St. Clair County
Suicide Prevention Alliance

"Early Detection & Referrals:
Physician's Role."

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Objectives

At the conclusion of this presentation, participants will:

- Understand the vital role that physicians can play in identifying, assessing and addressing mental illness.
- Recognize the importance of early detection to lower risks for suicide.
- Identify mental health resources

Goals

- Participants will have:
  - screening tools for identifying conditions that require a mental health professional;
  - a method for developing a safety plan to lower risks for suicide;
  - knowledge of local referral resources; and
  - an effective process for making referrals regarding the patient's risks for suicide

Addressing Mental Illness

- **“The medical profession's sluggishness in addressing the issue of mental illness based on stereotypes stands in contrast to its involvement in other public health problems.”**
- **However:**
- **AMA on June 12, 2018 at its annual policy making meeting spurred a sense of urgency to:**
  - **train physicians in how to recognize patients at risk for suicide by early detection of mental illness**

4 Barriers to Mental Health Services

- Stereotypes
- Personal Stigma
- Systemic Stigma
- Unavailable Services

Barriers to Effective Identification

1. STEREOTYPES

In medical settings, negative stereotypes can make physicians LESS likely

- to focus on the etiology of the patient's symptoms
- refer patients to needed consultations and follow-up services.

- *Psychological Science in the Public Interest* (Volume 15, Number 2), Patrick W. Corrigan (Illinois Institute of Technology), Benjamin G. Druss (Emory University), and Deborah A. Perlick (Mount Sinai Hospital)

What are some Stereotypes?

- “It’s not my role to assess for mental illness.
- “Mental Health services are ineffective.”
- “Mental Health services will not increase positive medical outcomes for somatic conditions.”
- “Patients with mental health problems do not want to discuss their issues.”
- “It’s too time consuming to screen for mental illness.”

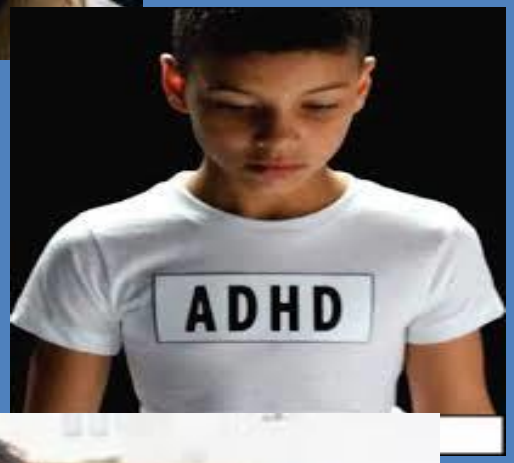
Stereotypes on Clinical Rotations

- “While on my psychiatry rotation, I have encountered many situations where the patients have come to the ED suicidal. I have been on multiple rotations where depression/suicide has presented itself and the patient has nowhere to go; whether the facilities are full, there isn’t a psychiatrist taking patients, and so on and the patient ends up getting discharged and they are not stable. You ask yourself what do you do when a patient has nowhere to go and is medically stable and your attending wants to discharge the patient, but he/she is not emotionally stable?”

Barriers

2. STIGMA

- Stigma can lead patients to:
- believing they are unable to recover so “why try,”
- avoiding being labeled as “mentally ill,”
- deny or hide their problems,
- and refuse to seek care.



Confronting Patient Stigma

- Starting the Conversation
- http://www.nami.org/collegeguide/download
- This guide is written for college age students and their parents to provide them with important information about mental health

Barriers

3. SYSTEMIC STIGMA: Stigma that is part of institutional & government policies & practices

- large-scale barriers to mental health care by undermining opportunities for patients to seek help.
  - a lack of parity for coverage of mental health
  - lack of funding for mental health research, and
  - negative use of mental health history in legal proceedings, such as child custody cases; and professional opportunities.

Confronting Systemic Stigma

Legislation that protects patients with mental illness from discriminatory practices:

Americans with Disabilities Act of 1990,

Mental Health Parity Act of 1996,

Medicare Improvements for Patients & Providers Act,

Paul Wellstone & Pete Domenici Mental Health Parity

Addiction Equity Act of 2008,

Patient Protection & Affordable Care Act of 2010,

Mental Health Parity and Addiction Equity Act of 2017

Government Response to Barriers

- The report: The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care

- and the commentary: Creating and Changing Public Policy to Reduce the Stigma of Mental Illness available online for free to the public.

- The manuscript was made possible in part by National Institute of Mental Health Grant MH08598 (to Patrick W. Corrigan) and Grant MH075867 (to Benjamin G. Druss).

Barrier 4:
Shortage of Mental Health Workers

- Severe shortage of mental health workers
- Most pronounced in rural areas
- 65% of nonmetropolitan counties = No psychiatrist
- 50% = no psychologist
- Patients present in E.D. because no where else to turn
- Rural populations are underinsured
- Have to travel miles to get to M.H. provider
- Many children w/o insurance
- Rural areas have the highest rate of suicides, drug overdoses & highest concentration of veterans

  – American Journal of Preventative Medicine

Barriers

4. Unavailable Services

- Mental Health Services Nationally, Regionally, & in St. Louis area posted online @
- http://www.slu.edu/medicine/medical-education/graduate-medical-education/wellness.php

Professional Self Care Barriers

Are physicians hesitant to seek help? If yes why?

- https://www.statnews.com/2016/07/21/depression-suicide-physicians/
- More than 62,000 physicians and their families — signed a petition calling on medical associations to track physician suicides (400 q yr.), provide confidential counseling, and require doctor training programs
  - The Association of American Medical Colleges

Physician Reasons for Not Seeking Self Help

"Doctor's Toughest Diagnosis: My Own Mental Health"

- slow to accept that depression and other mental disorders are illnesses like any other, except when they occur in its own members,
- medical training puts a premium on physical stamina and emotional resilience,
- the biggest obstacle to dealing openly with depression is that openness carries the risk of serious negative professional consequences.
- http://www.nytimes.com/2003/07/08/health/doctors-toughest-diagnosis-own-mental-health.html?_r=0 NY Times, July 8, 2003 Erica Goode, M.D.

THIS IS A TOUGH PROFESSION

When Professionals Weep

- speaks to the humbling & transformational moments that clinicians experience in their careers—moments when it is often hard to separate our own emotional responses from the patient's or family's. R. Katz & T. Johnson

- *"When it comes to our work, nothing is harder—and I mean nothing—than telling parents that their son is dead. Give me a bloody airway to intubate. Give me the child with anaphylaxis. But don't give me the unexpected death. . . . We can only do so much, and we can only hope to do our best. But it's that moment, when you stop resuscitation, and you look around, you look down at your shoes to make sure there's no blood on them before talking with family, you put your coat back on and you take a deep breath, because you know that you have to tell a family that literally the worst thing imaginable has happened. And it's in that moment that I feel."*

Recognizing Mental Illness

- How to Assess
- When to Refer
- Where to Go for Resources

Symptoms of Depression

- Anger, irritability & rage
- Withdrawal from friends and family
- Feeling worthless, helpless and hopeless
- Prolonged sadness
- Lack of motivation
- Significant changes in ADL's
- Unexplained physical complaints
- Chronic fatigue
- Lack of concentration
  - **http://www.mayoclinic.org/diseases-conditions/teen-depression/basics/definition/con-20035222**

Depressive Disorders

- Because patients manifest symptoms in unique ways, a critical symptom to look for is change in ADL's.
- Common feature of all these disorders is the presence of:

  sad, empty, or irritable mood,
- Accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.
- What differs among them are issues of duration, timing, or presumed etiology.
  - https://www.psychologytoday.com/conditions/depressive-disorders

Types of Depression

- Disruptive mood dysregulation disorder,
- Major depressive disorder (MDD),
- Persistent chronic depressive disorder (Dysthymia),
- Premenstrual dysphoric disorder,
- Substance/medication-induced depression,
- Depressive disorder due to medical condition (*DSMV).*
  - **http://www.webmd.com/depression/guide/depression-types**

Distinction b/w Depression & Sadness

- *Depression* is about living with unbearable bio/psycho/social/spiritual pain with no hope of future change.

  (hopeless)

- The pain is permanent w/ no solution & no resources.

  (helpless)

***Sadness* is grieving the loss of someone or something of value; trusting that this will pass with adequate & effective internal & external resources.**

- https://www.psychologytoday.com/blog/the-squeaky-wheel/201510/the-important-difference-between-sadness-and-depression

Anxiety Disorders

- It is common for patients to be diagnosed with both depression & anxiety disorder.
- When anxiety becomes an excessive, irrational dread of everyday demands, it is disabling.

Types of anxiety disorders are:

- generalized anxiety disorder (GAD)
- obsessive compulsive disorder (OCD),
- post-traumatic stress disorder (PTSD),
- social & specific phobias.
  - http://www.adaa.org/living-with-anxiety/children

Generalized Anxiety Disorder (GAD)

A person with GAD may:

- Worry very much about everyday things
- Have trouble controlling constant worries
- Know that they worry much more than they should
- Have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel tired all the time
- Have head, muscle, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable, bursts of anger or rage

http://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad/index.shtml

Being Aware of Substance Abuse

- SUBSTANCE ABUSE IS A SIGNIFICANT RISK FACTOR

  Many patients use alcohol, marijuana, opiates, nicotine to manage intense painful emotions.

  Initially these approaches work, and that memory is implanted even when they no longer work.

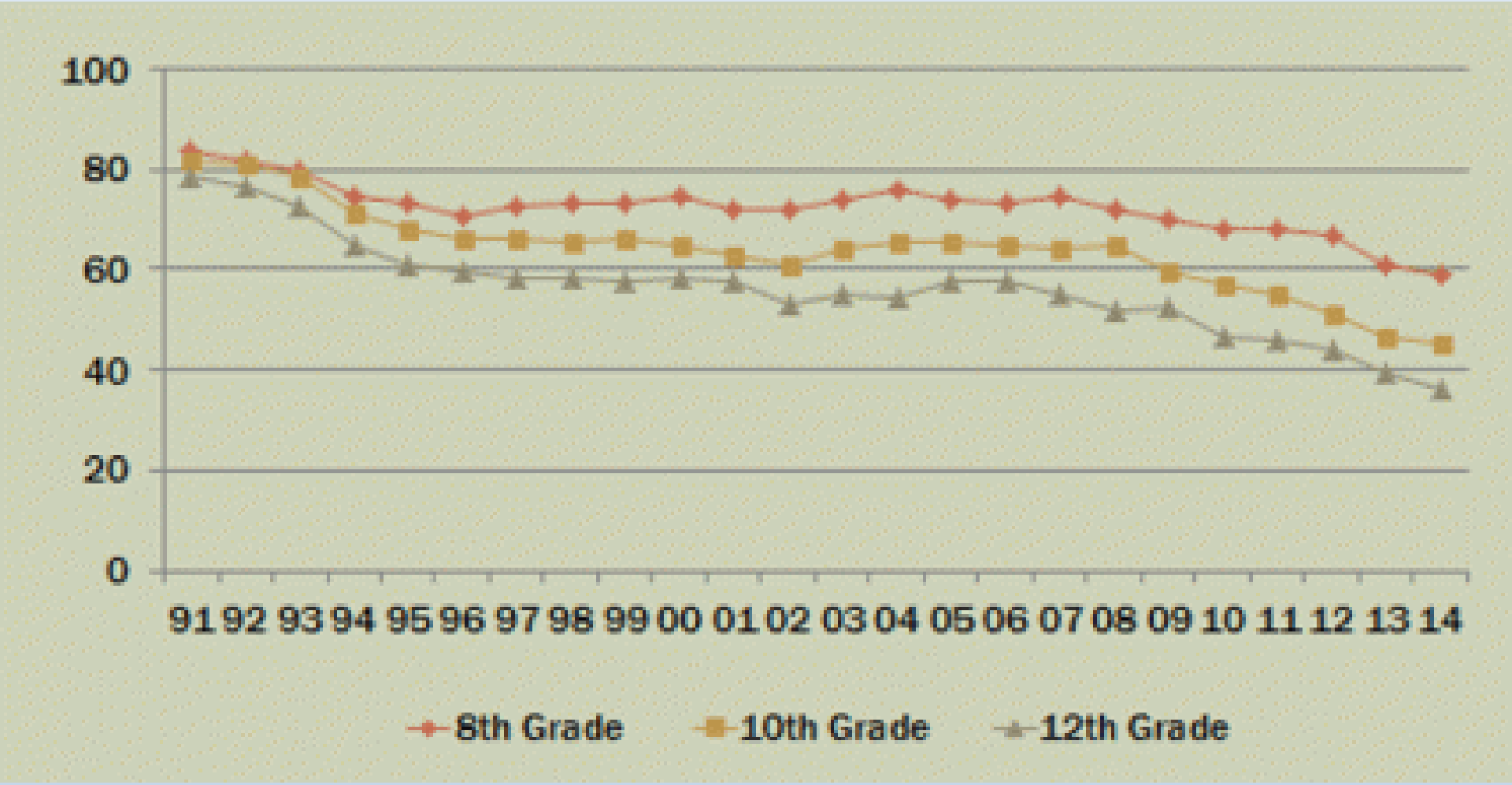
  Thus the need to use more to recover that relief.

  – http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/

Drugs + Depression = A Dangerous Combination

- Patients who self-medicate through marijuana or other drugs worsen their depression.
- Drug use could also lead a person toward other serious mental disorders.
- Patients use drugs to alleviate feelings of depression ("self-medicating"), when in fact, using marijuana can compound the problem.
- Adolescents who smoke marijuana 1 x q month are 3x more likely to have suicidal thoughts than non-users.
  - White House Office of National Drug Control Policy (ONDCP),
  - http://psychcentral.com/news/2008/05/09/drugs-depressed-teens-a-dangerous-combination/2264.html

Percent of Students Reporting Use of Marijuana in Past Year



Depression & Anxiety Screens

Beck's Depression Scale

- https://www.uab.edu/medicine/home/images/Beck_Depression_Inventory.pdf

ADAA Screens for Depression

- https://adaa.org/iving-with-anxiety/ask-and-learn/screenings/screening-depression

5 & 15 Item Scale for Geriatric Depression

https://www.aafp.org/afp/2012/0115/p139.html

Mental Health Screening Tools

http://screening.mentalhealthamerica.net/screening-tools

SAMSHA Screening Tools

https://www.integration.samhsa.gov/clinical-practice/screening-tools

Patient Health Questionnaire

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Generalized Anxiety Disorder (GAD-7) scale

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score *(add your column scores)* =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med.* 2006;166:1092-1097.

The Child PTSD Symptom Scale (CPSS)

- The CPSS is a 26-item self-report measure that assesses PTSD diagnostic criteria and symptom severity in children ages 8 to 18.
- http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=500&cf_id=24

- PTSD SCREENING TOOLS: general population
- https://www.ptsd.va.gov/professional/assessment/screens/index.asp

Signs & Symptoms To Pay Attention To

BIO:

- Chronic problems with sleeping & appetite
- Physical pain becoming unbearable: head-stomach-back aches

PSYCHO:

- Feelings of prolonged sadness, lethargy
- irritability, emotional explosions, poor impulse control

SOCIAL

- Isolating behaviors, loneliness becoming unbearable
- Poor grooming and/or inappropriate interactions w/ others

SPIRITUAL

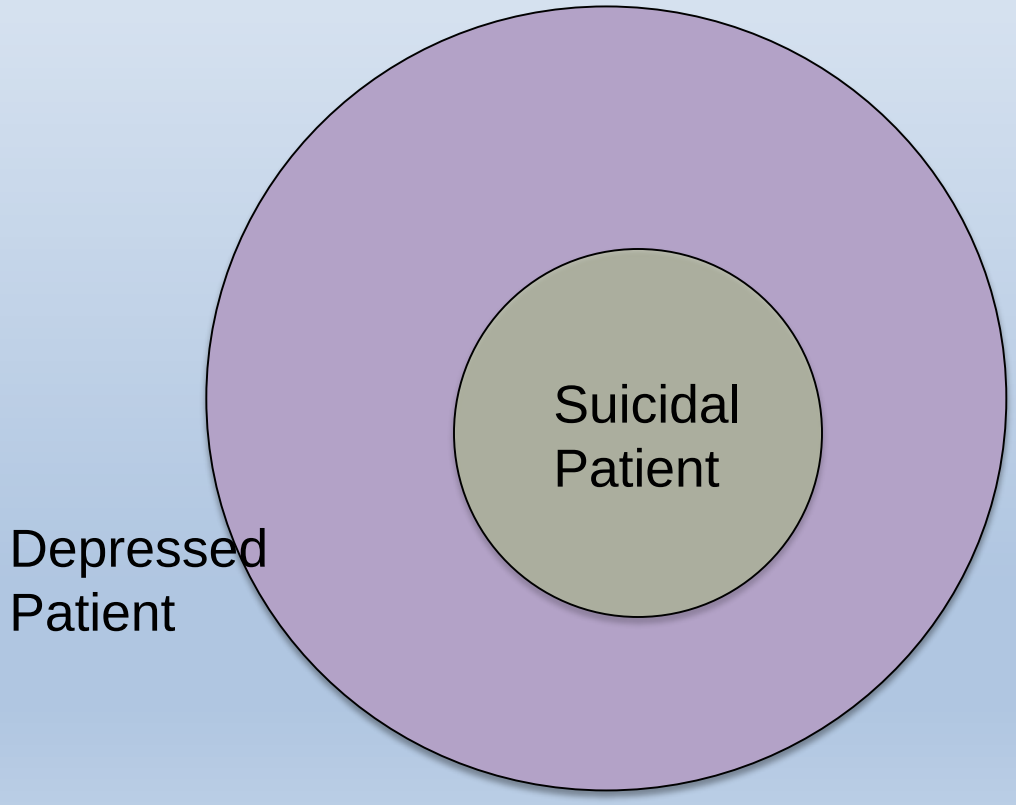
- Loss of interest in activities that formerly brought joy
- Lack of meaning in life, not caring about self/others

Risk Factors for Suicide Intent

- Talking or writing about suicide
- Speaking of hopelessness & being a burden
- Diminishing impulse control
- Increasing substance abuse
- Giving away favorite items
- High risk behaviors
- A previous suicide attempt
- Escalating problems w/ school/family/social

https://www.youtube.com/watch?v=atZgfHztSxg

Most patients who are suicidal are depressed, but most depressed patients are NOT suicidal



Signs & Symptoms of **Self-Injury**

Patients who engage in behaviors that harm self:
burning, cutting, scraping, hair pulling, etc.
These behaviors generally are not suicide attempts

rather

- Attempts to manage intense emotional pain:
  abandonment, disappointment, resentment

- A form of distraction from emotional anxiety

Responding to the Warning Signs

Ask the difficult questions directly with person:

- Do you ever wish you could go to sleep and never wake up?
- Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
- Are you thinking about killing yourself?

Don’t ask: they don’t tell

Ask critical questions in a **straightforward fashion**

- Are you thinking about suicide? How often?
- Have you ever attempted suicide before?
- What method would you use to end your life?

10 Step Risk Reduction Screen

- Build Rapport
- Pay Attention to Non-Verbal Communication
- Screen for Risk & Protective Factors
- Assess for Substance Abuse
- Identify Risk Level
- Consult with Psychiatry
- Provide Resources
- Eliminate Access to Means
- Create Safety Plan
- Refer to appropriate LOC

Hidden Messages

- Patients hide their suicidal intentions because they:
  - believe suicidal thoughts are a sign of weakness or failure,
  - are ashamed to acknowledge it,
  - do not believe that anyone can help,
  - have other personal history reasons.

Screening for Risk Factors

Open and direct talk about:

- Suicide thoughts or plans.
- Intent to act on suicide plans.
- Availability of lethal means.
- Lack of resources.
- A prior suicide attempt.
- Exposure to someone else's suicide.
- Visible signs of depression and/or anxiety.
- Unbearable pain & isolation.

Screening for Protective Factors

Open and direct talk about:

- Reasons for living.
- Meaningful relationships with individuals, family, community.
- Supportive health care from multiple providers.
- Current & effective treatment.
- Identifiable long term goals.

- http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html

Determining Risk Level

Document	Document your assessment & rationale,
Dialogue	Consult with your attending and/or colleagues,
Develop	Develop a written treatment & service plan that addresses patient's acute/chronic suicidal risks,
Determine	Determine appropriate LOC referrals. • http://teens.webmd.com/preventing-teen-suicide

What requires immediate action

- When the patient talks or writes about suicide,
- Speaks about hopelessness & being a burden,
- Diminishing impulse control,
- Increasing substance abuse,
- Engaging in high risk behaviors,
- Previous suicide attempt,
- Escalating problems w/ school/family/law.
- Giving away favorite items,
  - Any combination of the above; not just one

Eliminate Access to Means

Access to and/or use of:

- Firearms and ropes,
- Medications, including prescription and recreational use,
- Poisonous materials,
- Motor vehicles,
- Carbon monoxide,
- Other?

Develop a Safety Plan

WHAT IS IT?

- An agreement on how to keep the patient safe,
- Facilitates ownership of plan w/patient & family,
- Provides emergency resources w/ 24 hr. tel. #,
- Establishes frequency of contact with family, friends, school, social services, religious institution, other,
- Enhances protective activities (exercise, sleep, diet),
- Lowers time patient is left alone.
- TEMPLATE:
- http://www.sprc.org/sites/default/files/Brown_StanleySafetyPlanTemplate.pdf

Summary Suicide Assessment

Pay attention to:

- Patient's responses to direct and indirect questions,
- Know the risk & protective factors,
- Record how this patient behaves under stress,
- Obtain collateral information.
  - From family, friends, teachers, coaches, etc.

Local Resources

St. Louis Mental Health Services Directory
http://www.startherestl.org/mental-health.html

- Behavioral Health Response
  314-469-6644 or 1-800-811-4760
- Life Crisis: 1-800-647-HELP (4357)
- National Suicide Prevention Lifeline:
  1-800-243-TALK (8255)
- Behavioral Medicine Institute
  – 314-628-8074
- Communities Healing Adolescent Depression & Suicide
  314-952-8274
- Rainbow Youth Hotline: 1-877-542-8984

Local Resources

- St. Clair C.A.R.E.S.
- https://www.bw-institute.com/suicide-prevention-alliance
- St. Clair Mental Health Board
- http://stc708.org/resources/
- CFCCC Resource Guide
- http://mcshealthenviron.org/CrisisLines.htm
- STOP ADDICTION
- https://www.stopaddiction.us/
- CHESTNUT HEALTH SYSTEMS
- https://www.chestnut.org/
- COUNSELING IN ST CLAIR COUNTY
- https://www.bing.com/search?q=counseling+in+st+clair+county&form=EDGSPH&mkt=en-us&httpsmsn=1&msnews=1&plvar=0&refig=948ad3799ae640d798132d5a4de79acd&sp=1&ghc=1&qs=AS&pq=counseling+in+st+clair+&sk=PRES1&sc=7-23&cvid=948ad3799ae640d798132d5a4de79acd&cc=US&setlang=en-US

Minority Resources

MINORITY RESOURCES

- Understanding Latino's Suicidal Behaviors and Implications for Practice
- http://www.sprc.org/populations/racial-or-ethnic-groups/hispanic-latino

- Suicide among racial/ethnic populations in the U.S.
- http://www.sprc.org/populations/racial-or-ethnic-groups/hispanic-latino

- Cultural competency: Developing strategies to engage minority populations in suicide prevention
- http://www.sprc.org/library_resources/items/cultural-competency-developing-strategies-engage-minority-populations-suicid

GLBTQ Resources

- LGB youth are 4x more likely, & questioning youth are 3x more likely, to attempt suicide as their straight peers.
- Suicide prevention among gay, lesbian, and transgender youth:
- http://www.thetrevorproject.org/pages/facts-about-suicide
- http://www.sprc.org/search/apachesolr_search/GLBT?filters=

Social Media Resources

- For STL City and Eastern Region: 314 469 6644
-
- SUICIDE PREVENTION APPS FOR PHONE
- http://www.mimhtraining.com/suicide-lifeguard/
- http://t2health.dcoe.mil/apps/virtual-hope-box
-
- FACEBOOK LINK for SUICIDE PREVENTION
- http://www.huffingtonpost.com/2015/02/25/facebook-suicide-prevention_n_6754106.html?ncid=fcbklnkushpmg00000063

- NATIONAL INSTITUTE OF HEALTH
- https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

Physician Resources

The Suicide Prevention Resource Center (SPRC):

- The nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
- Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments
- http://www.sprc.org/edguide

Preventing suicide: A resource for general physicians

- http://www.who.int/mental_health/media/en/56.pdf

National Organizations

- **AMERICAN FOUNDATION FOR SUICIDE PREVENTION:**
- AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.
- **Toll Free Phone:** 1 (888) 333-AFSP **Web:** http://www.afsp.org/

- **SUICIDE PREVENTION RESOURCE CENTER:**
- SPRC works with the National Action Alliance for Suicide Prevention provides a public health approach to suicide prevention.
- **Phone:** (877) GET-SPRC (438-7772) **Web:** http://www.sprc.org

- **SOCIETY FOR THE PREVENTION OF TEEN SUICIDE**
- To reduce the number of youth suicides and attempted suicides by encouraging public awareness through the development and promotion of educational training programs Web: www.sptsusa.org