Behavioral Health Integration Collaborative

“Practical Strategies for Managing Suicidal Ideation and Reducing Risk”

September 23, 2021
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The BHI Collaborative was established by several of the nation’s leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients’ mental and behavioral health needs.

TODAY’S SPEAKERS

Christine Yu Moutier, MD
Chief Medical Officer
American Foundation for Suicide Prevention

Cori Green, MD MS, FAAP
Director of Behavioral Health Education and Integration
Weill Cornell Medicine
Strategies for Preventing Suicide

Christine Moutier, MD
AFSP Chief Medical Officer
@cmoutierMD
Public Health Approach to Suicide Prevention

www.ncbi.nlm.nih.gov/books/NBK338542/figure/app9.f1
US Suicide Rate (1980–2019)

Language Matters

Avoid
• Commit suicide
• Successful/failed attempt

Say
• Died by suicide
• Attempted suicide
Health System Opportunities

- Suicide hasn’t always been a clinical focus
- Stigma has limited self-care and patient care
- 90% suicide decedents seen in prior year
  - 50% within prior month/30% past week
    - 40% saw PC within month of suicide
    - 20% saw MHP within month of suicide

Interacting Risk and Protective Factors

- Biological Factors
- Psychological Factors
- Social and Environmental Factors

Current Life Events

SUICIDE

Lethal Means

AFSP 2014
Top Scientific Findings

- Multi-factorial risk, mental health key
- Genetics play a role but don’t determine destiny
- Epigenetics
- Suicidal mindset
- Cognitive constriction
- Timing of acute risk
- Cultural factors (self-sufficiency)
- Shame/humiliation/despair

- Access to lethal means matters
- Effective MH treatment matters
- Contagion is real
- …but often conflated with asking
- Storytelling can also improve outcome
- Connection, processing are protective

Science dispels myths…
Science is providing interventions that reduce suicide risk.
Steps Health Systems Can Take

- Provide education to staff; Lethal Means Counseling
- Routine consent to involve fam at the start of Tx
- Routine screening/assessment
- Put ‘Caring Contacts’ in place systematically
- EHR for suicide preventive steps
  - Referral to BH, communication w family
  - Safety Plan completed, provided Lifeline
  - Counseled on lethal means removal
Practical Take-Aways

- Just because someone is thinking about suicide does not mean they are at risk of death. **Ask and listen.**

- To prevent suicide, we need to address the individual’s drivers of risk (go beyond the presence of suicidal ideation or past attempts).

- Health systems, clinicians, loved ones have a role to play.

- Limiting access to lethal means saves lives.

- There are interventions that are effective in reducing suicidal behavior.
THANK YOU!

Save lives and bring hope to those affected by suicide

@cmoutierMD
@afspNational

afsp.org
Clinical Resources

Recommended Clinical Standards of Care for Suicide Prevention

ASQ  NIMH Suicide Risk Screening Pathway (NIMH site)

C-SSRS  (Columbia Lighthouse Project)

SafeSide Suicide Prevention Training  (AFSP will sponsor PC)

Collaborative Assessment and Management of Suicidality – CAMS  (Jobes, Comtois) https://cams-care.com/


Counseling on Access Lethal Means “CALM”  (SPRC)
National Crisis Resources
National Suicide Prevention Lifeline, 800-273-8255
Crisis Text Line Text TALK to 741741

Clinician Support
Physician Support Line 888-409-0141 physiciansupportline.com
Emotional PPE Project  www.emotionalppe.org/

AFSP Resources
https://afsp.org/physician
COVID resources  www.AFSP.org/covid19
Find Local AFSP Chapter:  www.afsp.org/find-a-local-chapter
Practical Strategies for Managing Suicidal Ideation and Reducing Risk: The Role of a Pediatrician

Cori Green, MD, MS
Associate Professor of Clinical Pediatrics
Director, Behavioral Health Education and Integration in Pediatrics
Integrating Mental Health into Pediatric Care: Continuum of Care

- Prevention/Promotion
  - Anticipatory guidance to support healthy emotional development
- Screen for risk factors to healthy emotional development
- Screening and Early identification
- Diagnostic Assessment
- Making a diagnosis
- Treatment
- Refer/Co-manage

Foy, Green, Earls: Mental Health Competencies for Pediatric Practice, *Pediatrics*, 2019
Identify and manage suicide risk
Pediatricians Experiences and Attitudes

Summary of national survey distributed to post-trainee respondents that provide primary care to patients over age 9:

• 8 in 10 had a patient attempt suicide in their career
• Only over half feel prepared on suicide prevention

Summary of resident survey at one program

• 100% agree it is the pediatricians' responsibility to identify suicide risk
• 96% agree it is the pediatrician's responsibility to perform a safety plan when risk identified
Role of the Pediatrician

Addressing Youth Suicide Prevention: A Factsheet for Primary Care Clinicians

**Background:**
Suicide is the 2nd leading cause of death among US youth ages 15-24. Pediatricians can take important steps to protect children and families in their practice.

**Screening for Suicide Risk:**
Choose a validated screening tool:
- Ask Suicide Screening Questions (aS Q)
- PHQ-9 Modified for Adolescents (PHQ-A)
- Columbia Suicide Severity Risk Scale (CSSRS)
Understand how to score and document results
Design a workflow for screening

**Managing a Positive Screen:**
Assess level of risk and intervene accordingly:
- Low Risk: counsel, refer, follow-up
- Moderate Risk: counsel, refer, develop Safety Plan, follow-up
- Severe Risk: counsel, ensure parents/caregivers closely monitor child, remove lethal means, develop Safety Plan, make a crisis referral, follow-up

**Counseling about Lethal Means:**
Ask about access to lethal means, including firearms, medication, knives, and suffocation devices
Counsel about the importance of restricting access:
- Remove firearms from home
- Lock away medication
- Monitor belts, ropes, other suffocation devices

**Ongoing Care and Follow-Up:**
Help patient make a Safety Plan
- Share with parents/caregivers
- Store in EHR and send a copy home
- Templates are available
Make appropriate outpatient and/or crisis referrals
Make a "caring contact" phone call to follow-up with child and caregiver

Photo credit: American Academy of Pediatrics Suicide Prevention Campaign Toolkit. Used with permission.
Identification and Screening

**HEADS**: Home, Education, Activities, Drugs, Sexual Activity, Safety, Suicide, Social Media

Screening Tools:
- PHQ9 Modified for Adolescents (PHQ-A)
- Ask Suicide Questions (ASQ)
- Columbia Suicide Severity Rating Scale (CSSRS)
Identifying Suicide Risk: Screening Tools

**PHQ-9: Modified for Teens**

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>(1) Not At All</th>
<th>(2) Several Days</th>
<th>(3) More Than Half the Days</th>
<th>(4) Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
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<td></td>
<td></td>
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<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
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<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Feeling tired, or having little energy?</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or the opposite – being so fidgety or restless that you were moving around 6-8 more than usual?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
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</tbody>
</table>

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
- Yes
- No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?
- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
- Yes
- No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or make a suicide attempt?
- Yes
- No

*If you have had thoughts, that you would be better off dead, or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

**Office use only:**
- **Severity score:**

Modified with permission by the GLAD-PC (team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1995); Revised PHQ-A (Kroenke, 2002); and the CDC (UBD Development Group, 2000).
Identifying Suicide Risk: Screening Tools

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Primary Care

<table>
<thead>
<tr>
<th>Ask questions that are in bold and underlined.</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask Questions 1 and 2</strong></td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>1) <em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td><strong>NO</strong></td>
</tr>
<tr>
<td>2) <em>Have you had any actual thoughts of killing yourself?</em></td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td></td>
</tr>
<tr>
<td>3) <em>Have you been thinking about how you might do this?</em></td>
<td></td>
</tr>
<tr>
<td>e.g. &quot;I thought about taking an overdose but I never made a specific plan as to when or how I would actually do it....and I would never go through with it.&quot;</td>
<td></td>
</tr>
<tr>
<td>4) <em>Have you had these thoughts and had some intention of acting on them?</em></td>
<td></td>
</tr>
<tr>
<td>as opposed to &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
<td></td>
</tr>
<tr>
<td>5) <em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td></td>
</tr>
<tr>
<td>6) <em>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</em></td>
<td>Lifetime</td>
</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td>Past 3 Months</td>
</tr>
<tr>
<td>If YES, ask: <em>Was this within the past 3 months?</em></td>
<td></td>
</tr>
</tbody>
</table>
### Identifying Suicide Risk: Screening Tools

**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:  
______________________________________________________________________________

Managing a positive screen:  
Engaging patient and parent or guardian using common factors

<table>
<thead>
<tr>
<th>H</th>
<th>Hope: for improvement, identify strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Empathy: listen attentively</td>
</tr>
</tbody>
</table>
| L2 | Language: use family’s language, check understanding  
   Loyalty: express support and commitment |
| P3 | Permission: ask permission to explore sensitive subjects, offer advice  
   Partnership: identify and overcome barriers  
   Plan: establish plan or at least a first step |
Managing a Positive Screen: Assess Level of Risk and Intervene Accordingly

**Low:** counsel, refer, follow up

**Medium:** counsel, refer, safety plan, follow up

**Severe:** ensure caregiver closely monitors patient, remove lethal means from home, safety plan, crisis referral

Identifying Suicide Risk: Screening Tools

If yes on any of 1-4 and yes to Q5: Are you having thoughts of killing yourself right now?

**IMMINENT RISK**
Acute suicidal thoughts needs urgent full mental health evaluation

[Screening Tool Image]

Identifying Suicide Risk: Screening Tools

If yes on any of 1-4 and **NO** to Q5, look at Q4 asking about attempt

**Yes**

Low risk if

>1 year ago, parent aware, received or in MH services, behavior not an active concern

Identifying Suicide Risk: Screening Tools

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:
   ________________________________  ________________________________
   ________________________________  ________________________________

Not just little adults: risk and protective factors to consider

Bullying
Child abuse, trauma, neglect
Impulsive/aggressive
Internet use
Unsupportive environment for LGBTQ Youth
Chronic medical conditions

Engaged in school or activities
Future Oriented
Strong social supports/connectedness
Responsibility to family or pets
**Brief Suicide Safety Assessment**

1. **Praise the patient**
   - For discussing their thoughts

2. **Assess the patient**
   - Review patient's response from the tool
   - Frequency of suicidal thoughts
     - Ask: "In the past few weeks, have you been thinking about killing yourself?" If yes, ask: "When?" If no, ask: "Has this happened before?" If yes, ask: "When was the last time you had these thoughts?"
   - "Any you having thoughts of killing yourself right now?" If you have a plan, ask: "What is your plan?" If no plan, ask: "If you were going to kill yourself, how would you do it?"
   - Past behavior
     - Evaluate past suicidal ideation and history of suicide attempts (reviewed, updated daily, HERE).
     - Ask: "Have you ever tried to kill yourself?"
       - If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would work?" "Did you want to die?" "If you were to die, you would return to that place?"
     - Ask: "Did you receive medical/surgical treatment?"
   - Social support and stressors
     - For all patients inplace, ask them to describe:
     - "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?"

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3. Interview patient and guardian together

- If patient is 12–18 years, ask patient’s permission for parent/guardian to join.

4. Make a safety plan with the patient and guardian

5. Determine disposition

6. Provide resources to all patients

Counseling about Lethal Means Restriction

How to Safeguard Your Home

If your child is experiencing a mental health problem or life crisis, these simple steps can help protect your family and possibly save your child’s life.

STORE FIREARMS OFFSITE

- Ask a trusted friend or family member to keep them temporarily until the situation improves.
- Do your local police precinct, gun range, or shooting club to see if they will offer temporary storage.
- If you can’t store the firearms away from the home, store them unloaded and locked in a gun safe or lock box. You can also hide them using a cable or trigger lock. Locking devices using combinations are safer than those using keys.

LOCK UP MEDICATIONS

- Store all medications in a locked box or locked medicine cabinet.
- Dispose of unused medications. Locate a medicine take-back program in your community or follow the FDA guidance. Mix the medications with kitty litter or used coffee grounds in a sealable bag. Then throw away the mixture in the trash.

PROVIDE SUPPORT

- Pay attention to your child’s moods and behaviors.
- If you notice significant changes, ask them if they’re thinking about suicide.
- If you think your child is in crisis, call 911 or go to the nearest emergency room.
- Make sure your child knows how to access the suicide prevention hotline.

HELP IS AVAILABLE

If you’re concerned that someone you care about is at risk of suicide,

NewYork-Presbyterian Phyllis and David Kominsky Center for Children’s Health

For crisis support or information call the Helpline Center.

IN CASE OF EMERGENCY:

24/7 free and confidential
Call 911 or visit your local emergency room.

Ongoing Care and Follow Up:
Complete Stanley & Brown Safety Plan

• Seeking a defined commitment to safety
• *Not* meant to be a safety contract
• Set of co-directed *coping strategies to decrease the risk of suicidal behavior* during a crisis
• Recognizes personal warning signs
• Identifies a patient’s support network
• Involve the patient’s parent/guardian

*Always document* your safety plan in the EMR
### Stanley & Brown Safety Plan Template

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1:</strong></td>
<td>Warning signs (e.g. thoughts, images, mood, situation, behavior) that a crisis may be developing</td>
</tr>
<tr>
<td><strong>Step 2:</strong></td>
<td>Internal coping strategies; Things I can do to take my mind off my problems without contacting another person (e.g. relaxation technique, physical activity)</td>
</tr>
<tr>
<td><strong>Step 3:</strong></td>
<td>People (including phone numbers) and social settings that provide distractions</td>
</tr>
<tr>
<td><strong>Step 4:</strong></td>
<td>People (including phone numbers) whom I can ask for help</td>
</tr>
<tr>
<td><strong>Step 5:</strong></td>
<td>Professionals or agencies I can contact during a crisis</td>
</tr>
<tr>
<td></td>
<td>• Clinician name and number</td>
</tr>
<tr>
<td></td>
<td>• Local urgent care services</td>
</tr>
<tr>
<td></td>
<td>• Suicide Prevention Lifeline Phone: <strong>1-800-273-TALK (85255)</strong></td>
</tr>
<tr>
<td></td>
<td>• Crisis Text Line: <strong>Text HOME to 741741</strong></td>
</tr>
<tr>
<td><strong>Step 6:</strong></td>
<td>Making the environment safe</td>
</tr>
</tbody>
</table>

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*The one thing that is most important to me and worth living for is: ____________________*

Ongoing Care and Follow Up
BHI Collaborative “On Demand” Webinars

• The Value of Collaboration and Shared Culture in BHI
• Behavioral Health Billing & Coding 101: How to Get Paid
• Implementation Strategies for Virtual BHI
• Financial Planning: Quantifying the Impact of BHI
• Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions & Treatment
• Privacy & Security: Know the Rules for Communication of Behavioral Health Information
• Effective BHI Strategies for Independent Practices
• Advancing Health Equity through BHI
• Bolstering Chronic Care Management with BHI
• How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families

Watch all these webinars and more on the [Overcoming Obstacles YouTube playlist](#) now!
Collaborative Resource – **BHI Compendium**

The **BHI Compendium** serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.

**Download Now** to learn how to make the best decisions for the mental health of your patients.
Thank you for joining!
Additional Resources
Apps and Internet Resources

Safety Planning Apps (Stanley-Brown, notOK app)
ETUDES Brite Path app for clinicians, safety planning
Nowmattersnow.org (DBT, mindfulness techniques for public)
Virtual Hope Box app
AFSP.ORG for patient/family/advocacy resources
SUICIDE PREVENTION

CHRISTINE YU MOUTIER, ANTHONY R. PISANI AND STEPHEN M. STAHL
AMA’s Preventing Physician Suicide Resource

- The Preventing Physician Suicide online resource provides information about physician suicide, how to identify and address warning signs and risk factors, and AMA efforts and resources to prioritize mental health and well-being.