



CPAN SAFETY-A _____

BEST PRACTICES

FOR PRIMARY CARE PROVIDERS



tcmhcc
Texas Child Mental
Health Care Consortium

CPAN
Child Psychiatry
Access Network

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YOUTH SUICIDE PREVENTION PROTOCOL

This packet provides clinics with information about mental health protocols when providing services to youth experiencing suicidal thoughts and/or behaviors, steps to consider when developing a protocol, and a sample document that can be used when a clinic decides to develop an individualized mental health protocol. Just as no two patients are the same, no clinic protocols are the same. The protocol should be customized for your clinic and used in case of a mental health emergency.

Included in this packet:

- » Information on mental health protocols
- » Guide for developing a mental health protocol, including consideration when creating a protocol
- » Screening tools for suicidal youth (children and adolescents)
- » Example of an office protocol for suicidal patients
- » List of Local Mental Health Authorities (LMHAs) that serve your local counties
 - › Emergency 24-hour hotline
 - › Direct local mental health authority phone numbers

Additional information is available through:

- » Your local Texas Child & Perinatal Psychiatry Access Network (CPAN/PeriPAN) hub
 - › CPAN
 - CPAN can help you develop protocols and identify resources to plan for crisis situations before they occur
 - CPAN does not provide emergency care
 - › SAFETY-A PCP Training Program
 - SAFETY-A is a family-centered intervention developed for youth who have attempted suicide, engaged in self-harm behaviors, or expressed strong suicidal urges. This approach focuses on reducing risk and assisting with continuity of care, including collaborating with families and youth on developing a safety plan that includes limiting access to lethal means, and supporting protective factors like social connectedness.
 - <https://tcmhcc.utsystem.edu/safety-a/>
 - › 988 Lifeline: <https://988lifeline.org/>

YOUTH SUICIDE PREVENTION PROTOCOL GUIDE FOR PROVIDERS

What is a youth suicide prevention protocol?

Youth suicide prevention protocols or crisis protocols are specific written instructions on how you and your office will address a mental health crisis when it arises. The protocol will assist you, your staff, and your patients by providing a predictable and consistent response to patients who may present with a mental health crisis.

Why is a youth suicide prevention protocol important for your clinic?

According to Centers for Disease Control and Prevention (CDC) data collected between 2007-2009 and 2016-2018, the suicide rate in Texas increased by 47.1% for ages 10-24. The need for pediatric medical providers to be equipped for a mental health crisis in Texas is growing. Being proactive and having a plan of action will ensure that your office is better equipped to provide crisis care and offer patients early intervention resources to address this growth rate. (CDC National Vital Statistics Reports, Vol. 69, No. 11, September 11, 2020)

Who should be included in creating a youth suicide prevention protocol?

Anyone working within your office, including staff who will be in contact with patients by phone or in person, should be included and trained on your youth suicide prevention protocol.

What should be included in your youth suicide prevention protocol?

The number of the local crisis hotline for your area and the name of the mental health authority, the roles of each office member during the crisis, a designated staff member who can be a point of contact for training and/or information (before, during, and after the crisis is resolved), and a plan for follow-up to ensure continuity of care for your patient.

What else should I consider when writing a youth suicide prevention protocol?

Consider regularly training your staff on the youth suicide prevention/crisis protocol. We recommend training your staff quarterly.

- » Does your staff know what to do if someone is suicidal? What are the mental health resources in your area?
- » Are there any mental health training opportunities for medical providers in your office?

Finally, consider an ongoing partnership with the Texas Child & Perinatal Psychiatry Access Networks (CPAN/PeriPAN) at your health-related institution for ongoing free resources and psychiatric consultation with medical providers in your office.

Steps to consider when creating a youth suicide prevention protocol

Step One: If using the attached protocol, communicate with all office staff about the new suicide prevention initiative in your office and determine the lead coordinator for your office. This is often the person who will be responsible for training staff on the protocol and being able to answer questions in the event of a mental health crisis. Next, identify the Local Mental Health Authority (LMHA) serving your county and the phone number for their crisis hotline. Document this information in your protocol.

Step Two: Identify the nearest emergency rooms and their phone numbers. Next, determine the individual in the office who will help coordinate any needed transportation in the event of a crisis. You also want to document a plan with backup options for transportation (e.g., hospital security, law enforcement, the patient's parent/legal guardian, ambulance), and who will be assigned to stay with the patient while awaiting LMHA assessment or transportation to the next higher level of care. Your staff should not transport a patient. Individuals who can transport patients include: parents, legal guardians, family support, mental health worker, pastor, etc. However, if there is a risk of elopement do not rely on a parent or legal guardian to transport a patient. Document this information in your protocol.

Step Three: Determine which staff member will provide follow-up contact to the patient after the crisis. Consider designating one individual to be responsible for following up with the patient, including scheduling appointments, as this enhances the continuity of care. Remember, your CPAN/PeriPAN team is here for ongoing consultation and support regarding the patient's mental health management.

Step Four: Place the completed protocol in a prominent area that can be easily accessed and seen by all staff in the event of a crisis. Consider posting multiple copies if you are in a larger office or have staff who may not be able to leave an area (e.g., a receptionist at the front desk). Posting areas should include the front desk, documentation station, exam rooms, and break room.

Finally, during any crisis, it is common for any person/professional to experience stress and anxiety, which can lead to indecisiveness or confusion regarding what to do. Completing and posting this protocol can offer stability in response to a crisis, clarify staff roles, and enhance communication among team members.

SCREENING FOR YOUTH SUICIDE RISK IN CLINICAL PRACTICE

| Age recommendation for screening:

- » Youth ages 6+: universal screening

SCREENING DOES NOT INCREASE RISK

- » It is safe to ask youth if they are having thoughts of suicide
- » Doing so will not “put the idea in their heads”
- » A review of literature found that “acknowledging and talking about suicide may in fact reduce, rather than increase suicidal ideation” (Dazzi et al., 2014)

Note: Do not view all youth who present with suicidal ideation as a “crisis” as majority of youth will present with low/moderate risk (e.g. passive suicide or death ideation)

Our recommendation: risk should be screened at every visit with a youth

- » Screening can help determine who may need a more thorough assessment of suicide risk.
- » A positive screen for potential suicidality indicates that a more thorough assessment is needed.

How you ask matters

- » Closed questions about suicidal thoughts and actions in the context of a risk screening can result in missed opportunities to validate distressing thoughts (i.e. A tendency to frame questions about self-harm towards a ‘no’ response)
- » Instead ask open ended questions (e.g. “Can you describe any thoughts you’ve had about not wanting to be here anymore or of hurting or killing yourself?”)

How you respond matters

- » Include language about collaborative decision-making
- » Clarify the limitations of confidentiality
- » Stay attentive and in the moment
- » Listen carefully and openly
- » Remain calm and patient
- » Use a nonjudgmental tone
- » Take what the patient says seriously
- » Paraphrase/reflect back important details
- » Don’t rush the conversation

Respond Effectively

- » Thank the patient for sharing their thoughts with you
 - › “These are hard things to talk about. It was brave of you to share these thoughts with me.”
 - › “Thank you for telling me how you’re feeling”
 - » Transition to next steps
 - › “Your safety is my number one priority.”
 - › **Begin crisis protocol**
-

SUICIDE RISK SCREENING TOOLS

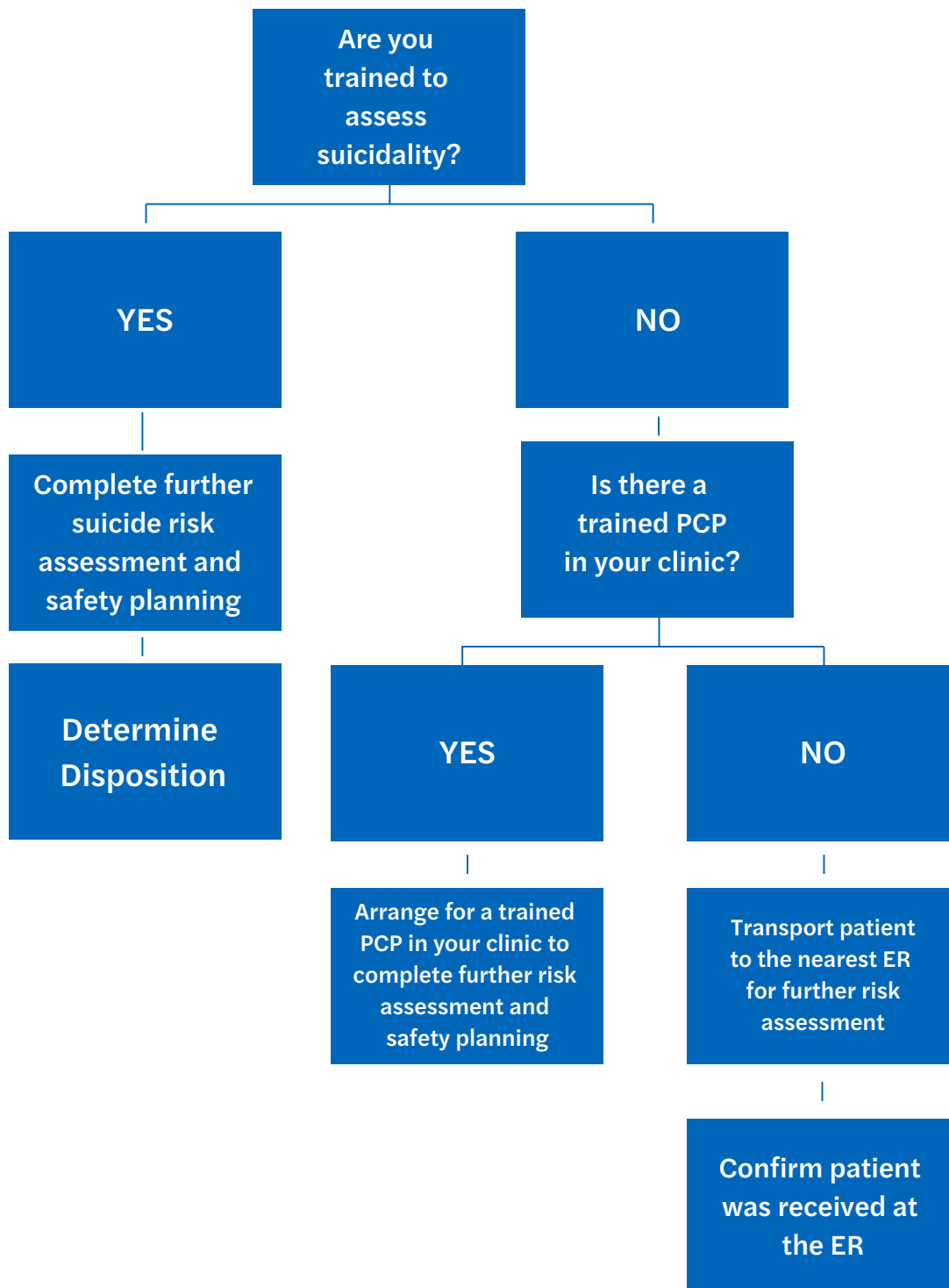
| We recommend completing the Ask Suicide-Screen Questions (ASQ) for universal screening.

Ask Suicide-Screen Questions (ASQ) Suicide Risk Screening Tool

1. Can be administered by any trained member of the clinical team. We recommend members of the clinical team review the NIH toolkit:
<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>
 - a. A nurse or medical assistant can ask questions when taking the patient's health history. In order to use the ASQ please complete the training video on their website.
 - i. Nurses: The importance of screening > <http://bcove.video/2pWYvcN>
 - ii. Physicians: The importance of screening > <https://youtu.be/OTjxEZkp4-Y>
 - iii. Short version: https://youtu.be/QaPeu6s_YM
 - iv. Mayo Clinic: Youth Suicide Prevention – What to say and what not to say > <https://www.youtube.com/watch?v=3BByqa7bhto&feature=youtu.be>
2. Recommendation: Administer ASQ Screener verbally
3. It is best to screen without a parent/legal guardian in the room to encourage open and honest responses
4. If the parent or legal guardian does not wish to leave, it is still acceptable to proceed with the screening
5. The ASQ includes 5 screening questions. If the patient answers “Yes” to any of the questions #1-4, or refuses to answer, they are considered a positive screen. Ask #5 to assess acuity.

OFFICE PROTOCOL FOR SUICIDAL PATIENTS

- » Only providers trained in youth suicide risk assessment protocol should practice the office protocol for suicidal patients
- » See the flow chart below for suicidal patient encounters:



THE MOST IMPORTANT STEPS FOR ALL CLINIC PROVIDERS:

1. Do not leave the patient alone. If you need additional help, make sure someone is waiting with the patient (e.g. parent/legal guardian, nurse, NP, PA, physician)
2. If your clinic has limited resources to address suicidality:
 - a. Locate a trained provider
 - b. Call CPAN
 - c. If no one in your clinic is trained:
 - i. Make sure the patient is physically safe so they can be transferred to an individual who can more thoroughly assess whether the patient needs to go to the emergency room. An untrained provider completing a youth suicide assessment can be counterproductive. This individual may be another team member or an identified contact at the emergency room.

OFFICE PROTOCOL FOR SUICIDAL PATIENTS

If a patient presents with suicidal ideation/behavior, non-suicidal self-injurious ideation/behavior, a previous suicide attempt, or suicidal ideation/behavior is suspected and/or detected with the use of a screening tool or questionnaire:

Please follow the below steps when using the ASQ Brief Suicide Safety Assessment:

If you are not sure about the best way to proceed following a screening, please consult with your designated team members or call CPAN.

ASQ Brief Suicide Safety Assessment:

- » Use after a patient (8-24 years old) screens positive for suicide risk
- » Assessment guide for mental health clinicians, MDs, NPs, or PAs
- » Prompts help determine disposition
- » If possible, assess patient alone depending on developmental considerations and parent or legal guardian willingness

Our adapted steps from the ASQ Brief Suicide Safety Assessment:

1. **Step 1:** Praise the patient for discussing their thoughts
 - a. “I am 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. Is it okay with you if I ask you a few more questions?”
2. **Step 2:** Assess the patient
 - a. Frequency of suicidal thoughts: determine if and how often the patient is having suicidal thoughts
 - i. We recommend administering the C-SSRS
 - b. Suicide plan: assess if the patient has a suicide plan
 - i. Assess method and access to means
 - c. Past behavior: evaluate past self-injury and history of suicide attempts
 - i. Assess method, estimated date, intent
 - ii. Note: Past suicidal behavior is the strongest risk factor for future attempts
 - d. Symptoms: depression, anxiety, impulsivity/recklessness, hopelessness, anhedonia, isolation, irritability, substance and alcohol use, sleep pattern, appetite, other concerns
 - e. Social Support & Stressors: support network, family situation, school functioning, bullying, suicide contagion, reasons for living

3. **Step 3:** Interview patient & parent/guardian together

- a. If the patient is ≥ 18 years, ask the patient's permission for parent/guardian to join. Say to the parent: "After speaking with your child, I have some concerns about his/her safety. We are glad your child spoke up as this can be a difficult topic to talk about. We would now like to get your perspective."

4. **Step 4: ONLY TRAINED STAFF SHOULD COMPLETE STEP 4**

- a. Create a collaborative safety plan with the patient to manage potential future suicidal thoughts.

5. **Step 5:** Determine disposition

- a. Choose the appropriate disposition plan:
 - i. Emergency psychiatric evaluation
 - ii. Further evaluation of risk is necessary
 - iii. The patient might benefit from non-urgent mental health follow-up

6. **Step 6:** Provide resources to all patients

- a. 24/7 National Suicide Prevention hotline text or call 988
 - i. Options for Spanish population
- b. 24/7 Crisis Text Line: Text "HOME" to 741-741
- c. Provide local crisis resources
 - i. Nearby emergency rooms
 - ii. Local Mental Health Authority

7. **Step 7:** Document the visit and safety/preventative measure(s) taken

The local mental health authority for our area, _____ should be called to assist with suicide risk assessment.

Their 24-hour crisis hotline number is _____

Our nearest emergency department is _____, phone number: _____ will call to arrange transport and _____ will wait with the patient for transport. Backup transportation plan: _____

If the patient requires a higher level of care:

_____ will call the emergency department to provide patient information.

_____ will document the incident in the patient chart/EMR.

Location of necessary forms/instructions/chart-flagging materials: _____.

_____ will follow up with ED to determine the disposition of the patient.

_____ will follow up with the patient within _____ hours/days

Local Mental Health Authorities – Contact Information & Counties Served

HRI REGION

.....
AUTHORITY NAME _____

CONTACT INFORMATION _____

AUTHORITY NAME _____

CONTACT INFORMATION _____

AUTHORITY NAME _____

CONTACT INFORMATION _____

AUTHORITY NAME _____

CONTACT INFORMATION _____

AUTHORITY NAME _____

CONTACT INFORMATION _____

National Resources to Consider:

National Suicide Prevention Lifeline (text and call): 988

MANAGING SECONDARY STRESS AND BURNOUT

PCPs' role in healthcare comes with responsibility and over time the emotional toll of caring for others can manifest as secondary traumatic stress and professional burnout. This document is intended to acknowledge these realities and provide resources to help PCPs recognize the signs of secondary stress, build resilience, and protect their well-being—both for their own sake and for the continued quality of care they provide to patients.

Our Recommendations:

- » Individual-Level Strategies
 - › Practice regular self-care: i.e. going on a walk, reading a book, exercising
 - › Professional boundaries: set clear emotional boundaries with patients, compassion does not require emotional absorption
 - › Mental health support: seek therapy or counseling if you are feeling overwhelmed
- » Workplace-Level Strategies
 - › Peer support and debriefing
 - Can be structured and/or informal check-ins with colleagues
 - › Psychological safety and culture change: promote a culture where it's okay to speak up about stress and burnout
 - › Reasonable workload and scheduling

Resources

- » Heroes Health: Free mobile app that helps health care professionals monitor their mental health and access to mental health resources <https://www.heroeshealth.care/>
- » JAMA Network: Presents articles on professional well-being. Helps to prevent burnout and build resiliency. <https://jamanetwork.com/collections/45309/professional-well-being>
- » TED Talks on burnout https://www.ted.com/playlists/245/talks_for_when_you_feel_total
- » The Schwartz Center: Offers tips and resources for healthcare workers <https://www.theschwartzcenter.org/mentalhealthresources/>
- » The Moral Matters: Podcast that looks at moral injury and focuses on solutions and the growing need for change. <https://podcasts.apple.com/us/podcast/moral-matters/id1529907905>
- » The National Academy of Medicine has resources to support health care professionals. <https://nam.edu/clinicianwellbeing/>
- » The National Child Traumatic Stress Network <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/nctsn-resources>
- » The Happy MD <https://www.thehappy.md.com/>