The background features a dense field of light-colored wooden pegs, some standing upright and others lying flat, creating a textured, three-dimensional effect. A large, semi-transparent blue geometric shape, resembling a stylized 'A' or a series of overlapping triangles, is positioned on the right side of the page, extending from the top to the bottom.

Suicidal Ideation and Assessment Risk

WELCOME

Presented by Ashley Crist, LICSW and Kara Engebretson, LICSW

Objectives

- ▶ Provide update on increased Suicidal Ideations among patients
 - ▶ Risk factors associated with Suicidal Ideation with current COVID-19 impacts
- ▶ Guidance on suicide risk assessments/conversations
 - ▶ Red flags
 - ▶ Questions to initiate honest responses
- ▶ Action steps for providers/families
 - ▶ How can providers/families support their kids and these conversations
 - ▶ Referrals for mental health for pts
 - ▶ Online resources
- ▶ Safety planning resources
 - ▶ Technology/Apps
- ▶ Provider/Care Manager/Caregiver Mental Health



Definitions

- ▶ Suicide has been defined as “death caused by self-directed injurious behavior with any intent to die as a result of the behavior.”
- ▶ A suicide attempt has been defined as “a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior.”
- ▶ Suicidal Ideation (SI) has been defined as “thinking about, considering, or planning for suicide.” Thoughts of ending life or not living.
 - ▶ Passive vs. Active
- ▶ Non-Suicidal Self-Injury (NSSI) has been defined as “broad class of behaviors defined by direct, deliberate, socially unacceptable destruction of one’s own body tissue without intent to die.”



Stages of Suicidal Ideation



- ▶ Ideation can be passive, which includes consideration or a thought process that does not involve active planning or intent
- ▶ Suicidal Ideation does not always lead to attempts
- ▶ Process may include the following steps:
 - ▶ Considering/thinking about suicide
 - ▶ Developing a plan
 - ▶ Taking steps to prepare for that plan
 - ▶ Acting on the plan

**IDENTIFY
ACUTE RISK
FACTOR**



**ASSESS:
PLAN,
INTENT,
MEANS,
PRIORS,
PROTECTIVE
FACTORS**



**INTERVENTION
RESPONSE
AND
DOCUMENT**



**ASK ABOUT
SUICIDAL
THOUGHTS**

If No: Stop path and
Continue to Monitor

If Yes or If No and still
concerns: Continue
on path



**IDENTIFY
LEVEL OF RISK**



Warning Signs

- ▶ Talking about/hinting at suicide
- ▶ Giving away belongings/getting affairs in order
- ▶ Feelings of hopelessness or having no purpose
- ▶ Withdrawing from social contact
- ▶ Changing normal routine (including sleeping and eating behaviors)
- ▶ Talking about or writing about death
- ▶ Feeling relieved or as if things are suddenly better
- ▶ Mood swings such as severe anxiety, agitation, recklessness
- ▶ Talking about feeling trapped or being in unbearable pain
- ▶ Increasing the use of alcohol or drugs
- ▶ Sleeping too little or too much
- ▶ Showing rage or talking about seeking revenge



The Pediatric Population

- ▶ CDC found 1 in 4 young adults reported they have considered suicide in past month due to COVID-19 pandemic (June 2020)
- ▶ Suicide rates highest they've been in females and males ages 10-14 and 15-24
 - ▶ 2nd leading cause of death in both age groups
- ▶ Risk factors:
 - ▶ Decreased executive functioning
 - ▶ Underdeveloped prefrontal cortex
 - ▶ Substance use
 - ▶ Current stressors or precipitating event
 - ▶ School pressures, social interactions, family stress



Opening The Conversation

- ▶ Be direct
- ▶ Be non-judgmental
 - ▶ “Genuine Curiosity”
- ▶ Make it clear that it is acceptable to talk openly and honestly about suicidal thoughts and behaviors
- ▶ Normalize feelings and thoughts without condoning suicide
- ▶ **LUV-Listen, Understand, Validate**
- ▶ “I know this is hard to talk about so just go slow and take your time and use whatever words you are most comfortable using to express your true thoughts and feelings.”



Columbia-Suicide Severity Rating Scale (C-SSRS)

- Low Risk
- Moderate Risk
- High Risk

<https://cssrs.columbia.edu/training/training-options/>

	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates that someone should seek a behavioral health referral. However, if the answer to 4, 5 or 6 is **YES**, seek **immediate help**: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and **STAY WITH THEM** until they can be evaluated.



Columbia Protocol app available

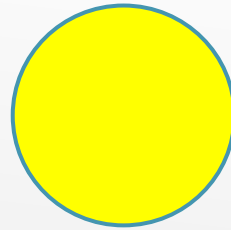


LOW

If a patient:

- Has suicidal thoughts and does not endorse a plan, intent or means.

Refer to Therapy

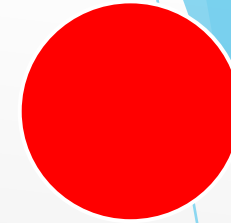


MODERATE

If a patient:

- Has suicidal thoughts with a plan but does not have any intent to act on this plan or means to carry it out.
- Has suicidal thoughts with a plan and intent, but without means to carry out plan.
- Has suicidal thoughts with a plan and means but does not express intent to act on plan. (Important to remove means)

Refer to PC No Cost Mental Health Screening



HIGH

If a patient:

- Has suicidal thoughts with a plan, intent and means to carry out plan.

CALL 911
Refer to ED for inpatient care

Signs to look for in high needs clients and patients

- ▶ Is this behavior age appropriate? Know your developmental trajectory for kids. Has there been a more recent change in child's life?
- ▶ Does behavior continue overtime without change?
- ▶ How intense if the behavior? If behaviors are concerning, you as a caregiver, should seek out an evaluation or help.
- ▶ Look at the child's change in behaviors along with warning signs and risk factors.
 - ▶ <https://www.pacer.org/cmh/learning-center/does-my-child-have-an-emotional-or-behavioral-disorder.asp>



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What to look for in clients and patients with Autism.

- ▶ Bullying
- ▶ Social Isolation
- ▶ Difficulty Expressing feelings
- ▶ Struggle to turn to others for help
- ▶ Use abstract ways to express feelings
- ▶ Inflexible and rigid thinking while getting stuck
- ▶ Never assume your child is NOT serious when talking about suicide
- ▶ Changes in mood and behavior
- ▶ Changes in sleep
- ▶ Withdrawal
- ▶ Hopelessness



Signs and Recommendations for ADHD/ODD.

- ▶ Listen to warning signs. If child feeling hopeless or thinking about suicide more often this is concerning.
- ▶ Red Flags: Break ups, loss of relationship, traumatic event, feeling left out, burden to others, and loss of interest in activities
- ▶ If you have concern keep child interacted in activities out room set up a consult with professional.
- ▶ Lock up medicine cabinet, train in gun use and firearms



Resources

- ▶ **911**
- ▶ Crisis text hotline **741741**
- ▶ COPE Hennepin County **612-348-2233**
(child/adolescent line)
- ▶ LGBTQ+ National Suicide Prevention Hotline
1-800-273-8255
- ▶ Hope Line Network **1-800-784-2433**
(1-800-SUICIDE)
- ▶ Boys Town National Hotline **800-448-3000**
- ▶ *Crisis Phone Lines are available in most counties that parents can call and ask for help.*



Tech Resources for Providers



Suicide Safe app from SAMHSA

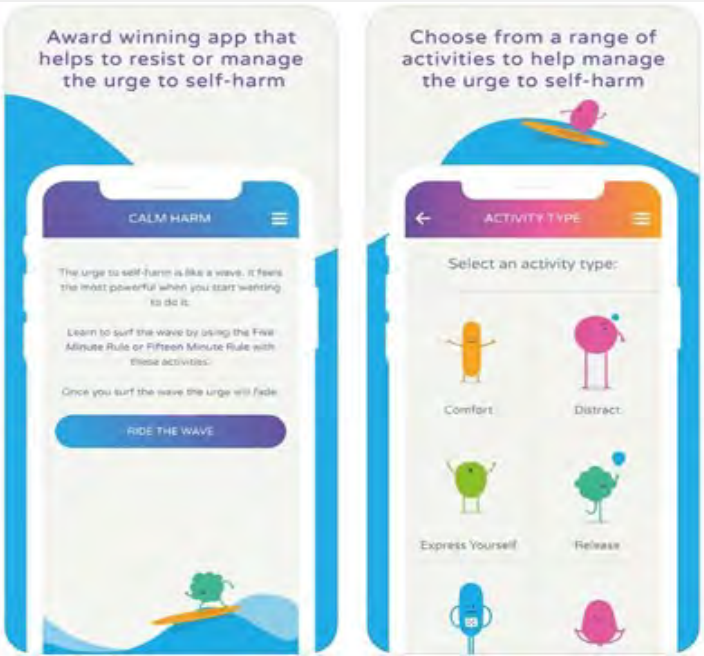
- * SAFE-T
- * Conversation Starters
- * Training and Resources
- * Case Studies
- * Treatment Locator

Tech Resources for Patients and Clients

My3 App



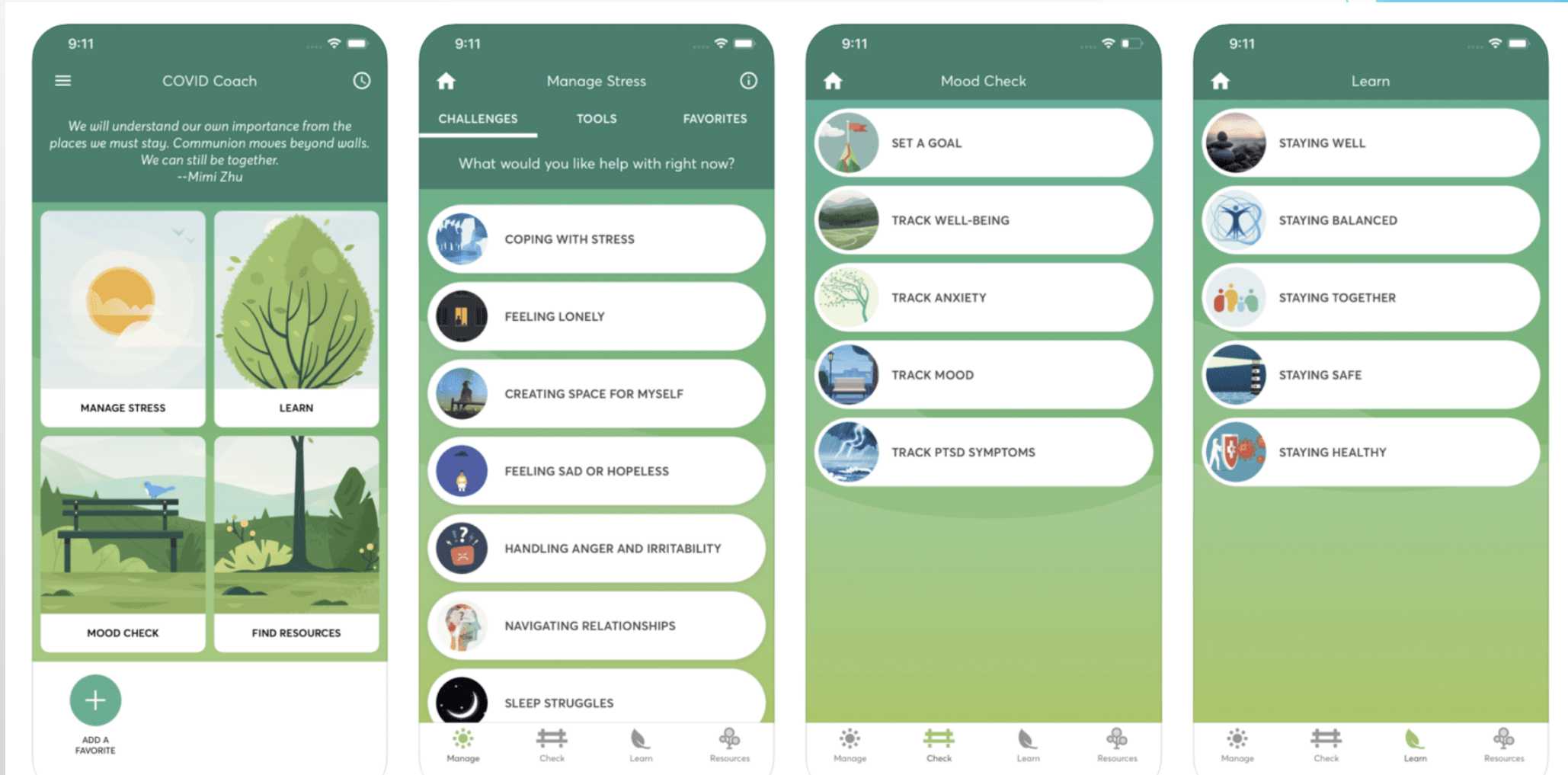
Calm-Harm App



Virtual Hopebox



COVID Coach App



Safety Planning

Sample Safety Plan

Events that might lead to safety concerns:

- 1)
- 2)
- 3)

Warning signs (emotions, behaviors, urges) that may show a crisis is developing:

- 1)
- 2)
- 3)
- 4)

Coping strategies, activities, and specific steps I can take to maintain my safety:

- 1)
- 2)
- 3)
- 4)
- 5)

Team members/other people in my support system/crisis numbers I will contact for help/distraction are:

- 1) _____ Phone number:
- 2) _____ Phone number:
- 3) _____ Phone number:
- 4) COPE line 612-596-1223
- 5) Crisis Text Line 741741
- 6) Emergency 911

What is important to me in building a life worth living?



Our Own Mental Health

How charged is your battery?

- ▶ Compassion Fatigue
- ▶ Focus on Self-care
- ▶ Setting boundaries
- ▶ Reframe thoughts:
 - ▶ “Every day I am helping, just by being here”



Questions?

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