The Child/Youth with Suicidal Ideation: Approach for Primary Care

Northern Ontario Pediatrics Conference

Fri, May 10, 2019, 0840-0940 hrs Plenary Session

Dr. Michael Cheng, Psychiatrist, www.drcheng.ca
Children's Hospital of Eastern Ontario (CHEO), uOttawa

Schedule

0840-0925 hrs	Presentation (45-min.)
0925-0940 hrs	Questions (15-min.)

Faculty/Presenter Disclosure: Michael Cheng

- **Faculty:** Michael Cheng

- **Relationships with financial sponsors:**
  - **Grants/Research Support:** Lundbeck / Otsuka for eMentalHealth.ca/PrimaryCare
  - **Speakers Bureau:** None
  - **Honoraria:** Northern Ontario Pediatric Conference
  - **Consulting Fees:** None
  - **Patents**: I wish.
  - **Other:** None

Mitigating Potential Bias: Michael Cheng

- Northern Ontario Pediatric Conference planning committee have reviewed and approved session learning objectives and speaker disclosures in the program to ensure mitigation of any biases.
- Recommendations are consistent with published guidelines
- Recommendations are consistent with current practice patterns

Objectives

- By the end of this session, participants will be able to:
  - Assess a child/youth for suicidal ideation
  - Differentiate between passive and active suicidal ideation
  - List management options, depending on the level of suicidal ideation

Let’s start with a case…

- Dave is a 16-yo teenager
- Brought to see you for problems with low mood, and saying “life isn’t worth living”

Case

- Your assessment with Dave shows…
  - Depressed mood, irritability and anger
  - 7.5 hrs a day on video games
  - Suicidal ideation…

Etiology of Wellness

Thanks to the way we lived for millennia, human brings are wired to need certain things…

Our Needs for Mental Wellness *Include*…

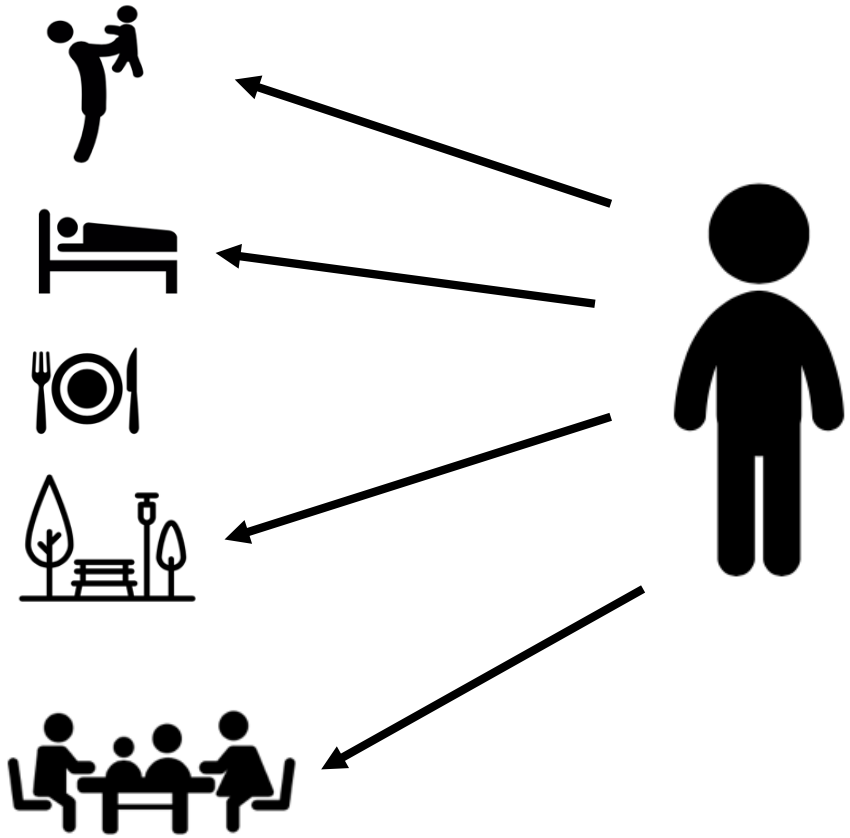
Attachment

Sleep

Nutrition

Nature

Purpose,
Belonging,
Meaning, hope



Health Canada, First Nations Mental Wellness Continuum Framework, 2014

Unfortunately, modern society tends to disconnect us from all the things we need for mental wellness…

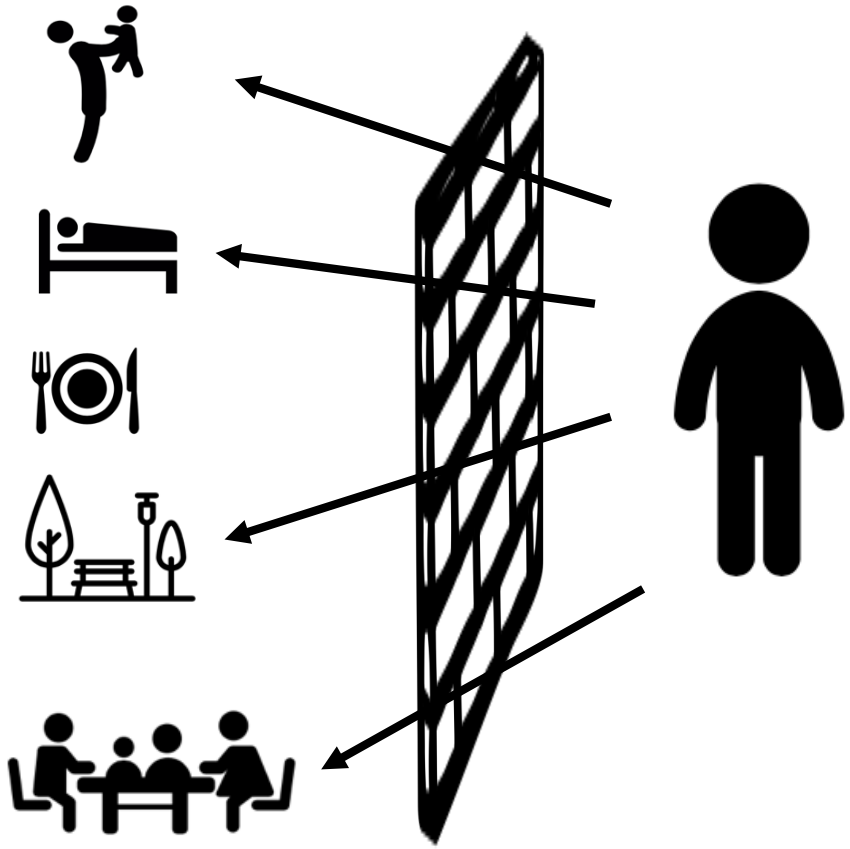
Attachment

Sleep

Nutrition

Nature

Purpose,
Belonging,
Meaning, hope



Health Canada, First Nations Mental Wellness Continuum Framework, 2014

Such as overconnection to technology, peers and values that don't bring meaning….

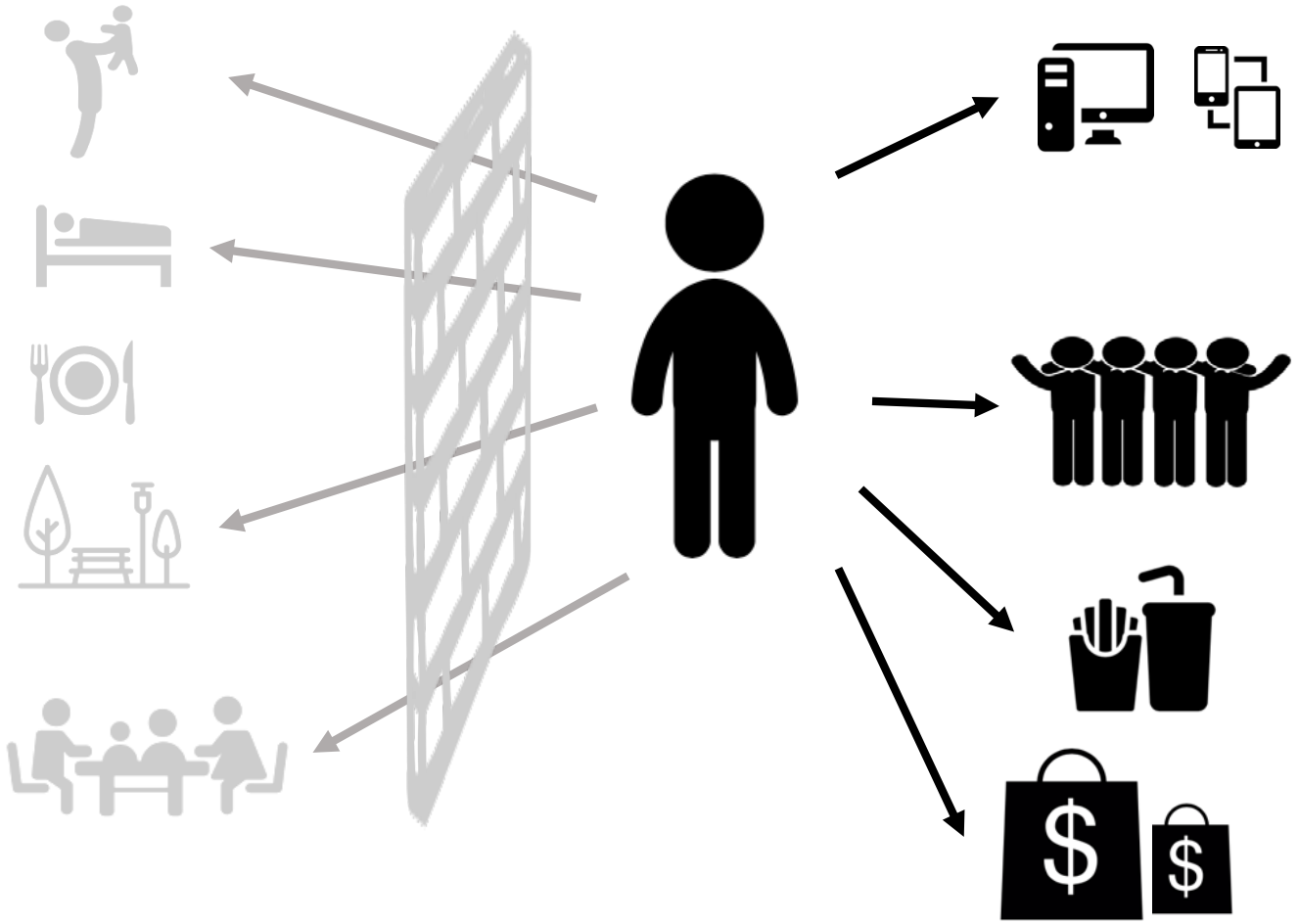
Attachment

Sleep

Nutrition

Nature

Purpose,
Belonging,
Meaning, hope



(Recreational) screens
7.5 hr screens / day
(like a full-time job!)

Peers (which are conditional not unconditional

Poor nutrition, such as excess sugar…

Hedonism, materialism…

Getting Back to Our Case

History confirms your patient is disconnected from healthy things, and connected to less healthy things…

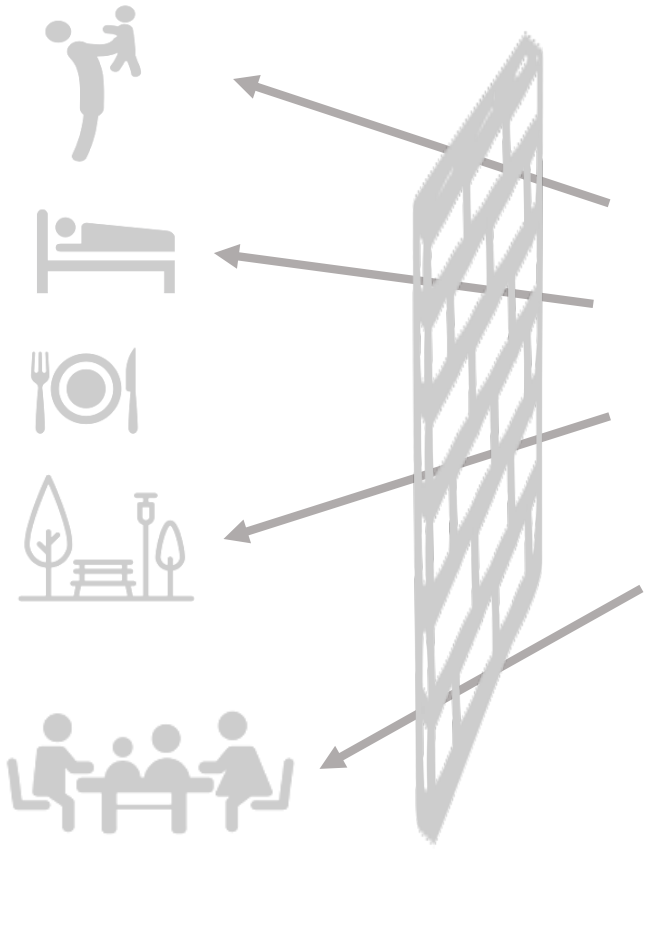
Attachment

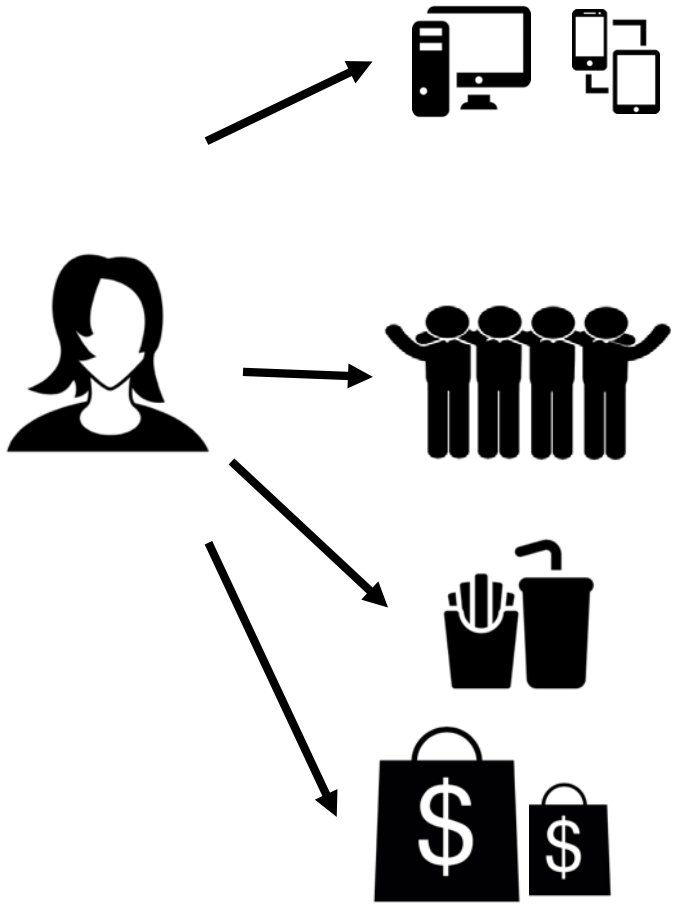
Sleep

Nutrition

Nature

Purpose, Belonging, Meaning, hope





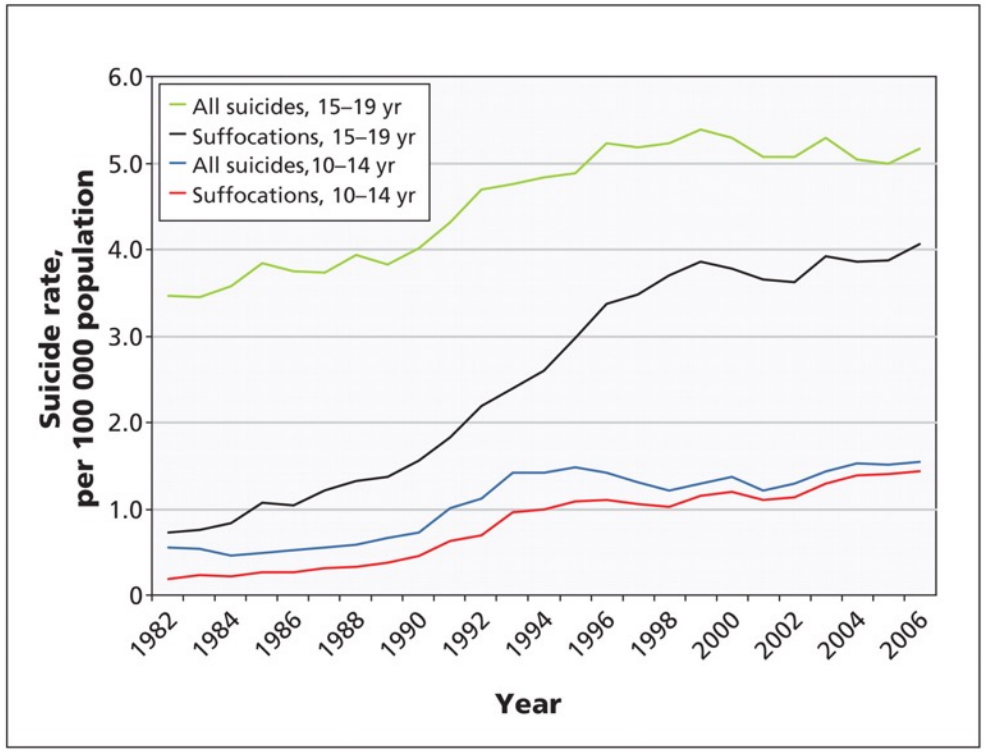
(Recreational) screens
7.5 hr screens / day (like a full-time job!)

Peers (which are conditional not unconditional

Poor nutrition, such as excess sugar…

Hedonism, materialism…

Suicide rate up 100% for females aged 10-14 and up 50% for those aged 15-19 (1982-2006)



Skinner R , and McFaull S CMAJ 2012;184:1029-1034

CMAJ·JAMC

CBC news | Ottawa

Home | World | Canada | Politics | Business | Health | Arts & Entertainment | Technology &

Canada | Ottawa | Photo Galleries

CHEO sees rise in mental health visits

Mental health visits up 64 per cent from three years ago

CBC News Posted: Aug 22, 2013 6:32 AM ET | Last Updated: Aug 22, 2013 1:48 PM ET

Listen

CHEO mental health report

CHEO has more emergency room visits for mental-health-related issues than any other children's hospital in Ontario, according to a new report.

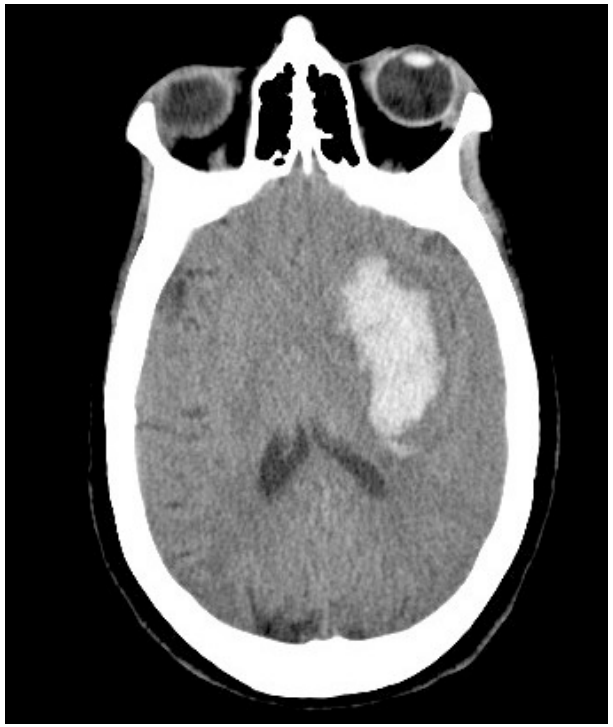
The Royal Ottawa Hospital and Children's Hospital of Eastern Ontario

Q. What type of imaging investigation is invaluable in diagnosing brain conditions?

Hint: 3 letters

Q. What type of imaging investigation is invaluable in diagnosing brain conditions?

A. MRI

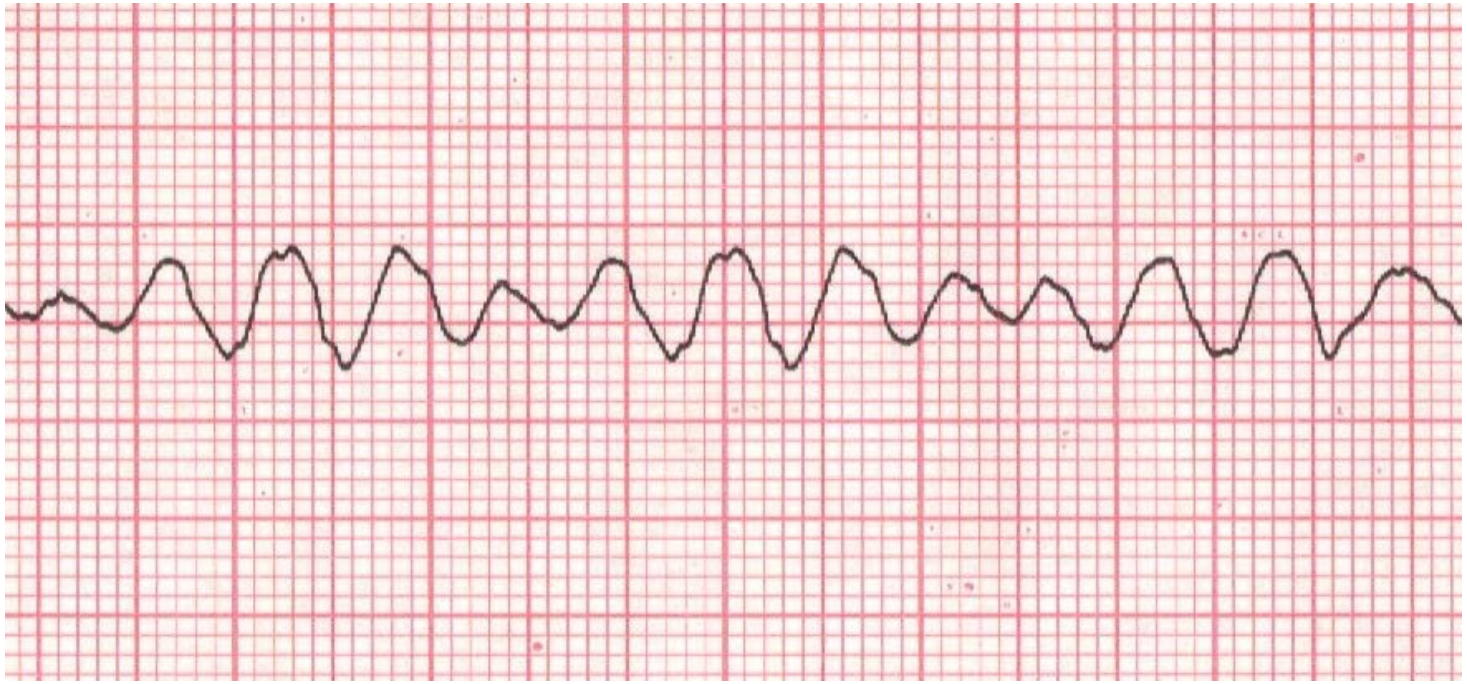


Q. What is a useful test that helps with the diagnosis of cardiac conditions?

Hint: 3 letters.

Q. What is a useful test that helps with the diagnosis of cardiac conditions?

A. ECG.



Q. What is a useful test that helps with the diagnosis of cardiac conditions? (3-letters)

Q. What diagnostic tool is invaluable in the diagnosis of depressed mood?

HINT: 3 letters.

Q. What diagnostic tool is invaluable in the diagnosis of depressed mood?

A. YOU!

Questions for the Audience

- Anyone assess for suicidal risk in the past month?
  - In an adult?
  - In a child/youth?

Principles in Assessing Children/Youth

- The strongest need that any person has is a need for attachment and connection to others
- Humans are social creatures, and it is our connection to others that allows us to survive, i.e. attachment is a biological drive hardwired into us
- Whether an infant, child, adolescent or adult, it is our drive to connect with others that underlies everything
- Patients who present with mental health crises with suicidality, depression or anxiety, generally have some issue with their connections
- Your therapeutic alliance and connection is invaluable in assessment and management

Elements of a therapeutic alliance

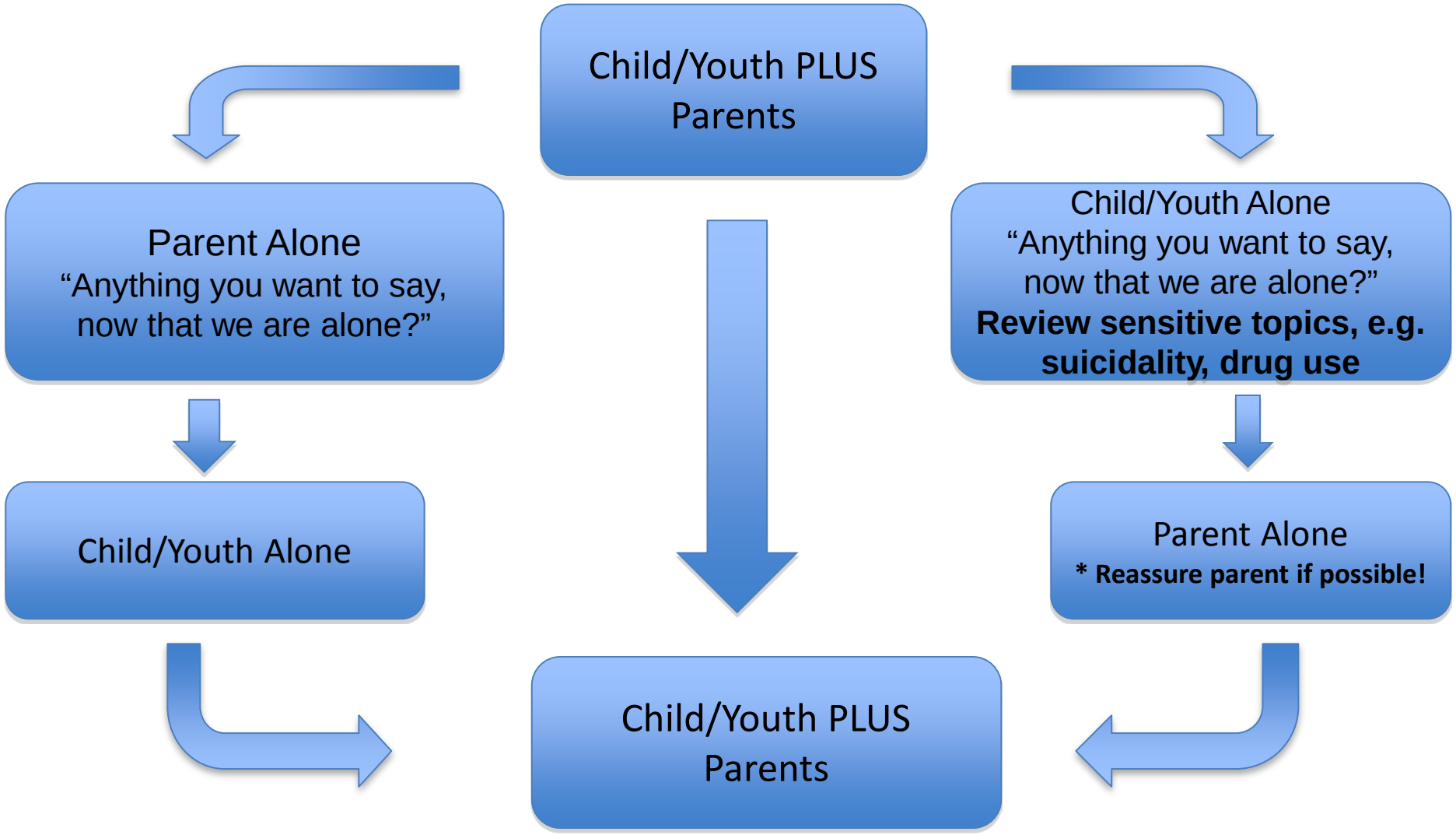
- Agreement on (healthy) goals
  - E.g. “Feeling better, e.g. calmer, happier” “People getting along better at home”
- Agreement on tasks
  - E.g. Spending 1:1 time with mom/dad; going to yoga with mom; taking medication; seeing therapist
- Bond
  - I.e. feeling that the doctor has empathy, validation and acceptance

(Bordin’s transtheoretical model of the therapeutic alliance, 1979)

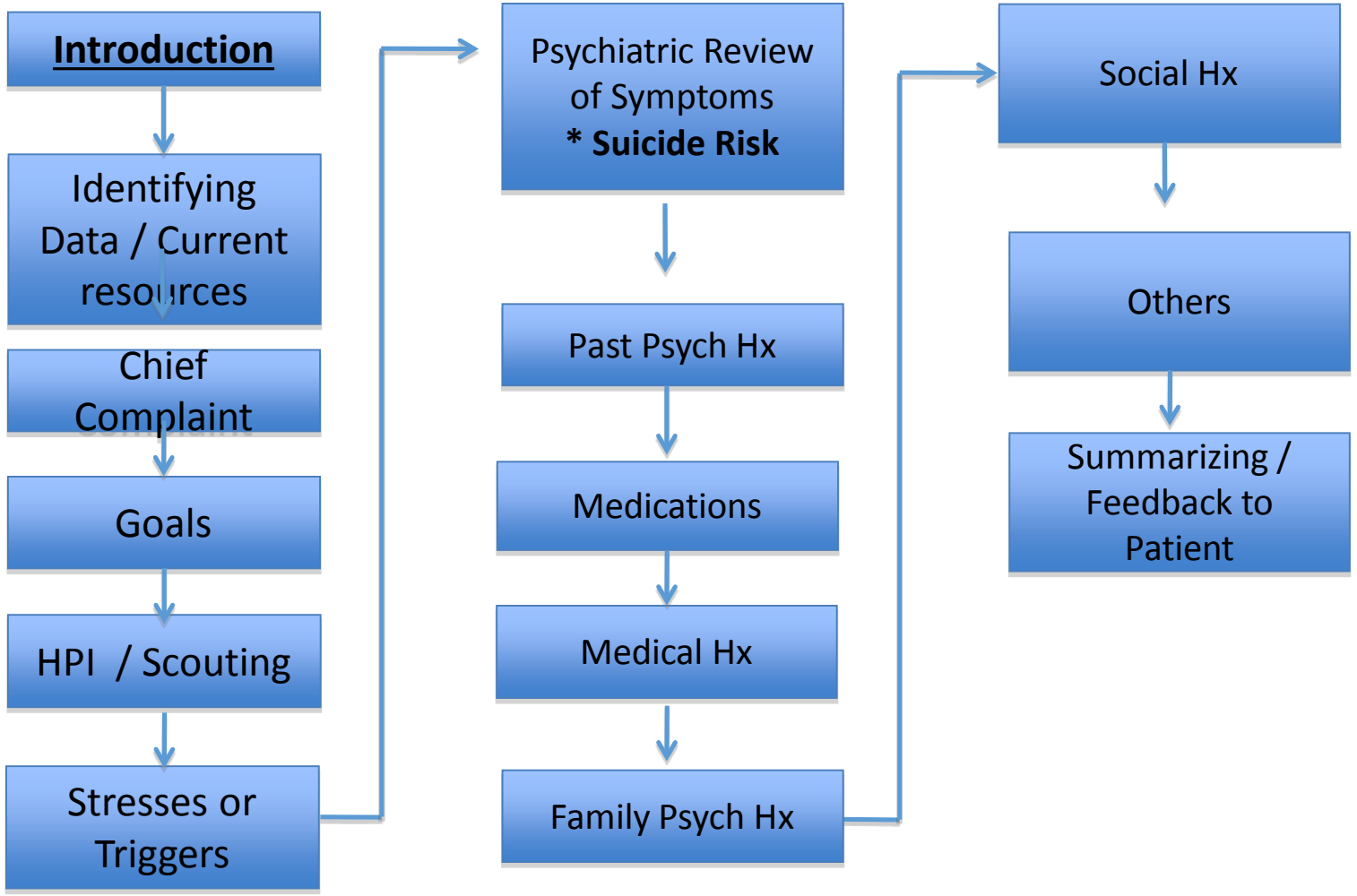
VIDEO 1

Video on Empathy: Its Not About the Nail
(1:30 min)

Process: Who to Interview?



Main Sections of the Classic Psychiatric Interview



With youth AND parent

Thanks so much for waiting.
Hello, I'm Dr. Smith…

With youth AND parent

I understand that you want to kill yourself…

I hear you've been cutting…

With youth AND parent

Before we get started, I'd like to just ask some background questions…
How do you like to be called?
How old are you…
Who lives at home…
Any counselors, or other professionals that you see?
When is your next appointment?

✓

HPI / “Scouting” phase…

What brings you here today?

It wasn’t my idea. I don’t need to be here…

HPI / “Scouting” phase…

It wasn’t my idea. I don’t need to be here…

So you’d rather not be here… That’s fine. I don’t like seeing doctors either! That can’t be easy, being dragged in here by your parents…
Help me see your point of view…
Tell me what’s been going on lately…

Request to meet 1:1 with youth for sensitive topics, e.g. suicide

I want to thank the both of you for giving me that overview.
At this point, I'd like to spend some more time with just you alone…
And then I'll talk with your mom after wards…
Mom, I'll show you where you can wait…

Post-Scouting: Follow-up on specific areas of interest…

Thanks for giving me the overview. You mentioned earlier that things have been very stressful…

Any thoughts that life isn't worth living?

Bond: Empathy, Validation, Acceptance

I've been so sad… I just can't stop crying… (tearful)

Empathy: "With everything you've been through, I can't begin to imagine how hard it must be."
Validation: "Its no wonder you're feeling sad… Anyone going through all that would feel sad too…"
Acceptance: "That's okay if you feel sad… We'll figure this out and find a way to help…"

Assessing Suicide Risk

How people interview for suicide risk

- Unstructured interview (“the art”)
  - What most doctors do in reality!
- Structured interviews and Screening Questionnaires
  - Ask Suicide Screening (ASQ) (4-questions, no training!)
  - Suicidal Ideation Questionnaire (SIQ) (Gold standard but has 30 questions and needs training)
  - Columbia Suicide Severity Scale (great, but needs training)
- Pseudo-structured (interviewing templates)
  - HEADS-ED
  - Safety Plan

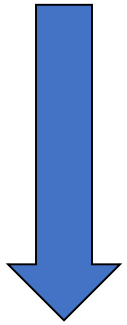
ASQ Screening Questions for Suicide Risk

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)

- Validated, free, no training required, available online pdf/html
- Scoring: Positive responses to 1 or more of these 4 questions is 97% sensitive (Horowitz, 2012)

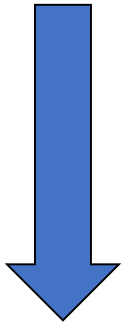
asQ
Ask Suicide-Screening Questions

Patient presents with **psychiatric concerns** such as suicidal ideation



20% screen (+)

Patient presents with **medical/surgical concerns**



4% screen (+)

HEADS-ED

- HEADS-ED is a mnemonic for taking a quick psychosocial history which aids in decisions regarding patient disposition
- Designed for Emergency Physicians, and now being trialed in primary care settings
- 7 domains
  - H ome
  - E ducation
  - A ctivities and peers
  - D rugs and alcohol
  - S uicidality
  - E motions and behaviours
  - D ischarge resources

Each domain is rated either 0, 1 or 2...

	0 **No action needed**	**1** **Needs action but not immediate**	**2** **Needs immediate action**
H ome	Supportive	Conflicts	Chaotic/ dysfunctional
E ducation	On Track	Grades dropping/ Absenteeism	Failing /Not attending school
A ctivities and peers	No change	Reduced	Withdrawn
D rugs and alcohol	No or Infrequent	Occasional	Frequent/Daily
S uicidality	No thoughts	Ideation	Plan or gesture
E motions and behaviours	Mildly anxious/ sad/acting out	Moderately anxious/ sad/acting out	Significantly distressed/ unable to function/ out of control
D ischarge resources	Ongoing/Well connected	Some / Not meeting needs	None/On wait list/non-compliant

Heads-ED.com is meant to be filled out online, and depending scores, local resources can be suggested…

	0 No action needed	1 Needs action but not immediate / moderate functional impairment	2 Needs immediate action / severe functional impairment
Home sample questions	○ Supportive	○ Conflicts	○ Chaotic / Dysfunctional
Education, employment sample questions	○ On track	○ Grades dropping / or absenteeism	○ Failing / not attending
Activities and peers sample questions	○ No change	○ Reduction in activities / increased peer conflicts	○ Increasingly to fully withdrawn / significant peer conflicts
Drugs and alcohol sample questions	○ No or infrequent	○ Occasional	○ Frequent / daily
Suicidality sample questions	○ No thoughts	○ Ideation	○ Plan or gesture
Emotions, behaviours, thought disturbance sample questions	○ Mildly anxious / sad / acting out	○ Moderately anxious / sad / acting out	○ Significantly distressed / unable to function / out of control / bizarre thoughts / significant change in functioning
Discharge or current resources sample questions	○ Ongoing / well connected	○ Some / not meeting needs	○ None / on wait list / non-compliant

Resiliency and Protective Factors

Reasons for living

It sounds like things have not been easy for you lately. And now you have these thoughts of ending your life.
On the other hand, you are alive, which possibly suggests to me that the thoughts of living must be stronger than the thoughts of dying…
Tell me… What do you live for? What has kept you alive?

After the suicide risk assessment, summarizing and preparing for feedback…

Agreement on Goals: Eliciting Goals

Thank you so much for coming today and telling me all this. There are definitely some things we can do to help. But before I tell you my thoughts, I'd like to ask you…

What is your best hope for coming here today? (i.e. what is your goal for coming here)

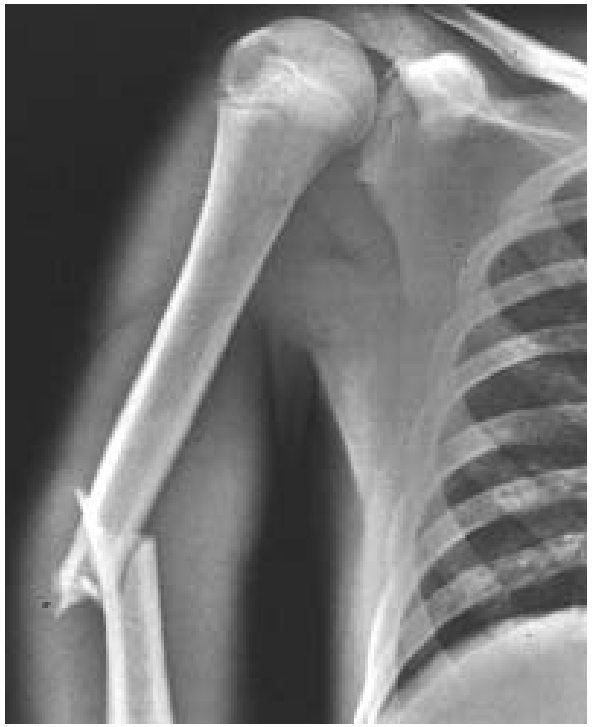
Agreement on Goals

I don’t want to feel suicidal anymore… I want to feel better.

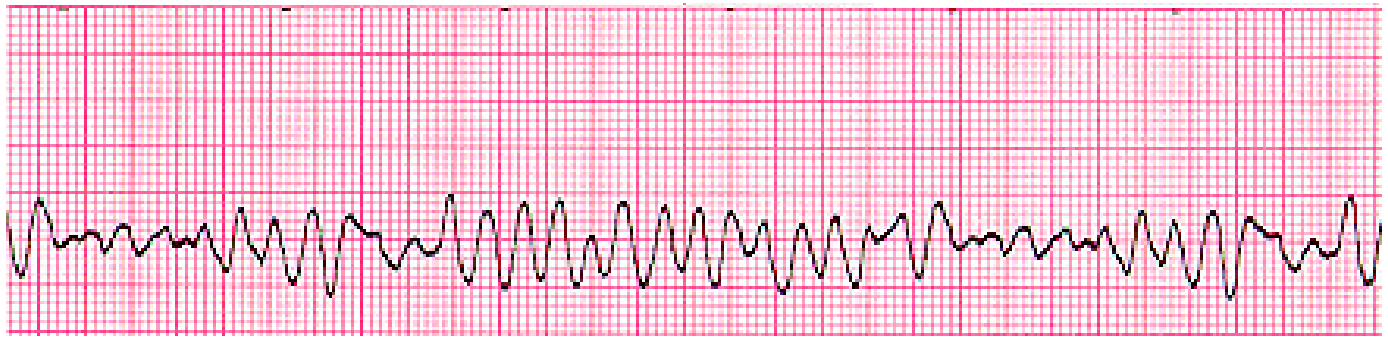
Sounds good. We can definitely help with that.

Often, physicians do not need to ask about goals…

- What's this patient's goal?



What is this patient's goal?



What would make this a helpful visit?

Agreement on Tasks: Eliciting Tasks

So let's work together and find a way to help with your goal of feeling better. Did you have any particular ideas about how to do that?

Agreement on Tasks

I know I need to see a counselor or someone like that…

Sounds good. I would happy to help set you up with a counselor.

Safety Plans

Safety Plan

- Semi-structured, checklist type which covers protective/resiliency factors
- Usually used by mental health professionals, such as part of therapy, prior to patient leaving the safety of the secure inpatient unit, such as for passes, or discharge
- Can definitely also be used by E.D. physicians as part of suicide risk assessment or as part of discharging a patient
- A way of documenting what you already do!

Agreement on Tasks: Eliciting Tasks

I'm sorry to hear that things have been so stressful lately, especially to the point where there is a part of you that has had thoughts of ending your life. But I am so reassured to know despite those thoughts, a stronger part of you wants help and wants to live.
Let's go over a safety plan together and we'll talk about next steps…

Safety Plan

- My warning signs
  - What are signs I'm starting to get overwhelmed or stressed?
- Stresses and possible solutions
  - What are my top stresses?
  - What are possible solutions?
- Distraction strategies
  - What can I do to take my mind off the problem?

Safety Plan

- Reasons for living
  - Who are the people or creatures I live for?
  - What are other things I have to live for?
- Supports
  - Who are the main people I can turn to for support if I'm overwhelmed?
- Crisis and online supports
  - If no one is available, who else can I call, such as Crisis Lines?

Example of CHEO Safety Plan

We help children and families be their healthiest

My Safety Plan

A safety plan can help keep you safe, if you are feeling overwhelmed and having thoughts of ending your life. Try answering these questions and see if it helps.

My Warning Signs

What are my warning signs that tell me I'm starting to get overwhelmed? (for example, withdrawing from others or sleeping more)

Stresses & possible solutions

What are my top stresses?

What are some possible solutions to each of these stresses?

Distraction strategies

What are some helpful things that will take my mind off the problem? (for example, going for a walk, calling a close friend to just vent, watching a movie, sleeping)

Reasons for living

Who are the people or creatures I live for? (for example: mother, father, brother, sister, friends, relatives or pets)

What are other things I have to live for? (for example: remembering that things will get better one day, future goals like school, career, travel or family goals)

Supports

Who are main people that I can turn to for support if I am overwhelmed? (people to whom I can say, "Hey, I'm not feeling good right now, I really need someone to talk to... I don't need advice, I just need you to listen... Can we talk?")

Crisis and Online Support

If no one is available, what are the local telephone crisis lines in my area?
(For example, KidsHelpPhone is available anywhere in Canada at 1-800-668-6868)

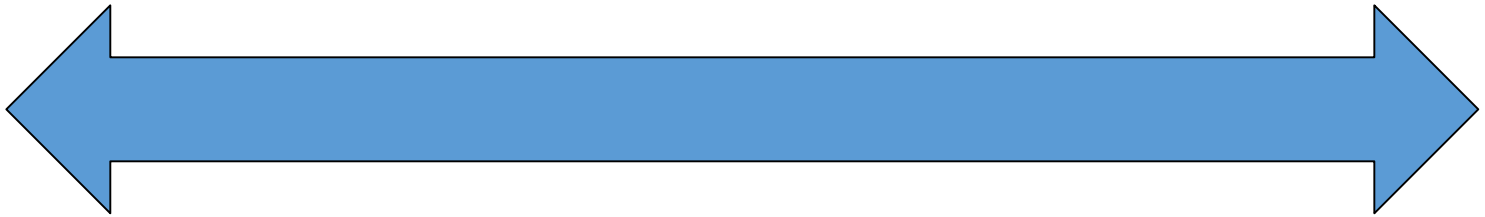
Suicide Prevention Contracts / No-Harm Contracts DO NOT WORK

- Note how the above safety plan does not have a place where the patient signs and agrees not to kill themselves
- Suicide prevention contracts can falsely reassure the clinician, which may preempt an adequate suicide risk assessment and increase the patient's risk of suicide.
- No studies have shown SPC is effective in preventing suicide attempts or completions.
- Its all about the therapeutic alliance…

(Simon, 2009)

Red Flags / When to Refer to Psychiatry

Suicidal ideation (SI) varies on a continuum…



Passive SI
- ❑ No active intent
- ❑ No means
- ❑ "Able to contract for safety" (i.e. seek help if things worsen)

Everything in the middle

Active SI
- ❑ Active intent
- ❑ Has means
- ❑ Unable to contract

Passive Suicidal Ideation

- **If passive suicidal ideation…**
  - ❑Thoughts of dying, e.g. “Life isn’t worth living.”
  - ❑No current intent, e.g. “… but I don’t have any plans right now…”
  - ❑Does not have means, e.g. “I thought of shooting myself, but I don’t have a gun.”
  - ❑Plus contracts for safety… “Yes, I’ll tell someone if things worsen or come back to the hospital…”
  - ❑Protective factors, e.g. supportive parents (or group home) who can provide close supervision
- **Refer to outpatient / community mental health services, e.g. recommend counseling**

Active Suicidal Ideation

- **If active suicidal ideation…**
  - ❑Thoughts of dying, e.g. “Life would be better if I were dead.”
  - ❑Current intent, e.g. “I’m going to kill myself on my birthday tomorrow.”
  - ❑Has means, e.g. “I have pills stockpiled at home.”
  - ❑Patient who is post-suicide attempt and does not regret attempt and/or regrets still being alive
  - ❑Will not contract for safety… e.g. “If I decided to kill myself, why would I bother telling anyone?…”
  - ❑Insufficient protective factors
- **Refer to psychiatry on-call, or seek immediate help**

Approach to Patients with Chronic Suicidal Ideation including Unmet Attachment Needs (i.e. “Borderline”)

Chronic Suicidal Ideation

- **If chronic suicidal ideation…**
  - Hospitalization has little value in preventing suicide and may have negative effects such as revolving door admissions (Paris, 2002)
- **Refer / (Re)connect with outpatient services**
  - Partial hospitalization in a highly structured day program where possible (Bateman & Fonagy, 1999).
  - Dialectical behavioural therapy (DBT) shown effective for persons with recurrent suicidal behaviour (McMain, 2009).
- **Refer to psychiatry / consider admission if**
  - ❑Acute psychosis
  - ❑Marked increased in level of suicidality (i.e. acute on chronic)
  - ❑Following a serious suicide attempt

Chronic Suicidal Ideation: Supporting Patients with High Attachment Needs (i.e. BPD)

- Patients with a profile of attachment problems (e.g. trauma, 'borderline personality')
  - Think of these as people with high attachment needs, but their attachment needs have not been met by their environment

Think of kids with ”borderline” (BPD) as being orchid children…

- Orchid flowers are a high needs flower
  - They have very specific needs for light, water
- Dandelions are a low needs flower
- Some children are similarly extremely sensitive, and have higher than usual physical and emotional needs than non-orchids (i.e. so-called dandelions)

Think of kids with ”borderline” (BPD) as being orchid children…

- **Q. Why do we bother with orchids?**

Think of kids with ”borderline” (BPD) as being orchid children…

- Q. Why do we bother with orchids?
- **A. They are capable of blooming spectacularly. Those with BPD traits do even better than so-called ‘typical’ kids when provided with the right environment (Lionetti, 2018)**

Prescribing Medications for Patients with Suicidal Ideation

Prescribing Medications for Patients with Suicidal Ideation

- There are no medications per se for suicidal ideation (other than oxytocin)
- However, consider medications for treatable diagnoses
  - Is there depression/anxiety? Consider SSRI
  - Is there psychosis? Consider antipsychotic

Prescribing Medications for Patients with Suicidal Ideation

- Are there significant sleep issues?
  - Start with sleep hygiene
    - eMentalHealth.ca > Sleep Problems in Youth
    - Such as no more screens after 9 PM…
  - Still having issues? Consider…
    - Over the counter
      - Melatonin 3-9 mg QHS
      - Diphenhydramine (aka Benadryl, Sleep-Eze)
    - Prescription
      - Trazodone 50-150 mg QHS

Looking for mental health information and resources anywhere in Canada?

eMentalHealth.ca

General Public | Med Students | Primary Care Providers

eMentalHealth.ca

Mental Health Services, Help and Support In Your Community

In a Crisis Now?

Suggest a Resource | About | Contact | Share | Print | Favourites | Français

Home | Find Mental Health Help | Info Sheets | Screening Tools | News | Events | Research Studies

Search How can we help you today?
depression, psychologists, etc.

Where Locations
Ottawa-Carleton, ON
Find
city or postal code

Info Cart (0 Items)

Link to this page

Find Mental Health Help in Your Area

- Key Resources
- A-Z Mental Health Conditions and Topics
- Counselling and Therapy
- Crisis and Emergency
- Mental Health Professionals
- Self-help, Mutual Aid and Support Groups
- Specific Groups and Populations
- Mental Health Facilities
- More Categories...

Community Bulletins

Want improved mental, autism, developmental, rehab health services for your child/youth in Eastern Ontario? Support the #1door4care campaign!
Support CHEO's campaign to build a new facility for children and youth with mental health, autism, developmental and rehabilitation health needs!
http://1door4care.ca

Help us help you!

Did you find our website helpful? Consider filling out our website survey so we can continue to help and improve for the future.

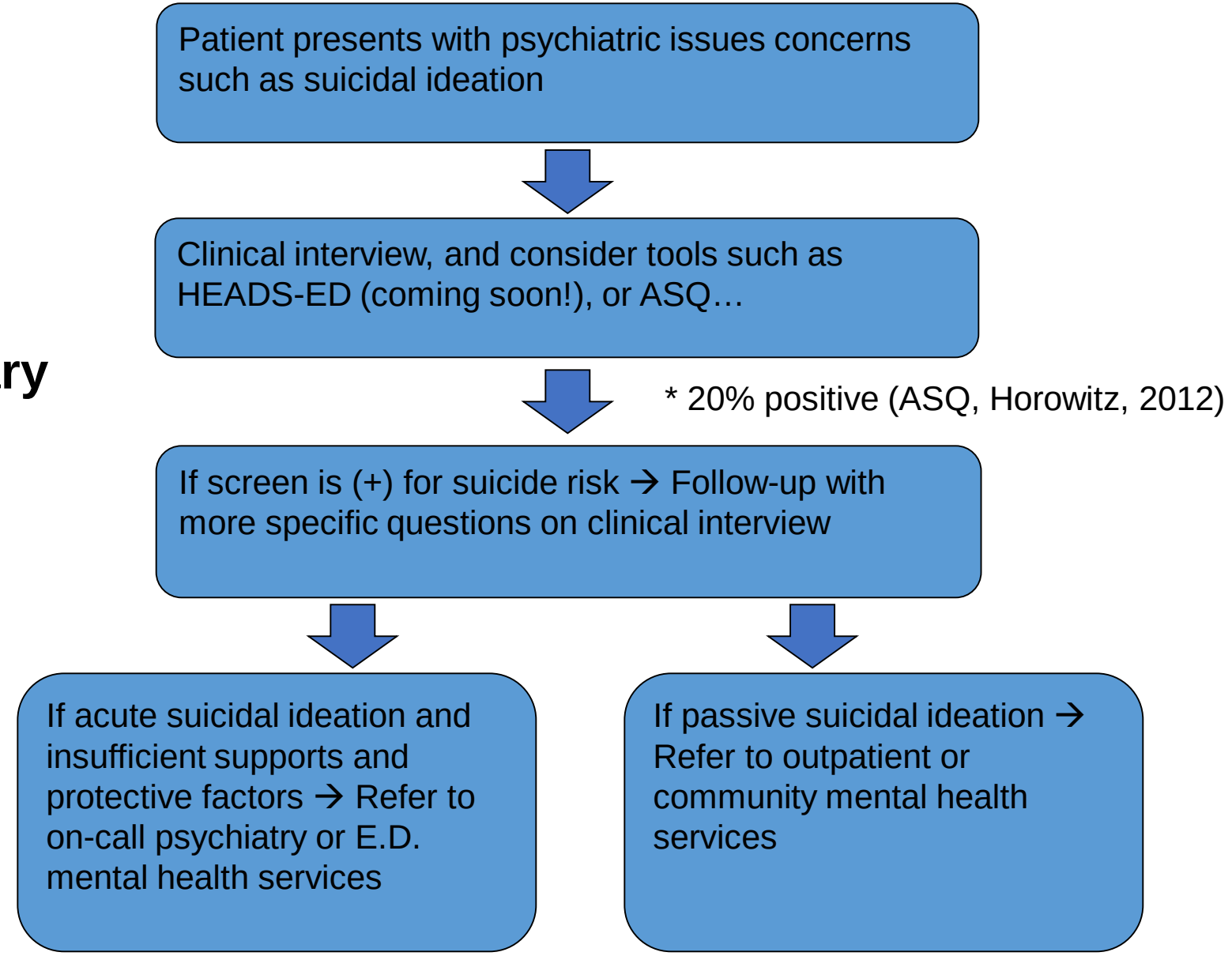
Tip of the Week

Summary

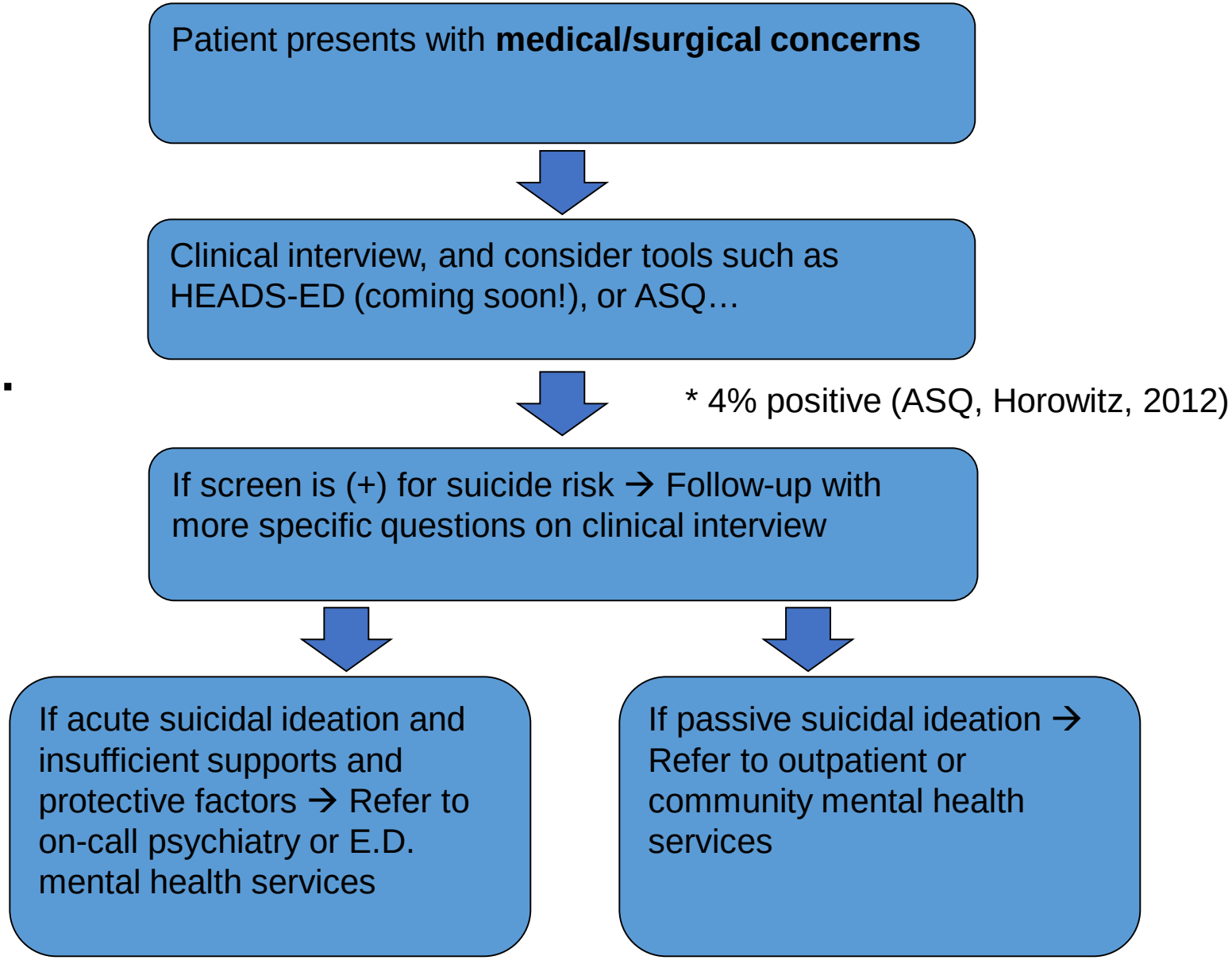
Objectives

- By the end of this session, participants will be able to:
  - Assess a child/youth for suicidal ideation
  - Differentiate between passive and active suicidal ideation
  - List management options, depending on the level of suicidal ideation

Summary


Patient presents with psychiatric issues concerns such as suicidal ideation
Clinical interview, and consider tools such as HEADS-ED (coming soon!), or ASQ…
* 20% positive (ASQ, Horowitz, 2012)
If screen is (+) for suicide risk → Follow-up with more specific questions on clinical interview
If acute suicidal ideation and insufficient supports and protective factors → Refer to on-call psychiatry or E.D. mental health services
If passive suicidal ideation → Refer to outpatient or community mental health services

Ideally…


Patient presents with **medical/surgical concerns**
Clinical interview, and consider tools such as HEADS-ED (coming soon!), or ASQ…
* 4% positive (ASQ, Horowitz, 2012)
If screen is (+) for suicide risk → Follow-up with more specific questions on clinical interview
If acute suicidal ideation and insufficient supports and protective factors → Refer to on-call psychiatry or E.D. mental health services
If passive suicidal ideation → Refer to outpatient or community mental health services

References

- Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis K, Cannon E, Joshi P, Pao M. Ask Suicide-Screening Questions (ASQ). A Brief Instrument for the Pediatric Emergency Department. Archives of Pediatrics and Adolescent Medicine. December 2012. 166(12):1170–1176.
- Shea S: Art of Understanding, 2011 – A MUST READ!
- Shea S: Practical Art of Suicide Assessment, 2011 -- A MUST READ!
- Simon R: Enhancing Suicide Risk Assessment Through Evidence-Based Psychiatry, Psychiatric Times, Jan 2009, Retrieved Jan 2014 from http://www.psychiatrictimes.com/articles/enhancing-suicide-risk-assessment-through-evidence-based-psychiatry/page/0/4#sthash.g6tR6wP7.dpuf
- Suicide Risk Assessment Guide, Ontario Hospital Association, Retrieved Jan 2014 from http://www.oha.com/KnowledgeCentre/Documents/Final%20-%20Suicide%20Risk%20Assessment%20Guidebook.pdf

Thank you for your attention!

Image: Adobe