DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

HOW TO SCREEN FOR SUICIDE IN YOUR URGENT CARE: JUST ASQ?

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Financial Disclosures

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- I have no financial disclosures

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Learning Objectives

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Data	Review the most current statistics on suicide in youth and identify ways we can have an impact on youth at risk.
Screening Tools	Learn about the validated screening tools such as the ASQ, to easily and quickly identify youth at risk in the urgent care setting.
Workflows	Evaluate possible workflows and implementation of a suicide risk assessment in your urgent care.
Preparation	Learn how to prepare for a positive suicide screen, create a patient safety plan and ensure appropriate patient disposition and follow-up.

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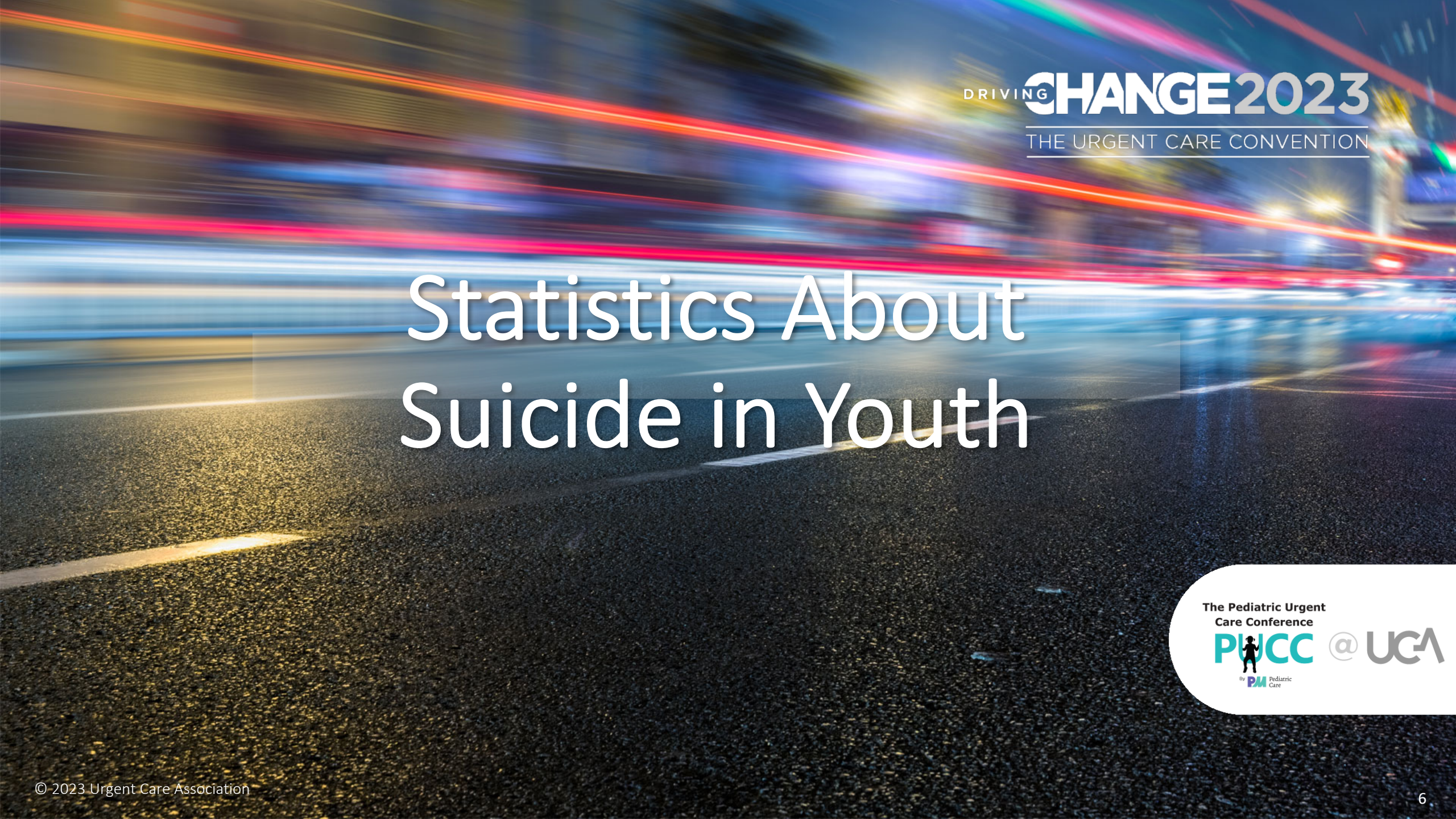
Suicide

Suicide rates are FRIGHTENING but we can be HOPEFUL if we can identify and support youth who are experiencing mental health symptoms, including ideation of suicide early.

We ALL have an OPPORTUNITY to help intervene and prevent these TRAGEDIES and preventable deaths.



Suicide touches everyone – all ages and incomes; all racial, ethnic, and religious groups; and all parts of the country. Specifically in youth.

6,643

Number of young people ages 10 to 24 who died by suicide (CDC, 2021).

1 in 6

High school students seriously considered attempting suicide (CDC, 2018)

1 in 13

High school students attempted suicide one or more times (CDC, 2018)

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Youth Suicide Deaths

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2nd

leading cause of death 10-24 years
(CDC, 2021)

8th

leading cause of death (was 10th) 5-10 years
increased by 55% this year
(CDC, 2021)

50%

of all suicides in youth
are associated with firearms (CDC, 2021)

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Suicide Statistics

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- Prior to COVID, the national suicide rate among persons aged 10-24 **increased 57.4%*** since 2010
- 2019 Youth Risk Behavior Survey (YRBS) results indicate that in the 12 months prior**
  - 18.8% of students reported seriously considered attempting suicide
  - 15.7% of students had made a plan about how they would attempt suicide
  - 8.9% had attempted suicide ≥1 time

*ClickCurtin, Sally. State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States 2000-2018. National Vital Statistics Reports; Volume 69, Number 11
** Ivey-Stephenson et al. (2020). Suicidal ideation and behaviors among high school students – Youth risk behavior survey, United States, 2019. MMWR Supplements, 69(1), 47-55. doi: 10.15585/mmwr.su6901a6

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Health Visits May Provide Opportunity for Suicide Prevention.

This is why we should screen in urgent care!

- NIMH funded study looked at 22,387 individuals who attempted suicide between 2009 and 2011
  - **38%** of patients had a healthcare visit within a week before attempting suicide
  - **64 %** of patients had a healthcare visit within a month before attempting suicide
- 2013 retrospective study looked at 724 patients in Ontario who committed suicide between 2003 and 2007
  - Found **80%** had presented to a healthcare setting in the month prior

J Psychiatry2013 May;58(5):274-82.doi: 10.1177/070674371305800504

Brian K. Ahmedani, et alRacial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States. *Medical Care*, 2015; 53 (5)

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Suicidality

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40%

of kids who commit suicide have never had a mental health complaint

90%

of parents had no idea their child was suffering to this extent

Curtin, Sally. State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States 2000-2018. National Vital Statistics Reports; Volume 69, Number 11

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COVID Impact on Suicidality

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Study: Frequency of suicide-related behaviors during the 2020 COVID-19 pandemic compared to 2019

Rates of positive suicide-risk screen results from January to July 2020 compared to corresponding rates January to July 2019

Results:

- ↑↑ **rate of suicide ideation** March & July 2020
- ↑↑ **rates of suicide attempts** in February-April and July 2020 as compared with the same months in 2019

Ryan M. Hill et al Pediatrics March 2021, 147 (3) e2020029280; DOI: https://doi.org/10.1542/peds.2020-029280

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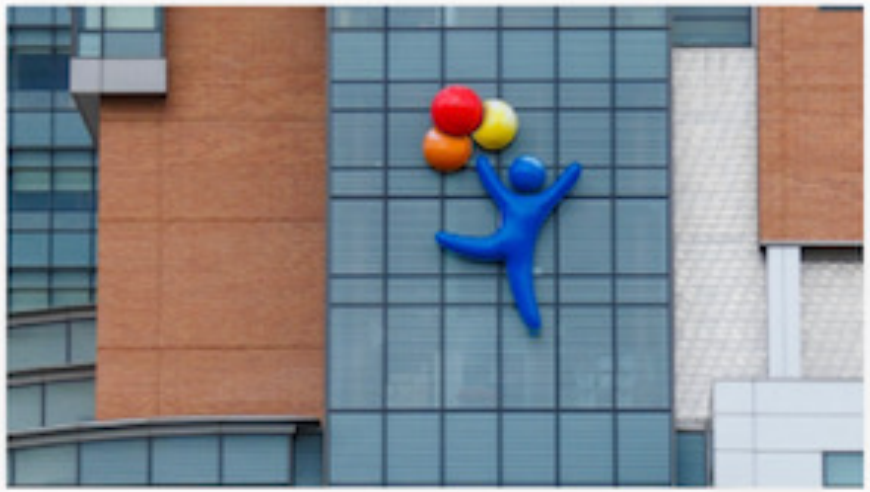

‘Their Tank Is Empty’: Children’s Hospital Colorado Declares A State Of Emergency Over Kids’ Mental Health

Children’s Hospital Colorado declares mental health state of emergency as suicide attempts rise

Suicide attempts are rising and emergency room visits for mental health crises were up 90% last month. Mental health experts are asking for help.

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Triggers and risk factors we may see with suicide

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- Access to means to commit suicide
  - Pills, firearms
- Witnessing death of a loved one
- Parental separation and divorce
- Physical, sexual and/or psychological abuse
- Chronic physical illness
- Alcohol/drug use
- Break-ups
- Disruption in social group
- School problems
- Legal issues
- Coming out into LGBTQA+ community
- Bullying, social media target
- Anniversary dates

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Warning Signs for Suicide

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- Talking about suicide
- Increasing somatic and non-specific complaints
- Making suicidal statements
- Preoccupation with death
- Giving away belongings

- Withdrawing from others
- Giving up activities they used to love
- New aggression
- Personality changes
- Neglecting hygiene
- Excessive risk-taking

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Somatic Complaints

Emiroglu et al looked at 31 pediatric patients with neurologic symptoms (vertigo, headache, syncope) referred to pediatric neurologic; testing- no identifiable source

93.5% were found to have a diagnosable mental health disorder

Tunaoglu et al looked at pediatric patients in a cardiology clinic for chest pain; normal medical workups

Prevalence of psychiatric disorders in 74% of patients

Primarily anxiety, depression

Wyllie et al looked at patients with pseudoseizures

72% of patients' pseudoseizures resolved after psychiatric treatment

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What Might Kids Be Saying?

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"I'm bored"

"Why Am I Even Here?"

"Maybe It Would Be Better If I Wasn't Here?"

"I Want to Disappear"

"I Want to go to Sleep and Not Wake Up"

"I Want to Make this Pain Go Away"

"I Can't Think or Concentrate"

"I Don't Deserve Good Things"

"I Ruin Everything"

"I Want to Be Alone"

"I Disappoint Everyone"

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Dispelling a myth

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ASKING ABOUT SUICIDE WILL NOT

SUGGEST THE IDEA OR MAKE A PATIENT

MORE LIKELY TO COMMIT SUICIDE

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We Can:

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Develop protocols for supporting and **recognizing patients at risk of suicide**	**Parent education**
Develop protocols for responding to suicide ideation	Raise **Community Awareness**
Staff education and training	Developing community **relationships for referrals**

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Validated Screening Tools for Suicide

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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + ____ + ____ + ____ = *Total Score: ____

Appropriate screening tools can provide accurate identification and provision of suicide intervention and treatment services. Examples include:

1. The Patient Health Questionnaire (PHQ-9) - the most widely used screening tool for depression; the last question of the PHQ-9 addresses passive suicidal ideation.
   - Used in acute care settings and emergency departments
   - Less accurate in youth to identify suicide risk; therefore not the preferred tool for youth

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Validated Screening Tools for Suicide, cont'd

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2. The Columbia-Suicide Severity Rating Scale (C-SSRS) - a standardized suicide risk screening tool validated for use with children, adolescents, and adults. It assesses for passive and active suicidal ideation, method, plan, intent to act on the plan, and suicidal behavior.

- Helps to understand risk level and how to provide the best, most appropriate care in the least restrictive environment. Training on how to administer the C-SSRS is available online free-of-charge.

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples:* Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		High Risk

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Validated Screening Tools for Suicide, cont'd

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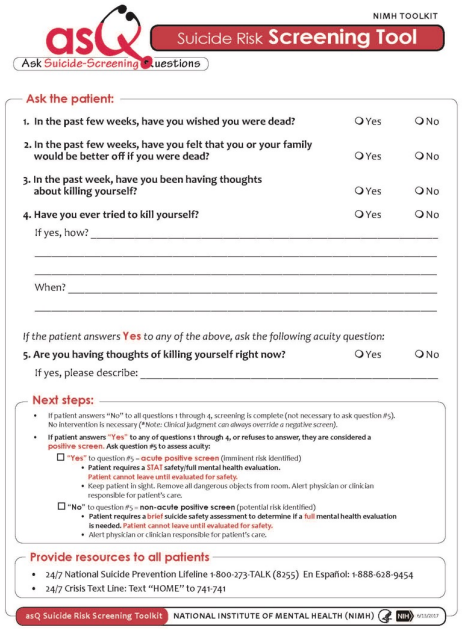
3. The Ask Suicide Screening Questions (ASQ) Toolkit, developed by the National Institute of Mental Health (NIMH), is a suicide risk screening tool for use with patients ages 8+.

- Includes four yes/no questions, takes 20 seconds to administer, and includes toolkit of safety guides, worksheets, scripts, etc.
- Sensitivity of 96.9%, specificity of 87.6%, negative predictive value of 99.7% (Horowitz et al, 2012).
- Valid ages 8-21 and for over 18 there is a 2-question version asQ'em.


NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ❍ Yes ❍ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ❍ Yes ❍ No
3. In the past week, have you been having thoughts about killing yourself? ❍ Yes ❍ No
4. Have you ever tried to kill yourself? ❍ Yes ❍ No

If yes, how? _____

When? _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now? ❍ Yes ❍ No

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - ☐ "Yes" to question #5 – **acute positive screen** (imminent risk identified)
    - Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 – **non-acute positive screen** (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

If an individual screens positive for suicide risk, a provider should then intervene with an assessment and develop an individualized safety plan for the patient.

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Difference between Screening and Assessment

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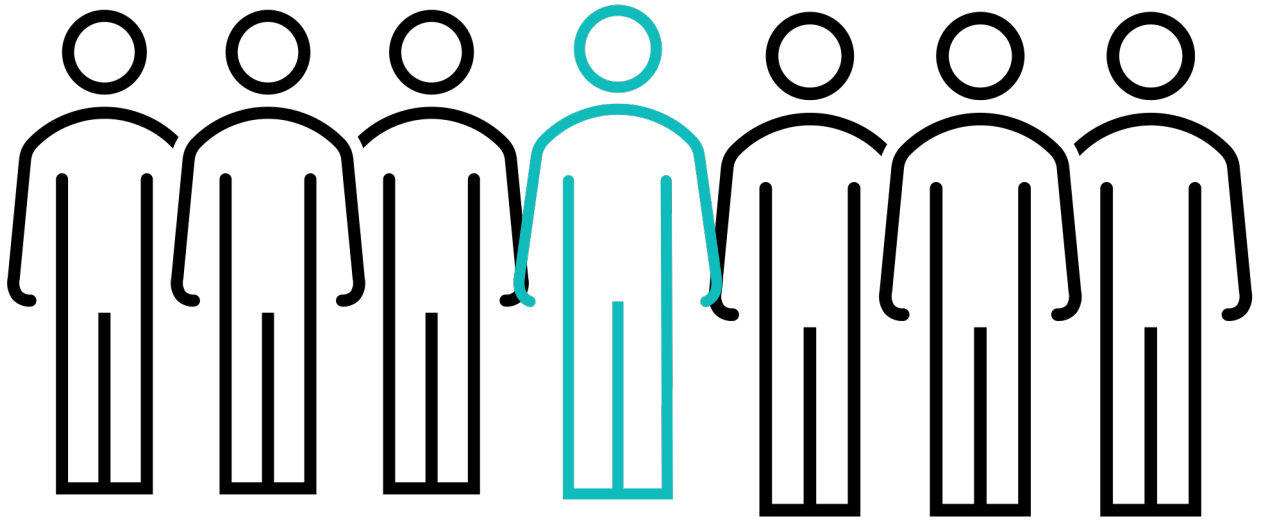
- **Screening**
  - Identifying at risk individuals
- **Assessment**
  - More comprehensive
  - Confirms risk
  - Estimates risk of danger
  - Guides next steps



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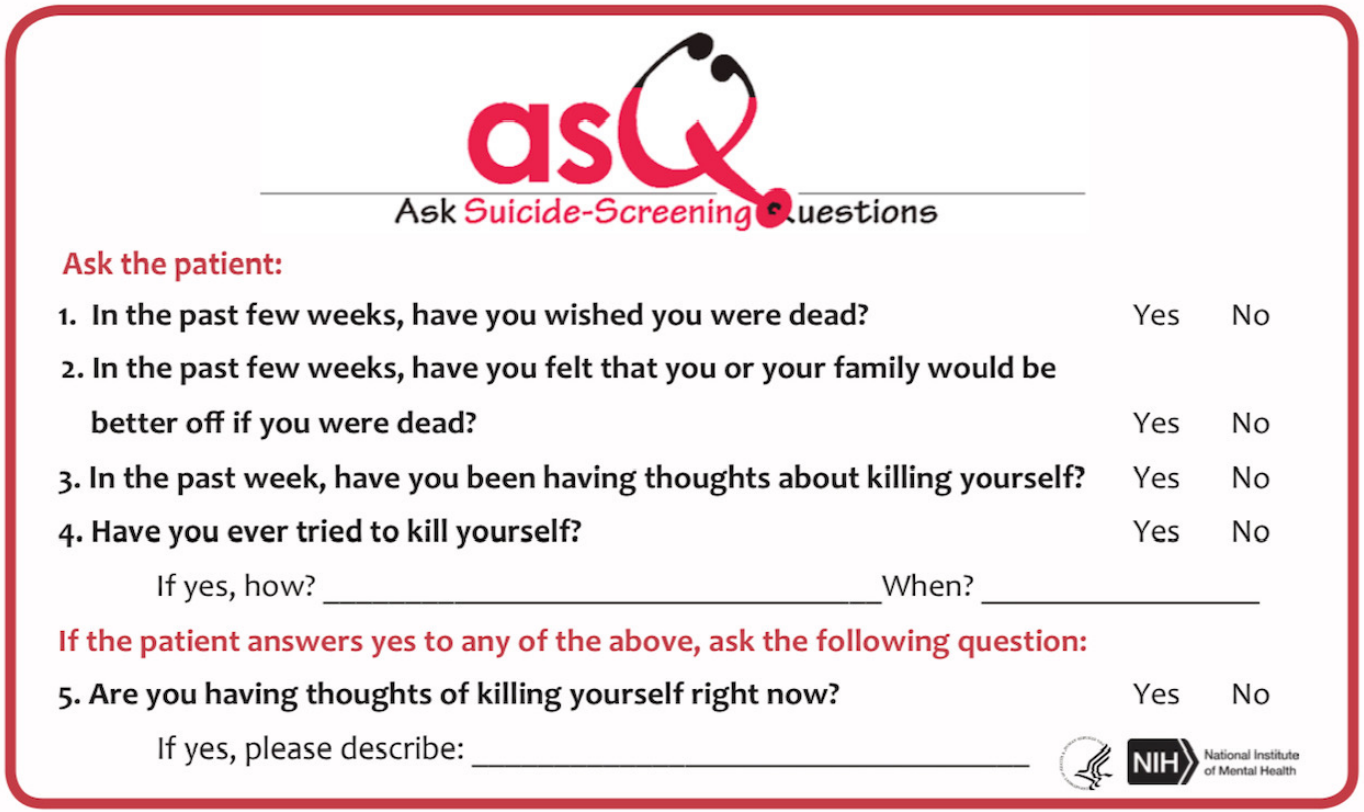

asQ
Ask Suicide-Screening Questions

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** Yes No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** Yes No
3. **In the past week, have you been having thoughts about killing yourself?** Yes No
4. **Have you ever tried to kill yourself?** Yes No

   If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. **Are you having thoughts of killing yourself right now?** Yes No

   If yes, please describe: _____

NIH National Institute of Mental Health

For description of study:
*Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis K, Cannon E, Joshi P, Pao M. Ask Suicide-Screening Questions (ASQ): A Brief Instrument for the Pediatric Emergency Department. Arch Pediatr Adolesc Med. 2012;166(12):1170-1176.

https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml

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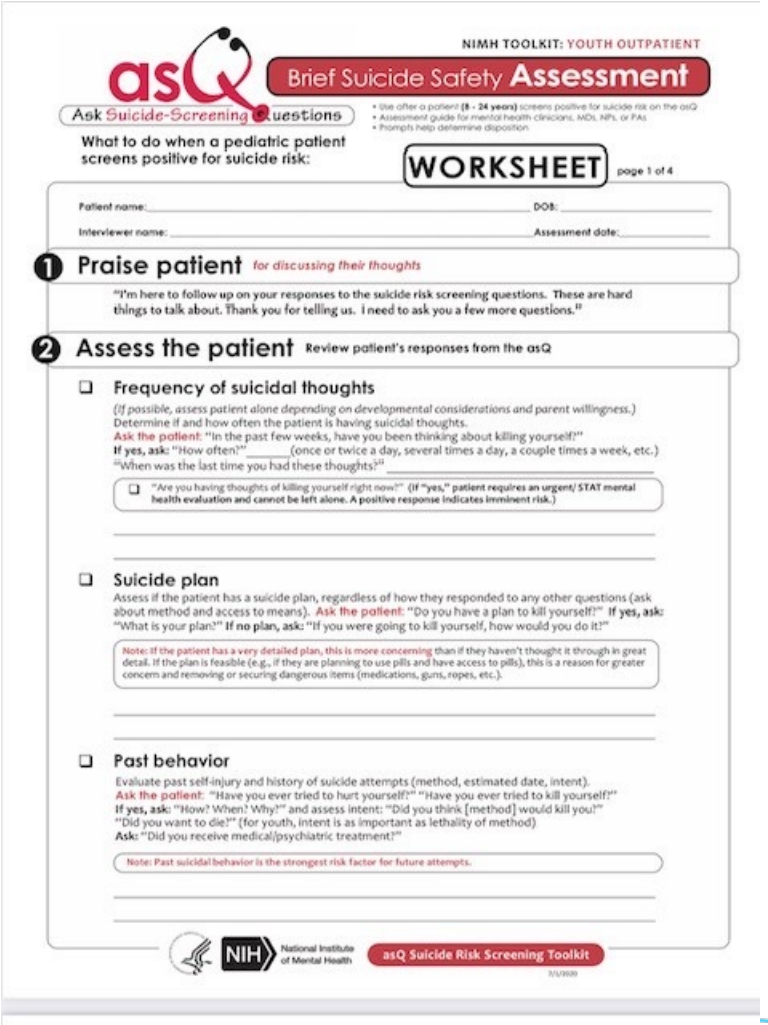
BSSA (Brief Suicide Safety Assessment)



asQ Ask Suicide-Screening Questions

NIMH TOOLKIT: YOUTH OUTPATIENT

Brief Suicide Safety Assessment

- Use after a patient (8 - 24 years) screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

What to do when a pediatric patient screens positive for suicide risk:

WORKSHEET page 1 of 4

Patient name: _____ DOB: _____

Interviewer name: _____ Assessment date: _____

1 Praise patient *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the patient Review patient's responses from the asQ

❑ **Frequency of suicidal thoughts**

(If possible, assess patient alone depending on developmental considerations and parent willingness.)
Determine if and how often the patient is having suicidal thoughts.
Ask the patient: "In the past few weeks, have you been thinking about killing yourself?"
If yes, ask: "How often?" _____(once or twice a day, several times a day, a couple times a week, etc.)
"When was the last time you had these thoughts?" _____

❑ "Are you having thoughts of killing yourself right now?" **(If "yes," patient requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)**

❑ **Suicide plan**

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). **Ask the patient:** "Do you have a plan to kill yourself?" **If yes, ask:** "What is your plan?" **If no plan, ask:** "If you were going to kill yourself, how would you do it?"

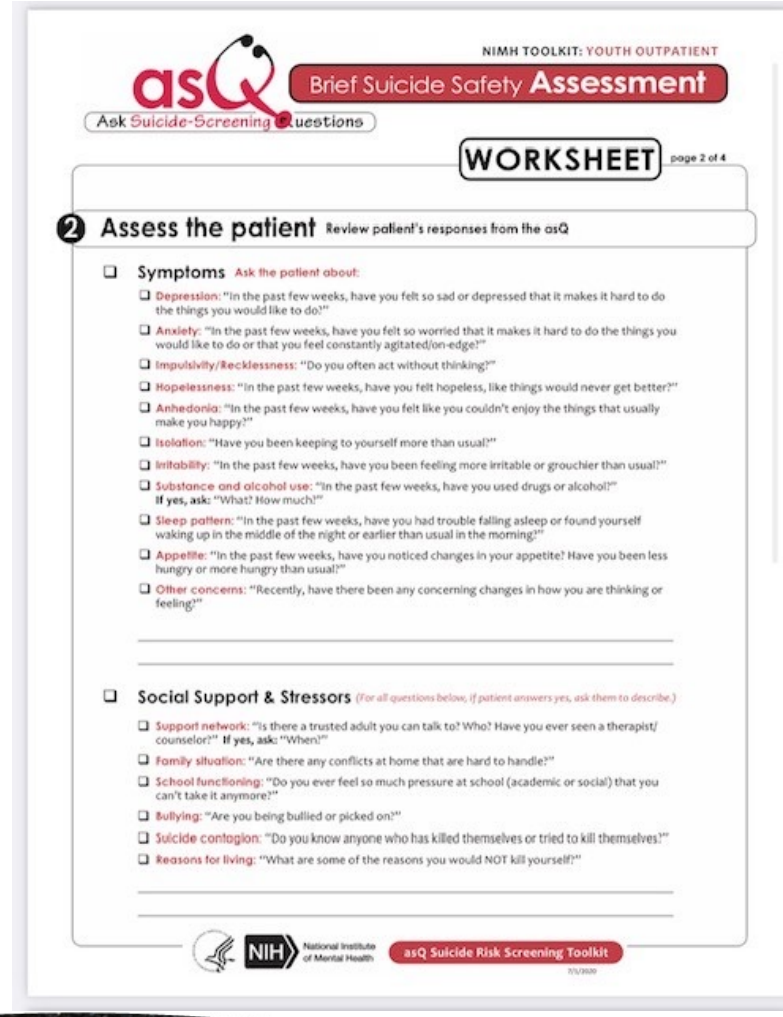
Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

❑ **Past behavior**

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).
Ask the patient: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"
If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?"
"Did you want to die?" (for youth, intent is as important as lethality of method)
Ask: "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

NIH National Institute of Mental Health — asQ Suicide Risk Screening Toolkit



asQ Ask Suicide-Screening Questions

NIMH TOOLKIT: YOUTH OUTPATIENT

Brief Suicide Safety Assessment

WORKSHEET page 2 of 4

2 Assess the patient Review patient's responses from the asQ

❑ **Symptoms** Ask the patient about:

- ❑ **Depression:** "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"
- ❑ **Anxiety:** "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?"
- ❑ **Impulsivity/Recklessness:** "Do you often act without thinking?"
- ❑ **Hopelessness:** "In the past few weeks, have you felt hopeless, like things would never get better?"
- ❑ **Anhedonia:** "In the past few weeks, have you felt like you couldn't enjoy the things that usually make you happy?"
- ❑ **Isolation:** "Have you been keeping to yourself more than usual?"
- ❑ **Irritability:** "In the past few weeks, have you been feeling more irritable or grouchier than usual?"
- ❑ **Substance and alcohol use:** "In the past few weeks, have you used drugs or alcohol?" **If yes, ask:** "What? How much?"
- ❑ **Sleep pattern:** "In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?"
- ❑ **Appetite:** "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?"
- ❑ **Other concerns:** "Recently, have there been any concerning changes in how you are thinking or feeling?"

❑ **Social Support & Stressors** *(For all questions below, if patient answers yes, ask them to describe.)*

- ❑ **Support network:** "Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/ counselor?" **If yes, ask:** "When?"
- ❑ **Family situation:** "Are there any conflicts at home that are hard to handle?"
- ❑ **School functioning:** "Do you ever feel so much pressure at school (academic or social) that you can't take it anymore?"
- ❑ **Bullying:** "Are you being bullied or picked on?"
- ❑ **Suicide contagion:** "Do you know anyone who has killed themselves or tried to kill themselves?"
- ❑ **Reasons for living:** "What are some of the reasons you would NOT kill yourself?"

NIH National Institute of Mental Health — asQ Suicide Risk Screening Toolkit

Safety Plan

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

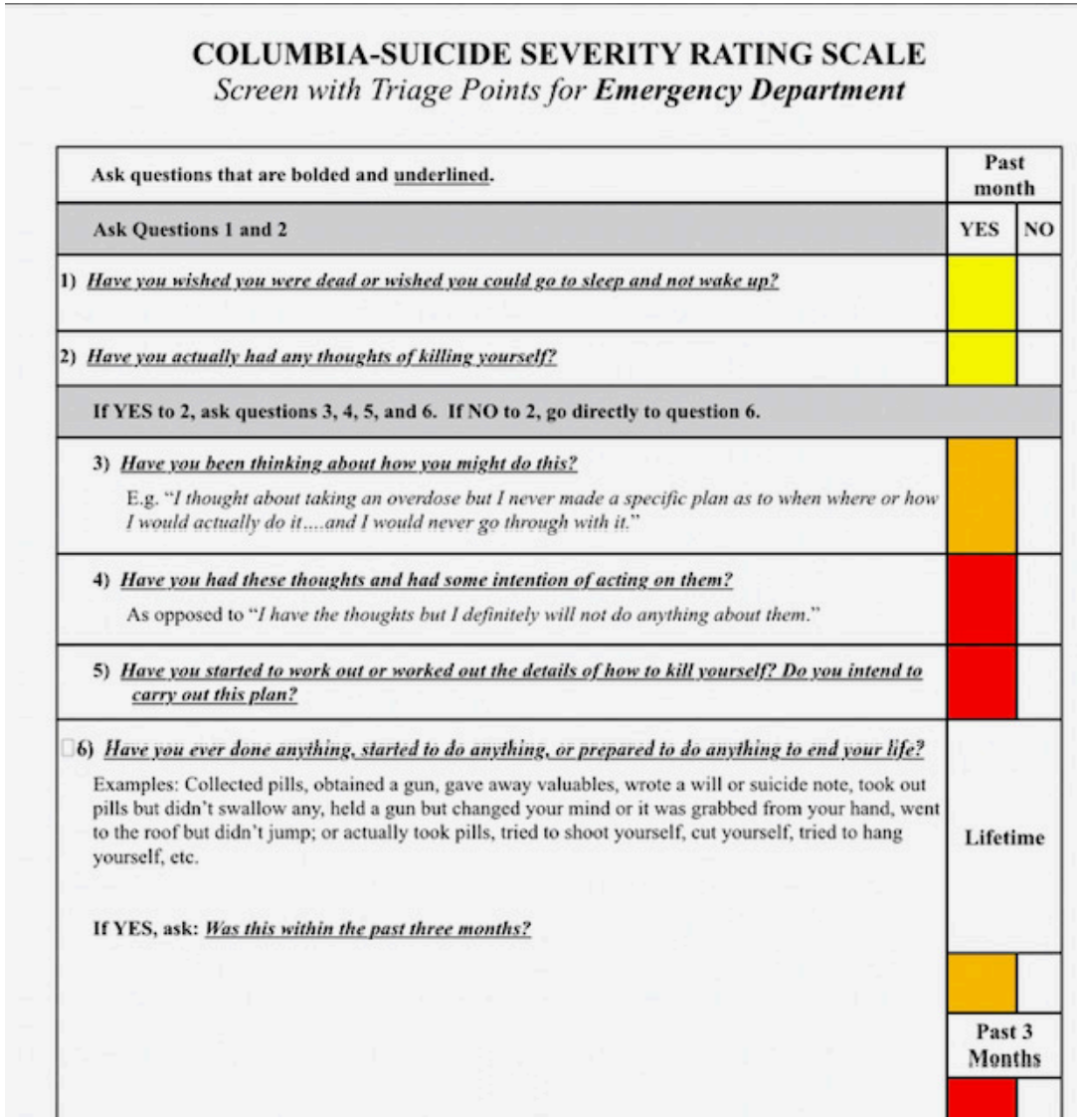
1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf

C-SSRS



COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen with Triage Points for **Emergency Department***

Ask questions that are bolded and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***	**Lifetime** **Past 3 Months**	

Proactive Planning

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- Develop crisis intervention plan before you need it
- Write out your workflows for staff reference
- Keep all necessary materials in one location or several throughout the building
- Put in place a safety plan for patients who screen positive, have someone be with them at all times
- Have resources handy (closest ER, peds ER, peds ER with psychiatry, mobile crisis units, hotlines, therapists)
- Documentation guidelines for providers
- Practice protocols
- Have direct communication with the medical home or mental health provider PRIOR to discharge home

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Resource binder for your Urgent Care:

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1. Information Sheets on Screening and Safety Assessment
2. Toolkit Summary
3. Practice Workflow and Guidelines
4. Nursing Script for Patient and Family
5. Parent/Guardian Information Sheet
6. Emergency Resource List (National and Local Resources)
7. Referrals
8. BSSA Guide
9. BSSA Worksheet
10. CSSR-S
11. Screening tool x 4 (Laminated, English version)
12. Screening tool x 2 (Laminated, Spanish version)

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Sample Introduction of Screen

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"National safety guidelines recommend that we screen all kids for risk of suicide. We at PM Pediatric Care want to support not just you/your child's physical health, but also you/your child's mental health. Is it OK for me to ask you/your child our screening questions?"

"We ask these questions in private, so ask you to step out. If we have any concerns for your child's safety, we will discuss this with you."

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Implementing the Suicide Screen?

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- Announce screening in waiting areas/signs
- Screening for suicide risk for patients ≥11 years old during urgent care visits (select age based on local stats)
- Screen regardless of chief complaint
- Intake staff to introduce and administer the ASQ
- Provider notified of positive screen
- Patients identified as high-risk will receive further evaluation by provider

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What is our workflow?

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Patient >11yo, medically stable and developmentally able; regular triage

Once roomed and vitals/info taken, ask parent and patient about screen

Parent and Patient Consent

STOP. Can offer parent an information sheet if appropriate.

Parent asked to leave, laminated sheet handed to patient

Negative screen; first 4 questions answered "No"

STOP. Screen Complete; RESULT RECORDED IN EHR

POSITIVE SCREEN: One question answered "YES"

Administer Question 5

Provider administers BSSA

Risk Assessment takes place

Patient deemed safe to go home with follow-up in place

Patient requires EMERGENT CARE

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If The Screen Is Positive, What Can The Staff Say?

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"These are really hard things to talk about. Thank you for letting us know. I am going to share your answers with Dr. Smith, and she will come speak with you."

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The parent is waiting outside the room
What does your staff say?

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"We have some concerns that we would like to further evaluate. It is so important that he/she let us know how he/she was feeling. I am going to talk to Dr. Smith, and she will further evaluate your child."

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What is the role of the Provider?

- Review ASQ score
- If the ASQ is positive, activate safety plan and conduct further evaluation using BSSA for suicide risk and complete disposition plan
- **Inform Parent or identify a responsible chaperone: Safety over Confidentiality**

What is the role of the Provider?

Plan	Determine plan for referral: immediate vs. outpatient
Contact	If transferring patient, contact transfer facility
Chart	Complete charting in EHR with assessment and plan for transfer or referral • Provide referral recommendations for follow-up • Provide suicide/crisis hotline reference list • Chart transfer, if applicable
Notify	Notify PCP and/or therapist if patient has one of the assessment findings and plan
Discuss	Discuss with patient and/or family and document they understand the plan

Positive ASQ – Provider Checklist

- Did you check for active versus passive suicidality? 
- Did you assess for safety? 
- Did you notify PCP and MH provider? 
- Did you inform a parent or responsible adult (if applicable)? 
- Did you ensure follow-up? 
- Did you provide resources at discharge? 

C-SSRS Algorithm (Optional)

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- **Goal:** To distinguish between ACTIVE and PASSIVE suicidal ideation
  - **ACTIVE** suicidal ideation warrants an **IMMEDIATE PSYCHIATRIC EVALUATION**
  - **PASSIVE** suicidal ideation warrants a **SAFETY PLAN** and **FOLLOW-UP**

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Emergency Department/ Pediatric Urgent Care Screenings

- Adolescents completed the screening tool
  - Positive response triggered further evaluation, including a Columbia-Suicide Severity Rating Scale (C-SSRS)
- 4,786 patients screened, 95 (2%) positive screen
  - Of these, 75 (79%) also had a positive C-SSRS
- Of positives, only 7 (7%) had chief complaints related to mental health
- Did not significantly affect flow in pediatric urgent care, able to detect patients at risk of suicide, especially those with chief complaints unrelated to mental health
  - ASQ < 20 seconds to administer

Patel, A., Watts, C., Shiddell, S., Couch, K., Smith, A. M., Moran, M. J., & Conners, G. P. (2018). Universal adolescent suicide screening in a pediatric urgent care center. Archive of Suicide Research, 22, 118-127. doi: 10.1080/13811118.2017.1304303

PM Pediatric Care 2022 Data

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4614
Number of Patients Asked to Participate

513
Number of Patients Refused

11%
Percent Refused

2%
Percent With Mental Health Complaint

185
Number of Patients Screened Positive

4%
Percent Positive

16.2
Average Age

4.95
Average Time Spent

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Crisis Intervention Numbers

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National Suicide Prevention Lifeline New Number

988

Teen Suicide hotline

(Thursday's Child National Youth Advocacy Hotline)

1-800-USA-KIDS (872-5437)

Crisis Text Line

Text HOME to 741-741

Lesbian, Gay, Bisexual, Transgender and Questioning

(LGBTQ) Suicide Hotline (the Trevor Lifeline)

1-866-488-7386

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How you can drive change:

1. Become familiar with current suicide statistics in your community and commit to support prevention and intervention
2. Become a champion in your organization to implement suicide screening protocol
3. This is a disease where we can prevent death and save a life and screening for it works.

Suicide can be preventable !

When individuals, schools, and communities join forces to address suicide, lives are saved

Session Evaluation

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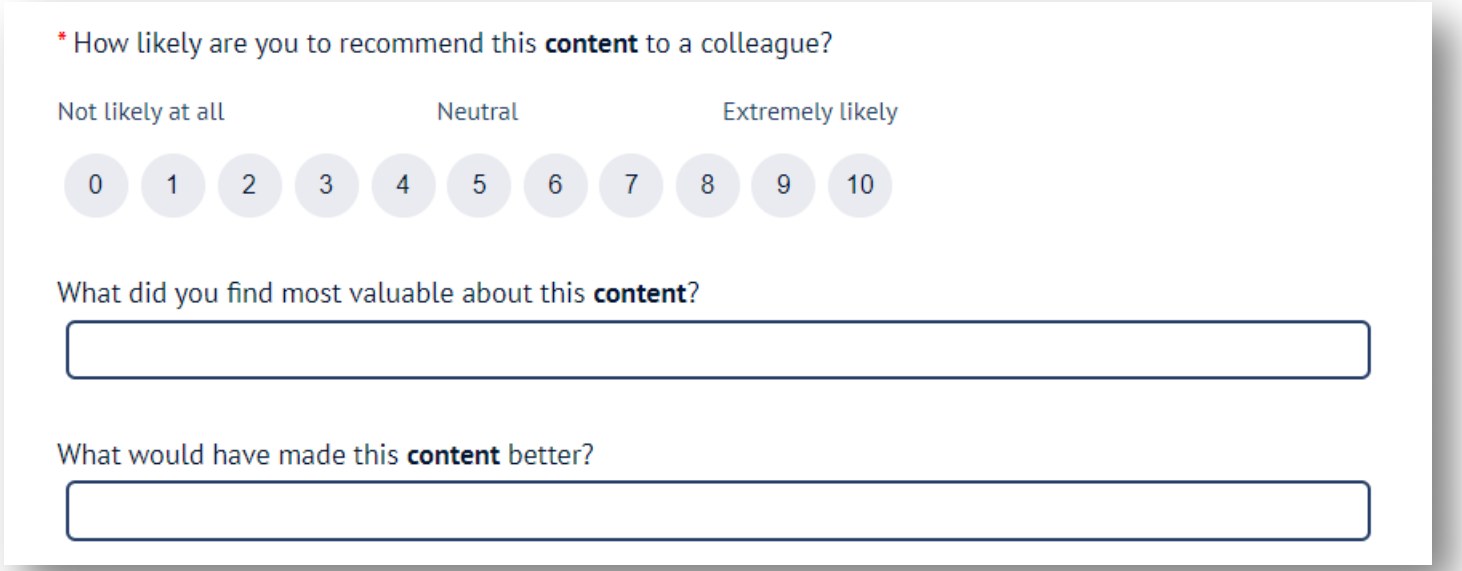
- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.



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THANK YOU!

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