Suicide Prevention in Pediatric & Family Practice

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C.H.A.M.P. Learning Session
October 9, 2018

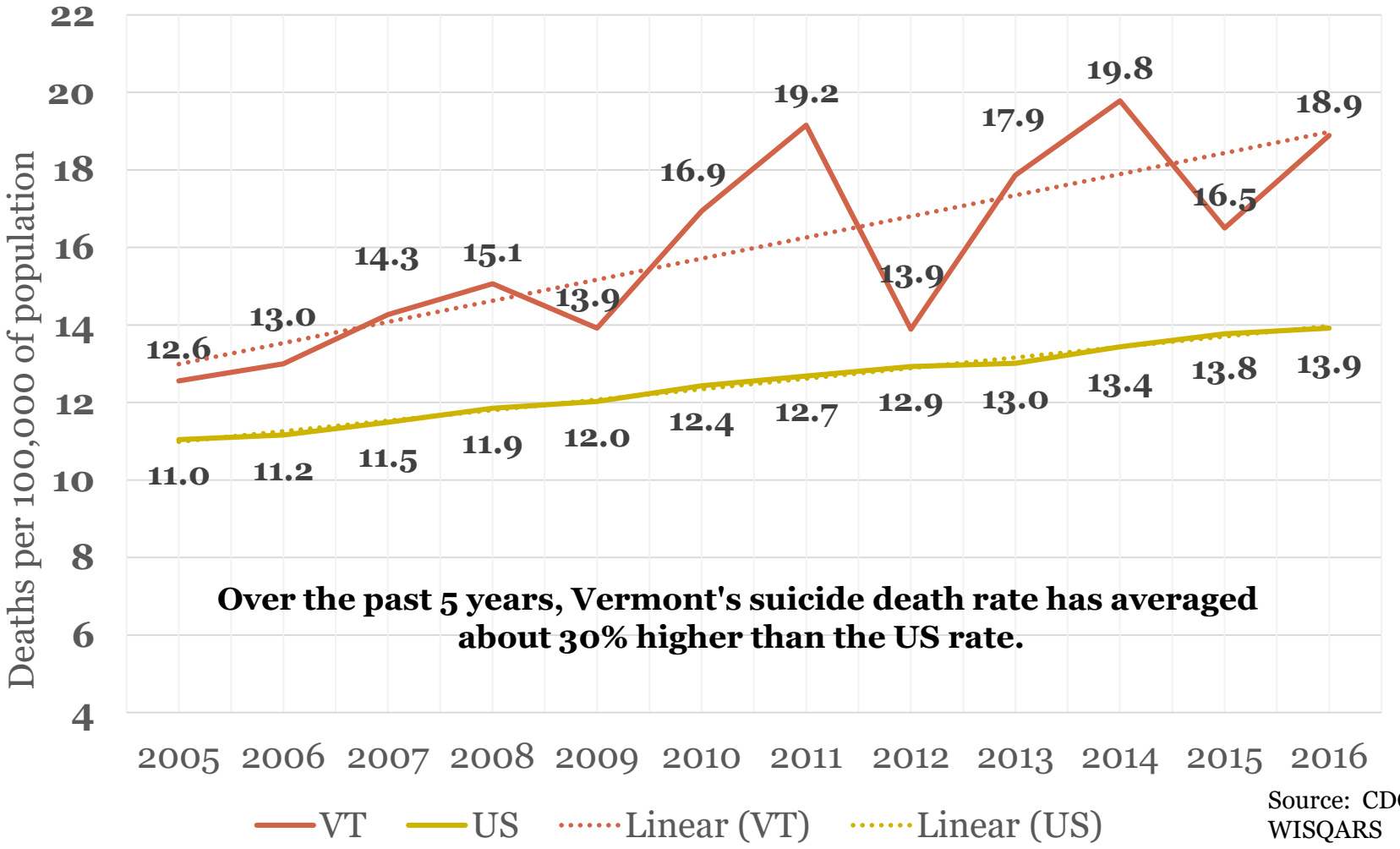
Disclosures

- We have no relevant financial relationships to disclose or conflicts of interest to resolve
- We will discuss no unapproved or off-label pharmaceuticals

Introductions & Overview

1) Suicide Trends in VT & Nation
2) Considerations with Children Youth & Families
3) Zero Suicide Initiative & VT Pilot Sites
4) Illustrate use of CAMS in a Pediatric Practice
5) Resources
6) Challenges & Opportunities

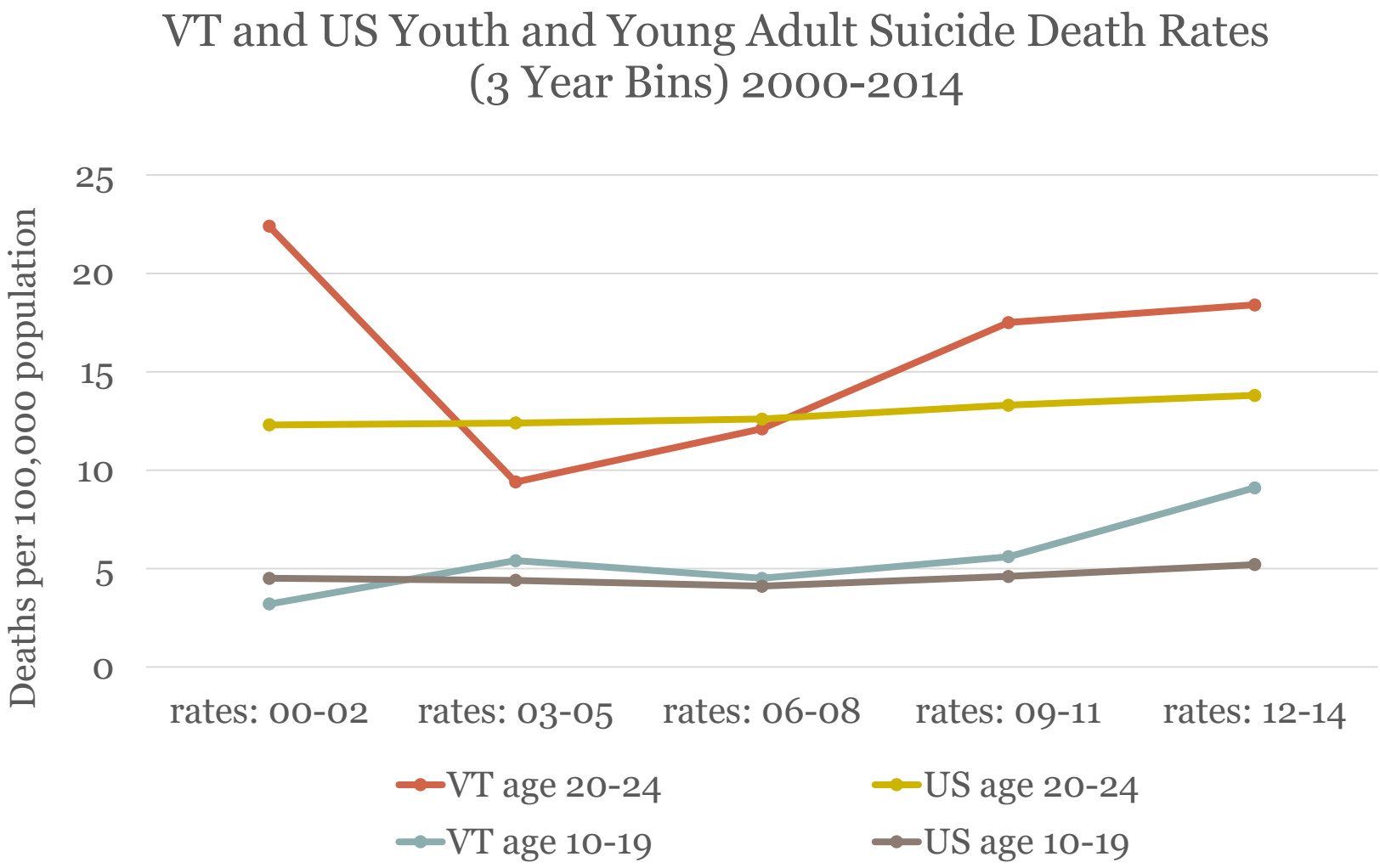
Vermont and US Suicide Death Rates, 2005-2016 (per 100,000 people)



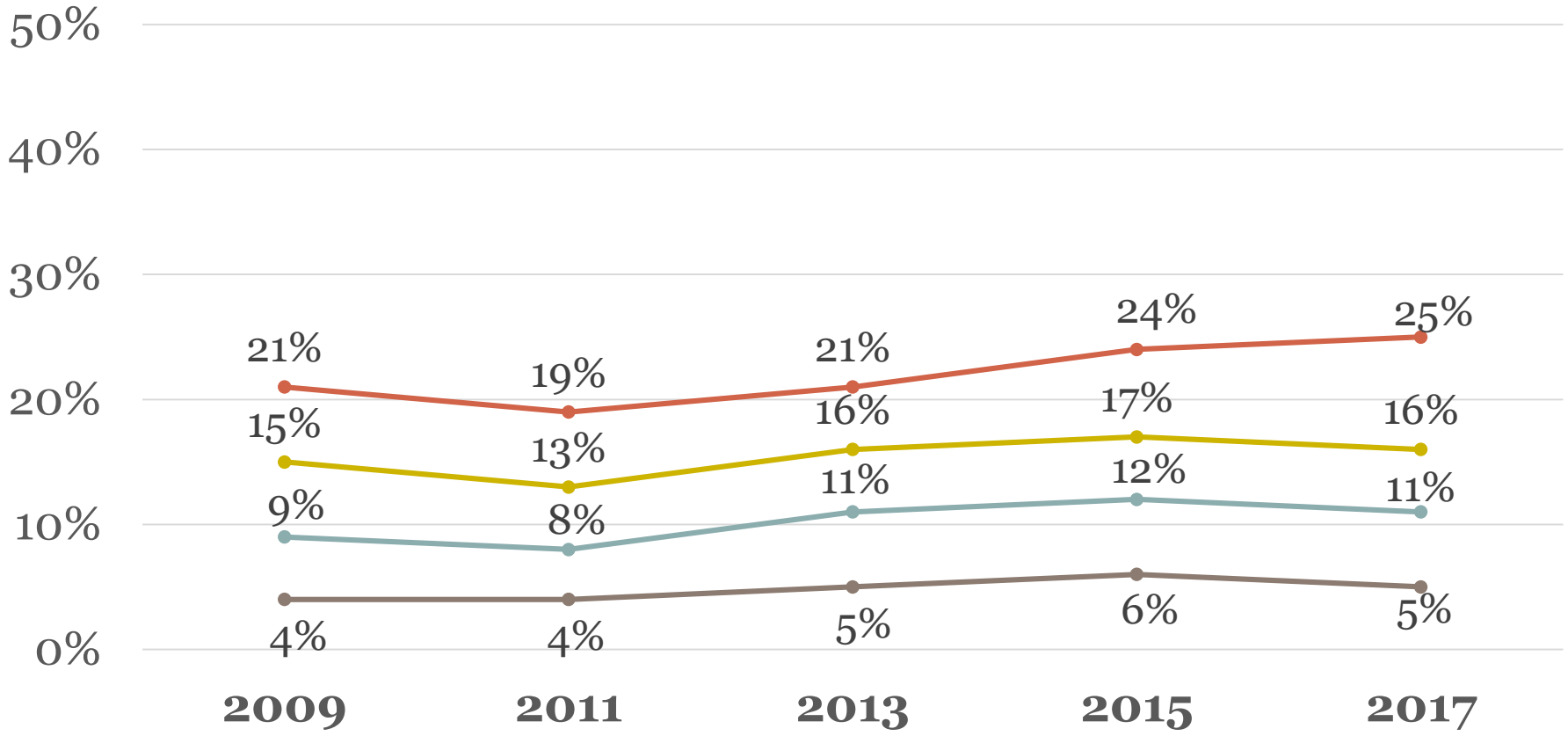
Over the past 5 years, Vermont's suicide death rate has averaged about 30% higher than the US rate.

Source: CDC WISQARS

Trends in Vermont and US Youth and Young Adult Suicide Deaths



Trends in Risk Factors: Vermont Youth Risk Behavior Survey, 2009-2017



Suicide: A Growing Problem

- **CDC Vital Signs Report June 2018- A Call to action**
- Suicide rates increased in almost every state. VT had 2nd highest rate of increase since 1999
- Since 2004, Vermont suicide death rates have averaged 30% higher than the US rates
- Suicide is the second leading cause of death for Vermonters aged 15 through 34 & the third leading cause of death for Vermonters aged 35-44
- Vermonters use firearms to take their lives at very high rates; according to the most recent 5 years of data, 59% of Vermont suicides involve firearms, while the rest of the Northeastern US only 36% of suicide deaths involved firearms

At Risks Populations

- Individuals with medical conditions
- Individuals who are lesbian, gay, bisexual, or transgender
- Individuals in justice and child welfare settings
- Individuals who intentionally hurt themselves
- Individuals who have previously attempted suicide
- Individuals with mental and/or substance use disorders
- Members of military and veterans
- Men in midlife and older men
- Other factors- (Bullying….)

(SAMHSA, 2018)

U matter

C|H|L Center for Health and Learning
Healthy Living Matters

Considerations with Children, Youth & Families

https://www.motortrend.com/news/black-magic-what-really-enables-the-bugatti-chiron-to-hit-260-mph/#bugatti-chiron-front-three-quarter-in-motion-03. Accessed 10/3/18

Neurodevelopment

- Brain matures in non-linear fashion
- Delayed maturation of the PFC and other frontal regions
  - Cognitive control
  - Attentional regulation
  - Response inhibition
  - Other advanced cognitive functions

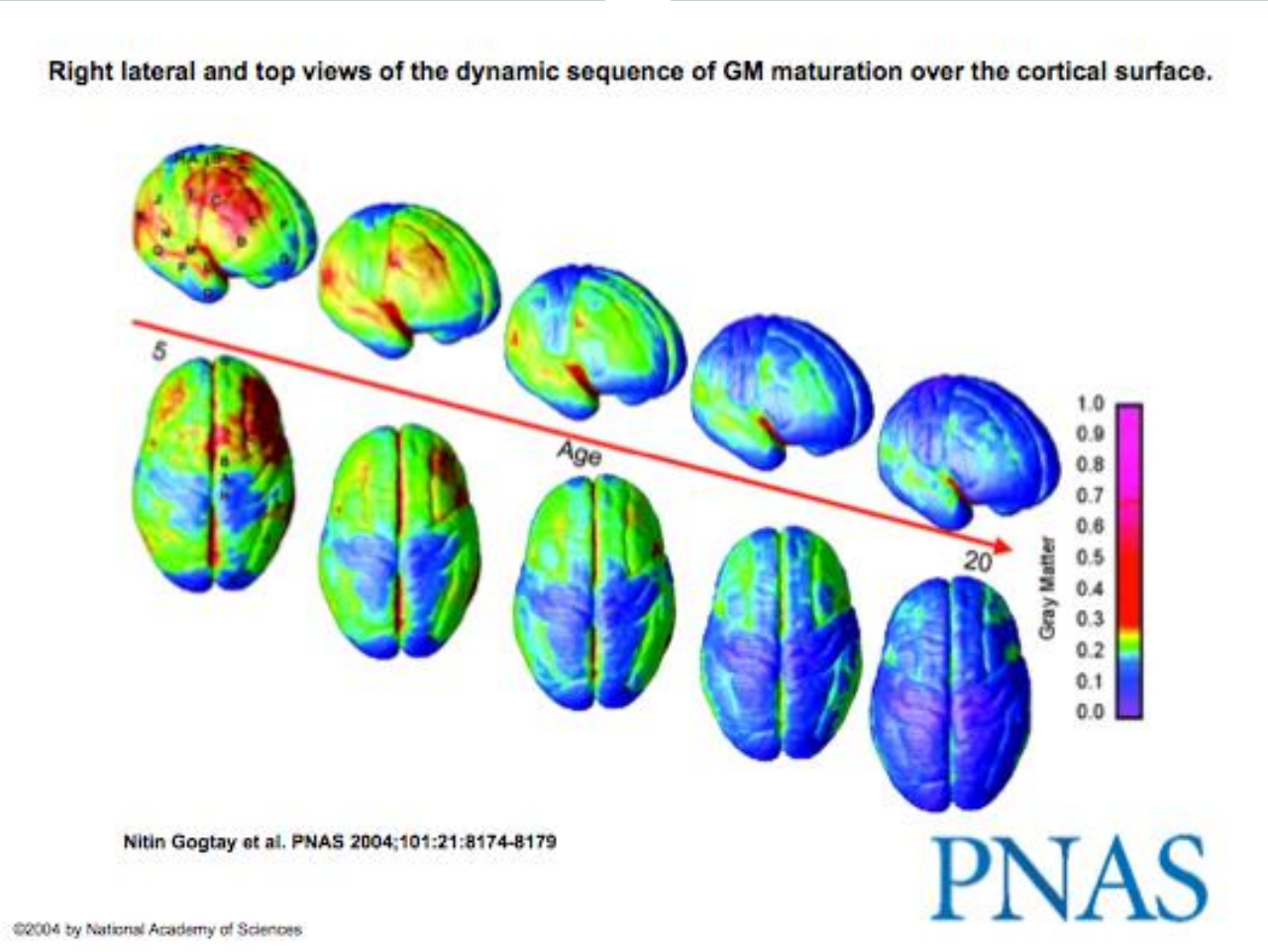
Spear LP. Adolescent Neurodevelopment. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*. 2013;52(2 0 2):S7-13. doi:10.1016/j.jadohealth.2012.05.006.

Neurodevelopment

- While youth may perform well on tasks under certain conditions, impairments may be seen with increased demands, increased arousal, or in heightened emotional state
- Elevated activation of reward-relevant brain regions
- Sensitivity to aversive stimuli may be attenuated
  - Amygdala of adolescents is activated less than that of adults in response to aversive outcomes

Spear LP. Adolescent Neurodevelopment. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*. 2013;52(2 0 2):S7-13. doi:10.1016/j.jadohealth.2012.05.006.

Adolescent Brain Matures in a Non-Linearly



Confidentiality

- As of 1/1/2018, minors may consent to outpatient treatment from a mental health professional, including psychotherapy and other counseling services, but not to receive prescription medications.
- Minors 12+ may provide informed consent to treatment for STIs, as well as alcohol and drug use. If immediate hospitalization is needed, parent(s)/guardian(s) must be notified.
- Minors 14+ may also voluntarily admit themselves to a hospital for mental health related treatment if written informed consent is given.
- Minors of any age may give informed consent to medical treatment associated with rape, incest, or sexual abuse.

Exceptions to Confidentiality

- Harm toward self
- Harm toward others
- Harm by others

Safety Planning

- Warning signs
- Internal coping strategies
- Others who I can contact
  - Distraction
  - Support
- Professionals who I can contact
- How I can make my environment safe
- Reason(s) to live

SENSITIVE USE OF LANGUAGE

Terms that perpetuate stigma or misinformation about suicide are strongly discouraged.

Those who have lost a loved one to suicide are ***suicide survivors***.

Those who have lived through a suicide attempt are ***suicide attempt survivors***.

PLEASE USE:

- Death by suicide
- Took his or her own life
- Died of suicide
- Killed him- or herself
- Suicide death

PLEASE AVOID:

- Committed suicide (because it implies that suicide is a sin or a crime)
- A completed suicide
- A successful suicide
- Failed suicide attempt

ZERO SUICIDE IN VERMONT

ZERO SUICIDE *is a commitment to suicide prevention in health and mental health care systems and is also a specific set of strategies and tools.*

What is Zero Suicide?

"The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an aspirational challenge."

Key elements include:

- Acknowledging and acting upon the need to support and train providers and staff
- Embracing the idea that people at risk for suicide often "fall through the cracks" and so a more systematic approach to providing care for these people is needed
- Having a system-wide approach to improve outcomes and close gaps in patient care

Adapted from http**://zerosuicide.sprc.org/about**

Train | Identify | Engage | Treat | Transition | Improve

Lead

Make an explicit commitment to reduce suicide deaths.

Give leadership to an Implementation Team representing key functional areas and suicide attempt and loss survivors.

VT SPC Suicide Prevention Center

SYSTEMATIC SUICIDE CARE

Bridging the Gaps

(Adapted from the *National Action Alliance for Suicide Prevention*, 2010)

Zero Suicide Pilot Project in Vermont: Brief Overview

Pilot project started in spring 2015

Implementing in specific programs at three state-designated mental health treatment agencies ("DAs")

Supported through legislative allocation to Dept. of Mental Health and VT Suicide Prevention Center

High level implementation team with multiple stakeholders

DA-specific (internal) implementation teams

Three rounds (so far) of CAMS trainings for clinicians/leaders; CALM trainings

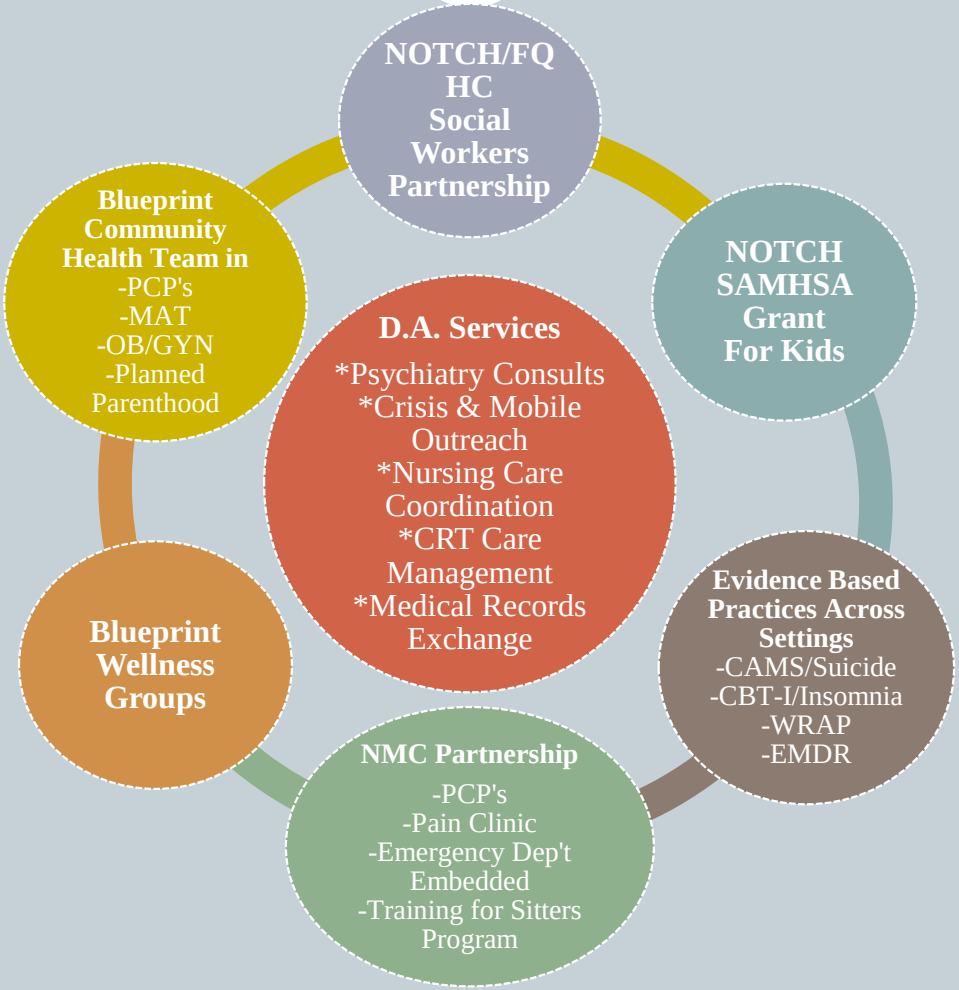
Leader trainings; previously part of ZS CoP and CS-CoIIN

External evaluator from University of Vermont (VCHIP)

Collaborative Assessment & Management of Suicide in a Pediatric Practice

Rebecca Chaplin, M.S.

Designated Agency & Integrated Health



NCSS Integrated Health Team

Northwestern Pediatrics

- 2 FTE Master's level Social Worker/ Wellness Coach
- 8 Primary care provider teams (provider and Nurse/Medical Assistant)
- Support staff

Behavioral Health in Primary Care

What Behavioral Health Integration Looks Like in this Practice Setting

- 2 Social Worker assigned full time to for within three locations
- Role in Screening Workflows
- Care Coordination
- Scheduled Patients & Warm Hand-Offs
- Short Term, Solution Focused Therapy
- Referrals to Services
- Continues Provider consultation

Why Provide Suicide Specific Care in Primary Care

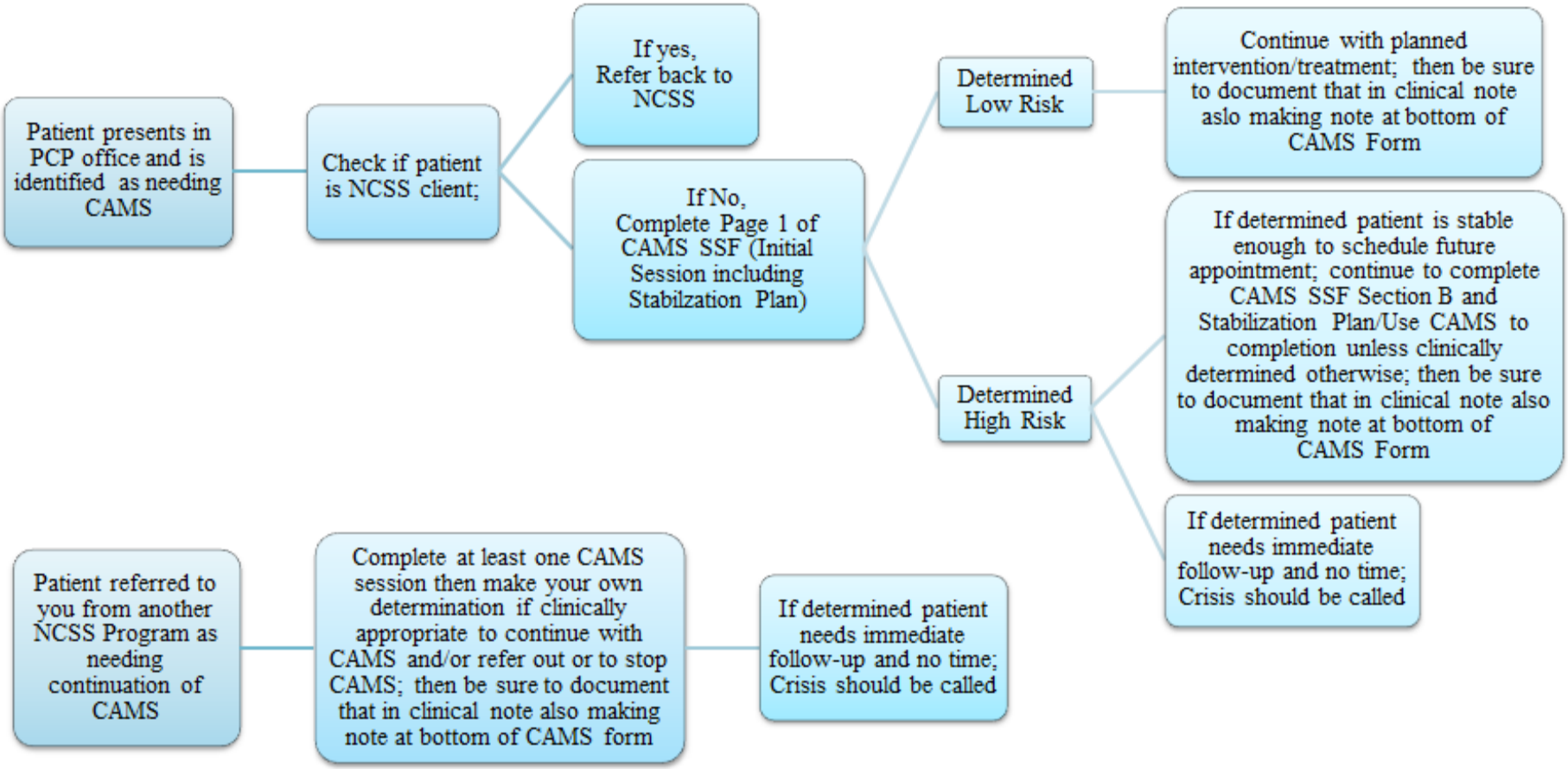
- 45% of those who have died by Suicide have seen their primary care provider 30 days prior to their death. The % is significantly higher for Elders (Ahmedani, Simon, Stewart, Beck, Waitzfelder, Rossom, et. al., 2014)
- Facts related to Youth at Risk
- Primary Care provides a unique access point for prevention & intervention

Collaborative Assessment & Management of Suicide

- Philosophical Aspects of CAMS
- CAMS Clinical Procedures
  - Step 1- Early Identification of Risk
  - Step 2- Collaborative Assessment Using SSF
  - Step 3- Collaborative Treatment Planning
  - Step 4- Clinical Tracking of Suicide Status
  - Step 5- Clinical Resolution of Suicide Status
  - Growing Evidence Base for CAMS

Integrated Health CAMS

Flowsheet 5.2018



Always collaborate and update all team members/care team and always discuss all CAMS in Supervision

Application of CAMS

1) Composite example: Riley

2) Workflow

3) CAMS
- Drivers
- Risk factors
- Stabilization and safety planning

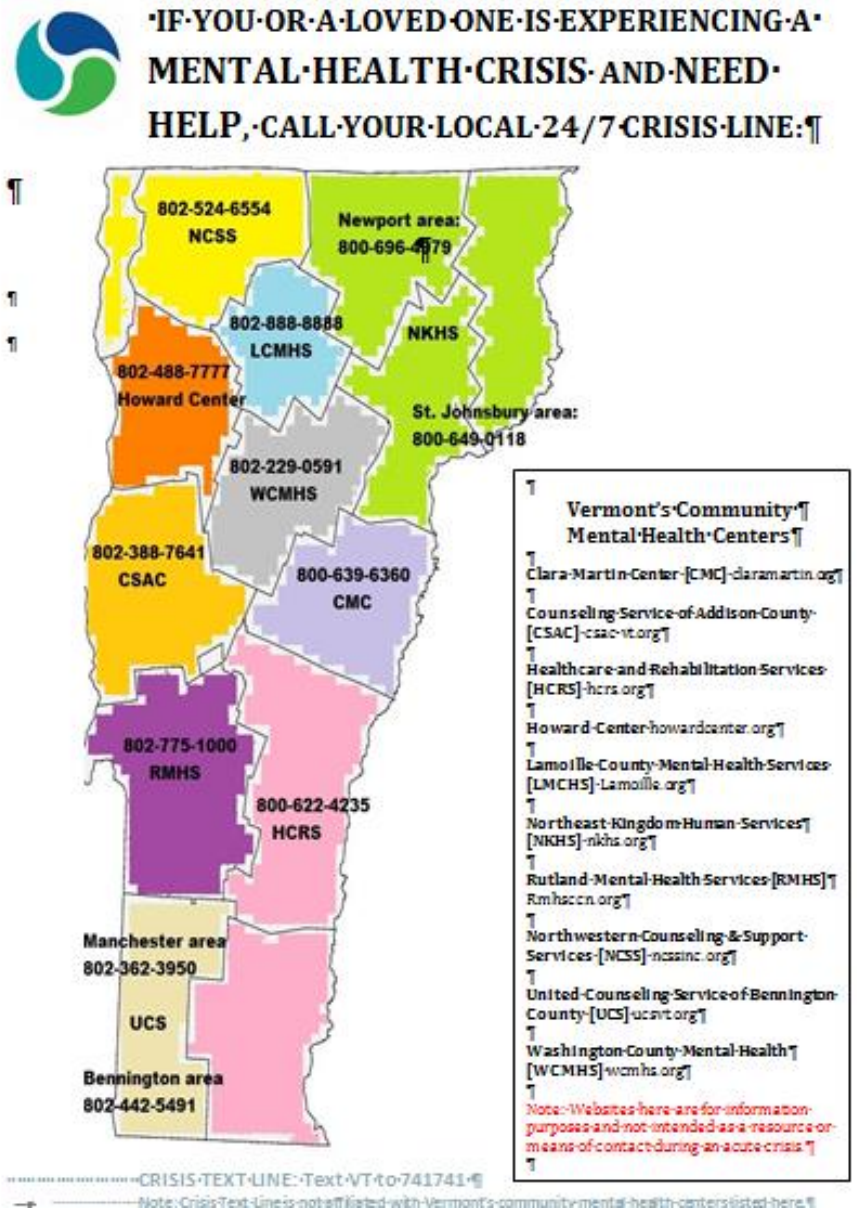
4)Care team

Ongoing Care with Riley

- Continue short term treatment for stabilization using CAMS for continued assessment and management
- May stop CAMS after 3 sessions if overall risk of suicide is 3 or lower
- May continue CAMS if overall risk remains at 3 or higher and/or if patient feels this is beneficial in tracking drivers
- Refer for ongoing care at NCSS where CAMS can be continued if needed, CAMS documentation sent with referral for continuity of care
- One appointment post referral to confirm follow up care in progress and/or check in when pt comes to see their PCP

"…how do you cultivate the ability to have a life that you want to live"? ~David Jobes

Resources


IF YOU OR A LOVED ONE IS EXPERIENCING A MENTAL HEALTH CRISIS AND NEED HELP, CALL YOUR LOCAL 24/7 CRISIS LINE:
802-524-6554
NCSS
Newport area:
800-696-4679
802-888-8888
LCMHS
NKHS
802-488-7777
Howard Center
St. Johnsbury area:
800-649-0118
802-229-0591
WCMHS
802-388-7641
CSAC
800-639-6360
CMC
802-775-1000
RMHS
800-622-4235
HCRS
Manchester area
802-362-3950
UCS
Bennington area
802-442-5491
Vermont's Community Mental Health Centers
Clara Martin Center [CMC] claramartin.org
Counseling Service of Addison County [CSAC] csac-vt.org
Healthcare and Rehabilitation Services [HCRS] hcrs.org
Howard Center howardcenter.org
Lamoille County Mental Health Services [LMCHS] Lamoille.org
Northeast Kingdom Human Services [NKHS] nkhs.org
Rutland Mental Health Services [RMHS] Rmhscen.org
Northwestern Counseling & Support Services [NCSS] ncssinc.org
United Counseling Service of Bennington County [UCS] ucsvt.org
Washington County Mental Health [WCMHS] wcmhs.org
Note: Websites here are for information purposes and not intended as a resource or means of contact during an acute crisis.
CRISIS TEXT LINE: Text VT to 741741
Note: Crisis Text Line is not affiliated with Vermont's community mental health centers listed here.

The Vermont Suicide Prevention Center

VT SPC Suicide Prevention Center

NORTHWESTERN COUNSELING & SUPPORT SERVICES

Mission:

To create health promoting communities in which schools, Institutions of Higher Education, public and private agencies and people of all ages have the knowledge, attitudes, skills and resources to reduce the risk for suicide.

Purpose:

To support state-wide suicide prevention efforts and help local communities implement the recommendations of the Vermont Suicide Prevention Platform using data-driven evidence-based practices.

http://www.vtspc.org

VERMONT Department of Mental Health
Agency of Human Services

GateKeepers

matter

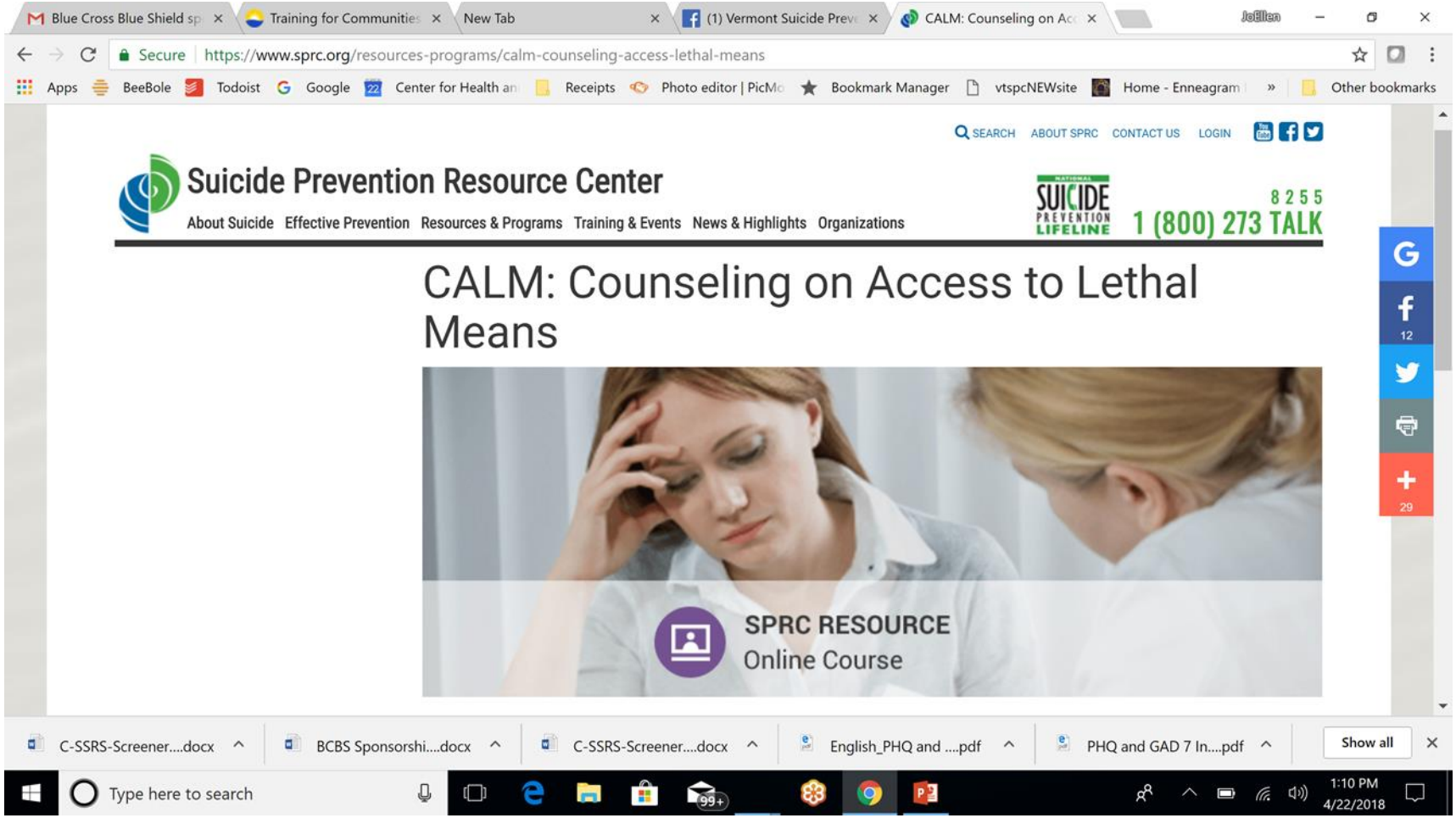
CHL
Center for Health and Learning
Healthy Living Matters

Umatter®

A comprehensive school and community approach
to suicide prevention

- *Umatter*® for Schools
- *Umatter*® for Communities
- *Umatter*® for Youth and Young Adults
- *Umatter*® Public Information

CALM: Counseling About Lethal Means
2 hours free online course



Need help?

- Talk to a family member, friend, health care provider or faith leader
- Call your local mental health agency or crisis team
- Text the Vermont Crisis Text Line:

  VT to 741741
- Call the National Suicide Prevention Lifeline: 800-273-TALK (8255)

Resources for help can be found at:

www.vtspc.org

Challenges & Opportunities

Thank You
for the Work You Do !!