Standardizing Suicide Screening in the Pediatric Population in the Rio Grande Valley

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Objective

- ▶ 1.Recognize a pediatric behavioral emergency in an ED.
- ▶ 2. Overview of common presentations and interventions of pediatric patients having suicidal issues.
- ▶ 3. Recognize and identify patients who require further interventions when having SI.





HTTPS://WWW.CNN.COM/2022/12/27/HEALTH/MENTAL-HEALTH-REVISITS-CHILDREN-STUDY/INDEX.HTML

Case Study

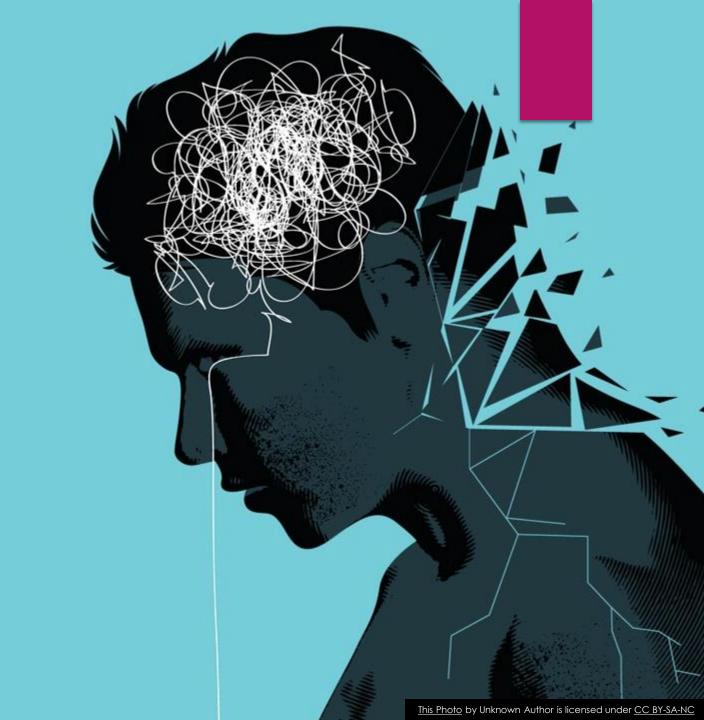
- A 14 year old female who was a gifted artist and was involved in many extracurricular events.
- Developed an obsession with drawing whales.
- Began to isolate self from others at home and at school.
- Teachers were first to pick up on behavioral change.
- Parents contacted.



Behavioral Emergency Overview

- A situation in which a patient will present at imminent risk of behaving in a way that could result in a serious harm or death to self or others.
- Clinical Psychiatric Emergency (behavioral control impairments)
- Coping and Stress Reaction (most common seen in the ED)
- latrogenic Insults (emotional distress post poor clinical care)

Parker, Calhoun, Wong, Davidson, etc al 2020



Assessing the situation

Imminent vs. Urgent

At what point do we intervene?

Recognizing the red flags.

Team providing Care

- Role Overview
 - ► First Responder
 - ▶ LPC
 - ► SW
 - Nursing
 - Provider (MD, PA, NP)

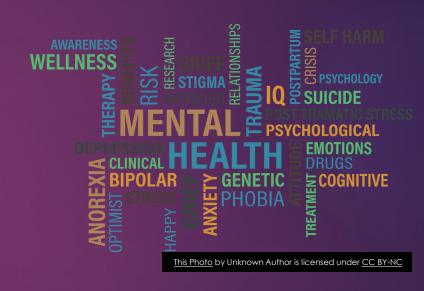
Recognizing the suicidal pediatric patient.

- Warning Signs
 - Suicidal thoughts
 - Making threats to harm others or themselves
 - Self-injurious behavior
 - Severe agitation, Aggression
 - Hallucinations or Delusions
 - Isolating themselves from friends and family

Parker, Calhoun, Wong, Davidson, etc al 2020

Handling a Behavioral Emergency

- Create a safe space (restraints)
- In patient vs outpatient
- Counseling/therapy
- Connect with mental health services
- Crisis Text Line
- National Suicide Prevent



How do we recognize suicidality in pediatric patients?

Screening

Adequately assessing patient

Listening to patient

Listening to parents

Overall presentation of patient

Implications of Screening for Suicide in Pediatric Patients

Who do we screen?

How reliable is screening?

What do we look for?

Screening Children less than 8 years of age

Talking about wanting to die or wanting to kill oneself

Actions such as grabbing their throat in a "choking" motion, or placing their hands in the shape of a gun pointed toward their head

Engaging in self-harming behaviors

Acting with impulsive aggression

Giving away treasured toys or possessions

Screening children 8-11 y/o

Patients ages 8-11 should be screened for suicide risk when they are presenting with behavioral health chief complaints, if the patient or parent raises a concern, if there is a reported history of suicidal ideation or behavior, or if the patient displays warning signs of **suicide**.

Safety of Screening pediatric patients

Among a sample of people ages 13+, asking about suicide did not significantly impact distress levels immediately or two days later

Other studies have found no longitudinal changes in suicidal ideation that are associated with assessing for suicide risk

Screening Tools

- How do you know what screening tool to use?
- Do screening tools work?
 - Ask Suicide-Screening Questions (ASQ)
 - Suicide Behavior Questionnaire-Revised (SBQ-R)
 - Columbia Suicide Severity Rating Scale (C-SSRS) Triage Version
 - Patient Health Questionnaire 9 Adolescent Version (PHQ-9A)
 - Patient Safety Screener 3 (PSS-3)

Screening the pediatric patient

Your pediatric patient Is being screened.

Now what?

Intervention post Assessment

- Inpatient vs outpatient
- Texas Tropical
- Community Mental Health Services

Case Study Conclusion

- Parents were in denial that there was anything going on with their child.
- Declined seeking mental health services.
- Incident at school led to police arriving to assess patient.
- Screener never arrived
- Patient hung herself in her closet that same day.

Recommendations

- Community Outreach
- Education for staff training
- Be comfortable having questions about suicide
- When asking about suicide, use a validated screening tool
- Ask your patient direct questions such as, "Have you been having thoughts about killing yourself?"

NAMI, n.d



References

- N.A., (2023) American Academy of Pediatrics.
 Screening for Suicide Risks in Clinical Practice.
 Retrieved from https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings-for-youth-suicide-prevention/screening-for-suicide-risk-in-clinical-practice/
- N.A., (2021). AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. Retrieved from https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/
- Parker, C.B., Calhoun, A., Wong, A.H., Davidson, L., Dike, C., (2020). A call for behavioral emergency response teams in Inpatient Hospital Settings. AMA Journal of Ethics; 22 (11): E956-964. doi:10.1001/amajethics.2020.956
- National Alliance on Mental Illness. (n.d). About Mental Illness. Retrieved from nami.org/about-mental-llness

