Optimal Treatment for Anxiety & Mental Health

Managing Longterm Suicidal Ideation in Adolescents

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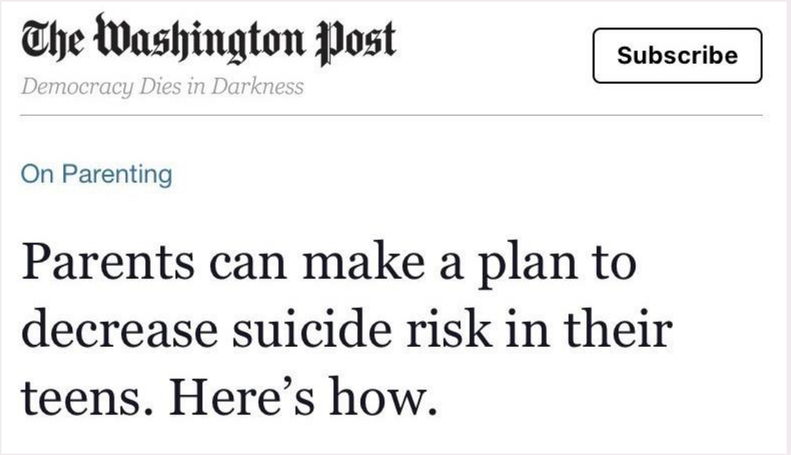
'It's Life or Death': The Mental Health Crisis Among U.S. Teens

Depression, self-harm and suicide are rising among American adolescents. For one 13-year-old, the despair was almost too much to take.

Teen Girls Report Record Levels of Sadness, C.D.C. Finds

Girls, as well as adolescents who identified as lesbian, gay or bisexual, reported high rates of sadness, suicidal thoughts and sexual violence.



Suicide is the 2nd leading cause of death for adolescents (12-19)

CDC, 2020

Suicide Statistics for School-Aged Youth

1-in-6 adolescents reported serious suicidal ideation in the past year.

CDC, 2018

↓

Suicidal ideation and attempts are more common than completed suicides for youth.

Youth of Color

Among the Black, Native American, Latinx/Hispanic, Asian, and multiracial adolescents they surveyed, 22% engaged in self-injurious behavior like cutting, 27% had suicidal ideation, and 18% had attempted suicide at least once.

African American Knowledge Optimizing Mindfully-Healthy Adolescents (AAKOMA), 2022

LGBTQ Youth

LGB youth are **almost five times as likely** to have attempted suicide compared to heterosexual youth.

Trevor Project, 2020

Societal Context

Stigma

- Design and order assessment items to enhance rapport and likelihood of disclosure

Acculturation

- Assess acculturation level and heritage-culture retention
- Identify acculturation gaps between youth and their caregivers
- Assess cultural norms and expectations about mental health and suicide

Racism and Discrimination

- Assess experiences of racism and discrimination (across contexts and systems), both in person and online

Institutional Context

Health Care & Community Infrastructure

- Assess available mental health and crisis support resources
- Assess other forms of mental and social support (faith communities, community-based organizations)
- Assess access to lethal means with attention to context
- Discuss recommended resources and crisis services that are accessible (e.g., transportation, language) and viewed as viable options for the individual within their community
- Consider contributing to community outreach and capacity-building activities

Neighborhood Context

Community Violence

- Assess degree and frequency of exposure to violence across contexts (neighborhood, school)

Neighborhood

- Assess neighborhood resources (e.g., social cohesion, trusted organizations, safe outdoor spaces) and challenges (e.g., safety, substandard housing conditions, accessibility, interpersonal conflict)

Family Context

Family History & Values

- Inquire about culturally relevant family dynamics and parenting practices (e.g., familismo) and intergenerational considerations (e.g., family trauma from structural racism)

Racial/Ethnic Socialization

- Assess degree of family racial socialization messages and strategies (by parent/guardian)
- Consider youth age and developmental stage when interpreting responses

Social Implications of Adolescents

Though adults frequently withdraw from friendships when they are suffering from depression, adolescents often spend even more time with their peer group during these periods.

Jensen, 2015

Adolescent Mental Health During School Reintegration

Challenges with Reintegration

→ increase in depression and anxiety (and other dx)

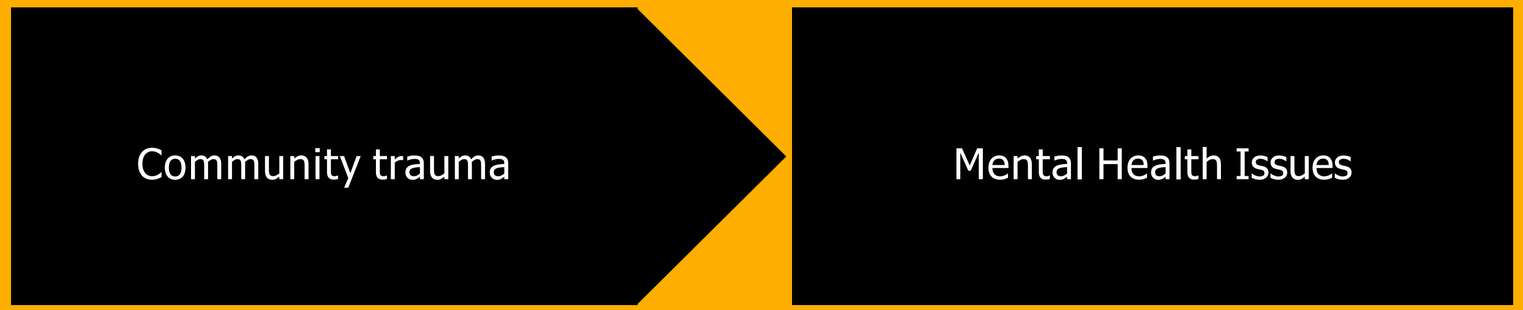
→ increase in substance use

→ sexual assaults/verbal abuse

→ bullying

→ school refusal/long absences

→ lack of sleep



Adult vs. Adolescent Suicidal Ideation

Suicidal thoughts and behaviors are episodic as they ebb and flow

Erbacher et al. 2015

Episodes for adolescents fluctuate more rapidly than for adults

Pisani et al. 2016

Self Harm vs Suicidal Ideation

The intent: The intent of self-injury is almost always to feel better, whereas for suicide it is to end feeling (and, hence, life) altogether.

The method used: Methods for self-injury typically cause damage to the surface of the body only. Suicide-related behaviors are much more lethal. Notably, it is very uncommon for individuals who practice self-injury and who are also suicidal to identify the same methods for each purpose.

Frequency: Self-injury is often used regularly or off-and-on to manage stress and other emotions. Suicide-related behaviors are much more rare.

Level of psychological pain: The level of psychological distress experienced in self-injury is often significantly lower than that which gives rise to suicidal thoughts and behaviors. Moreover, self-injury tends to reduce arousal for many of those who use it and, for many individuals who have considered suicide, is used as a way to avoid attempting suicide.

Presence of cognitive constriction: Cognitive constriction is black-and-white thinking — seeing things as all or nothing, good or bad, one way or the other. It allows for very little ambiguity. Individuals who are suicidal often experience high cognitive constriction. The intensity of cognitive constriction is less severe in individuals who use self-injury as a coping mechanism

Aftermath: Although unintentional death does occur with self-injury, it is not common. The aftermath of a typical self-injury incident is short-term improvement in sense of well-being and functioning. The aftermath of a suicide-related gesture or attempt is precisely the opposite.


SUICIDE

How to Ask Kids if They're Having Thoughts of Suicide

- Make it clear that you're going to ask them questions about thoughts about suicide.
- Be clear that this is about thoughts of suicide, not self harm.

Suicide Risk Assessment

		Past 24 hours	Past week	Past Month+
1. Have you ever wished you were dead?	❑ No	❑	❑	❑
2. Have you ever felt that you, your friends, or your family would be better off if you were dead or gone?	❑ No	❑	❑	❑
3. Have you ever had thoughts about killing yourself?	❑ No	❑	❑	❑
4. Have you tried to kill yourself?	❑ No	❑	❑	❑

a. If yes, how, when, where, and why?

b. Did you stop yourself, or did someone else stop you?

c. How do you feel now that they stopped you?

5. Do you plan to kill yourself? ❑ No ❑ Yes
   a. If yes, how, when, and where?

If the student answers YES to any question, a comprehensive suicide risk assessment should be completed either by school-based mental health staff or by referral based upon school district policy. It is recommended that parents are contacted in all cases where a screening is conducted, even if a student denies risk. It is also important to consult with other school staff on suicide risk cases, such as other school-based mental health professionals (SMHP), a Suicide Prevention Coordinator (SPC), crisis team members, and/or administrators.

Name of parent contacted _____ Date _____ Time _____

If Parent unreachable, list person/agency contacted _____

If yes to any question, referred to school staff for Suicide Risk Assessment? ❑ Yes ❑ No

Outside referral for assessment made? ❑ Yes ❑ No

Consulted with other SMHP, SPC, crisis team member or administrator? ❑ Yes ❑ No

Referred to: _____ Phone: _____

Email: _____

_____ _____

Screener name and credentials Date

Case Vignettes

1. Kyle is a 9th grader. He is trans and not open to discussing this with his peers (he passes.) His mom is open to his gender expression and Kyle feels safe to discuss it with her. At school, an interaction with a male student led to unwanted sexual advances from that student towards Kyle. He said that seeing this kid in class is so bad that he goes to sleep and doesn't want to wake up. Sometimes he even considers walking in front of traffic, but hasn't done it yet.

2. You get a call from Melanie's mom that a friend shared that she had posted something on snapchat with pictures of cuts on her wrist with the headline, if he breaks up with me, I'll go deeper. In session, you speak to Melanie about this post and she acknowledges that she posted it, but said it was a joke. She said that things with her boyfriend are fine now, so she doesn't think about it.

3. Joanie has expressed suicidal ideation multiple times in session, though never with a clear plan. This session (while walking on the street), Joanie states that she's reached her limit with her mother and the fighting and wants to end her life. When you start assessing her, she turns and runs away from you, crossing the street, scaring you because she went through moving traffic. You call her name, but she keeps running. When you call her phone, she doesn't stop. You finally catch up to her and she's crying, apologizing, saying that she was stupid, "it's just getting too hard."

Options other than Hospitalization

- ➞Checkins!
- ➞Notify Parent/Guardian
- ➞HIPPA to speak with school.
- ➞Safe guard home


Steps Toward a Safer Home When Someone is in Crisis
Attic
Restrict access to firearms, toxic chemicals, cords. Monitor access.
Bathroom
Restrict access to medications, razors, mouthwash.
Bedroom
Restrict access to firearms, sharp objects, belts.
Living Room
Restrict access to firearms, alcohol, cords.
Garage
Restrict access to firearms, car keys, cords, sharp objects, toxic chemicals.
Kitchen
Restrict access to cleaners, knives.
Basement
Restrict access to firearms, toxic chemicals, sharp object, cords. Monitor access.
FOR HELP
CALL 2-1-1
AND PRESS 1
OUTSIDE OF CT
1-800-273-8255
TEXT CT TO 741741
FOR FREE 24/7 CRISIS SUPPORT
1 WORD VOICE LIFE
Be the ONE to start the conversation

Hospitalization

- Clear steps for child and parent/guardian
- Contact CCPEP/ER
- Follow-up in 2-3 hours
- HIPAA

Post-Hospitalization

→ Studies show that youth have difficulty with reintegration back to school post hospitalization, and high readmission rates suggest a need for greater attention to the continuity of care (Preyde, Shrenik, Parekh & Heintzman, 2018).

→ Include a friend over a family member on a safety plan for social support, as Latino or Asian Americans may have family conflict as a precipitant or trigger for suicide (Chu et al, 2018)

Reintegration Post-Hospitalization

1. Before discharge from the hospital, contact the inpatient social worker and team.

2. Have the parents/guardians and child bring the discharge paperwork and safety plan.

3. Make sure that you and the client set up multiple appointments in the first week. Both a family session and an individual session. Suicidality and re-admittance to the hospital are common post-discharge. This can be prevented with extra support. In this check-in, assess for suicidal ideation.

4. Collaboration is vital at this time. Hospital staff, school social worker, teachers, family, and the student should all be part of the reintegration team.

On-going suicide assessment tool

I. IDEATION

Are you having thoughts of suicide?	0	Yes	0	No
Right now	0	Yes	0	No
Past 24 hours	0	Yes	0	No
Past week	0	Yes	0	No
Past month	0	Yes	0	No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute

How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more

How disruptive are these thoughts to your life (Intensity): not at all= 10 20 30 40 50 =a great deal

II. INTENT

How much do you want to **die**? not at all= 10 20 30 40 50 =a great deal

How much do you want to **live**? not at all= 10 20 30 40 50 =a great deal

III. PLAN

Do you have a plan?	0	Yes	0	No		
Have you written a suicide note?	0	Yes	0	No		
Have you identified a method?	0	Yes	0	No		
Do you have access to the method?	0	Yes	0	No	0	N/A
Have you identified when & where you'd carry out this plan?	0	Yes	0	No	0	N/A
Have you made a recent attempt?	0	Yes	0	No		

If so, When / How / Where? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better? not at all= 10 20 30 40 50 =a great deal

How much do you feel like a burden to others? not at all= 10 20 30 40 50 =a great deal

How depressed, sad or down do you currently feel? not at all= 10 20 30 40 50 =a great deal

How disconnected do you feel from others? not at all= 10 20 30 40 50 =a great deal

Is there a particular trigger/stressor for you? If so, what? _____

Has it improved? not at all= 10 20 30 40 50 =a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING *(things good at / like to do / enjoy / other)*	**SUPPORTIVE PEOPLE** *(family / adults / friends / peers)*

What could change about your life that would make you no longer want to die?

SRA

V. LEVEL OF CURRENT RISK:

Recommendations for further treatment and management of suicide risk should be a direct result of the ratings of risk as identified below in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.

Student meets criteria for low / moderate / high suicide risk based on the following information (If a student falls between levels, err on the side of caution and assume higher risk category):

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e. intent), has no specific plan, exhibits few risk factors and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide, but no reported intent. Demonstrates some risk factors, but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Has written suicide note or reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors.

VI. ACTIONS TAKEN / RECOMMENDATIONS:

Parent/guardian contacted?	□ Yes	□ No
Released to parent/guardian?	□ Yes	□ No
Referrals provided to parent?	□ Yes	□ No
Safety plan developed?	□ Yes	□ No
Recommending removal of method/means?	□ Yes	□ No
If currently in treatment, contact made with therapist/psychiatrist?	□ Yes	□ No
Outpatient therapy recommended?	□ Yes	□ No
Recommending 24[hour supervision?	□ Yes	□ No
Hospitalization recommended?	□ Yes	□ No

Other? Please describe:

Assessing for SI verbally

1. Checking in: where are you with your thoughts of suicide?

2. Have you thought of a clear plan recently or just fleeting thought?

3. What stops you from moving forward with an attempt?

Integrating Parents

Disengaged students **need to be collaboratively motivated** to re-engage:

→ Family therapy

→ Ongoing family therapy

→ Normalize SI

→ Normalize conversations about SI

→ Having the parent practice talking to the child.

Questions

Please reach out!

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Thanks!

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