Mental Health Screening in a Time of Crisis

Assessing the Need for Suicide Intervention Training(s) for Providers

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Possible Suicide Risk Factors and Warning Signs

Risk Factors

- ☐ Mental illness
- ☐ Substance use disorder
- ☐ Hopelessness
- ☐ Impulsive/aggressive tendencies
- ☐ Trauma or abuse history
- ☐ Major physical or chronic illness
- ☐ Previous suicide attempt
- ☐ Family history of suicide
- ☐ Recent loss of relationship
- ☐ Access to lethal means
- ☐ Local suicide cluster
- ☐ Lack of social support and sense of isolation
- ☐ Asking for help is associated with stigma
- ☐ Lack of healthcare
- ☐ Exposure to a suicide death
- ☐ Non-suicidal self-injury
- ☐ Cultural/religious beliefs that suicide is an acceptable solution to coping challenges
- ☐ Other: ______________________________

Warning Signs

- ☐ Talks about wanting to die/kill self
- ☐ Looks for ways to kill self
- ☐ Reports feeling hopeless
- ☐ Reports feeling having no purpose
- ☐ Reports feeling trapped
- ☐ Reports feeling in unbearable pain
- ☐ Talks about being a burden
- ☐ Increasing use of alcohol or drugs
- ☐ Acts anxious, agitated, or reckless
- ☐ Sleeps too little or too much
- ☐ Withdraws or reports feeling isolated
- ☐ Shows rage or talks about seeking revenge
- ☐ Displays extreme mood swings
- ☐ Other: ______________________________

☐ **Call 911 if there is a direct and imminent suicide threat**

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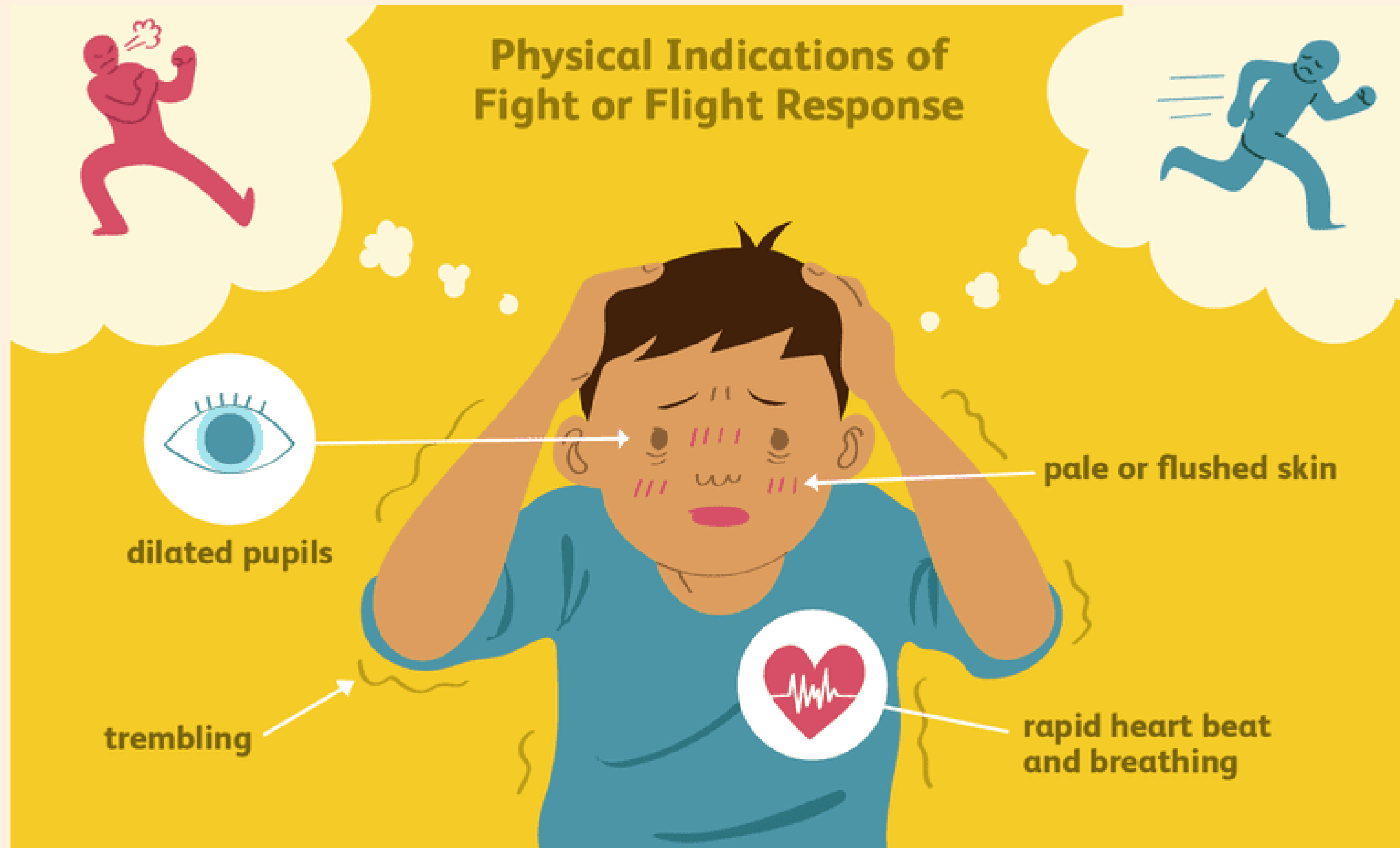
Stress

ANCIENT SURVIVAL RESPONSES TO LIFE THREATENING CIRCUMSTANCES



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What is your go to survival response?

Why Screening is Needed

- Increased symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic
- Increased substance use because of COVID-19.
- Suicidal ideation was also elevated in the previous 30 days than did adults in the United States in 2018, referring to the previous 12 months (10.7% versus 4.3%).
- Increased anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019.
- Youth Risk Behavior Survey (YRBS) stats indicate disturbing trends in mental illness and suicide-related behaviors

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Source: Centers for Disease Control and Prevention (CDC 2020)

Why Screening is Needed Cont.

- US high school students have reported significant increases in suicidal ideation and making a suicide plan
- School closures and requirements for social distancing have the potential to generate feelings of isolation and loneliness
- 25.5% of young US adults (ages 18 to 24 years) reported having seriously considered suicide at some point during late May and June 2020.
- Among adults currently being treated for PTSD, 44.8% reported suicidal ideation.

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Source: and Brock, S.E., Lieberman, R., Cruz, M.A. *et al.* Conducting School Suicide Risk Assessment in Distance Learning Environments. *Contemp School Psychol* (2021). https://doi.org/10.1007/s40688-020-00333-6

Screening Over Tele-Health

- Just like in person, asking regular screenings to patients can often fill a gap – if we don't ask patients don't disclose. There are models to help such as behavioral health integration and the Zero Suicide Model.
- Examining existing suicide prevention policies, procedures, protocols, and workflows
  - Identifying local resources (e.g., local law enforcement, mobile crisis response teams, children, and family services) that are available to immediately respond to a client's location.
- All staff members should be trained to be aware of suicide risk factors and warning signs.
- Keep patients informed and educated on the benefits of screening
- Review Telehealth HIPPA flexibility, waivers and other regulations (https://www.hhs.gov/coronavirus/telehealth/index.html)
- New Simulations Prepare Clinicians to Build Patient Relationships in a Telehealth World (https://kognito.com/products/telehealth-encounters) – NPAIHB can help purchase this for NW Tribes if you like the training!

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Keys to Selecting a Screener

- Right for defined population
  - Age
  - Diagnose, symptom or disability
- Can be used frequently (not just annually)
- Will identify changes
- Easy, short
- Clinically relevant

A tip to successful screenings:
Training staff on expectations & screening protocols for the clinic

Validated Suicide Screeners

- PHQ-9: Patient Health Questionnaire
- PHQ-A: Patient Health Questionnaire- Adolescent
- ASQ: Ask Suicide Screening Questions
- GAD-7: General Anxiety Disorder
- CYW ACE-Q: Adverse Childhood Experiences Questionnaire-Child
- CYW ACE-Q: Adverse Childhood Experiences Questionnaire-Teen

COVID-19 Learning Needs Assessment

- The NPAIHB assessed the needs of thirty six NW Tribal medical and behavioral health providers in the wake of COVID-19.
- The purpose of the needs assessment was to identify necessary resources, knowledge, and skills to effectively continue activities (suicide, interpersonal violence, substance misuse prevention) during the COVID-19 pandemic.
- The survey was administered from October – November 2020 via survey monkey.

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Survey Results

- **Suicide Prevention:**
  - 93% of respondents provide suicide prevention and/or intervention services.
  - 44% reported having highly developed screening specific to suicide.
  - 38% indicated they have a highly developed suicide specific risk assessment when someone presents with suicide.
  - 67% reported developing or enhancing appropriate patient/family education and resources on suicide prevention
  - 42% provide highly developed coordinated care for patients at risk of suicide.
- **Mental Health:**
  - 88% of respondents indicated that they provide mental health services
  - 68% reported having highly developed regular screening specifically for depression and anxiety
  - 58% provide a highly developed risk assessment
  - 74% indicated that they were either developing or enhancing appropriate patient/family education and resources on Mental Health
  - 56% provide highly developed coordinated care for patients at risk for mental health concerns
- **Substance Use/Misuse Prevention, Treatment & Recovery (SUD/OUD):**
  - 73% of respondents provide substance use/misuse medication assisted treatment and recovery prevention and/or intervention services
  - 60% reported having highly developed screening for SUD/OUD, however only 36% reported providing specific screening such as SBIRT.
  - 64% provide a highly developed SUD/OUD assessment when someone is at risk of SUD/OUD

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Survey Results Cont.

Clients Current Concerns:

1. Mental health care
2. COVID-19 specific resources
3. Health care overall

Potentially **negative** experiences that clients are reporting:

1. Increase in depression, anxiety, or other mental health concerns
2. Increase in alcohol or drug use
3. Being fired from their job/becoming homeless.

Telehealth Waivers from the Centers for Medicare & Medicaid Services (CMS)

Temporary policy changes during the COVID pandemic:

- Conduct telehealth with patients located in their homes and outside of designated rural areas
- Practice remote care, even across state lines, through telehealth
- Deliver care to both established and new patients through telehealth
- Bill for telehealth services (both video and audio-only) as if they were provided in person

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For more information visit: (https://www.hhs.gov/coronavirus/telehealth/index.html)

Development of Telehealth Informed Consent Procedures

a) Describe telehealth service delivery and specify technical considerations
b) Explain how service providers operate and the limits of telehealth
c) Delineate client expectations and responsibilities of all parties involved
d) Identify emergency contacts and specify multiple communication options
e) Obtain consent for specific service providers to offer telehealth
f) Telehealth consent procedures should be reviewed by legal counsel to ensure compliance with state and federal regulations

Patient Health Questionnaire (PHQ-9)

PHQ-9 is the nine-item depression scale of the Patient Health Questionnaire. The PHQ-9 is a tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.

- Incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self- report
- Rate the frequency of the symptoms which factors into the scoring severity index
- Q.9 screens for the presence and duration of suicide ideation
- Screens and assigns weight to the degree to which depressive problems have affected the patient's level of function

Article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/

Questionnaire: https://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

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Ask Suicide Screening Questions (ASQ)

- Validated tool for use among both youth and adults
- A set of four screening questions that takes 20 seconds to administer
- Can be administered in multiple settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care)
- Ask Suicide-Screening Questions (ASQ) Toolkit: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml

Generalized Anxiety Disorder-7 (GAD-7)

- Self administered 7 item instrument that uses some of the DSM-V criteria for GAD (General Anxiety Disorder) to identify probably cases of GAD along with measuring anxiety symptom severity
- Clinicians will still need to use their clinical interviewing skills
- Tool can be used to measure longitudinal changes and track treatment progress
- 2-5 min to complete
- One resource: https://www.mdcalc.com/gad-7-general-anxiety-disorder-7

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Suicide Interventions and Therapeutic Frameworks

- Traditional and Cultural Interventions
- Making it Matter with Micro Interventions: Simple Tools To Support Ourselves and Others in Stressful Times (https://training.ursulawhiteside.org/p/micro-interventions/?affcode=346122_682vo98u)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Cognitive Therapy for Suicidal Patients (CT- SP)
- Motivational Interviewing (MI)
- Distress Tolerance Skills
- Problems Solving Treatment in Primary Care (PST-PC)

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CAMS Suicide Status Form Initial Session

Patient: Kevin Clinician: David Jobes Date: 6/23 Time: noon

Section A (Patient):

Rate and fill out each item according to how you feel right now.
Then rank in order of importance 1 to 5 (1=most important to 5=least important).

Rank	
3	1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, not stress, not physical pain*): Low pain: 1 2 3 (4) 5 :High pain. What I find most painful is: being stuck in my own skin
5	2) RATE STRESS (*your general feeling of being pressured or overwhelmed*): Low stress: 1 2 3 4 (5) :High stress. What I find most stressful is: being here
4	3) RATE AGITATION (*emotional urgency; feeling that you need to take action; not irritation; not annoyance*): Low agitation: 1 2 3 (4)/(5) :High agitation. I most need to take action when: Someone does something untrustworthy
~~1~~ .5	4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*): Low hopelessness: 1 2 3 4 5 (10) High hopelessness. I am most hopeless about: anything changing
1	5) RATE SELF-HATE (*your general feeling of disliking yourself, having no self-esteem; having no self-respect*): Low self-hate: 1 2 3 4 5 (10) High self-hate. What I hate most about myself is: everything
N/A	6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: (will not kill self) 1 2 3 4 (5) :Extremely high risk (will kill self)

1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 (4) 5 : completely
2) How much is being suicidal related to thoughts and feelings about others? Not at all: 1 2 3 (4) 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING
3	my mom	1	people don't get it / they don't care
2	maybe something will get better	3	nothing is going to change
		4	I don't contribute to society
1	See how Breaking Bad ends	1	people would be better off if I was dead

I wish to live to the following extent: Not at all: 0 (1) 2 3 4 5 6 7 8 : Very much
I wish to die to the following extent: Not at all: 0 1 2 3 (4) 5 6 7 8 : Very much

The one thing that would help me no longer feel suicidal would be: MIB flash thing on everyone and then myself

CAMS Suicide Status Form Initial Session

Section B (Clinician):

(Y) N	Suicide ideation	Describe: I think about it a lot - since 7
	○ Frequency	✓ per day ✓ per week ✓ per month
	○ Duration	✓ seconds ✓ minutes ✓ hours all the time
(Y) N	Suicide plan	When: At home before GF comes home; Where: At home; How: Knife — Access to means (Y) N; How: Belt — Access to means (Y) N
(Y) N	Suicide preparation	Describe: Think about death scene - tried out belt
(Y) N	Suicide rehearsal	Describe: Put belt around neck
(Y) N	History of suicidal behaviors	
	✓ Single attempt	Describe:
	• Multiple attempts	Describe: 6x hanging
(Y) N	Impulsivity	Describe: GF says yes
Y (N)	Substance abuse	Describe:
Y (N)	Significant loss	Describe:
(Y) N	Relationship problems	Describe: GF/GF's mom/mother
(Y) N	Burden to others	Describe:
(Y) N	Health/pain problems	Describe:
(Y) N	Sleep problems	Describe: Only sleeps 3-4 hours a night
Y (N)	Legal/financial issues	Describe:
(Y) N	Shame	Describe: everything

Section C (Clinician): TREATMENT PLAN (Refer to Sections A & B)

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*Stabilization* *Plan Completed* ☑	3 months
2	Self-hate	↓ Self-hate	Insight 4 tx, CBT, BA, Voc counseling	3 months
3	People don't get it / Betrayal	Find ways to help others get it, increase ↑ trust	Psychodynamic tx, CBT, BA, CT?	3 months

YES ✓ NO ___ Patient understands and concurs with treatment plan?
YES ___ NO ✓ Patient at imminent danger of suicide (hospitalization indicated)?

[signature] Patient Signature [signature] Clinician Signature

Cognitive Therapy for Suicidal Patients (CT-SP)

CT-SP is an evidence-based, manualized cognitive-behavioral treatment for adults with suicidal ideation and behaviors that treat problems and boosts happiness by modifying dysfunctional emotions, behaviors, and thoughts.

- Solution orientated
- Encourages patients to challenge distorted cognitions
- Changes destructive patterns of behavior

Motivational Interviewing (MI)

MI is a counseling method that helps people solve ambivalent feeling and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

- Used to address addiction and the management of physical health conditions such as diabetes, heart disease and asthma
- Helps people become motivated to change the behaviors that are preventing them from making healthier choices
- Prepares individuals for further, more specific types of therapies

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FINDING THE RIGHT **DISTRESS TOLERANCE SKILL** FOR YOUR SITUATION

IMPROVE

Imagery
Meaning
Prayer
Relaxation
One thing in the moment
Vacation
Encouragement

This skill helps you tolerate and improve emotions until the intensity subsides.

Self Soothe

This skill can help you quickly reduce the intensity of a crisis situation by concentrating on your body's senses rather than the crisis. You can

ACCEPTS

Activities
Contributing
Comparisons
Emotions

Would you like to keep suffering?

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Distress tolerance skills refer to a type of intervention in Dialectical Behavioral Therapy (DBT) where clients learn to manage distress in a health way. These skills are helpful for situations where a client might not be able to control a situation, but they need to mange their own response. https://www.sunrisertc.com/wp-content/uploads/2017/09/Distress-Tolerance-Decision-Tree.pdf

Problems Solving Treatment in Primary Care (PST-PC)

PST-PC is a form of therapy that involves providing patients with tools to identify and solve problems that arise from life stressors, both big and small, to improve overall quality of life and reduce the negative impact of psychological and physical illness.

- Studied in a wide range of settings
- Teaches and empowers patients to solve the here-and-now problems contributing to their depression and helps increase self-efficacy
- Involves six to ten sessions, depending on the patient's needs

Questions?

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