

Pediatric Psychiatry ECHO®

Session 18 Notes and Resource Sheet



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DIDACTIC PRESENTATION

Suicide Assessment: What to do after a Positive Screen

[Recording](#)

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CASE SUMMARY

We explored the case of a 12 y/o F with suicidal ideation that attempted in the past. She has some great strengths, despite having a rough life. She seems to have a great sense of self for her age and all she has been through. Her mood and behaviors are reflect the trauma she experienced.

KEY QUESTION

- What would be a better system for assessing kids with suicidal ideation on an outpatient basis?

CASE NOTES

- Case manager got in so quickly because they were involved with CPS
- There is a crisis management plan
- She is a very good student- school is a stable place
- Relationship with mom fluctuates – she was separated from mom for 6 weeks
- The patient and siblings often care for mom, whose mental health is also affected
- Very obese, well above the BMI for her age
- Crisis had been called when she was talking about the bridge, team was trying to manage this with the supports she already had, but most recently, crisis was called again
- No bullying we know of, she is actually popular with seemingly present peer support
- She herself denies substance use but we learned that adults in the home
- Music and dance are hobbies
- Sleeplessness and depression may be due to inconsistency of place and has been a “little less” when taking fluoxetine.

KEY RECOMMENDATIONS

Provide validation and normalize her feelings. Continue to show her the written list of things that she does have to live for and speak in future terms, “This is where you are now, but here is what you have to look forward to.” Normalize that when something bad happens it is the natural instinct to protect, and parents are not always able to do this for us.

Resilience can be a trauma response, so focus on her many strengths but also acknowledge that harm can be done in expecting kids to “be ok” all the time. She has learned that her needs are met when she is quiet, reserved and accommodating. Internalizing what is happening to her could lead to feelings that life

isn't worth living. Let her know, "it is ok to be upset with your circumstances; this is an opportunity to work through with your therapist."

- She could benefit from a group type of therapy, or with a stable family member, teacher at school or some kind of natural support group.
- A Youth Peer Network has meetings via telehealth, this could be a good support to her from children in similar situations. Peer supports usually start at age 14. <https://www.mainehealth.org/Maine-Behavioral-Healthcare/Services/Counseling-Therapy-Services-Adult-Child/Peer-Support/Youth-Peer-Support-Statewide-Network/Groups-and-Events>

Call a team meeting to ensure that everyone is together, and the counselor understands the severity of the situation. Consider including the local Crisis response team to assist with developing a safety plan and get questions answered, such as when to call Crisis, what is needed, who can be a natural support, who she can call in a time of need.

Apply the Family Model and get the family some coaching on how to best support their daughter. It could be worth trying to engage the father in a phone call, but mom may ultimately be the one who is more likely in a place to help. Mom may respond to your validation and coaching with questions like, "it's so hard to do this on your own; who can you count on?" and "how can you help your daughter when she is having desperate times?"

- **Kids First Center** offers classes and groups for parents to learn how to put the needs of their children first while dealing with the legal and financial pressures of divorce and separation. (207) 761-2709. <https://www.kidsfirstcenter.org/for-parents>

If she continues to report a persistent issue at dad's house, don't forget that we can check with the guardian ad litem to see if the custody arrangement has any flexibility.

Find adults who are predictable supports, they are the ones we should be leveraging for her to connect and spend time with for more of a routine, stability. Ask her and her mom questions, like "Who can you count on physically and emotionally?" and "Who is in your village?"

- Connect with a preferred teacher or advisor at school. (CM is working on making this connection)
- Make sure the appropriate waivers are signed to speak to adults that the patient is requesting

If **obesity** is genetic, and she is eating healthy and exercising, leaving her weight out of the conversation and following her lead is an excellent approach.

In general, for cases like this, **have someone from the office check in between visits**, or often. An MA or other support staff from the practice may be able to do this.

See if there are any **extracurricular activities at school** for her to participate in.

ADDITIONAL RESOURCES

Girls on the Run has fun, evidence-based programs that inspire girl empowerment by building confidence, kindness, and decision-making skills. <https://www.girlsontherunmaine.org/locations>

5 2 1 0 Let's Go! is an obesity prevention program of The Barbara Bush Children's Hospital at Maine Medical Center. This obesity prevention program focuses on daily physical activity and healthy eating for children from birth to 18 years of age. <https://www.mainehealth.org/lets-go>

Big Brothers Big Sisters creates long term mentoring and friendships that support children to thrive in life.

<https://www.bbbsmidmaine.org/> <https://www.somebigs.org/> <https://www.bbbsbathbrunswick.org/>

University of Maine Cooperative Extension provides practical, how-to solutions based on university research. Their home, family, and youth experts provide:

- education for parents and others who care for children
- learn-by-doing programs where youth learn leadership, citizenship, and life skills
- information to help families save money and spend less

<https://extension.umaine.edu/home-family-youth/>
<https://extension.umaine.edu/oxford/programs/>

211 Maine is a free, confidential information and referral service that connects people of all ages across Maine to local services. <https://211maine.org/>

You may always reach out for a consult through the MPBHP access line 1-833-672-4711.

PLEASE NOTE: *The recommendations in this document rely on the information provided during the relevant Project ECHO case consultation. Recommendations are provided to assist case presenters make decisions and may not be appropriate in all cases. Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any MPBHP clinician and any patient whose case is being presented in a Project ECHO setting.*