SUPPORTING ADOLESCENT PATIENTS IN CRISIS

A pediatric suicidality and self-harm management toolkit for pediatric primary care
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Purpose and Intended Audience
This toolkit is designed to: (1) support the development of a process for managing a suicidal
patient in primary care practices, (2) offer a foundation from which practices can adapt and refine
their workflow for responding to suicidal patients, and (3) provide resources and strategies for
how pediatric primary care providers can support suicidal adolescents as they wait for mental
health care. All staff who care for suicidal patients can benefit from reviewing the workflow,
resources, and tools and discussing the process as a team.

Introduction
Pandemic-related stress has exacerbated the mental health crisis for children and adolescents. With
continued social isolation, uncertainty around the return to in-person schooling, and social
and economic stressors, adolescents’ mental health will need to be monitored and suicide risk
will need to be assessed. The prevalence of adolescents who have screened positive for suicide
increased by 16% between June and December 2020 (Mayne et al., 2021). Systematic screening
for suicide risk in pediatric primary care is essential to identify adolescents in need and respond
in a timely manner. Due to the limited inpatient psychiatric beds available across the state, the
limited mental health provider workforce, and pandemic-related restrictions, primary care providers should be prepared to manage suicidal patients until inpatient care is available.

Guidance
This toolkit is designed to help focus outpatient visits with primary care providers and triage to appropriate services when a concern for risk of suicide or self-harm arises. Use this when a patient indicates a positive response to #9 on the PHQ-9 (see PAL guide pages 74-75), when there is a positive response to #12 or 13 on the PHQ-9 for adolescents, or when concern arises for self-harm or suicidality during a visit.

- Screen for risk using the Ask Suicide-Screening Questions (ASQ). This could be made into a quick-text that provider can drop into the visit note:
  - *In the past few weeks, have you wished you were dead?*
  - *In the past few weeks, have you felt that you or your family would be better off if you were dead?*
  - *In the past week, have you been having thoughts about killing yourself?*
  - *Have you ever tried to kill yourself?*

- If patient answers “Yes” to any of the above questions:
  - Change the focus of visit.
    - If this was a well check, then plan to arrange for rest of the well check visit to be postponed to a later date. Communicate this to the patient/family and to office staff. If this was an acute visit with other concerns, explain to patient/family that this mental health concern is most important and other concerns can be addressed at a future visit.
    - If the EMR has a ‘chat’ or ‘instant message’ function this can be used by provider to communicate with nursing staff or medical assistant that the visit has changed focus. This can also be used to communicate about length of visit and staff may be able to adjust scheduled appointments or let families with upcoming appointments know that there will be a wait.
  - Ask additional questions to triage risk:
    - Are you having thoughts of killing yourself right now?
      - If YES then refer to Emergency Room for further evaluation. Consider calling 911 for safe transport.
      - If NO then ask additional questions to determine risk. The ASQ-Brief Suicide Safety Assessment can be used.
        - How often are you have thoughts of suicide?
        - Do you have a plan to kill yourself?
        - Have you ever hurt yourself or tried to kill yourself in the past?
If there is high risk because of intent, plan, and access to means, then the patient is referred to Emergency Room for further evaluation. Consider calling 911 for safe transport.

Based on the Safety Protocol, if there is not a high level of risk then the provider or behavioral health specialist completes the Safety Checklist (see appendix).

- Attach the PAL Crisis Prevention Plan to the checklist (see PAL guide pages 77-79).
- Attach the mental health resources for your county to the checklist. This should include:
  - 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
  - AND your county-specific crisis number which can be found here.
Safety Protocol: Concern of self-harm or suicidality

Self-harm/suicidality concern

Ask:
1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

Continue with visit as planned, offer referral to counseling

Yes

Ask: Are you having thoughts of killing yourself right now?

Yes

Refer to ER

No

Ask:
1. How often are you having thoughts of suicide?
2. Do you have a plan to kill yourself?
3. Have you ever hurt yourself or tried to kill yourself in the past?

Yes

Does not have intent/plan/means

Complete Safety Checklist* and Safety Plan

No

Has intent/plan/means

Refer to ER

*See appendix for “Behavioral Health Safety Protocol – Family Checklist”
Monitoring and Follow-Up

Patients unable to receive immediate inpatient psychiatric care should be followed closely with care coordination and careful monitoring until space is available. Review the monitoring and follow-up guidance below for patients who are not immediately sent to the ER for suicidality.

How should health and safety be monitored?

- Follow up call within 24 hours of the appointment to check-in. Additional calls or follow-up visit may be needed based on assessment.
  - If your practice does not have mental health staff, call your local county crisis line to see if they would be able to complete follow-up calls. There may be a mobile crisis team to conduct emergent follow-up needs.
- Follow up visit within 7 days; sooner if needed.
- Collaboration with outside therapist, school, case manager, and caregiver, as available.
- Direct communication with patient through supportive phone calls. The frequency of check-in depends on severity and the presence of a therapist. For example, a patient engaged in counseling should have high frequency check-ins with their therapist and periodic check-ins with primary care. If a new SSRI was prescribed, a side-effects screening should be completed 2 weeks later.
- Confirm and close the communication circle by ensuring that patient is scheduled for an intake and/or connected to a behavioral health specialist.
- Confirm that monitoring adults have support and education on suicide and how to support the child.
- Repeat administration of brief depression rating scales, such as the PHQ-9 or SMFQ, can be used to track progression of major depression.
- Ideally, families should receive support through a collaborative process with primary care, mental health professionals, school personnel, and psychiatric consultation if available.

What should be discussed during follow-up phone calls?

- Do you feel suicidal?
- Have you harmed yourself since our last visit?
- Do you have a plan to kill yourself?
- Have you been able to connect with a therapist or schedule an intake?
  - If so, with whom?
  - If not, who have you called and what resources do you need?
- Communication with supervising adult, respecting laws around confidentiality.
  - RCW 70.02.250 “Mental health services – Minors – Permitted disclosures”
  - Chapter 71.05 RCW “Mental Illness”
  - Seattle Children’s Confidentiality and Adolescents Case Discussion
- Be an active listener, provide hope, reassurance that others are working with the patient to help them stay safe and improve how they feel.
Research has shown that when at-risk patients receive further screening, a Safety Plan intervention, and a series of supportive phone calls, their risk of suicide decreases (Miller, Camargo, & Arias, 2017).

**Safety Planning:** Personalized safety planning has been shown to help reduce suicidal thoughts and actions (Stanley et al., 2018). Patients work with a caregiver to develop a plan that describes ways to limit access to lethal means such as firearms, pills, or poisons. The plan also lists coping strategies and people and resources that can help in a crisis. Use a tool that you are familiar with or consider using the Crisis Prevention Plan Aid found in the PAL guide on pages 77-79. The PAL safety planning tool is also available in Spanish.

**Medication**

Medications, such as SSRIs, can be appropriate treatment for major depression or anxiety disorders which may underlie a suicidality presentation. SSRIs are not the treatment of choice to target suicidality as no medication is thought to be clearly effective at reducing suicidality itself. Pediatric primary care providers considering new medications for patients at risk of self-harm or suicidality before they can get in-patient care are encouraged to contact the Partnership Access Line (PAL) for guidance at 866-599-7257 Monday through Friday, 8 a.m. to 5 p.m., to be directly connected to a PAL child and adolescent psychiatrist. For patients already utilizing a psychiatric provider, coordination of care and consultation should be with that prescriber.

**Billing**

Based on the 2021 E&M Coding Rules most of these visits will likely be level four or five, based on time or complexity. The guidance here is limited and intended as a basic tool for primary care providers (physicians, nurse practitioners, physician’s assistants). The billing for psychologists, social workers, psychiatrists, and others is beyond the scope of this toolkit.

When coding based on time, the provider can use times spent pre-visit, during visit, and post-visit as long as time occurs on the same day as the visit.

Time references for codes:
- 99204 Level 4 New Patient 45-59min
- 99214 Level 4 Established Patient 30-39min
- 99205 Level 5 New Patient 60-74min
- 99215 Level 5 Established Patient 40-54min

When coding based on complexity, a level 4 would be used if this is a chronic condition with exacerbation or undiagnosed new problem that has a moderate risk level or meets the requirements for level 4 data complexity. It might meet the level 5 criteria as an acute or chronic illness that poses a threat to life if it is also determined that the risk level is high and/or meets
the requirements for level 5 data complexity. An example of high-risk level is when there is a decision regarding hospitalization.

Codes for specific tools that might be used:
CPT code for PHQ-9: 96127

For further information on billing it is strongly encouraged that providers work closely with their billing department and/or contact their professional organizations to understand the full scope of current billing rules.

Care Coordination

It is recommended for primary care teams to connect with community partners to collaborate with in future patient care situations. Understanding community partners can help offer a broader team approach. Investing time to build relationships with behavioral health providers, psychiatric providers, and school personnel before situations arise will be beneficial in times of crisis. Develop collaborative relationships and workflows, such as release of information and easy access via text, phone, or email, so that the community can work as a team to support patients in crisis. This early investment will pay off in the long run so that workflows and communication will be seamless and more predictable. Outside agencies should also collaborate with referring provider so that communication circles back and the approach is a closed loop with all team members informed and engaged, including the patient.

Coping Strategies for Providers

Caring for suicidal patients and their families can be difficult emotionally. By discussing the workflow and safety protocol, teams can feel better prepared to respond to emergent crises in a standardized manner. Pediatric primary care staff should identify strategies that help them prevent and cope with caring for suicidal patients as they wait for mental health care. Below are suggestions and reminders for pediatric teams:

- Be confident in your workflows and knowledge of suicide assessment.
- Know your resources.
- Recognize your limitations and acknowledge when you do not know and seek answers and solutions.
- Practice what you teach: good sleep, good nutrition, exercise.
- Acknowledge burnout and seek your own support for mental health care as needed.
- Set healthy boundaries between work and home.
- Know that mental health is a process and often lifelong for many. You are not required to “fix” but rather listen, validate, educate, support, and help problem solve.
- Utilize your team whether in house or in the community and ideally both.
- Be a good listener. Work collaboratively. Work as a team!
• When you are not sure, ASK! Do not feel responsible to carry the entire situation alone.
• Do not give out your personal cell or be on call, unless it is a part of your job description.
• Recognize your limits.
• Learn to be confident and direct about suicide; ask the hard questions.
• Know the state laws around youth mental health and mandatory reporting. Please review:
  o RCW 70.02.250 “Mental health services – Minors – Permitted disclosures”
  o Chapter 71.05 RCW “Mental Illness”
  o Seattle Children’s Confidentiality and Adolescents Case Discussion
• Collaborate with your specialists; get out of the mindset of “warm hand off” and utilize a team approach. You will learn from each other and not feel as isolated in handling tough situations; your patients will benefit from the collaborative care.
Summarized Resources

- **Partnership Access Line (PAL) guide for Washington state**
  - Referenced sections:
    - Patient Health Questionnaire (PHQ-9); Scoring the PHQ-9 (pages 74 and 75).
    - Crisis Prevention Plan Aid, Crisis Prevention Plan, General Home Safety Recommendations After a Child Crisis Event (pages 77-79).

- Managed Care Organization contacts to find community mental health providers
  - **Amerigroup Washington Inc.**: 800-600-4441
  - **Community Health Plan of Washington**: 800-440-1561
  - **Coordinated Care Corporation**: 877-644-4613
  - **Molina Healthcare of Washington, Inc.**: 800-869-7165
  - **United Healthcare Community Plan**: 877-542-8997

- County crisis line phone numbers
- **Crisis Text Line**: text HOME to 741741 to connect with a Crisis Counselor
- **National Suicide Prevention Line**: 1-800-273-8255
- **Ask Suicide-Screening Questions (ASQ) Toolkit**
Appendix

Behavioral Health Safety Protocol – Family Checklist

   ➢ Review how family can create an individualized plan today at home.
   ➢ Share with anyone your child identifies as safe to call if they need help.
   ➢ Help your teen program crisis numbers into their cell phone (if they have one).
     o Text HOME to 741741 (www.crisistextline.org)
     o Suicide Hotline 1-800-273-8255. Teen Hotline 1-866-833-6546

☐ 2. Contact a counselor for an appointment.
   ➢ Counseling is the most important treatment for helping with thoughts of self-harm.
   ➢ If already established with a good therapist, schedule appointment ASAP.
   ➢ If your child needs a therapist, see handout for recommendations:
     o Call at least 5 providers today. Access can be difficult, so continue to call at least one more counselor every weekday until someone calls back and an appointment is scheduled.
     o Ask for a provider who sees kids/teens and offers therapy that research has proven to be helpful: CBT, DBT, IPT, psychoeducation, coping skills or problem-solving focused therapy.
     o During this crisis, take any available appointment offered (skip school or activities if needed). More convenient times will open as your child’s safety risk improves.

☐ 3. Schedule follow-up with regular pediatrician.
   ➢ staff should assist you before you leave clinic today.

☐ 4. If your child is currently taking depression/anxiety medication, make sure that you contact prescribing provider to alert of crisis and schedule a follow-up appointment.

☐ 5. Try home strategies that research has proven are helpful.
   ➢ Help your child get enough quality sleep.
   ➢ Help your child eat healthy food.
   ➢ Help your child reduce stressors, if possible.
   ➢ Help your child get physically active (take a walk together, etc.).
   ➢ Help your child arrange for a friend to come visit.
   ➢ Help your child limit social media (and/or supervise activity), if appropriate.
   ➢ Help your child try a mindfulness app or video.

☐ 6. If your child becomes actively suicidal, call 911 or take immediately to ER.
Self-harm/suicidality concern

Ask:
1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

Continue with visit as planned, offer referral to counseling

Ask: Are you having thoughts of killing yourself right now?

Yes

Refer to ER

No

Ask:
1. How often are you having thoughts of suicide?
2. Do you have a plan to kill yourself?
3. Have you ever hurt yourself or tried to kill yourself in the past?

Has intent/plan/means

Refer to ER

Does not have intent/plan/means

Complete Safety Checklist* and Safety Plan
### 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 identifier)
    - 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 identifier)
    - 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
Crisis Prevention Plan Aid

A parent’s guide to creating a crisis prevention plan

Crisis Prevention Plans (CPP) are intended to help children/adolescents and their caregivers prevent minor problems from escalating into crisis events. CPPs provide an opportunity for the child/adolescent and the caregiver to logically think through situations by identifying the cause of distress, understanding and discussing options for minimizing difficult situations, and encouraging coping skills to help decrease the distress. Key components of a CPP include understanding triggers, identifying warning signs, and helping to facilitate interactions that will decrease the possibility of further difficulties. A thoughtful and carefully constructed CPP can help families make choices and take actions to diffuse difficult situations.

Steps for creating your own Crisis Prevention Plan:

• Discuss triggers — Triggers are things that cause distress for the child/adolescent. Common triggers include peer conflict, homework, chores, feeling sad or angry, and being told “no” or being unable to get their way. The child/adolescent and caregiver should be honest and explicit about the triggers for what is currently causing them the most difficulty.

• Identify early warning signs — Warning signs are physical clues the child/adolescent does (sometimes without their knowledge) that show others that they are upset or distressed. Common warning signs include blushing/flushed face, clenching fists, pacing, yelling, or withdrawing/becoming quiet.

• List interventions the caregiver can do to help the child/adolescent calm down — Discuss what the child/adolescent would want, and how the caregiver could provide that for them. Examples include giving the child/adolescent space to calm down, reminding them to use a coping skill, talking with them, or offering a hug.

• List things the child/adolescent can do to help calm themselves — This typically includes coping skills such as listening to music, talking a walk, doing deep breathing exercises, taking time to themselves (include a mention of how long to let the child/adolescent “cool off” before being expected to reengage with the family), writing, drawing/coloring, or other relaxation techniques.

• Identify other supports if the above interventions aren’t helpful or are unavailable — For instance, list three people the child/adolescent can contact, beside the caregiver, when distressed. Examples include peers who would have a positive influence, relatives, older siblings, therapists, or teachers/coaches. The child/adolescent and caregiver should agree who are a good resource. Also identify and list the crisis line where you live. A teen hotline such as Teen Link (1-866-833-6546 or https://www.teenlink.org/) is also helpful.

Christina Clark, MD
Crisis Prevention Plan

My triggers are:
1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................
4. ........................................................................................................................................
5. ........................................................................................................................................

My early warning signs are:
1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................
4. ........................................................................................................................................
5. ........................................................................................................................................

When my parents/caregivers notice my early warning signs, they can:
1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................
4. ........................................................................................................................................
5. ........................................................................................................................................

Things I can do when I notice my early warning signs:
1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................
4. ........................................................................................................................................
5. ........................................................................................................................................

If I am unable to help myself I can call:
1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................
4. ........................................................................................................................................
5. ........................................................................................................................................

- Your County Crisis Line Phone Number: ...........................................................................
  (you can look it up here: www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines)
- Text HOME to 741741 or visit: https://www.crisistextline.org
- Teen Link Hotline: 1-866-833-6546 or https://www.teenlink.org/
- The National Suicide Hotline: 1-800-273-8255

This Crisis Prevention Plan was created to give your family strategies you can use in your home to help calm your child during an escalation before they reach a crisis point. We do not advise using restraint, such as holding your child down, because you or your child could get hurt. Please call 911 if you or your child is in imminent danger.