



ADVANCING INTEGRATED HEALTHCARE

# Medicaid Recovery Behavioral Health ECHO®

## Session Topic: Suicide Prevention

Presenter(s): Sarah Hagin, PhD

Date: June 22, 2023

*PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting*

**Start the Recording**

Care Transformation Collaborative of RI

# Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

# CME Credits

(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:  
<https://www.surveymonkey.com/r/Medicaid-Recovery-BH-ECHO>
- To be shared in chat @8AM



*The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 - 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).*

# Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Faculty Introduction	Liz, PhD
7:35 – 8:00 AM	Didactic Presentation	Sarah Hagin, PhD
8:00 - 8:10 AM	Case Presentation	Jeffrey Borkan, MD, PhD, Care New England
8:10-8:25	Case Discussion	Group
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Susanne

# Today's Faculty

Sarah Hagin, PhD, is a pediatric psychologist in the Division of Child and Adolescent Psychiatry at Rhode Island and Hasbro Children's Hospitals, specializing in pediatric gastrointestinal and feeding disorders, an Assistant Professor in the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, and the program manager for the Pediatric Psychiatry Resource Network (PediPRN) at Bradley Hospital.

# Disclosures

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

# Learning Objectives

- Understand the prevalence of suicidality in youth and the important role of pediatric primary care in identifying youth at risk
- Review/expand knowledge of screening and assessment tools/strategies
- Review/expand knowledge regarding risk and protective factors
- Understanding safety planning

# Youth Suicide Risk and Primary care

- 2<sup>nd</sup> leading cause of death for young people (10-24yo)
  - Misconception that it does not affect younger children
    - Fastest growing rates are in youth 10-14yo (exceeding traffic accidents)
    - Suicide rates of doubled with almost half the increase due to pre-teen age group
- Disparities/Risk
  - Racial
    - American Indians and Alaska Natives
    - Under 12 – BY > WY; 13 and up – WY > BY
  - Gender
  - Sexual minority youth
  - Neurodevelopmental
  - Foster care involvement
  - Chronic medical conditions

<https://doi.org/10.1111/jcap.12282>

<https://doi.org/10.1542/peds.2019-2056H>





# Risk factors/Warning Signs

## Risk Factors

- Previous attempt
- MH/SUD dx
- Family hx
- Hx of abuse, trauma
- Impulsivity/aggression
- Isolation/lack of social support
- Hopelessness
- Interpersonal loss
- Medical illness

## Warning Signs

- Talking about wanting to die/kill oneself
- Identifying /gathering means
- Expressing hopelessness/helplessness/not reasons
- Feeling like a burden to others
- Pain
- Increased substance use
- Increased agitation/recklessness
- Sleeping too much or too little
- Decreased functioning

[https://sprc.org/wp-content/uploads/2022/12/Handout\\_Understanding-RiskProtective-Factors\\_08202019.pdf](https://sprc.org/wp-content/uploads/2022/12/Handout_Understanding-RiskProtective-Factors_08202019.pdf)  
<https://doi.org/10.1111/jcap.12282>  
<https://doi.org/10.1542/peds.2019-2056H>

# Protective Factors/Prevention

## Protective Factors

- Hx of resiliency
- Strong social connections
- Spiritual/religious beliefs/supports
- Engagement in BH treatment
- Close family relationships

## Prevention

- Fostering resiliency
- Early identification and treatment of BH sx/s/dxs
- Caregiver mental health
- Screening

<https://sprc.org/risk-and-protective-factors/>  
<https://doi.org/10.1111/jcap.12282>  
<https://doi.org/10.1542/peds.2019-2056H>

# Screening

- The number one root cause of suicide Sentinel Events is lack of assessment for suicide risk.
- Depression screens under-detect suicide risk
- SCREENING IS AN INTERVENTION
- There are many
  - <https://www.healthcareexcellence.ca/media/cidj0qr0/mhcc-cpsi-suicide-risk-assessment-toolkit-en-final-ua.pdf>
- Most common
  - Ask Suicide-Screening Questionnaire (ASQ)
  - Columbia Suicide Severity Rating Scale (C-SSRS)
- Limitations

<https://doi.org/10.1111/jcap.12282>  
<https://doi.org/10.1542/peds.2019-2056H>  
<https://doi.org/10.1080/09540261.2019.1693351>  
<https://doi.org/10.1016/j.jadohealth.2021.01.028>

# Safety Planning

## Internal/interpersonal

- Situations/triggers
- Warning signs
- Coping
  - Ways to keep self safe
- Supports
  - Who I can go to
  - How they can help me stay safe
- Reasons why I want to live

## Environment

- Situations/triggers
- Decrease access to means
  - Especially FIREARMS, medications, alcohol, ligature risks
- Increase monitoring
- Open, nonjudgmental responsive support
- Emergency/crisis numbers/plan
  - National Suicide Lifeline 988 (previously 1-800-273-8255) and the Crisis Text Line (text “start” to 741741)

<https://sprc.org/micro-learning/>

<https://www.hsph.harvard.edu/means-matter/means-matter/youth-access/>

# Practice plan – things to consider

- Workflow – where does suicide assessment fit in
- Age range
- Cultural considerations
- Risk factors
- Preparing parents
- Response plan
- Training
- Pilot

[Pediatr Qual Saf.](#) 2020 May-Jun; 5(3): e310.

# Resources

## General

- <https://www.healthcareexcellence.ca/media/cidj0qr0/mhcc-cpsi-suicide-risk-assessment-toolkit-en-final-ua.pdf>
- <https://www.healthcareexcellence.ca/media/43yeqif2/suicide-risk-assessment-guide-final-ua.pdf>

## Decreasing lethal means

- <https://www.hsph.harvard.edu/means-matter/>
- <https://health.ri.gov/publications/guidance/Is-Your-Home-Suicide-Proof.pdf>
  - <https://health.ri.gov/otherlanguages/spanish/publications/guidance/Is-Your-Home-Suicide-Proof.pdf>
- <https://health.ri.gov/materialbyothers/over-the-counter-not-on-the-counter.pdf>
  - <https://health.ri.gov/otherlanguages/spanish/materialbyothers/over-the-counter-not-on-the-counter.pdf>

# Resources

## Safety Plans

- <https://bgg.11b.myftpupload.com/wp-content/uploads/2021/08/Stanley-Brown-Safety-Plan-8-6-21.pdf>
- <https://www.mysafetyplan.org/static/NationalSPA-c4a86b10761e54a2dd835519b48ff479.pdf>

## Courses/trainings/simulations

- <https://sprc.org/training/>
- <https://zerosuicidetraining.edc.org/>
- <https://solutions.edc.org/solutions/zero-suicide-institute/services/trainings/suicide-prevention-training-suite>
- <https://cssrs.columbia.edu/training/training-options/>

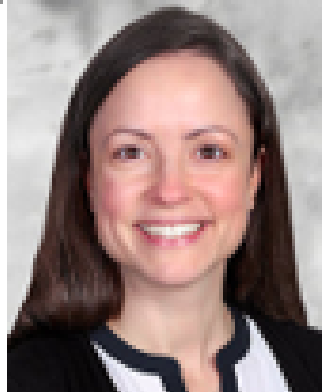
# Resources

## Coping with patient suicide

- <https://www.cliniciansurvivor.org/>
- <https://afsp.org/healing-conversations>



# Contact information



## Sarah Hagin, PhD

*Staff Psychologist/Assistant Professor (Clinical)*  
Rhode Island Hospital/Alpert Medical School of  
Brown University  
*Pediatric Psychiatry Resource Network*  
*(PediPRN) Program Manager*  
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[www.pediprn.org](http://www.pediprn.org)



ADVANCING INTEGRATED HEALTHCARE

## Medicaid Recovery Behavioral Health ECHO<sup>®</sup> Case Presentation

Presenter: Jeffrey Borkan, MD, PhD

Date: June 22, 2023

Contact Info: [Jeffrey\\_Borkan@brown.edu](mailto:Jeffrey_Borkan@brown.edu)

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**Stop Recording**

# Reasons for Selecting this Case

**Do Not Include PHI**

<b>Why did you choose this case?</b>	<p><i>This case and the background underline the importance of the issue of teen suicide for the health of the population – one of the leading causes of death among teens and spiraling out of control over the last few years</i></p> <p><i>Influenced by experiences of multiple suicides among patients in past</i></p>
<b>What questions do you have for the group?</b>	<p><i>What are you doing to identify teens at risk for suicide and once identified, what do you do to help prevent it?</i></p>

# Basic Patient and Family Information

Do Not Include PHI

Age / Grade	16 y.o.
Gender Identity	female
Race/Ethnicity	unspecified
How long has this individual been in your care?	<i>4 years</i>
Insurance type	<i>Neighborhood Health Plan</i>
Family constellation	<i>Raised by single mother with occasional (erratic) contact with father</i>
Parent(s)' occupation if known	<i>Mother is a CNA</i>

# Patient / Family Strengths

Do Not Include PHI

Good support network – mother, older sister, grandmother, and friends

School – had previously been a good student, engaged in the high school life

Mother – daughter relationship had previously been very strong

Housed

# Relevant Medical Background and Screening *Do Not Include PHI*

<b>Relevant medical and/or BH conditions, hospitalizations</b>	<i>No significant medical or prior behavioral health history except mild asthma; no hospitalizations. DCYF involvement after episode of sexual abuse by a border in mother's house</i>
<b>Relevant medications or medication hx</b>	<i>Albuterol inhaler; Singular</i>
<b>Relevant lab results</b>	<i>No</i>
<b>Relevant BH Screening results</b>	<i>PHQ9 Score of 18; pt reveals suicidal ideation and a plan to commit suicide by taking mother's tricyclic antidepressants and a bottle of Tylenol</i>
<b>Relevant SDOH Screening results</b>	<i>Negative</i>

# Relevant Psychosocial History

**Do Not Include PHI**

<p><b>Family/patient history of anxiety, suicidality, learning difficulties, other BH conditions?</b></p>	<p><i>Mother, who has a trauma history, taking antidepressants (for both depression and anxiety)</i></p> <p><i>Father has been intermittently jailed and has antisocial tendencies (per report)</i></p>
<p><b>Other relevant psychosocial factors?</b></p>	<p><i>Sexually active since first year of high school with both males and females; gender fluid. Mother only aware of sexual contact with males and encouraged her to get a Nexplanon, but patient currently resistant to all contraception except condoms.</i></p>

# Relevant School Information

Do Not Include PHI

Sophomore in an inner-city high school; had previously been B student; now mostly C to F

Likes basketball but did not try out of the high school team and is not in any clubs

Has many friends



# How did you manage care for this patient?

Do Not Include PHI

- \*After review of PHQ9/Suicidality, IBH contacted emergently – IBHC comes to see the patient via a warm handoff and pt contracts for safety
- \*Consideration of hospitalization but felt that can manage as an outpatient.
- \*Started on SSRI

Seen the next day in Open-Access Behavioral Health at the FCC and therapy and medication coordinated with close follow-up

- \*Within 6 weeks, PHQ-9 score decreases to 8 while suicidal ideation and plans recede
- \*Patient connects for long-needed preventative care (including contraception), improves grades in school, and gets a part time job

# Summary & Clarifying Questions



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# Announcements

- Practices are eligible for participation payment based on practice staff attending 4 out of 6 Behavioral Health ECHO<sup>®</sup> Learning Sessions with practice payment due in July, 2023.
- To ensure timely payment, all evaluations need to be submitted by June 28th for participation credit.
- CME certificates will be processed ~ June 30th. Any requests for CMEs after June 30th will be processed ~ September 16, 2023 (final date for accepting CME's for this program).

*Liz is available to consult on patient cases, as part of the Behavioral Health Technical Assistance offering from the Medicaid Recovery Program.  
(Liz.Cantor@gmail.com)*

