



# ADOLESCENT SUICIDЕ PREVENTION

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# ADOLESCENT SUICIDE

- 2<sup>nd</sup> leading cause death Texas 15-19 y.o.
  - 3<sup>rd</sup> leading cause in U.S.
- Almost as many teens die by suicide as from all natural causes combined
- 9% Texas high school students attempt suicide in a year
  - 3% require medical attention for attempt

[http://www.teenscreen.org/index2.php?option=com\\_content&do\\_pdf=1&id=197](http://www.teenscreen.org/index2.php?option=com_content&do_pdf=1&id=197)

# ADOLESCENT MENTAL HEALTH

- >90% adolescent suicide victims had psychiatric disorder
- 9% Texas youth 12-17 y.o. suffered episode Major Depression within 1 year
- 31% felt sad and hopeless enough over 2 week period to halt usual activity

[http://www.teenscreen.org/index2.php?option=com\\_content&do\\_pdf=1&id=197](http://www.teenscreen.org/index2.php?option=com_content&do_pdf=1&id=197)

<http://pediatrics.aappublications.org/cgi/reprint/120/3/669>

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# LOCAL STORIES

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# Reality of the Mental Health System in Austin: A Case for Greater PCP Involvement

1. There is only one private and one public psychiatric hospital in Austin for teens. Patients may spend days in local ER's waiting for a bed.
  - Seton Shoal Creek (insured/private pay) has 16 beds for persons under 18 years, with 3 of those beds allocated for 6-12 year-olds\*
  - Austin State Hospital (unfunded/Medicaid) has 30 beds for 4-17 year-olds and serves 50 counties in Texas
  - Austin Lakes Hospital only serves adults and elderly

\* Out-of-county options include NIX and Laurel Ridge in San Antonio and Cedar Crest in Belton

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# Reality of the Mental Health System in Austin: A Case for Greater PCP Involvement

2. Texas is reportedly 48<sup>th</sup> out of 50 states in mental health care funding.
3. Shortage of child psychiatrists across the US, including Texas.

(-) MHMR now being fined by state by subtracting the \$\$ overspent on hospitalizations from its outpatient services.

(+) Texas has received 82 million dollars for crisis mental health services over 2008-2009, and Dell Children's Medical Center is working with the UT Psychology Department to increase outpatient mental health services.

# RISK FACTORS

- NO SPECIFIC TEST, NO ONE CAN ACCURATELY PREDICT
- Risk factors common, but suicide infrequent
- Lack of most risk factors doesn't preclude suicide

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# FIXED RISK FACTORS

- Family history of suicide or mental health problems
- Male
- Gay or bisexual
- History of being abused
- Previous attempt

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# ENVIRONMENTAL RISK FACTORS

- Firearms in home
- Impaired relationship parent/guardian
- Living outside home
- School difficulties, including not in school or working
- Social isolation
- Stressful life events

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# PERSONAL MENTAL HEALTH FACTORS

- Depression
- Bipolar Disorder
- Substance Abuse or Dependence
- Psychosis
- Posttraumatic Stress Disorder
- Panic Attacks
- History of Aggression, Impulsivity, Severe Anger

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# DEPRESSIVE SYMPTOMS AND EXAMPLES IN ADOLESCENTS

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<b>SIGNS AND SYMPTOMS OF MAJOR DEPRESSIVE DISORDER</b>	<b>SIGNS OF DEPRESSION FREQUENTLY SEEN IN YOUTH</b>
Depressed mood most of day	Irritable or cranky mood; preoccupation with song lyrics that suggest life is meaningless
Decreased interest/enjoyment in once-favorite activities	Loss of interest in sports, video games, and activities with friends
Significant weight loss/gain	Failure to gain weight as normally expected; anorexia or bulimia; frequent complaints of physical illness; eg, headache, stomach ache
Insomnia or hypersomnia	Excessive late-night TV; refusal to wake for school in the morning

# DEPRESSIVE SYMPTOMS AND EXAMPLES IN ADOLESCENTS

<b>SIGNS AND SYMPTOMS OF MAJOR DEPRESSIVE DISORDER</b>	<b>SIGNS OF DEPRESSION FREQUENTLY SEEN IN YOUTH</b>
Psychomotor agitation/retardation	Talk of running away from home, or efforts to do so
Fatigue or loss of energy	Persistent boredom
Low self-esteem; feelings of guilt	Oppositional and/or negative behavior
Decreased ability to concentrate, indecisive	Poor performance in school; frequent absences
Recurrent suicidal ideation or behavior	Writing about death; giving away favorite toys and belongings

# SIGECAPS SCREENING FOR DEPRESSION

- **S**leep
- **I**nterest
- **G**uilt
- **E**nergy
- **C**oncentration
- **A**ppetite
- **P**sychemotor
- **S**uicidality/ Homicidality

# INTENT VS ATTEMPT

- Most suicidal patients ambivalent about intentions
- Most willing to abandon behavior
- Thoughts of suicide common
- May seek medical care before attempt

<http://www.ama-assn.org/ama1/pub/upload/mm/39/problemid.pdf>

# INDICATORS OF HIGH RISK

## Suicide intent +

- A formulated plan
- Lack of family/social support
- Comorbidities (GLBTQ, substance use, outbursts, accidents)
- Access firearms
- Family/friend suicide or attempt
- Previous attempt
- Impulsive behavior
- Legal trouble

<http://www.ama-assn.org/ama1/pub/upload/mm/39/problemid.pdf>

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# SUICIDE ATTEMPT

- Any deliberate self-harmful behavior or action that could reasonably be expected to produce self-harm and is accompanied by some degree of intent or desire for death
- Preferred term over “suicide gesture”

# When the situation in your office gets out of hand...

If teen communicates risk of harming self/others with plan and refusal to contract for safety, and if immediate mental health follow-up cannot be secured, consider:

1. Contacting law enforcement (911) and request a mental health officer to evaluate patient for commitment and transport patient to MHMR, a psychiatric hospital within Travis County, or a local ER.
2. Contacting MHMR (512.472.HELP). Through this helpline, you may refer to the Mobile Crisis Outreach Team (MCOT) to follow-up with patient within 24 hours at their home.

# Austin/Travis County MHMR Psychiatric Emergency Services

- 24-hour emergency psychiatric assessment and referral for persons likely to be injured, hospitalized, or arrested within 48 hours due to mental illness or emotional turmoil
- Crisis counseling and problem resolution
- Screening for admission to private psychiatric hospitals, or Austin State Hospital
- Professional consultation for problem solving concerning difficult situations
- Intake into MHMR services for uninsured residents of Austin/Travis County
- Mobile (in-home) assessments and treatment planning

Note: In cases where transportation is an issue, due to the volatility of the child/teen or noncompliance by the parent, local law enforcement mental health officers may be notified via 911 to perform onsite crisis assessments and transport persons to an appropriate facility for further screening and treatment.

# HOW TO GET A MENTAL HEALTH COMMITMENT

## Instructions for Pediatricians and Family

The commitment of an individual requires the adherence to the temporary commitment procedures codified in the Texas Mental Health Code. Thus, before the Mental Health Court, i.e., the Probate Court, can issue an Order of Protective Custody (OPC) to restrain a mentally ill individual who presents a substantial risk of serious harm to his or her person or others, certain paperwork must be on file. See handout for details.

# HOW TO GET A MENTAL HEALTH COMMITMENT

## Instructions for Pediatricians and Family

Commitments of Minors are rarely upheld by the judge, if the parent/guardian is against the commitment. All after-hours commitments may be sought by contacting your local law enforcement mental health officer (911) to make an assessment for a Peace Officers Emergency Commitment for up to 48 hours, to be reviewed by the mental health judge for continuance.

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# Concerns about Neglect

- If parents are unsupportive of patient's need for immediate mental health intervention, i.e. if you are concerned about medical neglect, consider contacting CPS (1.800.252.5400) to assist you.
- In extreme cases, CPS may take temporary custody of patient to facilitate psychiatric hospitalization. Note: in such cases, patient can only be hospitalized under a commitment or with their consent.

# When an adolescent is manifesting psychiatric distress in the Children's Emergency Room...

- ER physician will evaluate patient medically and decide upon treatment and disposition for the child, which may include a consultation from an on-call psychiatrist or patient's private psychiatrist.
- ER Social Worker will act as consultant and provide assessment for the ER physician. If a psychiatric condition appears to be making patient a danger to self/others, and if the patient cannot be safely discharged to their guardian for outpatient psychiatric follow-up, patient will either be transferred to an inpatient psychiatric facility or "admitted" to the ER until such arrangements can be made.

*Note: Patients may not be transferred from an ER directly to a residential treatment facility.*

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# WHAT WE CAN DO/ OUR CHOICES

- Set up a system to screen all patients for mental health problems
- Become comfortable asking about mood, suicidal thoughts, sexual orientation, and other risk factors
- Become familiar with resources in our community
- Consider additional training in this area

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# WHAT WE CAN DO/ OUR CHOICES

- Ensure good communication, continuity, and follow-up through the medical home
- Monitor patients with history of depression
- Ask about firearms in the home
- Educate yourself and patients about risks/benefits of antidepressant medications

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# ANTI DEPRESSANT MEDI CATIONS

- 10/2004 FDA directed black box warning
  - “to alert health care providers to an increased risk of suicidality (suicidal thinking and behavior) in children and adolescents treated with these agents.”
- Did not prohibit use, but called for increased monitoring
- Is recent 18.2% increase 2003-2004 U.S. youth suicides after decade of decline related to decline in antidepressant prescriptions?

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# ANTI DEPRESSANT MEDI CATIONS

- Recent large, well-designed study
  - Combination fluoxetine and CBT improved 71% depressed adolescents
- FDA warning based on 2% increase in 24 trials, but recent reanalysis found only 0.7% increase
- NO SUICIDES OCCURRED DURING ANY OF STUDIES
- Was 28% decrease completed suicides 10-19 y.o. past decade at least partly because of increase youth antidepressant prescribing over same time?

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# ANTI DEPRESSANT WARNING SIGNS

- New or more frequent thoughts of wanting to die
- Self-destructive behavior
- Signs of increased anxiety/panic, agitation, aggressiveness, impulsivity, insomnia, or irritability
- New or more involuntary restlessness (akathesia) such as pacing or fidgeting
- Extreme degree of elation or energy
- Fast, driven speech
- New onset of unrealistic plans or goals

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# SOMATIC CONSIDERATIONS

- Symptoms
  - Weight loss, fatigue, loss of energy, chronic abdominal pain
- Comprehensive physical examination
- R/O hypothyroidism
- R/O inflammatory bowel disease
- R/O adverse reactions medications, including alternative and OTC
- Consider CMP, CBC, TFTs

<http://www.ama-assn.org/ama1/pub/upload/mm/39/assessfurther.pdf>

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# GAPS

- GATHER Information
- ASSESS Further
- PROBLEM Identification
- SOLUTIONS

# PROFESSIONAL REFERRALS & CREATING A BEHAVIORAL HEALTH TEAM



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# MENTAL HEALTH PROFESSIONALS

- Social Worker
  - Master's with licensure (LMSW)
  - Master's with advanced clinical licensure LMSW-ACP or LCSW (private practice credentials)
- Licensed Chemical Dependency Counselor (LCDC)
- Psychologist- MA or PhD
- Doctor of Psychology-Psy-D
- Psychiatrist-MD
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- FNP's and PA's with specialized mental health training

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# RESOURCE EXAMPLES

- **1-800-SUICIDE** (1-800-784-2433), or **1-800-273-TALK** (1-800-273-8255) 24 hours a day, 7 days a week.
- EndingSuicide.com funded by the National Institute of Mental Health and has free continuing education available for professionals.  
<http://www2.endingsuicide.com>

# RESOURCE EXAMPLES

- Non-profits (Austin examples are Austin Child Guidance Center, LifeWorks, and Capital Area Mental Health)
- National/Texas Alliance for the Mentally Ill  
[www.namitexas.org](http://www.namitexas.org) and links to resources  
<http://www.namitexas.org/resources/links.html>
- Mental Health America of Texas  
<http://mentalhealth.samhsa.gov/databases>
- Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)
- National Mental Health Services Knowledge Exchange Network  
[www.mentalhealth.org](http://www.mentalhealth.org)

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# RESOURCE EXAMPLES

- Call 211 [www.211texas.org/211](http://www.211texas.org/211)
- If interested in developing more formal model integrating behavioral health into medical care  
[http://www.hogg.utexas.edu/programs\\_ihc.html#how](http://www.hogg.utexas.edu/programs_ihc.html#how)
- Mental Health Mental Retardation  
[www.dshs.state.tx.us/mentalhealth.shtm](http://www.dshs.state.tx.us/mentalhealth.shtm),  
[www.txcouncil.com](http://www.txcouncil.com)
- Communities in Schools  
<http://www.cisaustin.org/>

**QUESTIONS????????????**

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