

WRHEPC PEDIATRIC EMERGENCY PREPAREDNESS SEMINAR

SESSION 1 – 9/15/20

Assessing and Managing Suicide Risk in Emergency Settings

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LEARNING OBJECTIVES

- *At the conclusion of this activity, participants will be able to:*
 - Understand the epidemiology of adolescent suicide
 - Describe an organized approach to the assessment of the suicidal adolescent
 - Understand a method to triage suicide risk
- Identify ways in which your practice setting can support caring for depressed teens

Accreditation/Certification Statements

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- Anne D'Angelo, MS, RN
- Tiffany Fabiano, MS, CPNP
- David Kaye, MD
- Eileen Spezio

Disclosures of Potential Conflicts: David Kaye

Source	Research Funding	Advisor / Consultant	Employee	Speakers' Bureau	Books, Intellectual Property	In-Kind Services (example: travel)	Stock or Equity	Honorarium or expenses for this presentation or meeting
Cartesian Solutions							X	
Health Now		X						

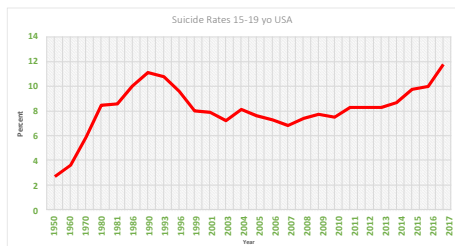
Whoever saves the life of one life it is saves the world entire
--Jewish Bible Commentary



The way through it is by talking about it.....

CDC: Teen suicide rates increase dramatically in last decade

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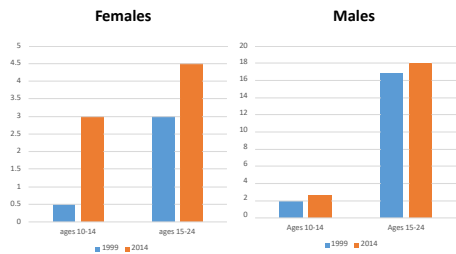
Suicide 2nd Leading Cause of Death 10-34 yo

10 Leading Causes of Death, United States
2018, All Races, Both Sexes

Rank	ICD-10 Code	Age Group													
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	All Ages		
1	U01	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
2	S01	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
3	I02	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
4	E04	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
5	S02	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
6	S03	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
7	S04	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
8	S05	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
9	S06	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
10	S07	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

FIGURE 10. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Rate Source: National Center for Health Statistics (2019), National Vital Statistics System.

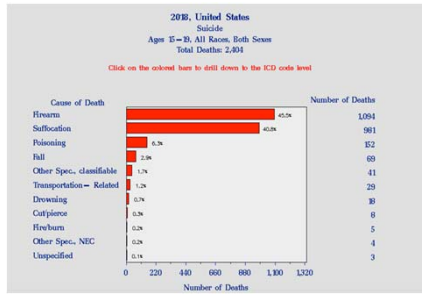
Changes in Adolescent and Young Adult Suicide Rate from 1999 to 2014: Females Rising Faster



Race and Ethnicity

- Indigenous people at highest risk
- Black youth suicide rate rose from 2.55 per 100,000 in 2007 to 4.82 per 100,000 in 2017
- Asian American female adolescents higher rates

Firearms #1 Cause, 15-19 yo



Summary: Youth Suicide

- Suicide is the 2nd leading cause of death for adolescents and young adults (ages 10-34)
- Completed suicide rates in teens increased 30% last 12 years
- Over 3000 adolescents 10-19 completed suicide in 2018
- More adolescents die from suicide than the top 5 medical causes combined
- Rates rising faster for females, Blacks
- Firearms and suffocation are the two most common methods

Who is at risk?

Risk Factors

- Current psychiatric diagnosis (90%; mostly depressed)
- Male (3-4:1)
- Past suicide attempt
- Family History of Suicide
- H/O maltreatment (especially sexual abuse) or bullying
- Substance abuse current
- Conduct disorder
- Chronic medical illness (HIV+)
- LGBTQ
- Indigenous peoples
- Chronic Impulsivity (ADHD, Brain damage)

Lifetime Prevalence of *Suicidality* in Adolescents (Nock et al., 2013)

Domain	Rate
Suicidal ideation	12.1%
Suicidal ideation with plan/intent	4.1%
Suicide attempts	M:2.1% F 6.2% (some estimates much higher)
Recurrence of attempts/year	15-30%
Risk of suicide in attempters/yr	0.5-1.0% (>50X)
Rate of mood disorders in suicidal behavior	60-80%

Protective Factors

- Presence of supportive family members
- Presence of other supportive adults (school, extended family, church)
- Presence of healthy peers
- Religious orientation
- Reason for living (goals, aspirations, relationships, "negative"=don't want to)

Immediate precipitants that elevate risk for adolescent suicidal behavior

- Conflict with parents/caretakers
- Breakup with peer
- Interpersonal loss (death, divorce, disruption foster care)
- School difficulties or disciplinary incidents
- Arrest or legal issues
- Abuse, assault, witnessing domestic violence
- Being bullied (including social media)
- Coming out about sexual orientation/gender identity

Warning Signs

- Agitation
- Panic attacks
- Acute worsening sleep
- Sudden change in mood or giving away possessions,
- Shut down and hard to reach

Assessment of Suicide Risk:
Putting It All Together

- Current ideation/plans/acts/intent
- Risk Factors
- Protective Factors
- Precipitant
- How youth appears currently
- Ability to carry out lethal action and access to means

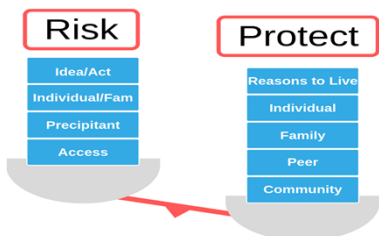
Summary: Youth Suicide

- Suicidal ideation, even attempts, common; more so in depression
- Very few of those who have attempted actually die by suicide
- Highly associated with depression
- Male adolescents *die by suicide* at a rate 4 × higher than females
 - Of all suicide completions, 80% are male
 - 75% are white males
- Female adolescents *attempt suicide* at a rate 3 × higher than males
- Higher risk for LGBTQ, indigenous peoples

Available at: <http://www.cdc.gov/ViolencePrevention/pdf/Suicide-DataSheet-a.pdf>.

Understanding Suicidal Feelings

- Episodes: beginning, middle and end (usually brief)
- Not matter of will power or faith
- When the psychic pain, shame and sense of alienation goes on long enough people can't tolerate the state and look to suicide as the way out
- Can accelerate rapidly after major disappointment or defeat
- Adolescents are especially impulsive and don't have the experiential wisdom that life will "go on"
- We can be the bridge that gets them to the other side
- The vast majority of survivors are glad to be alive and a small percentage go on to complete suicide



Asking About Suicide: *Talking Saves Lives*

<https://www.youtube.com/watch?v=3BBYqa7bhto&feature=youtu.be>

In the ED:
Using the Ask Suicide Screening Questions (AsQ)

- 1. Convey **Respect** of the patient (feel valued)
- 2. **Assess** the patient – frequency ; plan; past behavior; symptoms , social support& stressors
- 3. **Interview patient** and parent together
- 4. Make a safety plan
- 5. Determine a disposition
- 6. Provide resources

Best Safety Plans: *for staying safe when these feelings emerge.*

- Brief, Feasible
- Collaborative: include the patient's own words, done Side by side
- Done BEFORE imminent risk
- Involving family members, if appropriate



SAFETY PLANNING INTERVENTION

BASIC COMPONENTS INCLUDE:

1. Recognizing the **warning signs** of impending crisis
2. Employ internal **copng strategies**
3. **Utilize social contacts** as means of distraction
4. **Contact family members or friends** to help
5. Contact **mental health agencies and professionals**
6. **Reduce** potential use of lethal means

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, words, sensations, behaviors) that a crisis may be developing:

1. _____

2. _____

3. _____

Step 2: Internal coping strategies: Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____

2. _____

3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Place _____ Phone _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____

2. Clinician Paper or Emergency Contact # _____ Phone _____

3. Local Inpatient Services _____ Phone _____

4. Local Outpatient Services _____

5. Urgent Care Services Address _____

6. Urgent Care Services Phone _____

7. Suicide Prevention Hotline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____

2. _____

3. _____

The one thing that is most important to me and worth living for is _____

http://www.sprc.org/sites/default/files/Brown_Stanley_SafetyPlanTemplate.pdf

Reducing Lethal Means

- Firearms
 - Do NOT hide the guns!
 - Best: store away from the home
 - Next best: Secure storage inside the home
 - Store in gun safe or lock box (consider changing combination or key)
 - Remove key component and lock or store outside home
 - Use gun locks
 - Remove all ammunition from the home or lock separately
- Medications
 - Dispose of all unused medications
 - Small bottles of routinely used medications
 - Secure all other medications
 - Prescribers consider small prescriptions (e.g. 1-2 weeks at a time)

https://www.helplinecenter.org/wp-content/uploads/Suicide-Proof-Your-Home-Brochure_Final.pdf



Conclusions

- Suicide in adolescents is a major public health problem and tragedy when it occurs
- Suicidal ideation is often linked with depression; depression can be treated
- Suicidal ideation is episodic and time limited
- Suicide risk grows in silence—talking saves lives
- We can be the bridge that gets adolescents to the other side of their crisis
- Suicide is often impulsive and therefore we need to promote limiting access to means

Resources for Parents

- Phone/chat resources
 - Spectrum Cares 882-4357
 - Crisis Services 834-3131
 - Put Kids Helpline on their Phone 834-1144
 - 1-800 277-Talk
 - Text Got5 to 741-741
- <https://www.thetrevorproject.org/get-help-now/> (LGBTQ)
 - 1-866-488-7386
 - Text START to 678-678
- Now Matters Now <https://www.nowmattersnow.org/>
- <https://www.jedfoundation.org/> (college mental health)

References

- [Ask Suicide Screening Toolkit \(ASQ\)](https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml)
<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml>
- UPMC STAR Center (for adolescents and families)
<https://www.starcenter.pitt.edu>
- Suicide Prevention Resource Center How EDs can help prevent suicide among at-risk patients: 5 Brief Interventions
<http://www.sprc.org/micro-learning/how-emergency-departments-can-help-prevent-suicide-among-risk-patients-five-brief>
- Project TEACH M-TH 8-7, F 8-5 1-855-227-7272
