



# Suicide prevention in pediatrics

MCPAP Clinical Conversation

November 26, 2019

Michael Schoenbaum, Ph.D.

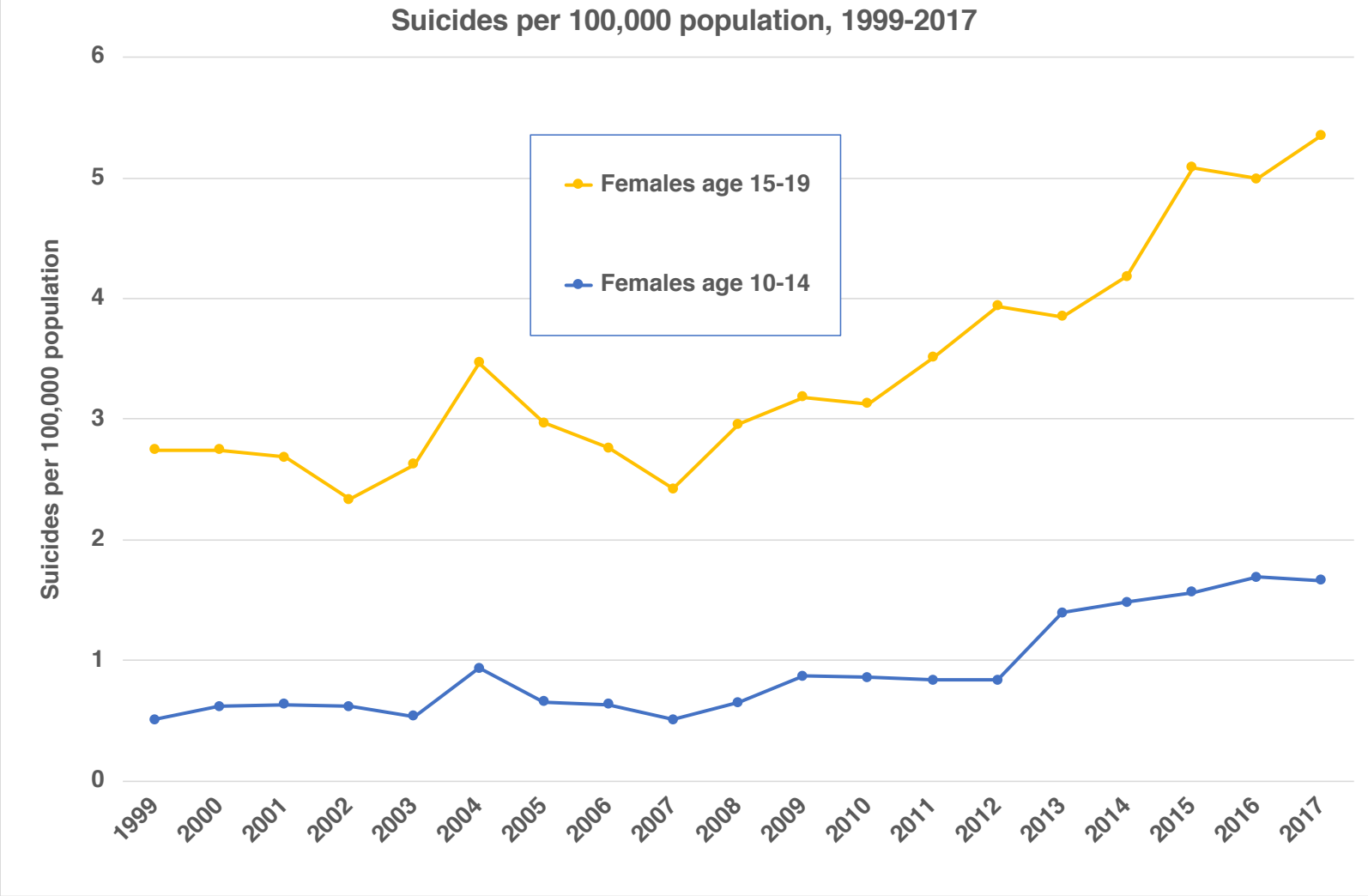


National Institute  
of Mental Health

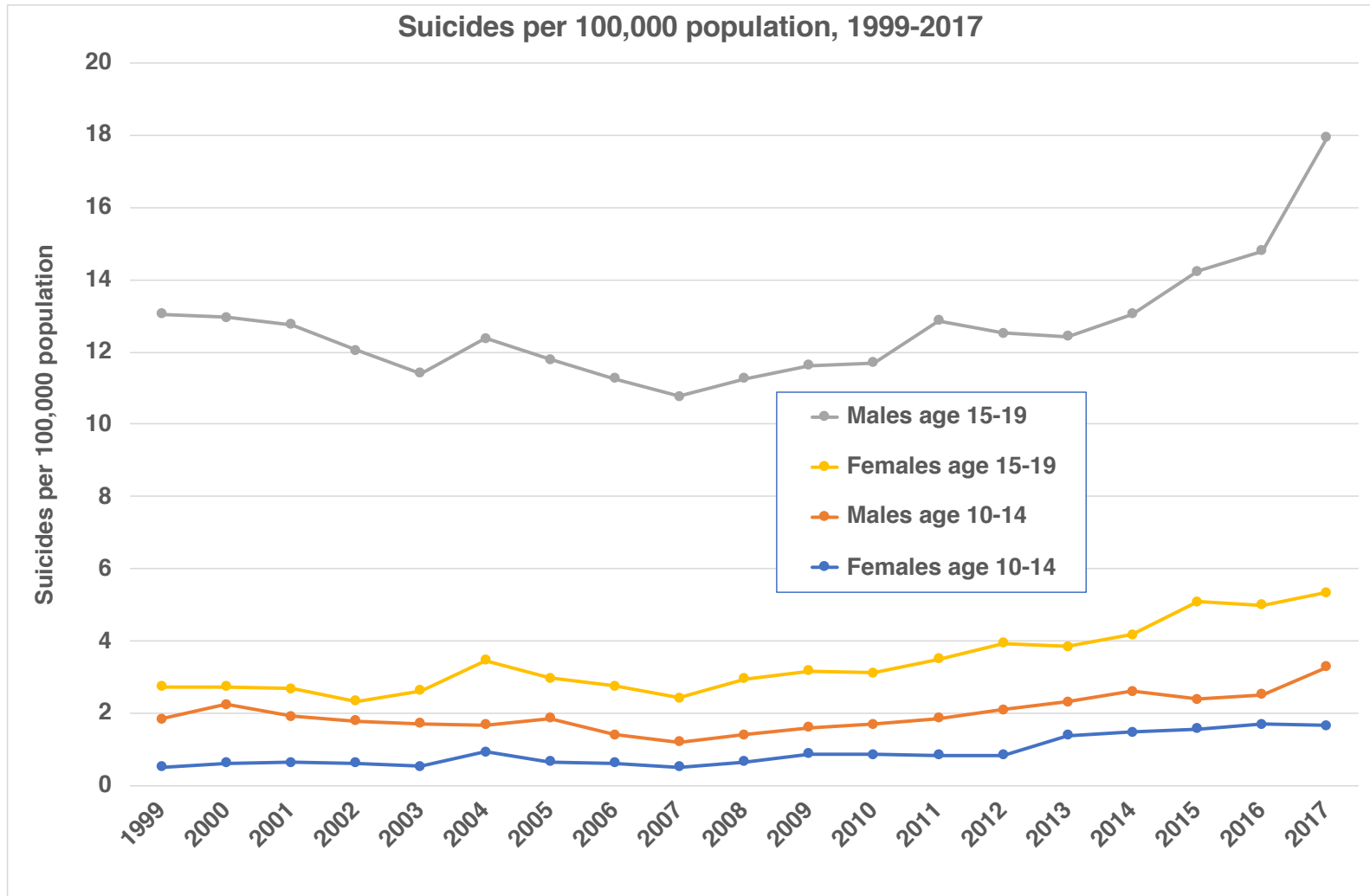
# Disclaimers

- No conflicts of interests to disclose
- My comments may not necessarily reflect the views of my employer
- I am not a clinician

# US trends in suicide by sex and age, 1999-2017



# US trends in suicide by sex and age, 1999-2017



# Current state of pediatric training

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HEALTH

[www.jahonline.org](http://www.jahonline.org)

Original article

## Suicide Risk Assessment and Management Training Practices in Pediatric Residency Programs: A Nationwide Needs Assessment Survey

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NIH National Institute of Mental Health

# Pathways to Reducing the Suicide Rate

- Better primary prevention
- Better case identification
- Better use of available treatments
- Better treatments

# Primary prevention

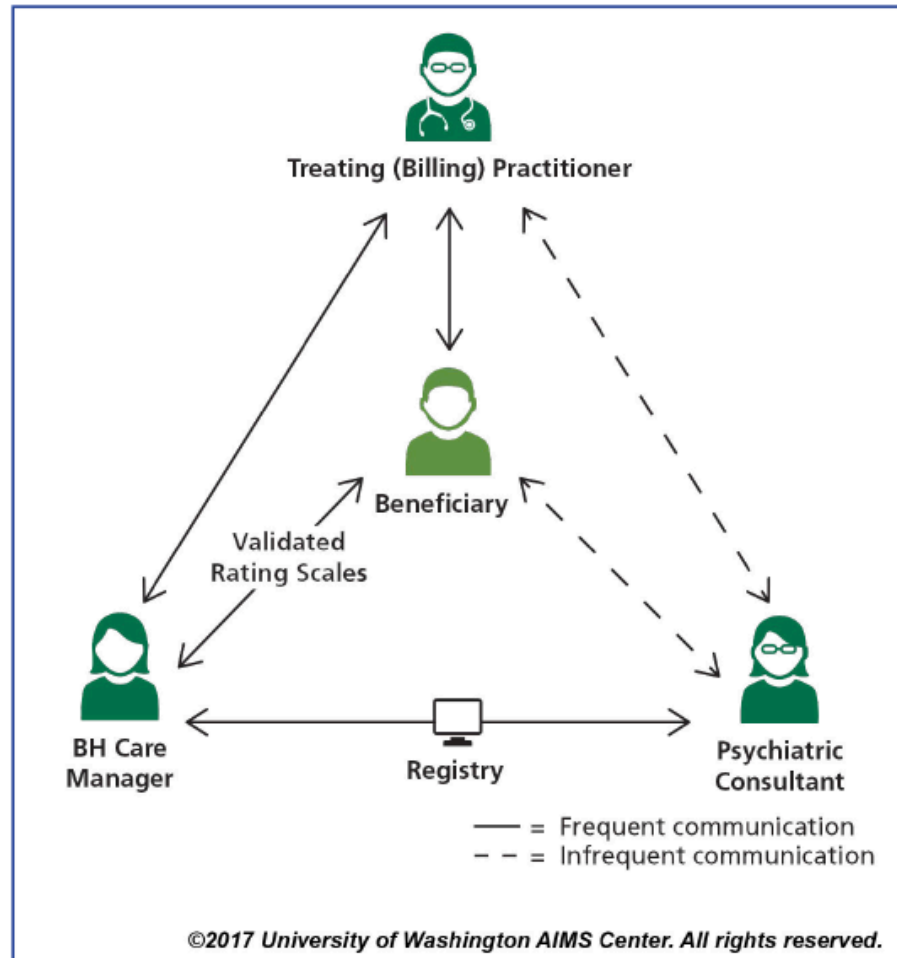
## PSYCHIATRIC COLLABORATIVE CARE SERVICES (COCM)

CPT codes 99492, 99493, and 99494 are used to bill for monthly services furnished using the Psychiatric Collaborative Care Model (CoCM), an approach to BHI shown to improve outcomes in multiple studies.

**What is CoCM?** A model of behavioral health integration that enhances “usual” primary care by adding two key services: care management support for patients receiving behavioral health treatment; and regular psychiatric inter-specialty consultation to the primary care team, particularly regarding patients whose conditions are not improving.

## GENERAL BHI

CPT code 99484 is used to bill monthly services furnished using BHI models of care other than CoCM that similarly include “core” service elements such as systematic assessment and monitoring, care plan revision for patients whose condition is not improving adequately,



SOURCE: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

# Case identification



Ask **Suicide-Screening** Questions

NIMH TOOLKIT

## Suicide Risk **Screening Tool**

— **Ask the patient:** \_\_\_\_\_

1. In the past few weeks, have you wished you were dead?  Yes  No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No

3. In the past week, have you been having thoughts about killing yourself?  Yes  No

4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_

\_\_\_\_\_

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  Yes  No

If yes, please describe: \_\_\_\_\_



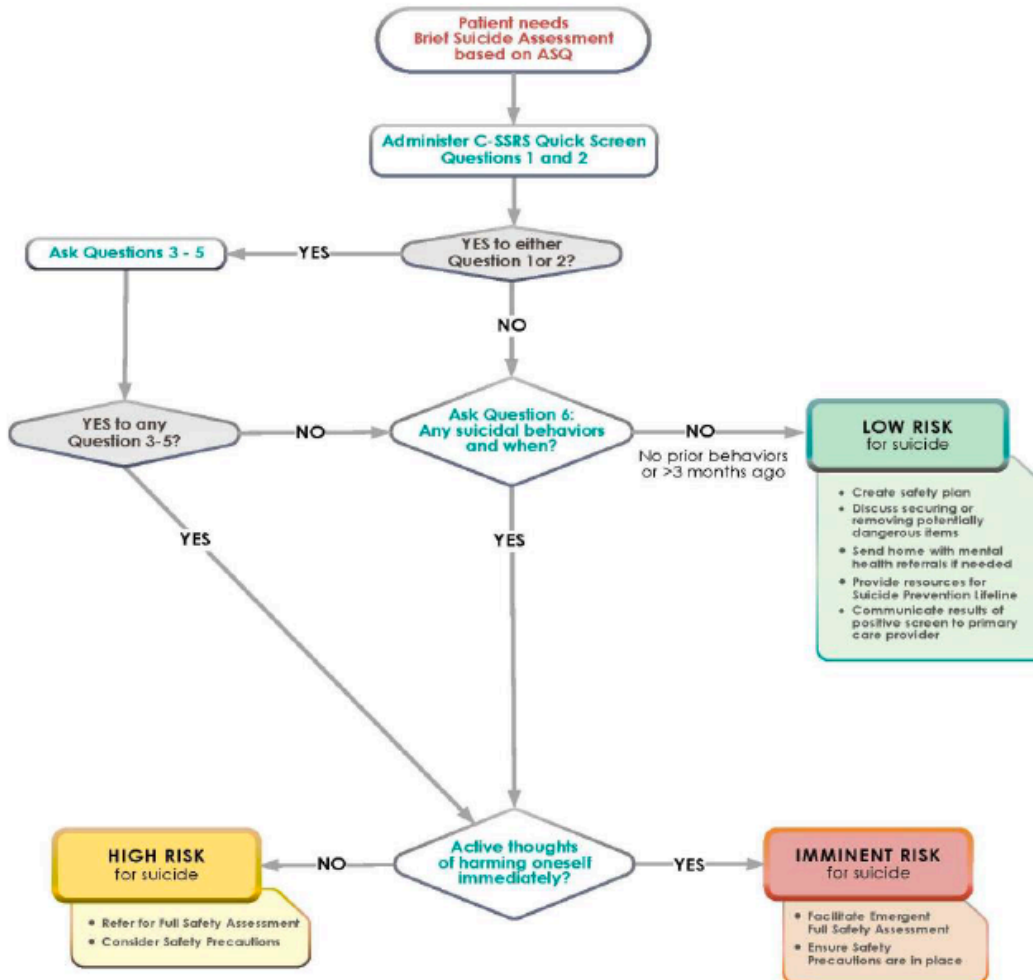


# Clinical pathways when someone is identified

## BRIEF SUICIDE SAFETY ASSESSMENT (BSSA)

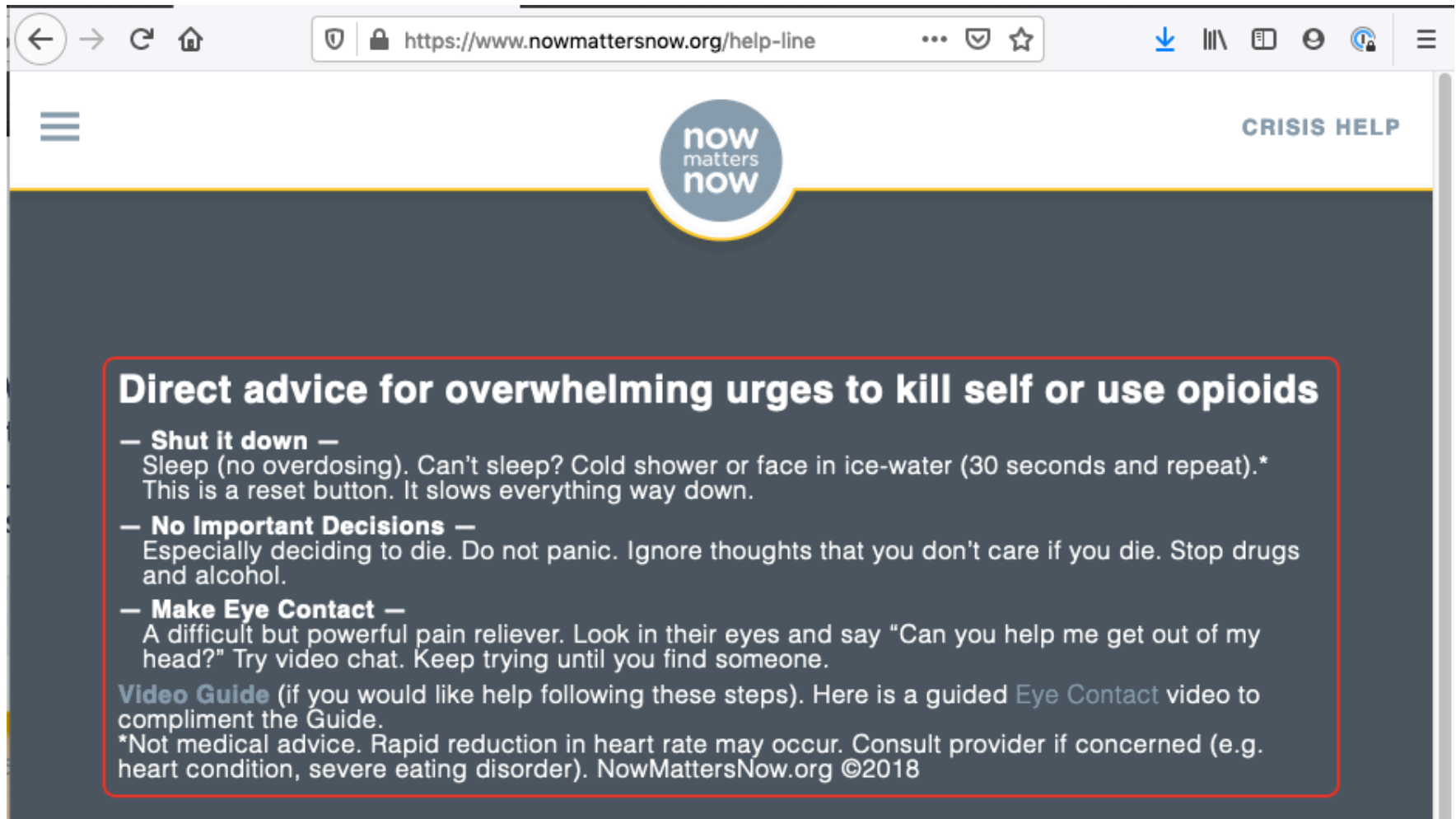
### COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

Sponsored by AACAP's Abramson Grant...Created by PaCC workgroup of Physically Ill Child Committee.



SOURCE:  
<https://www.ncbi.nlm.nih.gov/pubmed/30384966>

# Immediate strategies



The screenshot shows a web browser window with the URL <https://www.nowmattersnow.org/help-line>. The page features the 'now matters now' logo and 'CRISIS HELP' text. A red-bordered box highlights the following content:

## Direct advice for overwhelming urges to kill self or use opioids

- **Shut it down** —  
Sleep (no overdosing). Can't sleep? Cold shower or face in ice-water (30 seconds and repeat).\* This is a reset button. It slows everything way down.
- **No Important Decisions** —  
Especially deciding to die. Do not panic. Ignore thoughts that you don't care if you die. Stop drugs and alcohol.
- **Make Eye Contact** —  
A difficult but powerful pain reliever. Look in their eyes and say "Can you help me get out of my head?" Try video chat. Keep trying until you find someone.

**Video Guide** (if you would like help following these steps). Here is a guided [Eye Contact](#) video to compliment the Guide.

\*Not medical advice. Rapid reduction in heart rate may occur. Consult provider if concerned (e.g. heart condition, severe eating disorder). NowMattersNow.org ©2018

# Safety Planning Intervention

## NowMattersNow.org Emotional Fire Safety Plan

Select those that fit you, cross out those that don't, add your own. Based on research, and advice from those who've been there. Visit [nowmattersnow.org/get-involved](http://nowmattersnow.org/get-involved) for most recent version, last updated 18.09.11 ©2018

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ON FIRE

### Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

<input type="checkbox"/> Visit NowMattersNow.org (guided strategies)	<input type="checkbox"/> Opposite Action (act exactly opposite to an urge)
<input type="checkbox"/> Ice-Water and Paced Breathing (exhale longer)	<input type="checkbox"/> Mindfulness (choose what to pay attention to)
<input type="checkbox"/> Call/Text Crisis Line or A-Team Member (see below)	<input type="checkbox"/> Mindfulness of Current Emotion (feel emotions in body)
<input type="checkbox"/> "It makes sense I'm stressed and/or in pain"	<input type="checkbox"/> "I can manage this pain for this moment"
<input type="checkbox"/> "I want to feel better, not suicide or use opioids"	<input type="checkbox"/> Notice thoughts, but don't get in bed with them
<input type="checkbox"/> Distraction:	<input type="checkbox"/>

IN A FIRE

### Put Crisis Resources in Phone (take photo of this safety plan with phone and practice calling/texting)

<input type="checkbox"/> Suicide Prevention Lifeline 1-800-273-8255, Press 1 for Veteran and 2 for Spanish	<input type="checkbox"/> Trevor Lifeline (LGBT youth) 1-866-488-7386
<input type="checkbox"/> Crisis Text Line 741741 Help	<input type="checkbox"/> Trans Lifeline (transgender) 1-877-565-8860
<input type="checkbox"/> See <a href="http://nowmattersnow.org/help-line">nowmattersnow.org/help-line</a>	<input type="checkbox"/> 911, ask for mobile crisis unit
<input type="checkbox"/> My3 safety plan app	<input type="checkbox"/> WarmLine.org

### Keeping Myself Safe (address if relevant, as best as possible, as part of collaborative conversation)

<input type="checkbox"/> Guns locked up w/out key or combo ( __ NA)	<input type="checkbox"/> Suffocation and overdose thoughts addressed ( __ NA)
<input type="checkbox"/> Guns stored separately from ammunition ( __ NA)	<input type="checkbox"/> Preferred suicide methods reviewed and addressed
<input type="checkbox"/> Guns stored outside of home ( __ NA)	<input type="checkbox"/> Remove opioids from home ( __ NA)
<input type="checkbox"/> A-Team supports these safety steps ( __ NA)	<input type="checkbox"/> No one with or using opioids allowed in home
<input type="checkbox"/> Confirm steps with another person	<input type="checkbox"/> Remove or store prescription medications safely

### The reason(s) I want to live or not use drugs

- Visible reminder (e.g., note to self or photo of loved one: phone background, gun case, med cabinet, car dashboard, wallet even after suicidal crisis has passed)

### The #1 thing leading to suicidal thoughts or urges to use

### Create an A-Team (people I can talk to about suicide, drug or alcohol or mental health struggles)

Can be healthcare provider, peer support, friend, family member or other

- Choose A-Team member(s) \_\_\_\_\_
- Message or call A-Team members, individually or as a group to let them know they are A-Team
- Discuss in advance what would be helpful in crisis ("I believe in you", support this plan, just listen, hospitalization or not)
- Decide how to ask for help effectively (be willing to take help, try to communicate before a crisis)

### Watch Out for These

<input type="checkbox"/> Not sleeping
<input type="checkbox"/> Feeling really anxious or irritable
<input type="checkbox"/> Increased alcohol or drug use or relapse
<input type="checkbox"/> Being in frustrating and painful situations
<input type="checkbox"/> Stop taking medication without support
<input type="checkbox"/> Avoiding calls or messages
<input type="checkbox"/> Suicidal thoughts or images

### Things I'd Be Willing to Try

<input type="checkbox"/> Regular sleep for a week (8 hours nightly)
<input type="checkbox"/> Validate yourself, "my emotions make sense"
<input type="checkbox"/> Talk to someone in recovery
<input type="checkbox"/> Make plans to get out of these situations
<input type="checkbox"/> Go to scheduled appointments or schedule one
<input type="checkbox"/> Message an A-Team member a caring message

FIRE PREVENTION

## NowMattersNow.org Emotional Fire Safety Plan (Additional Notes)

Select those that fit you, cross out those that don't, add your own. Based on research, and advice from those who've been there. Visit [nowmattersnow.org/get-involved](http://nowmattersnow.org/get-involved) for most recent version, last updated 18.09.11 ©2018

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ON FIRE

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Visit NowMattersNow.org	

IN A FIRE

### Put Crisis Resources in Phone

<input type="checkbox"/> Suicide Prevention Lifeline 1-800-273-8255, Press 1 for veterans, 2 for Spanish
<input type="checkbox"/> Crisis Text Line 741741 Help

The reason(s) I want to live and not use drugs \_\_\_\_\_

The #1 thing leading to suicidal thoughts or urges to use \_\_\_\_\_

### Keeping Myself Safe

### Create an A-Team (healthcare provider, peer support, friend, family member or other)

Possible A-Team members \_\_\_\_\_

### Watch Out for These


### Things I'd Be Willing to Try


FIRE PREVENTION

SOURCE: <https://www.nowmattersnow.org/wp-content/uploads/2018/10/0.->

[NowMattersNow.org-Safety-Plan-Website-Version.pdf](http://NowMattersNow.org-Safety-Plan-Website-Version.pdf)



# Crisis contact options

## Phone Hotline Directories

- Suicide Prevention Lifeline, <https://suicidepreventionlifeline.org/>, 1-800-273-TALK (8255)
- Lifeline en Español, <https://suicidepreventionlifeline.org/help-yourself/en-espanol/>, 1-888-628-9454
- Trans Lifeline, <https://www.translifeline.org/>, 1-877-565-8860 (USA)

## Text or Instant Messaging (IM)

- Lifeline Crisis Chat, <https://suicidepreventionlifeline.org/chat/>
- Crisis Text Line, <https://www.crisistextline.org/> (all ages, 24/7, text HOME to 741741)
- 121 Help Me, [www.121help.me](http://www.121help.me) (child/teen, text '121HELP' to 20121)
- RAINN Online Hotline, <https://hotline.rainn.org/online> (sexual assault, global access)
- Teen Line Online, <https://teenlineonline.org/talk-now/> (teen)
- Teen Link, <https://www.teenlink.org/> (teen, call/chat/text)
- The Trevor Project <https://www.thetrevorproject.org/get-help-now/> (LGBTQ youth, 866-488-7386/chat/text START to 678678)

SOURCE: based on <https://www.nowmattersnow.org/help-line>



# Caring Contacts Intervention

## Hunter Area Toxicology Service



Dear «FirstName»

It has been a short time since you were here at the Newcastle Mater Hospital, and we hope things are going well for you.

If you wish to drop us a note we would be happy to hear from you.

Best wishes,

Dr Andrew Dawson



Dr Ian Whyte

*Newcastle Mater Misericordiae Hospital  
Locked Bag 7, Hunter Regional Mail Centre NSW 2310  
Phone: 49 211 283 Fax 49 211 870*

Used by Carter *et al.*, <https://www.ncbi.nlm.nih.gov/pubmed/16183654>

# Pathways: Treatment Examples

- Proactive telephone follow-up & caring communications
- Warm hand-off to appropriate outpatient care
- Indicated psychotherapy
  - Dialectical Behavioral Therapy
  - Suicide-focused Cognitive Behavioral Therapy
- Indicated pharmacotherapy
  - Clozapine (for certain patients)
  - ***For further investigation: ketamine & brexanolone***

# Examples of Opportunities

- Expand payment for & use of **Collaborative Care** (CPT 99492/3/4) and other **Behavioral Health Integration** (CPT 99484) services
- Pursue wider **screening** for suicide risk
- Incentivize **within-encounter interventions**, and **telephone follow-up & caring communications**, via appropriate payment (& CPT codes), and consensus about who is responsible for furnishing these services
- Expand access to **behavioral health expertise** in emergency care settings, including via telehealth, to help address in-person shortages
- **Track & analyze patient survival**, and cause/manner of death, in patients with suicide-related index events, such as emergency department presentation with intentional self-harm or suicidal ideation (~ "parity" with other areas medicine, such as cancer & heart surgery)
- Expand use of professional **guidelines on talking with the media** about suicide (including celebrity suicides)
- Enhance suicide prevention focus of initial & ongoing **clinical training**, including via accreditation & licensing



# Resources

**Recommended Standard Care  
for People with Suicide Risk:**  
MAKING HEALTH CARE SUICIDE SAFE



**Best Practices in Care Transitions  
for Individuals with Suicide Risk:**  
INPATIENT CARE TO OUTPATIENT CARE



[https://theactionalliance.org/sites/default/files/action\\_alliance\\_recommended\\_standard\\_care\\_final.pdf](https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf)  
[https://theactionalliance.org/sites/default/files/report\\_-\\_best\\_practices\\_in\\_care\\_transitions\\_final.pdf](https://theactionalliance.org/sites/default/files/report_-_best_practices_in_care_transitions_final.pdf)





# Questions

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