

Management of the Suicidal Adolescent in Primary Care

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Learning Objectives

- Appreciate complexity and impact of risk factors for self harm that can be co-morbid or independent of depression.
- Increase understanding and comfort in assessing patients at risk for harm.
- Provide additional resources for comprehensive training in risk assessment and how it can be fully implemented in a primary care setting.

Terminology

- Suicidal Thoughts
- Suicidal Intent
- Suicide Plan
- Suicidal Attempt
- Attempted Suicide
- Completed Suicide
- Self Endangering/Risky Behavior
- Adolescent Depression

Question 1

- **Who would you consider the highest risk of harm?**
 - A. Patient who says they are having suicidal thoughts, but no plan.
 - B. A patient who is cutting but denies suicidal thoughts.
 - C. A patient who is chronically depressed, feels hopeless that things will change, but denies any suicidal thoughts or plans.
 - D. Impulsively runs out into street away from parents.
 - E. Recently picked a fight with a police officer or drug dealer.

Prevalence

- 3rd leading overall cause of death in among 15 to 19 year olds
- It is estimated that 18 adolescents take their own life every day in the United States.
- In 2011, 7.8% of high school students reported attempting suicide at least once during the previous 12 months, and 2.4% of students made a suicide attempt that required treatment due to self-injury.
- In the same year, an estimated 3.7% of adults aged 18 years or older reported having serious thoughts of suicide during the past year, and 0.5% attempted suicide
- Nearly 90% of suicidal youths were seen in primary care during the previous 12 Months

Universal Screening for Suicide in Primary Care

- There is insufficient evidence to conclude that screening adolescents, adults, and older adults in primary care adequately identifies patients at risk for suicide who would not otherwise be identified on the basis of an existing mental health disorder, emotional distress, or previous suicide attempt.
- The U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians screen adolescents and adults for depression when appropriate systems are in place to ensure adequate diagnosis, treatment, and follow-up.
- Primary care clinicians should also focus on patients during periods of
 - high suicide risk.

It's ok to ask about suicide.

- It does not encourage people to commit suicide
- Be aware of your emotional reaction to suicide, it can influence you not to ask

Risk factors

- Co-morbid disorders
 - Depression highest risk for attempted suicide
 - Anxiety doubles risk, combined depression and anxiety increase risk of suicide 17 times.
 - Substance abuse
 - Impulsivity- multiple types:
 - Impatient
 - Poor judgment when expressing anger
 - Heightened reactivity to rejection and abandonment
 - Bipolar- Mania -highest risk for completed suicide
 - Schizophrenia
 - Akathisia

Risk factors

- Previous suicide attempt
- First degree relative who has committed suicide increases risk 6 times.
- History of trauma, abuse, or catastrophic event
- Hopelessness
- Major physical illness, especially chronic pain
- Central nervous system disorders, including TBI
- Males have higher rates of completed suicide in adolescence and adult-hood, but rates of attempt are two to three times higher for adolescent females.

Protective factors

- Connectedness to peers or family
- Sense of responsibility to family
- Life satisfaction
- No drug use
- Good support services
- Social support and belongingness
- Coping skills
- Problem solving skills
- Strong therapeutic relationship
- Reality testing ability
- Religious faith

Behavioral Warning signs/when to ask

- Looking for lethal means, i.e. a gun, or medications,
- Giving away personal belongings
- Increased anger or irritability or rage.
- Drug use, either initial or relapse
- Increased isolation from peers and/or family
- No longer engaging in activities they really enjoyed
- Anxiety or agitation
- Insomnia
- Dramatic mood changes- crying spells
- Fatigued
- Poor concentration

Verbal Warning signs/when to ask

- Making SI statements -"I wish I were dead", "I'm going to kill myself" ect
- More vague statements that expresses depression or hopelessness- "I'm tired of life", "my family would be better off without me", "how do they preserve your kidneys for transplantation if you die suddenly", "soon I won't be around", "if I take all of the medications at once would it kill me"
- Talking [or writing] about death if this is unusual behavior for them.
- Any verbalization of hopelessness

Environmental Warning signs/when to ask

- Suffered a significant loss of another or failed relationship
- Suicide contagion is real- Boyfriend/girlfriend, or peer commit suicide.
- Access to means, firearms or poisoning.
- Being bullied at school.
- Parents going through divorce
- Diagnosed with chronic, or terminal, illness.
- Legal problems/contact with law enforcement/incarceration

How do you ask?

- Use non-judgemental, non-condescending, matter-of-fact approach.
 - Never ask leading or loaded questions:
 - “You're not thinking of suicide , are you?” “You wouldn't hurt yourself would you?”, “You wouldn't do anything stupid would you?”
 - Never start with “why”. It elicits a defensive response.
- Sample questions:
 - Sometimes, people in your situation (describe the situation) lose hope; I'm wondering if you may have lost hope, too?
 - Have you ever thought things would be better if you were dead?
 - With this much stress (or hopelessness) in your life, have you thought of hurting yourself?
 - Have you ever thought about killing yourself?
 - With this much stress in your life, what is going well for you right now?

What do you do if they say yes?

- Find out if they have a plan:
 - Do you have a plan or have you been planning to end your life? If so, how would you do it? Where would you do it? Have you practiced it?
 - Do you have the (drugs, gun, rope) that you would use? Where is it right now?
 - Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger the plan?
- Determine their intent:
 - How likely do you think you are to carry out your plan?
 - How confident are you that this plan would actually end your life?
 - What have you done to begin to carry out the plan?
 - What stops you from killing yourself?

Clinical Assessment of Risk

- Weigh the risk factors vs protective factors, but know your comfort level.
- How to refer:
 - “I think it would be helpful for you to talk with someone who has a lot more experience than I do looking at the times where you feel like you want to hurt yourself. There are many reasons for this, and I'd like you to have the opportunity to talk with someone who can help you with this.”
- Also, talk with those sharing household/responsibility with patient as far as their sense of understanding, comfort, concern, etc.

Jen

17, is a soft-spoken, shy young woman who is in 12th grade. She is a high achieving student, who is taking multiple college level classes, actively involved with basketball and after school activities. She is accompanied by her mother who is very worried. The mother reports that Jen got a B on her last AP math test, has been more irritable, tired, and “out of it” at home. Mother has pulled Jen from basketball “to give her more time to focus on her studies” and is wondering if she could have some kind of illness that could account for these changes.”

Jen

When speaking to Jen alone, she expresses that she had been doing ok until a recent event at school. Jen has never been allowed to date, but she had feelings for a boy in her class, George, and was hopeful that he might take an interest in her. They had been spending more time together at school, but he recently started dating someone else. Now she feels very rejected, “I can't believe I thought he might like me. Now I can't even look at him. Sometimes I wish I could just sleep forever. I hate waking up.”

Question 2

- How would you rank Jen?
 - A. High Risk
 - B. Medium Risk
 - C. Low Risk

Clinical Assessment of Risk

Low Risk Intervention

Patient has thoughts of death only; no plan or behavior

Evaluate for psychiatric disorders, stressors, and additional risk factors

Encourage social support, involving family members, close friends and other community resources. If patient has a therapist, call him/her in presence of patient

Record treatment plan in patient record. Complete tracking log entry, and continue to monitor patient status via repeat interviews, follow-up contacts, and community resources. Make continued entries in tracking log.

Ben

15-year-old male presents for his annual physical. His mother comments that he has become “grumpier” and has started spending more time on the Internet and less time playing football with his friends. He watches television late at night and rarely wakes up in time for school. His grades have steadily declined from a B average to Cs and Ds.

When questioned alone, the patient reports, “I just don’t feel like doing the same stupid stuff, and I don’t want to go to college, so I don’t need to get good grades.” “My parents hassle me all the time,” Ben says. “They hate my clothes, my music, they hate me.”

Ben

After talking to him further he reports that he has been smoking marijuana frequently for the past year, he denies any other drugs or alcohol. He is having trouble concentrating, believes that his teachers think he's "stupid" and thinks the only good thing about school is "hanging out with my friends, listening to music, just hanging." Ben says getting high numbs his feelings for awhile, then he crashes and feels worse, and uses some more to get rid of feeling so down and angry. Sometimes Ben hates himself and wishes he weren't around anymore. Most of the time, Ben says he is either "just out of it." or feeling "just plain down." When asked to describe this feeling, Ben says it's "like being sad but more so."

Question 3

- How would you rank Ben?
 - A. High Risk
 - B. Medium Risk
 - C. Low Risk

Clinical Assessment of Risk

Medium Risk Intervention

Patient has limited suicidal intent but no clear plan: may have had previous attempt

Evaluate for psychiatric disorders, stressors, and additional risk factors

Consider:

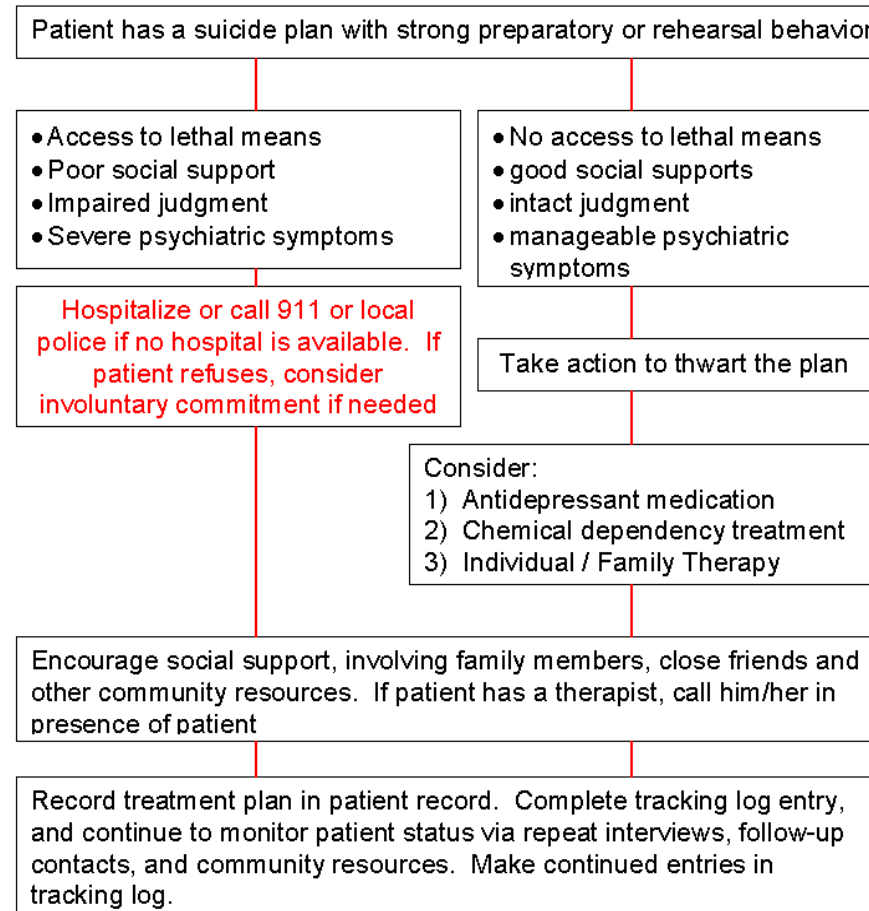
- 1) Antidepressant medication
- 2) Chemical dependency treatment
- 3) Individual/Family Therapy

Encourage social support, involving family members, close friends and other community resources. If patient has a therapist, call him/her in presence of patient

Record treatment plan in patient record. Complete tracking log entry, and continue to monitor patient status via repeat interviews, follow-up contacts, and community resources. Make continued entries in tracking log.

Clinical Assessment of Risk

High Risk Intervention



Safety Plan

- This is not a no suicide contract.
- Find out what their triggers are.
 - What happens just before you start feeling or thinking this way?
- Find out their coping skills.
 - Are there any things that you do that help you take your mind off thinking about death and dying?
- Who are their social supports:
 - Who can you talk to or turn to when you are having these thoughts?

Safety Plan 33

- Make environment safe! Remove all access to impulsive ways of hurting themselves.
 - Lock up medications at home
 - No access to guns
- Write down safety plan on paper for both you and the patient.
 - Involve others to work with them on their safety plan.
 - Crisis support plan.

Screening tools

- PHQ-9 modified
- Pediatric symptom checklist-Youth
- www.schoolpsychiatry.org

Links to other resources

- PALS line 505-272-2000
- Suicide Prevention Toolkit For Rural Primary Care Providers- has example safety plans, crisis support plans, and pocket guides.
 - <http://wwwsprc.org/for-providers/primary-care-tool-kit?sid=34838>
- Macarthur Depression Toolkit and pdf of Suicide Prevention Toolkit For Rural Primary Care Providers can be found at: <http://prevention.mt.gov/suicideprevention/>
- Massachusetts General Hospital table of checklists for preliminary screening: http://www2.massgeneral.org/schoolpsychiatry/checklists_table.asp
- Suicide posters for your office: contact Nancy Kirkpatrick Nancy.Kirkpatrick@state.nm.us
- **QPR** – Question, Persuade, Refer, Triage By Dr. David Ley – <http://wwwnmsuicideprevention.org/>
- Online training for primary care physicians:
 - wwwsuicidology.org
 - wwwkognito.com/products/pcp/
 - wwwsave.org
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