

Detecting and Managing Suicide Risk in Medical and School Settings: Turning Research into Real World Practice

📅 Sun, April 28

🕒 10:30 AM - 12:30 PM

📍 Convention Center 347-348

📁 Hot Topic/Topic Symposia

Session Affiliations: Academic Pediatric Association, Other Society Affiliation, Society for Developmental & Behavioral Pediatrics

Target Audience: Pediatric clinicians (i.e., pediatricians, nurse practitioners, school nurses, emergency department physicians and nurses, inpatient medical/surgical nurses)

Objectives:

1. Discuss youth suicide risk clinical pathways that can be implemented to screen for suicide risk in emergency departments, inpatient medical/surgical units and outpatient primary care settings.
2. Describe implementation science around the clinical management of the patient who screens positive for suicide risk in the medical and school settings.
3. Discuss an effective suicide prevention program that can be implemented in school systems
4. Understand the use of social media and its role in suicide prevention

Suicide is an international public health crisis and the second leading cause of death in the United States, affecting thousands of youth and their families/friends. In a national effort to reduce death by suicide, medical settings and school systems are beginning to test and implement suicide prevention programs.

The American Academy of Pediatrics and the Joint Commission (TJC) have recommended that all medical patients be screened for suicide risk, positioning the medical setting as a critical venue to identify and treat youth at risk. School systems also serve as important settings for suicide prevention and need training for educators, administrators and students to recognize warning signs. Non-mental health clinicians and educators on the frontlines of this public health threat require guidance to accurately identify youth at risk for suicide and intervene effectively.

Hospitals and outpatient care clinics have recognized the benefit of early detection and in response, have begun implementing screening methods in their standard practice. However, if non-validated instruments are being used or if there is an over- or under- reaction to patients that screen positive, the screening program can become untenable and overburden already strapped mental health resources. Successful implementation of a screening program requires physician and nurse champions and a tiered screening approach to manage patients who screen positive. Recently, a Pathways to Clinical Care suicide risk screening workgroup created a 3-tiered clinical pathway to guide medical settings in screening for suicide risk in the emergency department, the inpatient medical/surgical unit and the outpatient primary care setting. The pathway standardizes essential elements of screening, while remaining flexible to account for institutional variation in resources.

Many medical settings have utilized depression screens as suicide risk screeners. The Patient Health Questionnaire for Adolescents (PHQ-A) is a commonly used depression screen that includes an item that is designed to measure suicidal ideation and self-harm (Item #9). However, studies indicate that depression screening alone may not be adequate to detect suicide risk in pediatric medical patients given the non-specific language and limited nature of the single question. Asking youth directly about suicidal ideation and behavior may be the most effective way to detect suicide risk.

A multi-institutional approach to suicide prevention in youth involves implementing school programs that promote student safety. A single suicide can profoundly impact a school and elevate the risk of other students if not managed sensitively and effectively. Unfortunately, many school systems may not have adequate resources to screen for suicide risk. The Signs of Suicide® (SOS) Prevention Program is a nationally recognized program that aims to decrease suicide attempts by educating students, educators and parents about the signs and symptoms of depression and suicide. This educational curriculum provides students with the tools to become advocates for themselves and their fellow students.

To the parents of youth who die by suicide, death often comes as a shock, and are often left with never-to-be-answered questions of why and “what ifs.” Suicide loss survivors often do not have resources to cope with their child’s suicide, leaving many to struggle with depression, anxiety, grief and suicidal thoughts. One inspirational mother, and suicide loss survivor, Anne Moss Rogers, turned her grief into action after her 20-year-old son, Charles, died by suicide just weeks after visiting an outpatient clinic. Ms. Rogers advocates for suicide prevention in medical settings, schools, the home and beyond so others avoid the preventable tragedy her family suffered.

The goal of this session is to discuss how research studies in suicide prevention, screening and management were translated into practical applications that can be utilized in the medical and school settings.

We will present on

- 1) The Youth Suicide Risk Clinical Pathway, utilizing the Ask Suicide-Screening Questions (ASQ) developed for the pediatric ED, and validated on the inpatient medical/surgical unit and in the outpatient primary care setting;
- 2) Discussion of suicide risk screening and the inadequacy of depression screens to detect suicide risk in primary care
- 3) Data and teachings from the Signs of Suicide (SOS) school suicide prevention program; and
- 4) 4) a suicide loss survivor who will advocate for screening and present on how to leverage social media for suicide prevention. We will also conduct a brief interview with mother advocate, Ms. Rogers, whose son died by suicide and her mission to help pediatric clinicians implement effective suicide risk screening programs. Topics discussed will include: suicide risk instruments and clinical pathways, suicide prevention in the school system, depression vs. suicide risk screening, social media and suicide prevention, and future directions.

Session Chairs

Chair

Lisa Horowitz, NIMH

Presentations

10:30 AM 10:55 AM	How to Implement a Suicide Risk Screening Program in the Medical Setting: The Youth Suicide Risk Screening Clinical Practice Guideline Lisa Horowitz, NIMH	>
10:55 AM 11:20 AM	Suicide prevention programs in the school system: lessons learned from Signs of Suicide (SOS) Jeffrey Bridge, Research Institute at Nationwide Children's	>
11:20 AM 11:45 AM	Managing Suicide Risk in the Pediatric Primary Care Setting: Is Depression Screening Enough? John Campo, West Virginia University	>

11:45 AM

12:10 PM

**A suicide loss survivor's view on preventing suicide:
Leveraging social media**

Anne Moss Rogers, Beacon Tree Foundation



12:10 PM

12:30 PM

Q&A

Discussion and Questions, NA

