Assessing and Managing Youth Suicide Risk in Utah

What mental health providers know—and need—to help prevent suicide among young people in Utah

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Goals for This Session

1. **Review the rationale** and best practices for suicide assessment and management

2. **Report on our results**, highlighting the strengths, opportunities, challenges, weaknesses of current suicide assessment approaches

3. **Discuss and seek input** on how to improve the competence and confidence of Utah’s mental health workforce
Why is it important to train providers to identify & manage suicide risk?

Figure 4. Suicide Rates in the United States (by state; per 100,000; average 2004-2010)

Note: Reports are age-adjusted and include those of unknown age.

Data courtesy of CDC, 2002; Schmitz et al., 2012; Pearson, 2017
“Provider Perceptions of Screening, Triage, Referral and Treatment (STaRT) to Address Youth Suicide Assessment and Treatment”

- **Purpose:** Understand mental health providers’ experiences, perceptions, and practices related to suicide assessment and management in order to help improve their confidence and competence.

- **Methodology:** 30-45 min confidential semi-structured phone interviews; systematic analysis of coding to identify and interpret patterns of themes in the transcripts.

- **Sample:** Participants were mental health providers serving youth (ages 10-17) in urban or rural hospital, outpatient, and assessment center settings across Utah.

<table>
<thead>
<tr>
<th>Participant Demographics (n=30)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credentials</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Therapist (LCSW, CMHC, MFT, psychologist)</td>
<td>24</td>
<td>80%</td>
</tr>
<tr>
<td>Psychiatric Medical (MD and APRN)</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Primary Work Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>23</td>
<td>77%</td>
</tr>
<tr>
<td>Rural</td>
<td>7</td>
<td>23%</td>
</tr>
<tr>
<td>Assessment Center</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>22</td>
<td>73%</td>
</tr>
<tr>
<td>Hospital-based</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermountain</td>
<td>11</td>
<td>37%</td>
</tr>
<tr>
<td>University of Utah</td>
<td>8</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>37%</td>
</tr>
</tbody>
</table>
AAS Core Competency Model Domains

1. Attitudes and approach
2. Understanding suicide
3. Collecting accurate assessment information
4. Formulating risk
5. Developing a treatment and services plan
6. Managing care
7. Understanding legal and regulatory issues related to suicidality
1. Attitudes and Approach

Acknowledging and managing complex emotions and beliefs toward suicide and sustaining a collaborative, empathic approach to treatment

Sources: Shea, 2002; Rudd, Cukrowicz, & Bryan, 2008; Hunter, 2015; Cramer et al., 2013
1. Attitudes and Approach: Our Findings

Acknowledging and managing complex emotions and beliefs toward suicide and sustaining a collaborative, empathic approach to treatment

- Emotional challenges
  - Frustration
  - Exhaustion
  - Burn-out
  - Anxiety

- Self-awareness
  - Emotional demands
  - Need to manage feelings
  - Relied on colleagues for support
  - Self-care methods.
2. Understanding Suicide

Having an accurate and confident grasp of basic terms, statistics, and frameworks related to suicidality

Sources: Rudd, Cukrowicz, & Bryan, 2008; CDC, 2016
2. Understanding Suicide: Our Findings

Having an accurate and confident grasp of basic terms, statistics, and frameworks related to suicidality

• Strong general knowledge of:
  • Suicide-related facts
  • Definitions
  • Risk/protective factors

• Difficulty articulating:
  • Phenomenology and
  • Biopsychosocial aspects
  • Differentiating between different types of suicide-related behavior.
3. Collecting Accurate Assessment Information

Soliciting comprehensive and timely information about a patient’s suicidal ideation, behaviors, and risk/protective factors

### Areas to Evaluate in Suicide Assessment

<table>
<thead>
<tr>
<th>Psychiatric Illnesses</th>
<th>Comorbidity; Affective Disorders; Alcohol / Substance Abuse; Schizophrenia; Cluster B Personality disorders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Prior suicide attempts, aborted attempts or self harm; Medical diagnoses; Family history of suicide / attempts / mental illness</td>
</tr>
<tr>
<td>Individual strengths / vulnerabilities</td>
<td>Coping skills; personality traits; past responses to stress; capacity for reality testing; tolerance of psychological pain</td>
</tr>
<tr>
<td>Psychosocial situation</td>
<td>Acute and chronic stressors; changes in status; quality of support; religious beliefs</td>
</tr>
<tr>
<td>Suicidality and Symptoms</td>
<td>Past and present suicidal ideation; plans, behaviors; intent; methods; hopelessness; anhedonia; anxiety symptoms; reasons for living; associated substance use; homicidal ideation</td>
</tr>
</tbody>
</table>

Sources: Simon, 2002; Rudd, Cukrowicz, & Bryan, 2008; Cramer et al., 2013
3. Collecting Accurate Assessment Information: Our Findings

Soliciting comprehensive and timely information about a patient’s suicidal ideation, behaviors, and risk/protective factors

- Variability in the type and manner of assessment information collected
  - Some more comprehensive and systematic
- Most common strength
  - Use of standardized screening instruments to guide interviews and prompt difficult questions
- Most common challenges
  - Lack of time, consistency, and challenges of gathering information from youth
4. Formulating Risk

Making a clinical judgement about the likelihood that a patient may attempt suicide, based on information collected during the assessment.

“Acute = Intense; Chronic = Recurring.”

Sources: Cramer et al., 2013; Rudd, Cukrowicz, & Bryan, 2008
4. Formulating Risk: Our Findings

Making a clinical judgement about the likelihood that a patient may attempt suicide, based on information collected during the assessment

- Most challenging domain
  - Few understood what it entailed
  - Few used a consistent, standardized, comprehensive processes
- Half felt a standardized process of risk formulation was important
  - Lacked knowledge about process or tools involved
- Half centered around a “gut feeling”
  - Emphasized experience and intuition
5. Developing a Treatment and Services Plan

Identifying what will be done to address a patient’s mental health needs and protect his or her safety in the short and long-term.

Sources: Rudd, Cukrowicz, & Bryan, 2008; Cramer et al., 2013
6. Managing Care

Implementing the treatment and services plan in a coordinated, interdisciplinary, well-documented manner

Sources: Cramer et al., 2013
5. Developing a Treatment and Services Plan: Our Findings

6. Managing Care

Identifying what will be done to address a patient’s mental health needs and protect his or her safety in the short and long-term

Implementing the treatment and services plan in a coordinated, interdisciplinary, well-documented manner

Strengths

• *Individual-level* coordination with providers, family, community stakeholders

Challenges

• *Systems-level* access (provider/appointment availability, insurance coverage, financial cost)
7. Understanding Legal and Regulatory Issues Related to Suicidality

Having knowledge of the laws, regulations, and ethical standards related to suicide and care of high-risk patients.

Sources: Cramer et al., 2013; Rudd, Cukrowicz, & Bryan, 2008
7. Legal and Regulatory Issues Related to Suicidality: Our Findings

Having knowledge of the laws, regulations, and ethical standards related to suicide and care of high-risk patients

- Professional liability
  - “Defensive” clinical behavior
- General knowledge of privacy laws, professional standards, Medicaid regulations
<table>
<thead>
<tr>
<th>Domain:</th>
<th>Most Prominent Strengths</th>
<th>Most Prominent Challenges</th>
<th>Respondents Indicating Challenge(s) in this Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes &amp; approach</td>
<td>Self-awareness and self-care around emotions and stress</td>
<td>Very intense emotions and stresses of the work</td>
<td>50%</td>
</tr>
<tr>
<td>Understanding suicide</td>
<td>Good understanding of basic facts and terms re: suicide</td>
<td>Limited understanding of phenomenological and biopsychosocial frameworks</td>
<td>27%</td>
</tr>
<tr>
<td>Collecting accurate assessment information</td>
<td>Use of standardized tools; skills at eliciting information from youth</td>
<td>Lack of consistency in completing assessments; lack of reliability of information from youth</td>
<td>57%</td>
</tr>
<tr>
<td>Formulating risk</td>
<td>[No prominent strengths]</td>
<td>Lack of understanding of what it is and how it is done</td>
<td>77%</td>
</tr>
<tr>
<td>Developing a treatment &amp; services plan and managing care</td>
<td>Coordination with providers, family, community stakeholders at an individual level</td>
<td>Lack of access to clinical care and community services at a systems level</td>
<td>97%</td>
</tr>
<tr>
<td>Understanding legal and regulatory issues</td>
<td>Good grasp of basic legal, ethical, regulatory standards</td>
<td>Disproportionate attention/anxiety re: liability</td>
<td>10%</td>
</tr>
</tbody>
</table>
Another finding: Competencies are not static

- **SKILLS** (Intellectual & Technical Knowledge)
- **ATTITUDES** (Emotions & Values)
- **SYSTEMS** (Professional Context)
Thank you!

Questions and Discussion
Sources:


Utah Department of Human Services, Division of Substance Abuse and Mental Health State Suicide Prevention Programs, FY 2015 Report.

Utah Department of Human Services, Division of Substance Abuse and Mental Health State Suicide Prevention Programs, 2015 Prevention Needs Assessment Survey Results.