS).

Initial Screening:

Ask Suicide-Screening Questions **ASQ Suicide Risk** Toolkit (Ages 8+): screening_tool_asq_nimh_toolkit.pdf (nih.gov)

Risk Level Assessment:

ASQ Brief Suicide Safety Assessment **ASQ BSSA** (Ages 8+): bssa_worksheet_outpatient_youth_asq_nimh_toolkit.pdf (nih.gov)

Columbia Suicide-Severity Rating Scale C-SSRS (ages 7+): SUICIDAL BEHAVIOR (columbia.edu)

2) ENCOURAGE YOUR ORGANIZATION TO ADOPT ZERO SUICIDE PRACTICES

The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. By working at all levels of an organization to shift the culture towards a commitment to reduce suicides, this framework helps professionals in the healthcare industry to take better care of their patients and each other. Various Nevada hospitals and healthcare organizations have begun the implementation of Zero Suicide practices, including the training of *all* staff in suicide prevention strategies and systemic changes in intake and discharge procedures to ensure suicide safety for patients. The Nevada Office of Suicide Prevention can provide the necessary resources and training for your hospital or clinic to adopt the Zero Suicide practices that are most appropriate for your facility. To learn more about Zero Suicide or contact state leads to arrange a training for your organization, visit: https://nvopioidresponse.org/nevada-zero-suicide/.

3) STAY UP TO DATE WITH YOUTH SUICIDE PREVENTION TRAINING

The Nevada Office of Suicide Prevention (Office of Suicide Prevention Training Programs (nv.gov)) provides trainings for physicians on suicide prevention which may qualify for CME credit. All pediatricians are encouraged to complete at least one of the following training programs and maintain certified status:

- **Applied Suicide Intervention Skills Training (ASIST)** is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide. It is by far the most widely used, acclaimed, and researched suicide intervention training workshop in the world.
- **Suicide Alertness for Everyone (safeTALK)** is a community-oriented suicide alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. This training allows for up to 40 participants and lasts 3-4 hours. After completion of *safeTALK*, participants will have the ability to recognize a person at risk for suicide and know how to connect them with a person trained in suicide first aid intervention or similar resources to keep the individual safe.
- **The Nevada Suicide Prevention 101 Training Program** focuses on four specific populations: Lifespan (general), Youth, Elderly and Native American. The program can be used in special training environments such as Law Enforcement and Foster Care Agencies. These courses are designed for various durations: 2 hours, 4 hours, and 8 hours (Train the Trainer). The objectives of this training are to expand knowledge and understanding of suicide, recognize warning signs, identify risk and protective factors, and increase willingness and ability to intervene with a person at risk for suicide.

Additionally, AAP recommends that all pediatric providers pursue quality improvement and maintenance of certification activities that enhance their mental health practice, prioritizing suicide prevention and educational strategies for mental health competencies (Foy et al., 2019). Please note, these recommended resources require AAP login to access:

- Education in Quality Improvement for Pediatric Practice: Bright Futures - Middle Childhood and Adolescence
- Education in Quality Improvement for Pediatric Practice: Substance Use - Screening, Brief Intervention, Referral to Treatment
- American Board of Pediatrics Quality Improvement Web site

4) IMPLEMENT A REFERRAL & FOLLOW UP PROCESS

Patients who screen positive for risk of suicide or have reported recent or current suicidal ideation should ALWAYS be provided with appropriate support, resources, and follow up care. It is not a pediatrician's job to provide psychiatric treatment, but it is their responsibility to ensure that families of at-risk patients are connected with providers who can guide them through the next steps. To ensure that families can provide at-risk youth with the supports they need, it is encouraged to use "warm hand-off" practices in which the pediatrician makes a personal introduction between the family and the next level of service. This may include calling the Mobile Crisis Team together or personally introducing them to another care provider who is trained to assist families with youth at risk of suicide. This is a very sensitive and often scary time for youth and families, and pediatricians who detect the need for mental health services can help to ensure that families are well supported, and at-risk youth get the proper help they need.

Mobile Crisis: Nevada's Children's Mobile Crisis Response Team can be contacted 24 hours a day, 7 days a week to provide support to youth and their families for youth birth to age 18 experiencing any mental health crisis and may help prevent escalation.

Southern Nevada: 702-486-7865 **Northern Nevada**: 775-688-1670 **Rural Nevada**: 702-486-7865

Connect with a Mental Health Provider: Keep an up-to-date list of pediatric mental health providers in your community to connect families with. Some helpful resources to keep on hand include:

- ***Nevada 2-1-1*** serves to connect Nevadans with information and social services, including mental and behavioral health care. Call 2-1-1 from a Nevada phone or 1-866-535-5654, or visit their website: https://www.nevada211.org/mental-health-services/
- ***Behavioral Health NV*** is an online database of behavioral health providers specializing in substance use disorder and co-occurring mental health disorder treatment: https://behavioralhealthnv.org/
- ***Nevada Certified Community Behavioral Health Centers*** will serve an individual in need of care, regardless of ability to pay. Visit the Division of Public & Behavioral Health website to learn about the centers in your area: https://dpbh.nv.gov/Reg/CCBHC/CCBHC-Main/

Continue to screen: Suicide risk is highly influenced by physical, environmental, and social factors, so it is important to re-screen patients at every appointment, regardless of the reason for visit.

5) CONTACT THE NEVADA PEDIATRIC PSYCHIATRY SOLUTIONS (NVPEDS) PROGRAM FOR TRAINING AND EDUCATIONAL OPPORTUNITIES.

As mentioned above, ongoing training and professional development to build skills around screening is of the utmost importance. Pediatric providers who would like additional education and training in mental health treatment for children and youth in their care can connect with this free program. NVPeds offers webinars, professional development, and other training opportunities at no cost to pediatric providers, health care workers, and other allied professionals throughout the state. For more information, contact NVPeds at NVPeds@dcfs.nv.gov.

NEVADA PEDIATRIC PSYCHIATRY SOLUTIONS (NVPEDS) PROGRAM

NVPeds is now exclusively offering free training and educational opportunities for pediatric providers, health care workers, and other allied professionals throughout the state of Nevada. To learn more about our program and upcoming opportunities, contact us at NVPeds@dcfs.nv.gov.

Resources for Pediatric Providers

Learn More About Youth Suicide Prevention

- **The American Foundation for Suicide Prevention** provides the following resources:
  - Information for parents, caregivers and family members on protective factors and risk factors of suicide in youth. For more information, visit: Teens and suicide: What parents should know | AFSP
  - Information and support for youth and young adults who survived a suicide attempt. To access, visit: After an attempt | AFSP
  - A flipbook was created to address children, teens, and suicide loss. Find more information here: Flipbook (afsp.org)
- **Protecting Youth Mental Health: U.S. Surgeon General's Advisory** provides information about youth suicide and action steps for family members, educators, healthcare workers, community members and organizations. To access, please visit: surgeon-general-youth-mental-health-advisory.pdf (hhs.gov)

Suicide-Specific Screening Tools

- **Ask Suicide-Screening Questions (ASQ):** National Institute of Mental Health provides a tool consisting of four brief suicide screening questions that takes 20 seconds to administer. screening_tool_asq_nimh_toolkit.pdf (nih.gov)
- **Ask Suicide-Screening Questions Brief Suicide Safety Assessment (ASQ BSSA):** National Institute of Mental Health provides a brief suicide safety assessment for patients who had a positive screening on the ASQ tool bssa_worksheet_outpatient_youth_asq_nimh_toolkit.pdf (nih.gov)
- **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a validated screening tool to assess severity of risk for suicide SUICIDAL BEHAVIOR (columbia.edu)

General Mental Health Screening Tools

- **Patient Health Questionnaire-2 (PHQ-2)** assesses the frequency of depressed mood and anhedonia over the past 2 weeks. Positive screening indications further evaluation with the PHQ-9 and clinical assessment https://cde.drugabuse.gov/sites/nida_cde/files/PatientHealthQuestionnaire-2_v1.0_2014Jul2.pdf
- **Patient Health Questionnaire-9 (PHQ-9)** has been validated for use in primary care settings and can be used to make a tentative diagnosis of depression and to monitor depression severity and response to treatment in the past 2 weeks PHQ-9 (nih.gov).
- **Pediatric Symptom Checklist (PSC)** is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible Tools/Professionals (brightfutures.org)
- **American Academy of Child and Adolescent Psychiatry** provides a list of various screening instruments that can be used for children aged 1 month to 16 years. For a list of the screening instruments, visit: https://www.aacap.org/AACAP/Member_Resources/AACAP_Committees/Infant_and_Preschool_Committee/Assessment_of_Young_Children.aspx
- **Mental Health Screening and Assessment Tools for Primary Care** provides a list of screenings for anxiety, depression, inattention, impulsivity, disruptive behavior, aggression, substance abuse, etc. that can be performed at the pediatric care level. It also includes a list of tools that can be used for the assessment of children's global functioning. For more information, visit: Mental Health Screening Chart_AAP.pdf (tulane.edu)

Current Best Practices for Psychiatric Holds

- **Hospital Guide for Youth Mental Health Crisis** provides information for families whose youth are experiencing mental health crisis that may lead to temporary hospitalization: https://www.nevada211.org/wp-content/uploads/2022/01/HospitalGuideforYMHC10.pdf

- **Navigating Your Way Through a Mental Health Crisis Hold in Nevada** provides information, resources, and expectations for patients and families during a crisis. For more information, visit: https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/RBHPB/Meetings/2018/NV_MentalHealthCrisisInfoPrint3.pdf
- **Nevada's Emergency Psychiatric Hold and "L2K" Process** is a PowerPoint step-by-step review of the law provided by University of Nevada, Reno Medical Center. For more information, visit**:** https://med.unr.edu/Documents/med/statewide/echo/clinics/behavioral-health/2018/L2K%20-Garrett%20Presentation.pdf

Diagnostic, Treatment and Referral Tools

- **Mental Health Initiatives** is a resource provided by the American Academy of Pediatrics that includes support for pediatric providers to expand their skills in diagnosing and managing mental health care for their patients. Find more information here: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx
- **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (The DC:0-5)** is a diagnostic classification tool of mental health and development disorders in infancy and early childhood. For more information on the manual and trainings, please visit: https://www.zerotothree.org/resources/2221-dc-0-5-manual-and-training
- **Suicide Safe Mobile App** provides unique opportunities to connect individuals at risk of suicide with the health care system and access effective treatment. This is a free app that helps health providers integrate suicide prevention strategies into their practice and address suicide risk among their patients. To learn more and download the app, please visit: https://store.samhsa.gov/product/suicide-safe
- The **American Academy of Pediatrics** provides a variety of clinical tools and toolkits with AAP login, including:
    - Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit
    - Health Insurance Portability and Accountability Act of 1996 Privacy Rule and Provider to Provider Communication
    - Mental Health Initiatives Chapter Action Kit
    - AAP Coding Fact Sheets

Resources to Share with Parents of Youth at Risk of Suicide

- **Clarity Child Guidance Center** provides a collaborative crisis plan for parents and children to improve safety and awareness. For more information, please visit: Securing Your Safety Net - Blog | Clarity Child Guidance Center (claritycgc.org)
- **Psychology Today** provides a step-by-step guide to help parents after their college student was admitted to a psychiatric hospital. For more information, please visit: Helping Your Child After a Psychiatric Hospitalization | Psychology Today
- **Making Sense: A parent's guide to a child's psychiatric hospitalization** provides detailed information for parents to assist with preparations for their child's hospitalization. To access, visit: Making Sense V.2-3 en low (adolescentwellness.org)
- **Child Mind Institute** provides an open letter on what to expect and how to manage after bringing your child home from a psychiatric hospitalization. Bringing a Child Home From Psychiatric Hospitalization - Child Mind Institute
- **Nevada Teen Peer Support Text Line** is a stigma-free, non-crisis peer support text service for adolescents and young adults aged 14 to 24 years old. Youth can text in at (775)296-8336 from 12:00 to 10:00pm 7 days a week and 365 days per year to be connected for a one-on-one text conversation with a young adult Peer Wellness Operator. For more information, please visit: Nevada Teen Peer Support Text Line - NAMI Western Nevada
- **Nevada PEP** provides peer support to families whose children experience mental health care needs. Parents helping parents to find resources, support, and information. For more information, visit: Home - Nevada PEP (nvpep.org) or call: 1-800-216-5188

About Us

The Division of Child and Family Services:

- **Nevada Pediatric Psychiatry Solutions (NVPeds)** is now exclusively offering free training and educational opportunities for pediatric providers, health care workers, and other allied professionals throughout the state of Nevada. To learn more about our program and upcoming opportunities, contact us at NVPeds@dcfs.nv.gov.
- **Mobile Crisis Response Team (MCRT**) provides crisis intervention and support to any youth in crisis by providing rapid mobile in-person or telehealth mental health assessment, stabilization, and short-term care coordination. This service is available in every county in Nevada and is operational 24 hours a day, 7 days a week. Additional information, including how to access mobile response, can be found at: http://knowcrisis.com/.
- **Wraparound In Nevada (WIN**) provides tiered care coordination services in Nevada. Resources vary depending on location. More Information can be found on the DCFS website: Community-Based Outpatient Services (nv.gov)

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