



Maine Pediatric & Behavioral Health Partnership

Suicide Risk Management

Jesse M. Higgins, PMHNP
Director of Integrated Behavioral Health
Northern Light Acadia Hospital

Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth



MaineHealth

Learning Objectives

Participants will:

- Identify risk factors for suicidal behavior in children and adolescents.
- Be able to discuss the impact that exposure to media with content about youth suicide can have on vulnerable viewers.
- Understand how to respond to a young patient who is acknowledging recent thoughts of suicide.
- Gain confidence discussing risk and safety planning with families with guns in the household.

Integrity & Independence in Continuing Interprofessional Development

All planners, faculty, and others in control of the content of this educational activity have no relevant financial relationships with ineligible entities (i.e., commercial organizations), except as noted below:

Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth.

All relevant financial relationships have been mitigated.

My daughter isn't depressed. Why are you asking everyone about suicide?

Thoughts about self harm and suicide are pretty common for young people. We want to make sure all our patients know it's okay to talk about mental health and suicidal thoughts when they need to.

- Effective suicide risk management rests on the development and consistent use of a practice-wide, thoughtful and structured approach.
- For adolescents 11-17, the PHQ A should be implemented for depression and the 9th question, when at all positive, should lead to a detailed suicide risk assessment.
- Suicide risk assessment should always ask about (1) Recent suicidal ideation/death wish; (2) Plan about means (3) Intent to act on the plan

He barely talks to me. How would I know if he was thinking about suicide?

It certainly isn't unusual for teenagers to be moody, but let's talk about some warning signs to watch for.

- Having thoughts of committing suicide, threatening to hurt himself, looking for a way to hurt himself, writing about dying, and other types of suicidal ideation
- Increased substance abuse, including abuse of alcohol and drugs
- Feelings of purposelessness or that they have no reason to live
- Anxiety symptoms
- Feeling trapped like there is no way out of current situations or problems
- Feelings of hopelessness
- Withdrawal from friends and family and usual activities
- Feeling uncontrolled anger and rage or wanting revenge against someone
- Acting reckless and impulsive
- Having dramatic mood changes

<https://www.verywellmind.com/teen-suicide-prevention-2634284>

I don't want to put the idea in her head by asking about suicide.

We know that talking about suicide does not increase the risk. It shows the person that you see them, you care, and you are safe to talk to about this.

Direct questions about suicidal thoughts

- Are you feeling sad or depressed?
- Are you thinking about hurting or killing yourself?
- Have you ever thought about hurting or killing yourself?

My child watched a movie about a teenager who committed suicide, and now they have been writing really dark stories about it.

Teenagers can be really vulnerable to the influence of peers, social media and movies. It helps to limit access to movies with this kind of content, or watch them with them and make time to discuss it afterward.

- Adolescents are particularly vulnerable to “contagion” of suicidal and self-harm behavior.
- Hearing others talk about self-harm behavior and/or seeing images can trigger a vulnerable teen to engage in these behaviors.
- Teens should also be cautioned not to share or receive information from peers and social media. Teens should also not have unrestricted access to movies or television shows that include this topic, particularly when it’s glamorized.

He's just being dramatic to get attention. He's only 13. He's not really going to kill himself!

With suicide now the second most common cause of death among young people between ages 10-24, it's important to know the risk factors and be ready to support your children.

Risk factors:

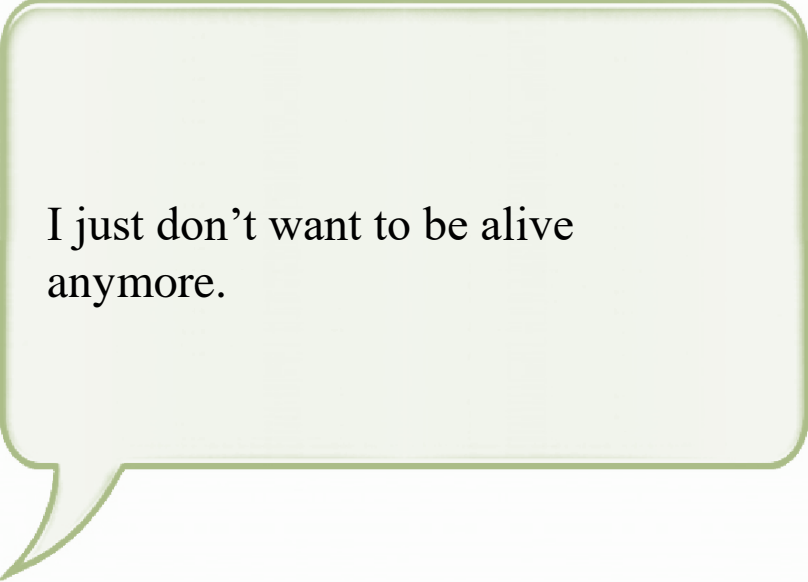
- Previous suicide attempts or family history of suicide/attempts
- Sexual orientation or gender identity (LGBTQ)
- Depression or other psychiatric illness
- Substance use
- Local epidemics of suicide
- Easy access to guns, other lethal methods
- Bullying.

When I told my child they were grounded, they threatened to kill themselves. Aren't kids just trying to get attention?

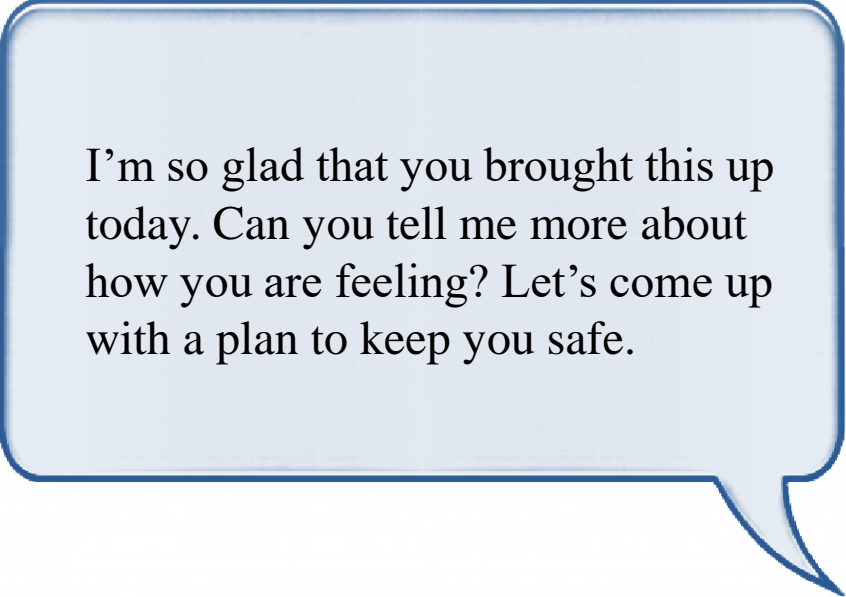
If your child is thinking about suicide, they are likely displaying warning signs. Listen to what your child is saying and watch how they are acting. Never shrug off threats of suicide as teen melodrama.

- **Address depression or anxiety.** Don't wait for your teen to come to you. If your teen is sad, anxious or appears to be struggling — ask what's wrong and offer your help.
- **Discourage isolation.** Encourage your teen to spend time with supportive friends and family.
- **Encourage a healthy lifestyle.** Help your teen eat well, exercise and get regular sleep.
- **Support the treatment plan.** Help your teen follow his or her doctor's recommendations.
- **Safely store firearms, alcohol and medications.** Access to means can play a role if a teen is already suicidal.

<https://www.mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teen-suicide/art-20044308>



I just don't want to be alive anymore.



I'm so glad that you brought this up today. Can you tell me more about how you are feeling? Let's come up with a plan to keep you safe.

- This is a medical emergency, akin to a heart attack.
- It's important to let patients know you will be communicating with their guardian(s) because the health risk is severe in this situation.
- Ask questions – Review risk factors. Has there been a recent breakup? Do they know anyone who has attempted or died by suicide? Is bullying or cyberbullying a factor? Etc.
- Include the treatment team – guardian, integrated or community behavioral health connected to this patient, emergency room provider hand off.

We're a hunting family so, yes, of course we have guns! And one for protection.

Guns are much more deadly than other ways of attempting suicide, and an impulsive moment can quickly end a young life.

- About 85% of attempts with a firearm are fatal: that's a much higher case fatality rate than for nearly every other method. Many of the most widely used suicide attempt methods have case fatality rates below 5%.
- Attempters who take pills or inhale car exhaust or use razors have some time to reconsider mid-attempt and summon help or be rescued. The method itself often fails, even in the absence of a rescue. Even many of those who use hanging can stop mid-attempt as about half of hanging suicides are partial-suspension (meaning the person can release the pressure if they change their mind). With a firearm, once the trigger is pulled, there's no turning back.
- Talking to the family about gun/ammunition storage and safety is also important.

<https://www.hsph.harvard.edu/means-matter/means-matter/risk/>

Resources

- **Maine Crisis Line 888-568-1112 (call or text)**
- **NAMI Maine Teen Text Support Line 207-515-8398**
- **National Suicide Prevention Lifeline 800-273-TALK (8255)**
- **Crisis Text Line 741741 (text “HOME”)**
- **Trevor Project Text Line 678678 (text “START”)**
- **Maine Suicide Prevention <https://www.namimaine.org/suicideprevention>**
- **Maine Chapter of American Academy of Pediatrics: www.maineaap.org**
- **American Academy of Family Physicians: www.aafp.org**
- **American Academy of Child and Adolescent Psychiatry: www.aacap.org**



Project Manager:

Department of Health and Human Services

Maine Center for Disease Control and Prevention

Stacey LaFlamme, LSW, OQMHP

Maine Pediatric Mental Health Access Project Manager

Stacey.laflamme@maine.gov

p: 207-441-5324



Northern LightSM

Acadia Hospital

Jennifer Laferte-Carlson, Program Coordinator

268 Stillwater Ave

Bangor, Me 04402

P: 207-735-6252

jlafertecarlson@northernlight.org

MaineHealth

Julie Carroll, MPH, Project Manager

66 Bramhall St

Portland, Me 04102

P: 207-661-2771

Jcarroll1@mmc.org