ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Demonstration: Assessing and Managing Suicide/Safety Risk

Moderated by: Rachel A. Zuckerbrot, MD, FAAP and Jessica Grant, MD, FAAP

Friday Afternoon: 5:00 PM

Dr. Diane has a patient in the room, and her clinic gives her this brief triage information:

Triage Note for Casey

- **Patient Name**: Casey Long (she/her)
- **Chief complaint:** 15-year-old previously healthy patient who screened positive for minimal depression on the PHQ-9 at their well child visit 2 weeks ago. During this visit, brief interventions including behavioral activation techniques were encouraged. Returns today for follow up mental health visit.
- **Repeat PHQ-9 modified administered prior to visit:** Score 12 (*completed screen attached*)
    - **PMH:** None
    - **Meds:** None
    - **Allergies:** None

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PHQ-9: Modified for Teens

Name: Casey Long **Clinician:** _____ **Date:** _____

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.

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

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
[x] 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 [x] 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 [x] No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes [x] 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.*

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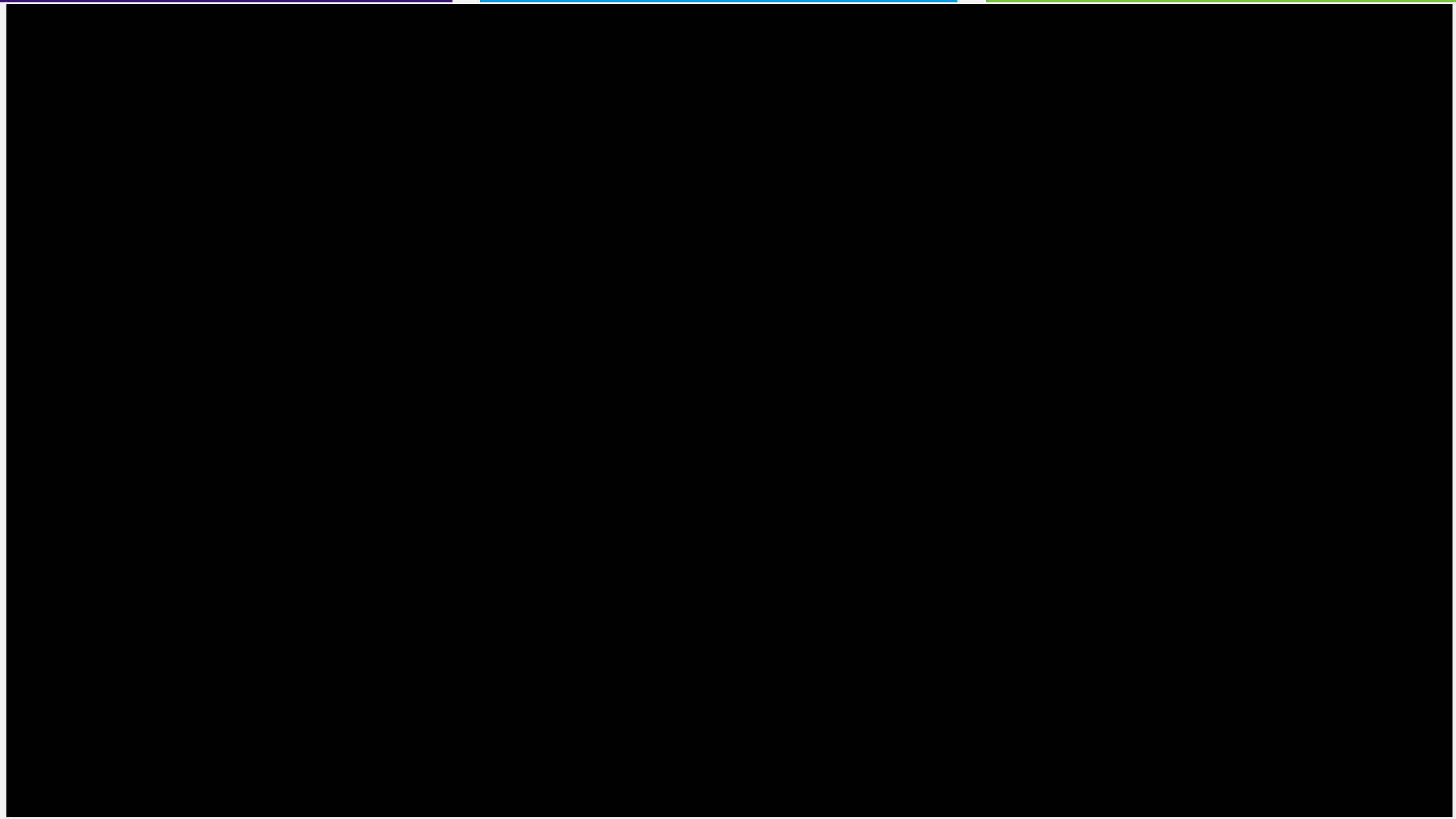
Dr. Diane and Casey

Let’s watch Dr. Diane’s next steps:



asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

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: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary *(*Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☑ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 988 ☑
- 24/7 Crisis Text Line: Text "HOME" to 741-741

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) 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_____ 4. Place_____

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_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

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

_____

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Dr. Diane, Casey, and Mom

Let’s watch Dr. Diane’s next steps with safety planning and assessment:

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. Night time
2. Nothing to distract me
3. Feeling alone with my thoughts

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. Walking with fluffy
2. Cuddle with fluffy in bed
3. Write in my journal

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: Cousin Jimmy Contact: 917-555-1212

2. Name: English teacher – Ms. K Contact: 718-867-5309

3. Place: Gaming 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: Dad Contact: _____

2. Name: Ms. K? Contact: 718-867-5309

3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/ Agency Name: Dr. Bloomfield Phone: 718-555-3456
Emergency Contact: 718-555-3000

2. Clinician/ Agency Name: _____ Phone: _____
Emergency Contact: _____

3. Local Emergency Department: Children's Hospital of Montefiore / 9-1-1
Emergency Department Address: _____
Emergency Department Phone: _____

4. Suicide Prevention Lifeline Phone: ~~1-800-273-TALK (8255)~~ 988 Call / **Text** / Chat

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. Will keep door open (a little)
2. Mom will keep all pills

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Stanley-Brown
Safety Planning Intervention

POLL

Would you send this patient home with her safety plan?"

- YES
- No

“Do we send her home?

- Reasons to be comfortable
- Reasons to not be comfortable.
- Lessons learned:
  - Important to assess.
  - Not every positive question 9 needs to go to the ER.
- Not always the same.

What's next if we do send her home?

- Depression treatment planning does not need to be done all in one day.
- We will need to go back to our GLAD PC algorithm and start treatment, whether therapy, medication or both.
- We need to have her back so we can discuss all of that.
- Safety assessment and planning needs to be done that day, so we know whether she is going home.
- But next steps can be done in a follow up.
- Clearly, she needs more help than a safety plan.

Safety Assessment Wrap-Up 1/2

- Use Project TEACH for help.
- We don’t do the crisis evaluation- we are not a crisis line.
- But we are here to educate.
- If you have questions about a safety evaluation or safety planning, you can call.
- You will ultimately be doing the assessment, but we can educate you and answer questions you may have.
- We also can educate regarding Resources (mobile crisis, Home Based Crisis Intervention, Child Comprehensive Psychiatric Emergency Programs, etc.)
- If you assess that someone is safe, we can help with follow up: FTF, treatment suggestions.

Safety Assessment Wrap-Up 2/2

- PRACTICE
- Practice makes things easier.
- You may read the ASQ or the CSSRS the first time or fumble with the sections on the Stanley Brown Safety Plan the first few times and it will be awkward.
- That's OK!
- YOU WILL GET BETTER