

Depression, Youth Suicide and the Zero Suicide Project

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Learning Objectives

- Outline the signs and symptoms of depression and how it is treated
- Review recent trends in youth suicide in the United States and NY using the best available data
 - Highlight disparities in suicide risk across several variables: age, sex, and race/ethnicity and sexual minority status
- Give an overview of the Zero Suicide Project in Onondaga County

What Is Depression?



- A serious medical illness that involves the brain.
- Is more than just a feeling of being "down in the dumps" or "blue" for a few days.
- The feelings do not go away. They persist and interfere with your everyday life.
- Affects more than 20 million people in the United States

What Is Depression?

- People who are depression may:
 - Feel unhappy, sad, blue, down, miserable or irritable nearly every day
 - Feel helpless, hopeless or worthless
 - Lose interest or pleasure in activities you used to enjoy
 - Change in weight (overeating or loss of appetite)
 - Difficulty sleeping or oversleeping
 - Energy loss, feeling very tired
 - Appetite changes, gain or lose weight
 - Lose interest in sex
 - Poor concentration/memory, difficulty making decisions
 - Physical symptoms, such as stomachaches, headaches or backaches
 - Thoughts of death or suicide

PHQ-9

Patient Health Questionnaire

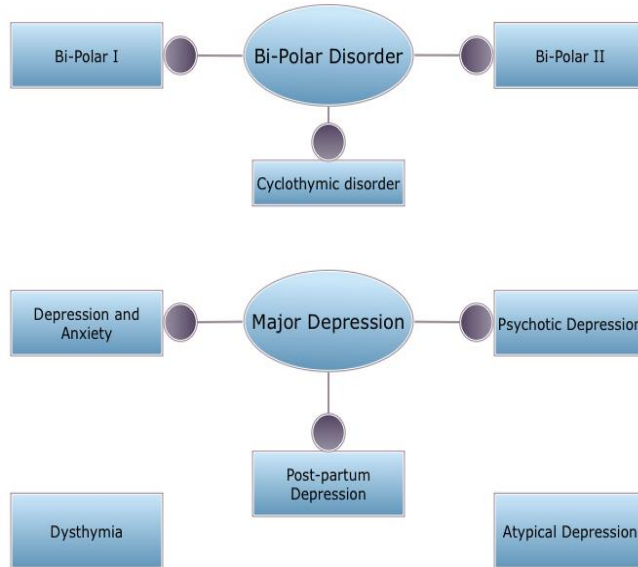
PATIENT HEALTH QUESTIONNAIRE - 9								
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day				
1. Little interest or pleasure in doing things	0	1	2	3				
2. Feeling down, depressed, or hopeless	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				
<p style="text-align: center;"><i>FOR OFFICE CODING</i></p> <p style="text-align: center;"> $\underline{\quad 0 \quad} + \underline{\quad \quad} + \underline{\quad \quad} + \underline{\quad \quad}$ =Total Score: $\underline{\quad \quad}$ </p>								
<p>If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Not difficult at all <input type="checkbox"/></td> <td style="text-align: center;">Somewhat difficult <input type="checkbox"/></td> <td style="text-align: center;">Very difficult <input type="checkbox"/></td> <td style="text-align: center;">Extremely difficult <input type="checkbox"/></td> </tr> </table>					Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>					
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Causes of Depression

- There are a variety of causes:
 - **Genes**—people with a family history of depression may be more likely to develop it than those whose families do not have the illness. (Diathesis-Stress Model)
 - **Brain chemistry**—people with depression have different brain chemistry than those without the illness. (Endogenous)
 - **Stress/Environment**—loss of a loved one, a difficult relationship, or any stressful situation may trigger depression. (Exogenous)

Types of Depression

- Dysthymia (Persistent Depressive Disorder)
- Major Depression
- Bipolar Disorder
- Seasonal-Affective Disorder
- Postpartum Depression



Schematic of the main different types of depression
(copyright www.toodepressed.com)

How Is Depression Treated?

- Get Assessed First:
 - Fill out a depression questionnaire (PHQ9) – but...
 - The first step to getting the right treatment is to visit a doctor or mental health professional. He or she can do an exam or lab tests to rule out other conditions that may have the same symptoms as depression.
 - He or she can also tell if certain medications you are taking may be affecting your mood.
 - The doctor should get a complete history of symptoms, including when they started, how long they have lasted, and how bad they are. He or she should also know whether they have occurred before, and if so, how they were treated. He or she should also ask if there is a history of depression in your family.

How Is Depression Treated?

- Counseling/Psychotherapy:
 - Psychotherapy helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to the depression.
 - Therapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse.
- Medications:
 - Antidepressants can work well to treat depression. They can take several weeks to work.
 - Selective Serotonin Re-Uptake Inhibitors (SSRI's), Selective Norepinephrine Reuptake Inhibitors (SNRI's), Lithium, Mood stabilizers, Anticonvulsants, Others.
 - Antidepressants can have side effects including:
 - Headache
 - Nausea—feeling sick to your stomach
 - Difficulty sleeping or nervousness
 - Agitation or restlessness
 - Sexual problems.
 - Rare, but Serious: Suicidal Thoughts, Impulses - especially in those <25 years of age

How Can I Help Someone With Depression?

- Encourage Treatment
 - First, help him or her see a doctor or mental health professional.
 - Medication, therapy and self-help measures can help a depressed person feel better.
 - If the person expresses suicidal thoughts or you feel they are in danger of hurting themselves – seek immediate help (ED, 24-hr crisis clinic) – do not leave them alone while you seek help.
- Be Supportive
 - Offer support, understanding, patience, and encouragement.
 - Talk to him or her, and listen carefully – be a sympathetic ear
 - Don't minimize, criticize or be negative, never blame anyone
 - Never ignore comments about suicide, and report them to your loved one's therapist or doctor.
 - Invite him or her out for walks, outings, and other activities.
 - Remind him or her that with time and treatment, the depression will lift.
- Take time out
 - Don't let the depressed person monopolize you time, spend time alone or with family/friends
 - Keep a positive attitude
 - If your advice or help isn't accepted, understand that depression clouds judgement
 - Consider joining a therapy or support group (e.g. NAMI)
 - Don't feel responsible for solving the problem yourself. You can't. Do what you can and feel good about your efforts.

How Can I Help Myself, If Depressed?

- Seek help from a medical professional if symptoms persist.
- Try to do things that you used to enjoy before you had depression.
- Go easy on yourself.
- Other things that may help include:
 - Breaking up large tasks into small ones, and doing what you can, as you can. Try not to do too many things at once.
 - Spending time with other people and talking to a friend or relative about your feelings.
 - Once you have a treatment plan, try to stick to it. It will take time for treatment to work.
 - Do not make important life decisions until you feel better. Discuss decisions with others who know you well.
 - Be Active, Exercise, and Eat Well – get sunlight!
 - Avoid Alcohol

Recognizing Suicide Warning Signs in Others

- Threats or talk of suicide
- Statements such as “I won’t be a problem much longer”, or that “Nothing matters”
- Expressing feelings of being a burden to others
- Experiencing chronic, unbearable pain
- Giving away possessions, or making a will or settling obligations
- Calling or messaging people to say goodbye
- Buying a gun or hoarding medications
- Researching ways to die
- Sudden unexplained cheerfulness or calm after a period of depression
- Marked increase in energy, agitation or insomnia (especially after starting an antidepressant)

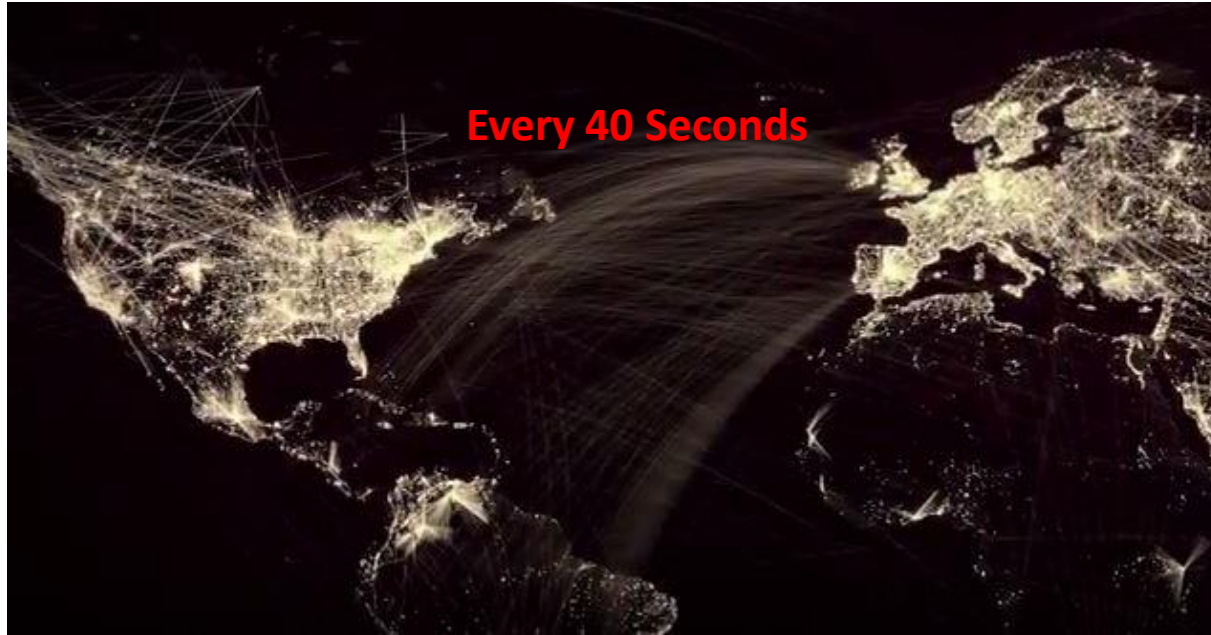
To be sure...Ask!

- If you think a person could be suicidal, ask “Have you thought about suicide?”
 - Most people will tell the truth, and you won’t “put the idea in someone’s head”
- If they say “yes” – they may already have a plan for how and when they will attempt it.
- Find out as much as you can
 - The more detailed the plan and the easier it is to carry out, the more danger the person is in right now.
- Tell the person you are there for them and do not want them to harm him or herself.
- Don’t wait to get help for that person

Suicide

– a public health crisis

Suicide is a Global Public Health Crisis, Yet Preventable



Nearly 1 million People Die From Suicide Around the World Each Year

“The under-recognized public health crisis of suicide” Thomas Insel, Director of NIMH

Suicide Kills More People than Car Crashes



More Deaths Than Natural Disasters, War and Homicide Combined

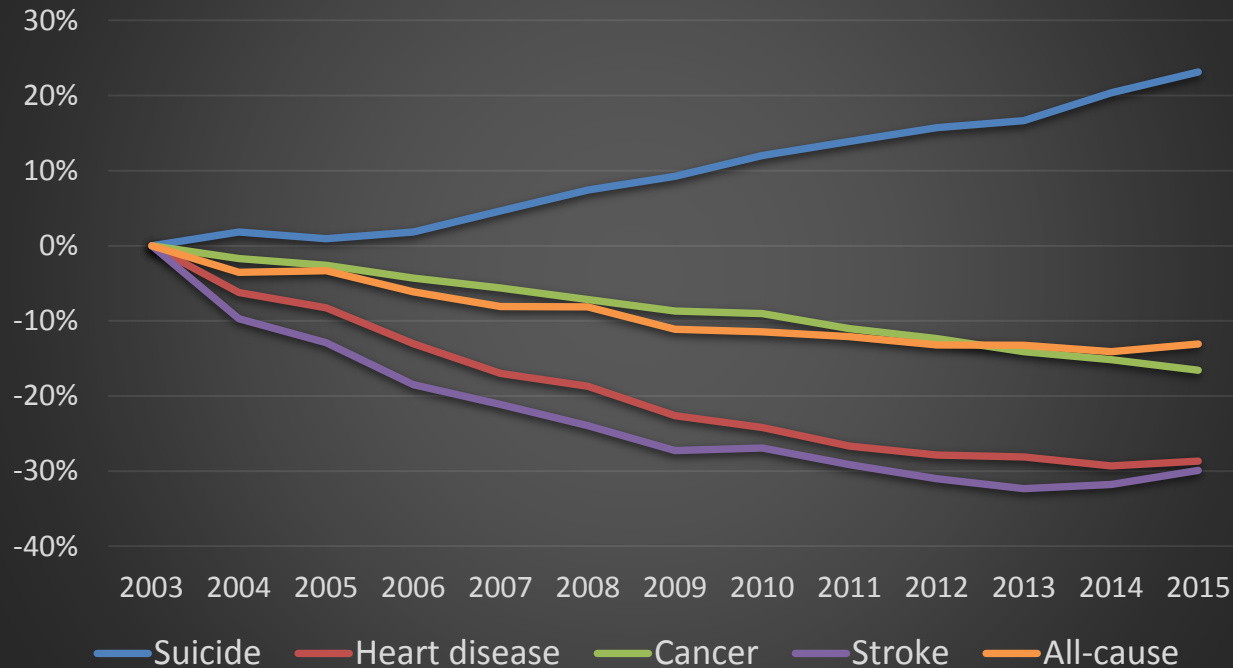


Suicide is the #1 Killer of Teenage Girls Across the Globe, 2nd Leading Cause of Death Among 10-24 Year-olds in the US



Suicide: An Enormous Public Health Problem

Percent Change in Age-Adjusted Death Rates
since 2003 by Cause of Death, 2003-2015



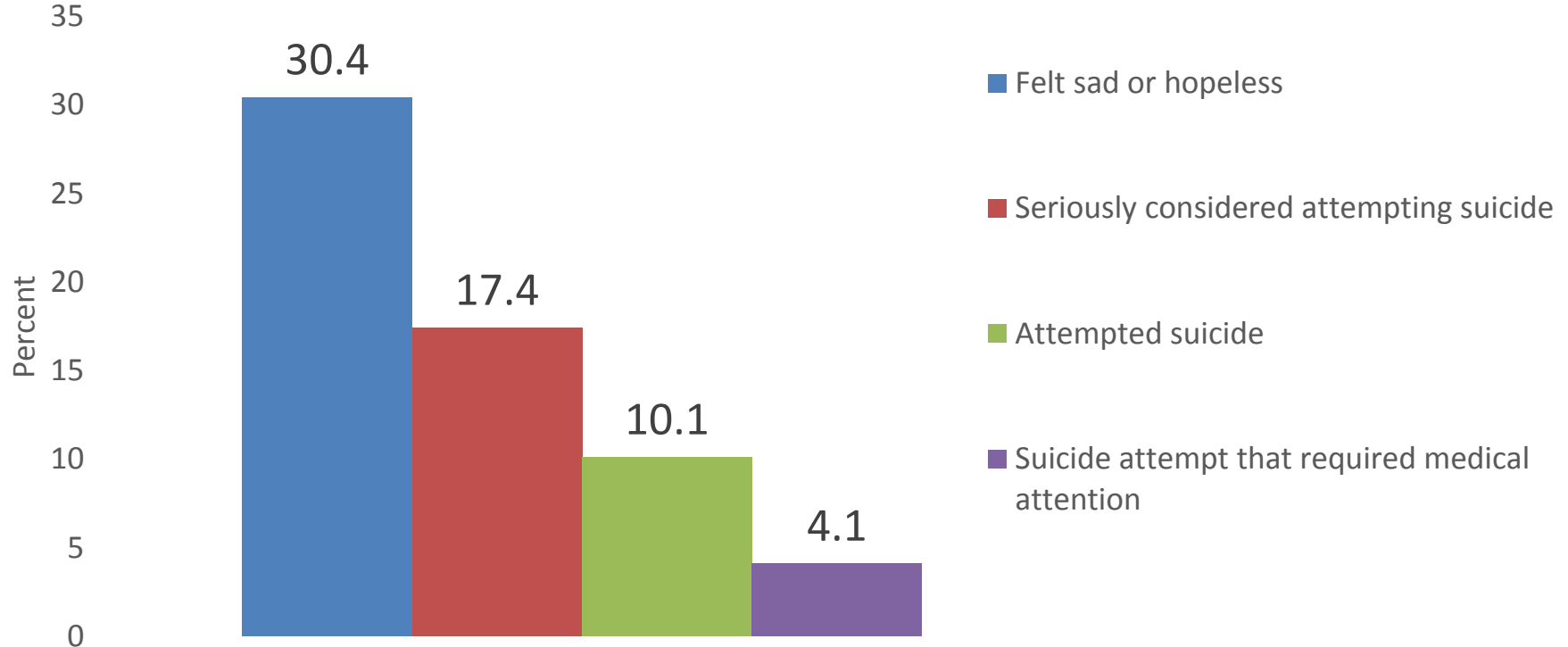
Can we make suicide
care more like heart
disease care?

Source: CDC MMWR, June 8, 2018

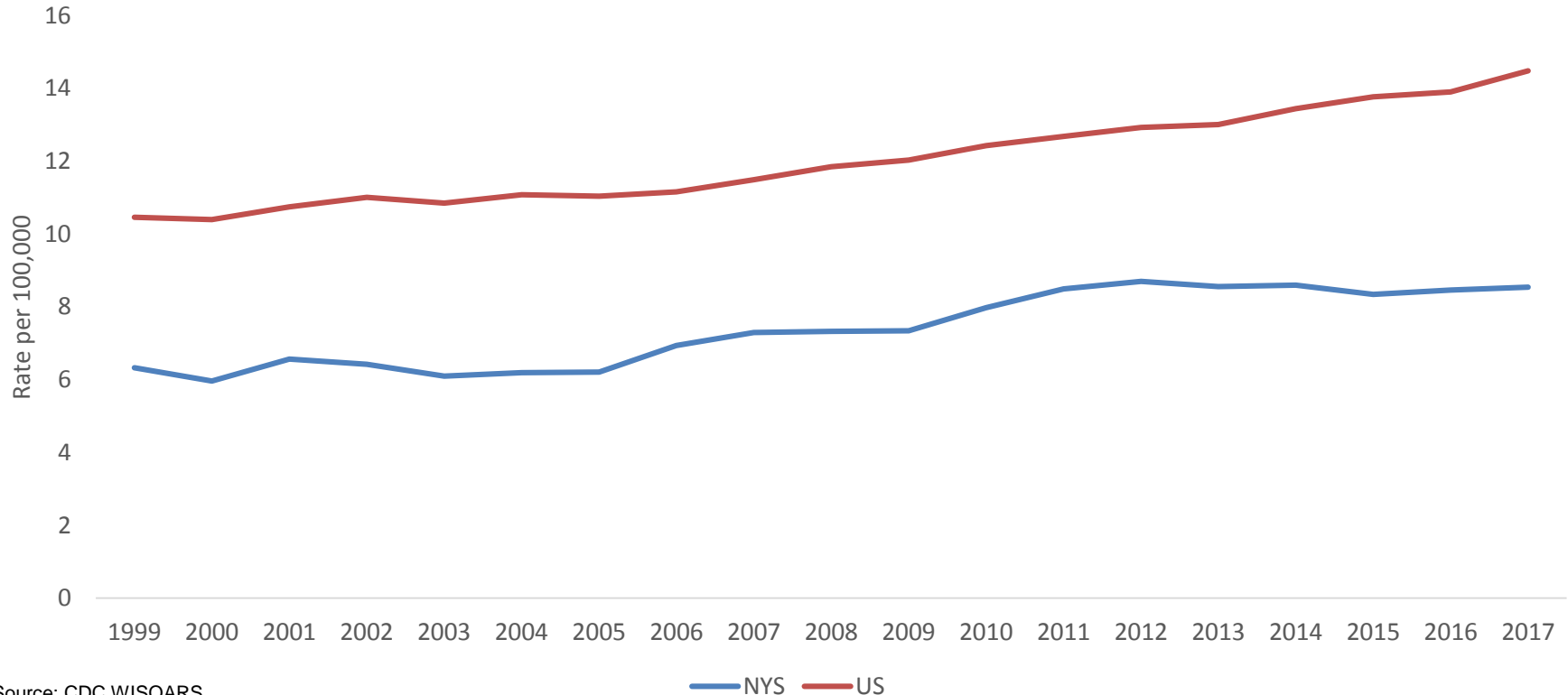
Teen Suicide

- Suicide is the third leading cause of death in among 15–19 year olds in the US.
 - 18/100,000 males; 5.5/100,000 females
- Each year one in five teenagers in the United States seriously considers suicide, representing slightly over one million teenagers.
- Over 150,000 New York State teenagers attempt suicide each year, and approximately 70 die by suicide.
- More than 1 out of 10 tenth graders in New York State will attempt suicide this year.
- New York State ranks fourth in the nation on the number of suicide deaths among 10 to 24 year olds.

Past-12-month depressed mood and suicidal ideation and behavior, NYS 9-12 graders, 2017



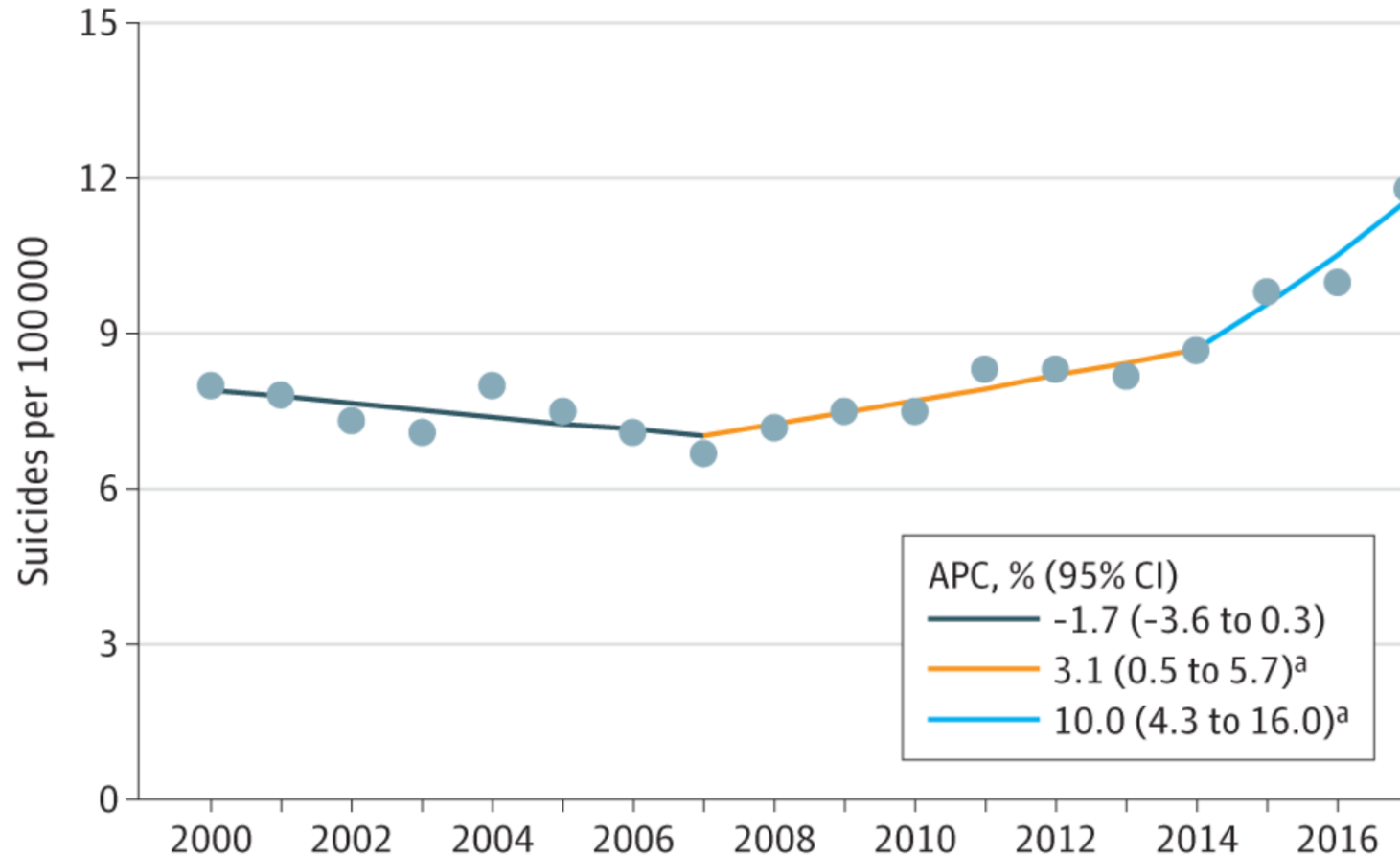
Suicide rate per 100,000, NYS and US, 1999-2017



Source: CDC WISQARS

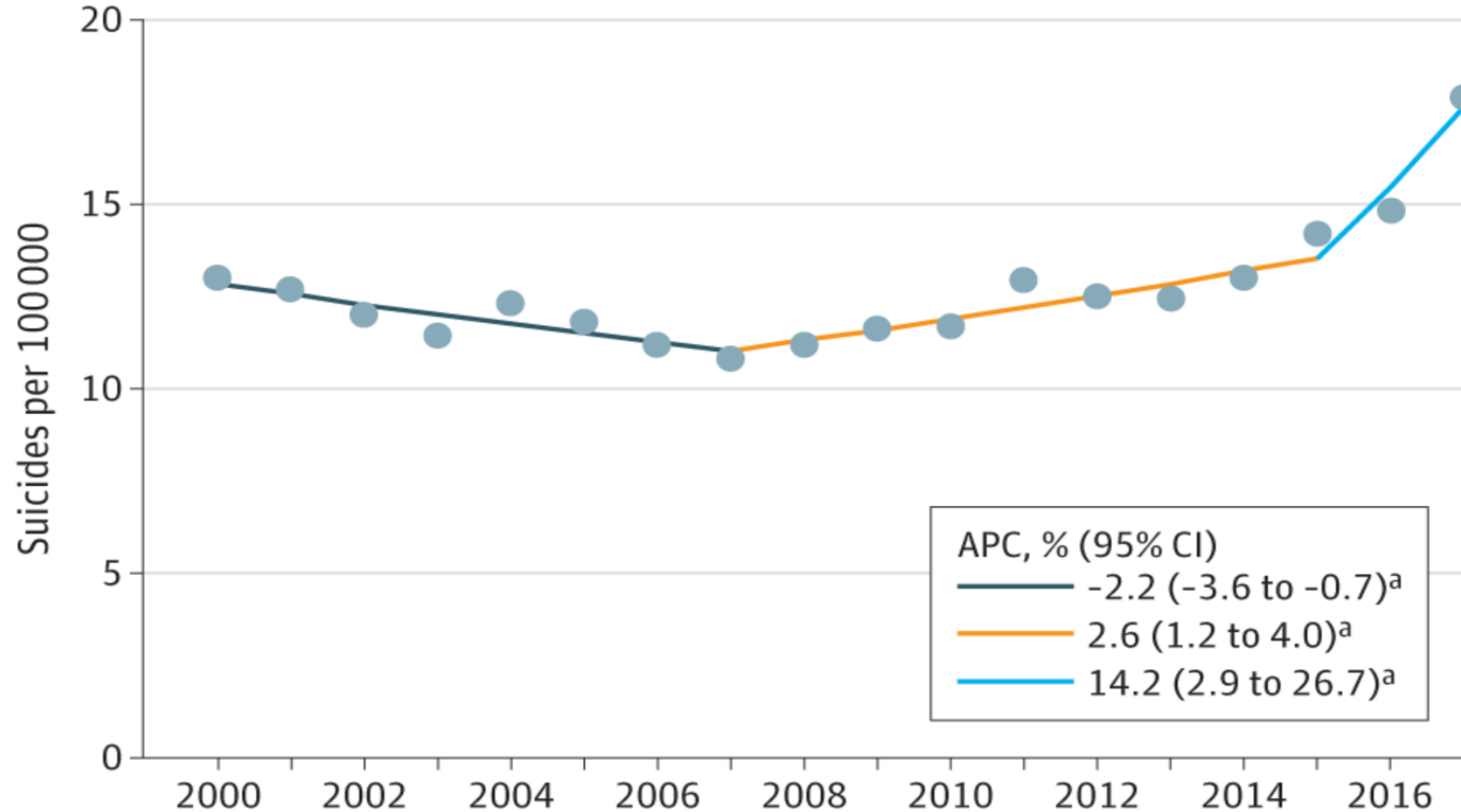
<https://www.cdc.gov/injury/wisqars/fatal.html>

U.S. Suicide Rate Trends; Ages 15-19

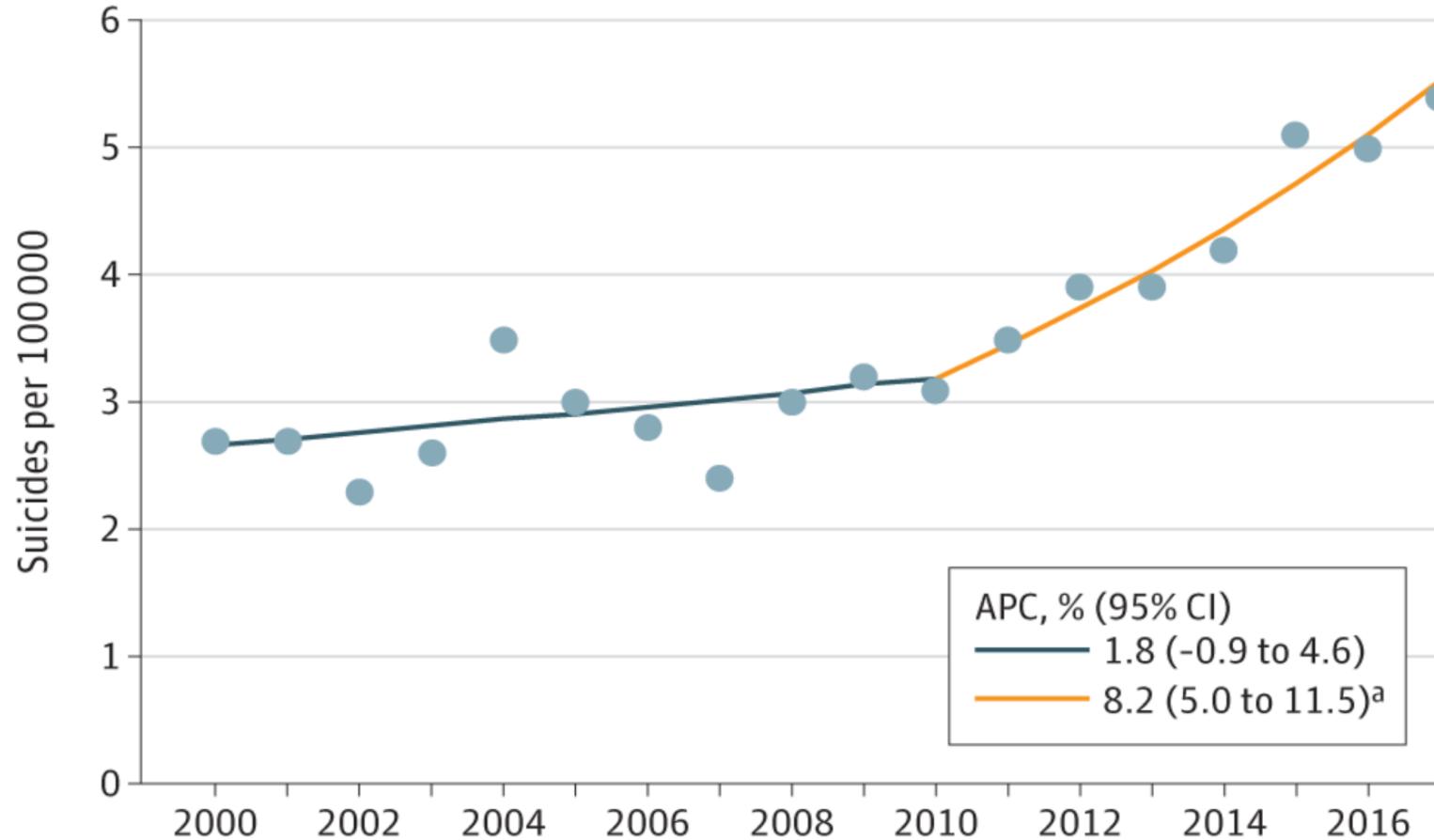


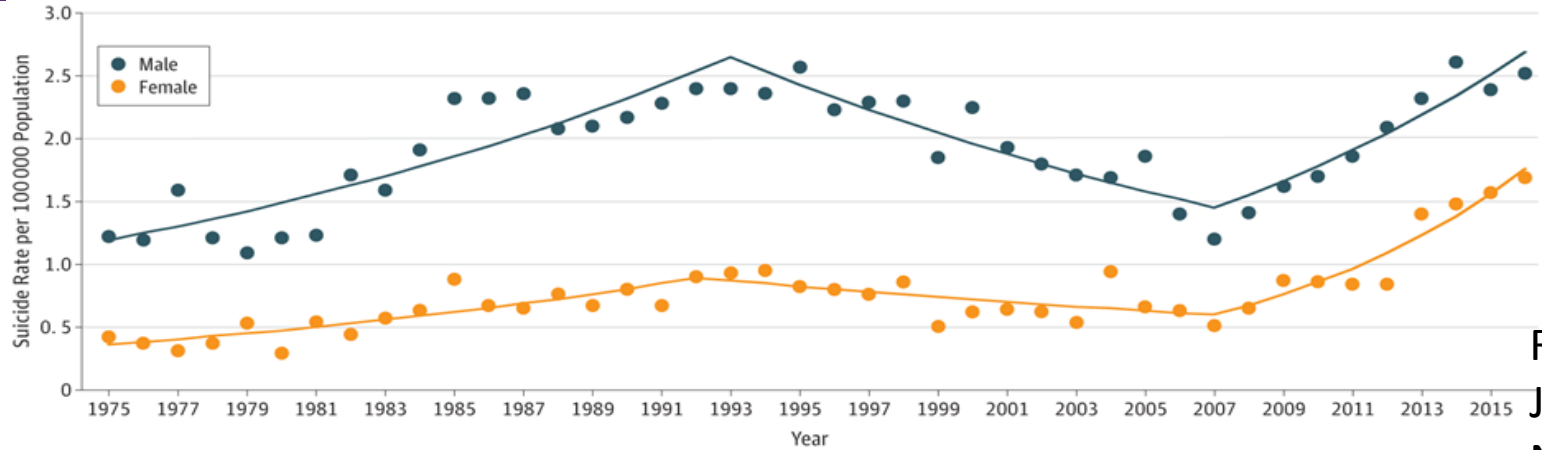
Miron O et al
JAMA 2019

U.S. Suicide Rate Trends: Males 15-19

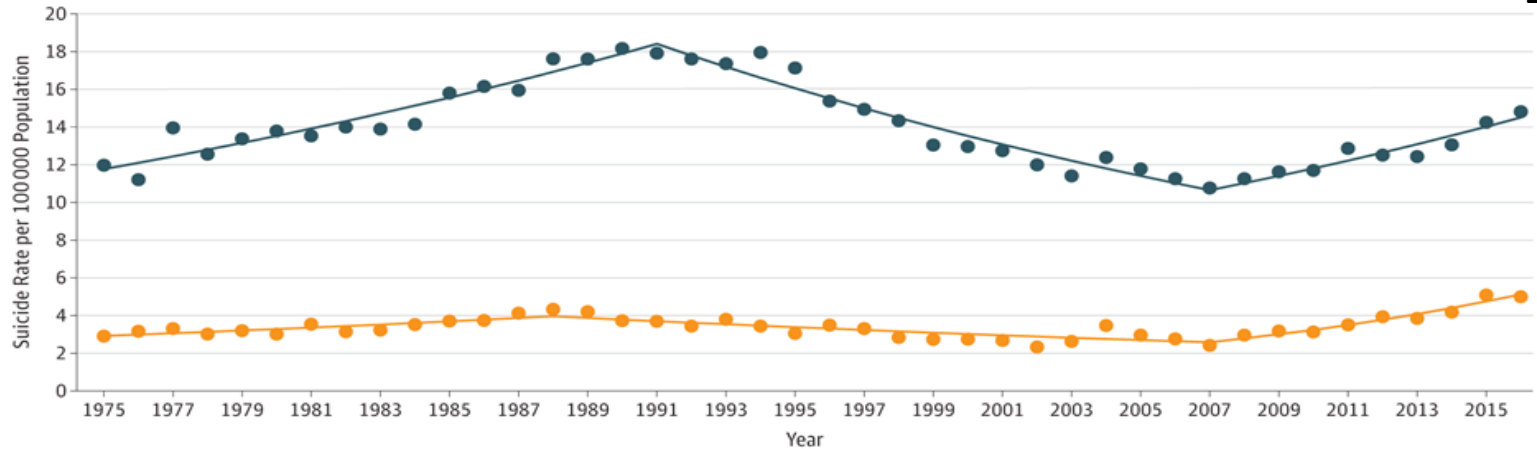


U.S. Suicide Rate Trends; Females 15-19



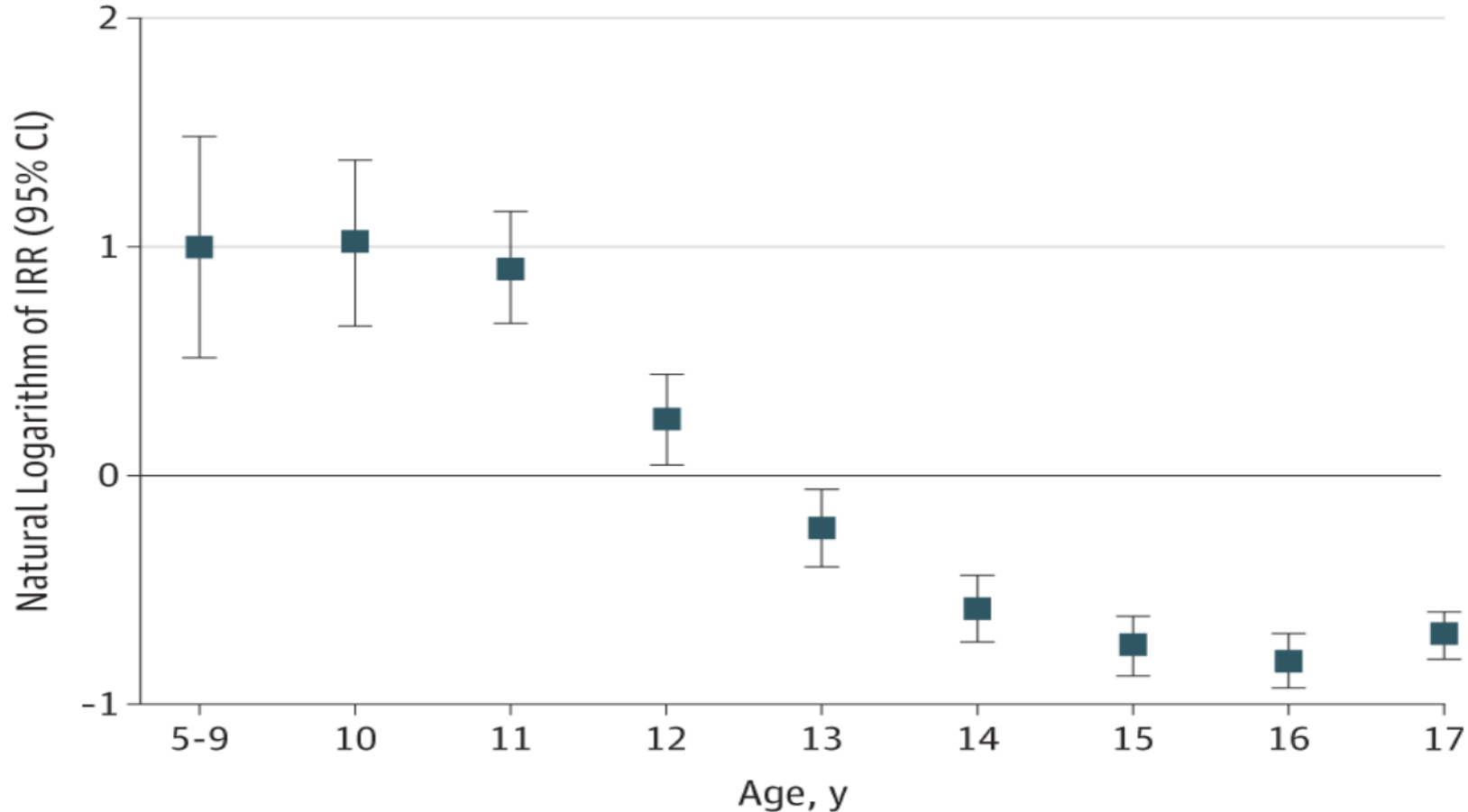
A Age 10 to 14 y

Ruch et al
JAMA open
Network
2019

B Age 15 to 19 y

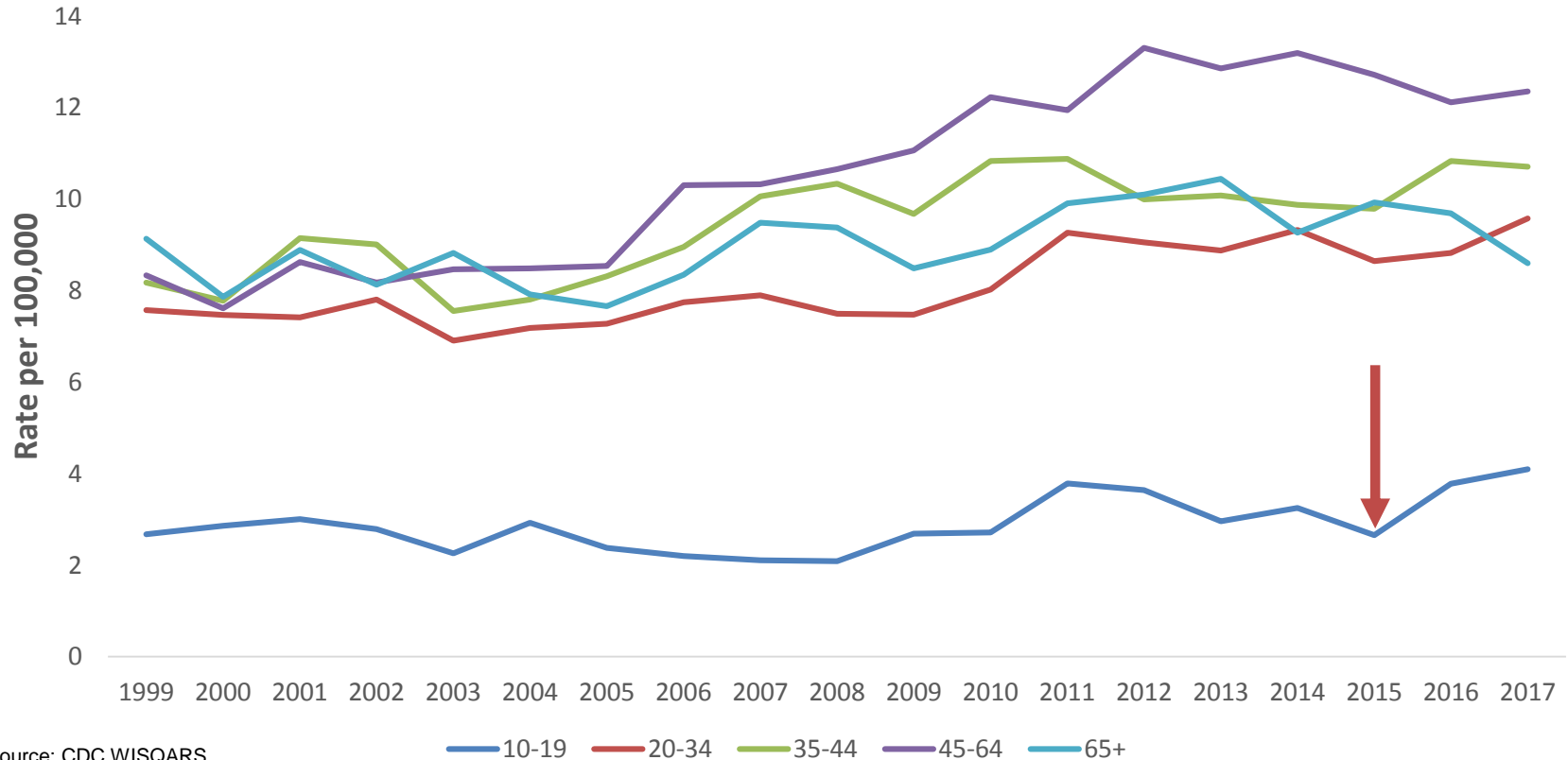
Black Youth

Comparison of Suicide Incidence Rates between Black and White Youth in the United States from 2001 to 2015



Bridge et al
JAMA Peds
2018

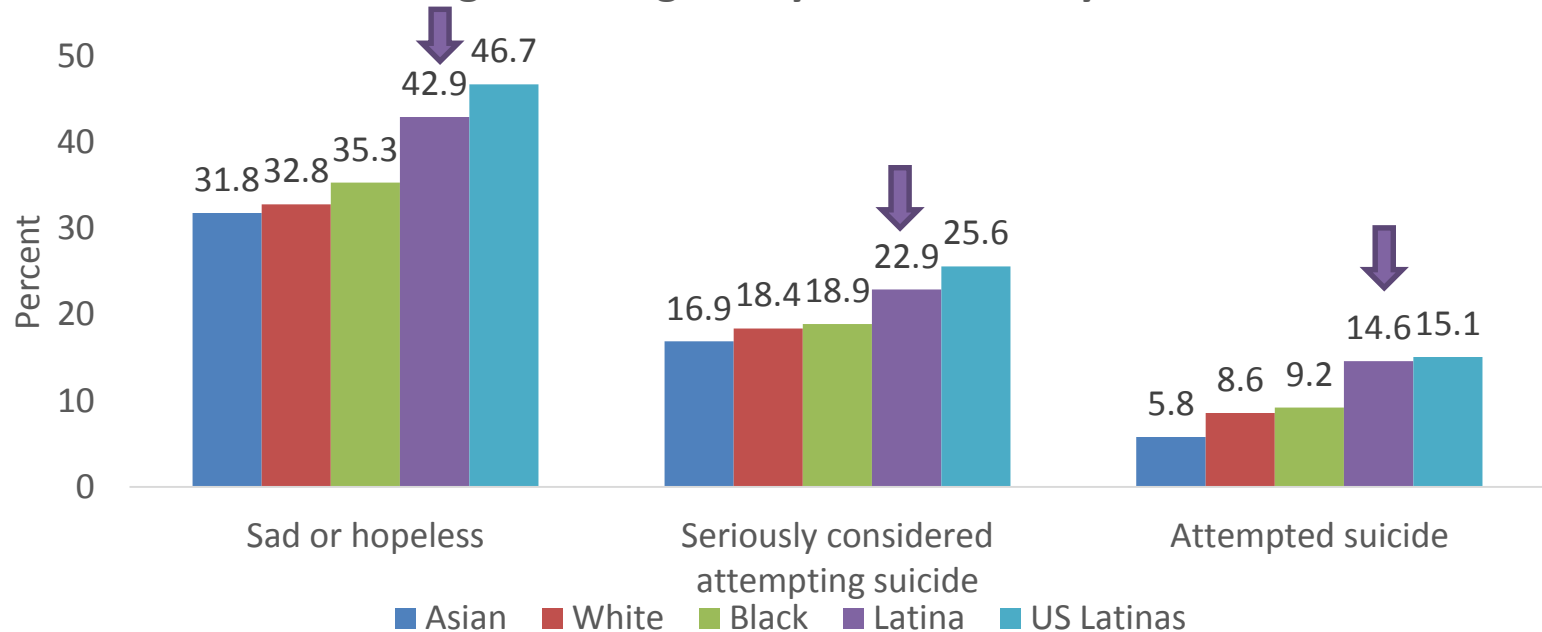
Suicide rate per 100,000 by age, NYS, 1999-2017



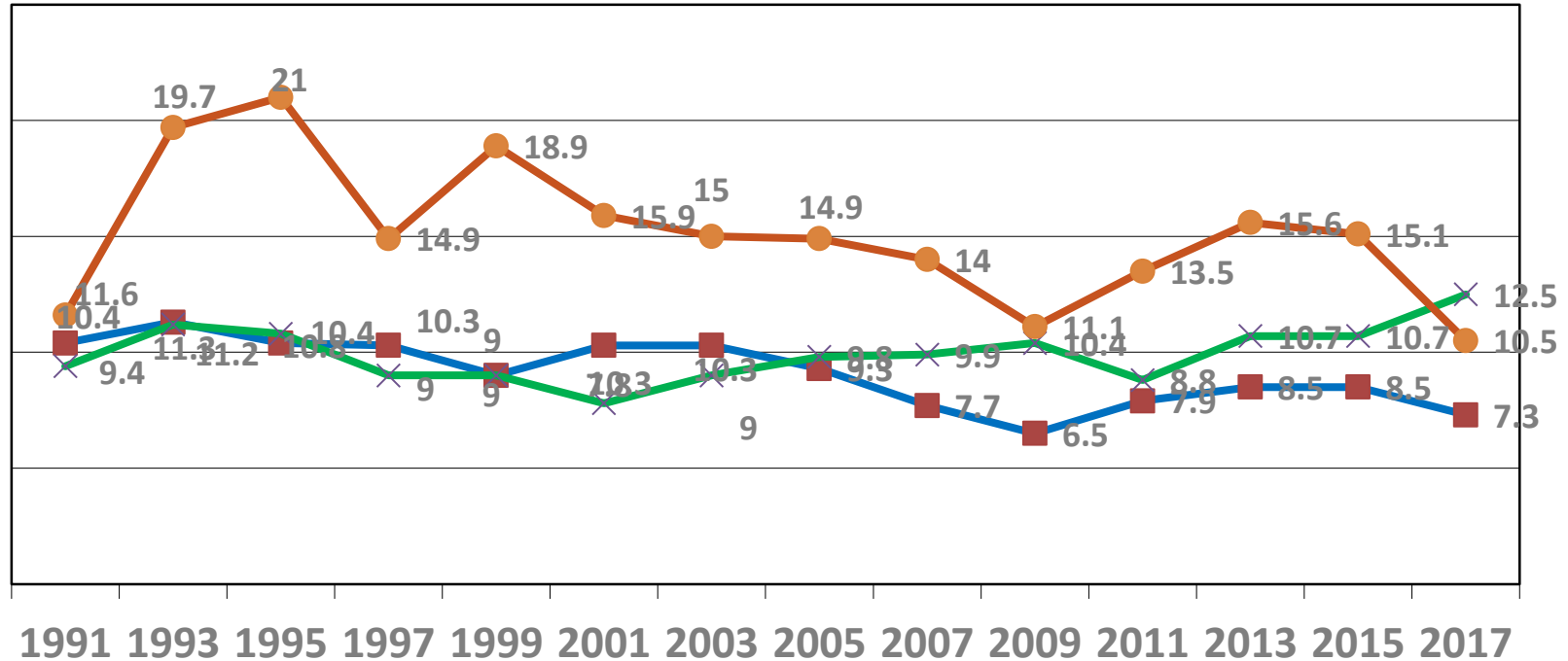
Latina Adolescents

In 2015, Latina adolescents attempt suicide at a higher rate than any other youth group.

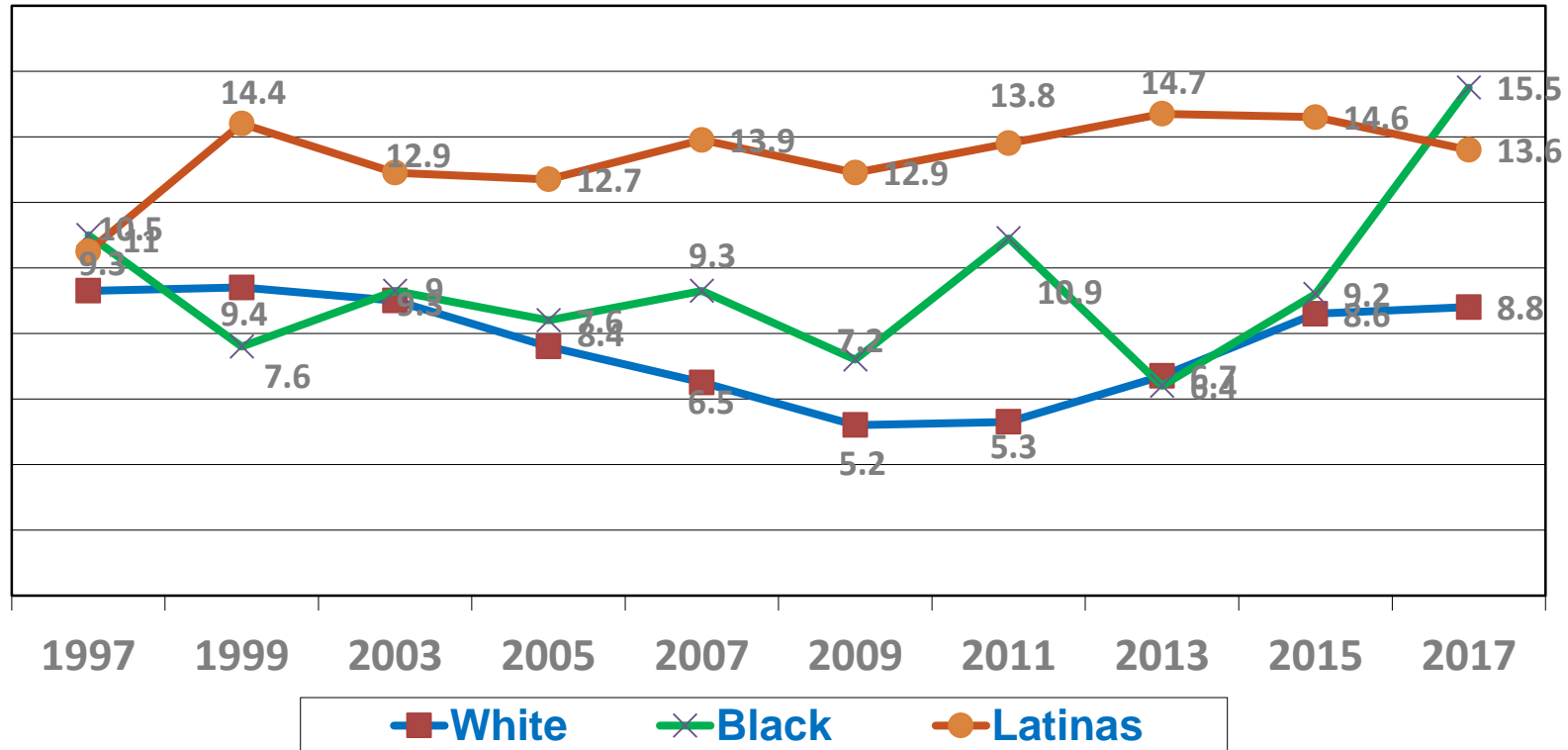
Mental health, suicidal ideation, and attempted suicide among
NYS high school girls, by race/ethnicity, 2015



Percentage of U.S. Adolescent Girls' Reporting Suicide Attempts (1991-2017)

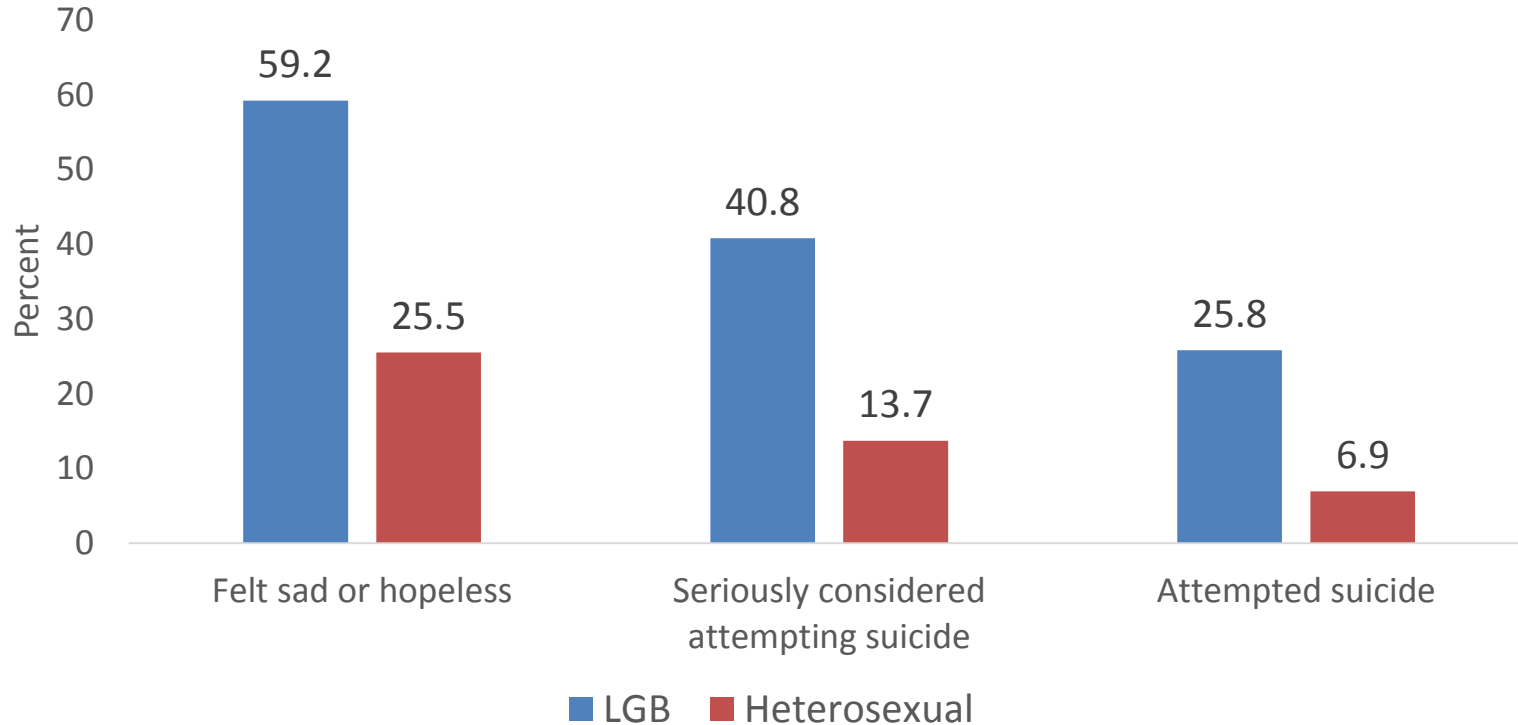


Percentage of NY Adolescent Girls' Reporting Suicide Attempts (1991-2017)



LGBTQ

Past-12-month depressed mood and suicidal ideation and behavior, lesbian, gay and bisexual vs. heterosexual NYS 9-12 graders, 2017



Source: CDC, New York, High School Youth Risk Behavior Survey (YRBS), 2017

<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=NY>

Summary

- Overall suicide rates among youth in the US and NY have risen substantially over the last 2 decades
- The precise trajectory and magnitude of that rise varies depending on sex, age, and race.
- Young black children (5-11) appear to have a higher rate suicide than non-Hispanic whites
- Latina adolescents attempt suicide at a higher rate than white and black peers – though this may be changing
- LGB youth are especially at risk for suicidal thoughts and behaviors—3-4x higher than heterosexual peers

Zero Suicide Project

Those that die often receive care in our system

Over 80% of people who died by suicide had health care visits in the prior 12 months. Most had a recent visit:

- 45% of people who died by suicide had a primary care visit in the month before death.
- 19% of people who died by suicide had contact with mental health services in the month before death.
- 37% had a prior year ED visit without a primary MI dx

***NYS findings consistent with national data

...We have an approach that works

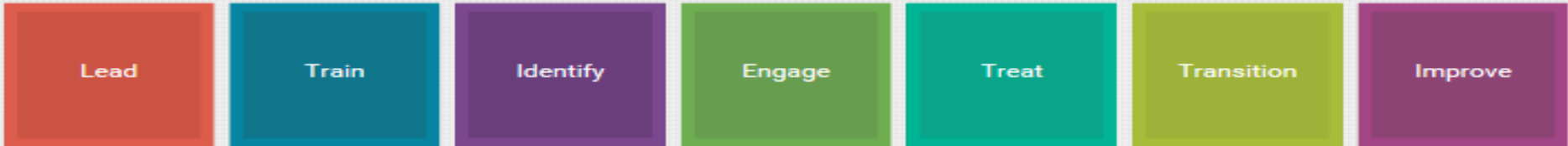
It is an aspirational goal, beginning with health care embracing suicide prevention as a goal

It is a framework that was founded on the belief that suicide deaths for people under care are preventable.

What is Zero Suicide?

It was built upon work done successfully by several health care organizations.

It is a specific set of evidence based tools and strategies.



Onondaga Zero Suicide Safety Net Sites

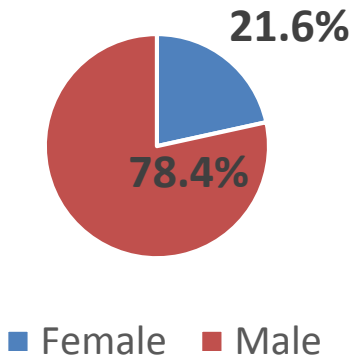
- ❖ Upstate Medical University
- ❖ St. Joseph's Hospital Health Center
- ❖ CONTACT Community Services
- ❖ Syracuse Veterans Affairs Medical Center
- ❖ Hutchings Psychiatric Center
- ❖ Crouse Hospital
- ❖ Liberty Resources
- ❖ Circare
- ❖ Helio Health
- ❖ Family Care Medical Group
- ❖ Syracuse Community Health Center



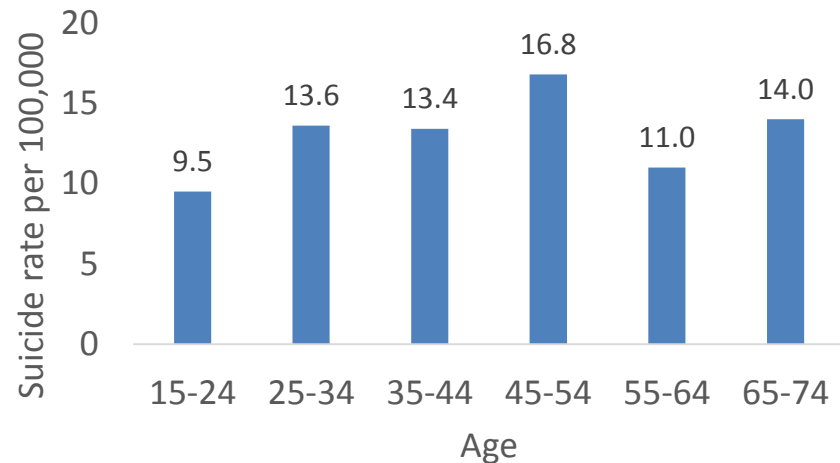
County-level Data

- 51 suicides in Onondaga county in 2016 (10.7/100,000 vs. 8.1/100,000 statewide)
 - 92% were white race

Suicide deaths by gender, Onondaga County, 2016

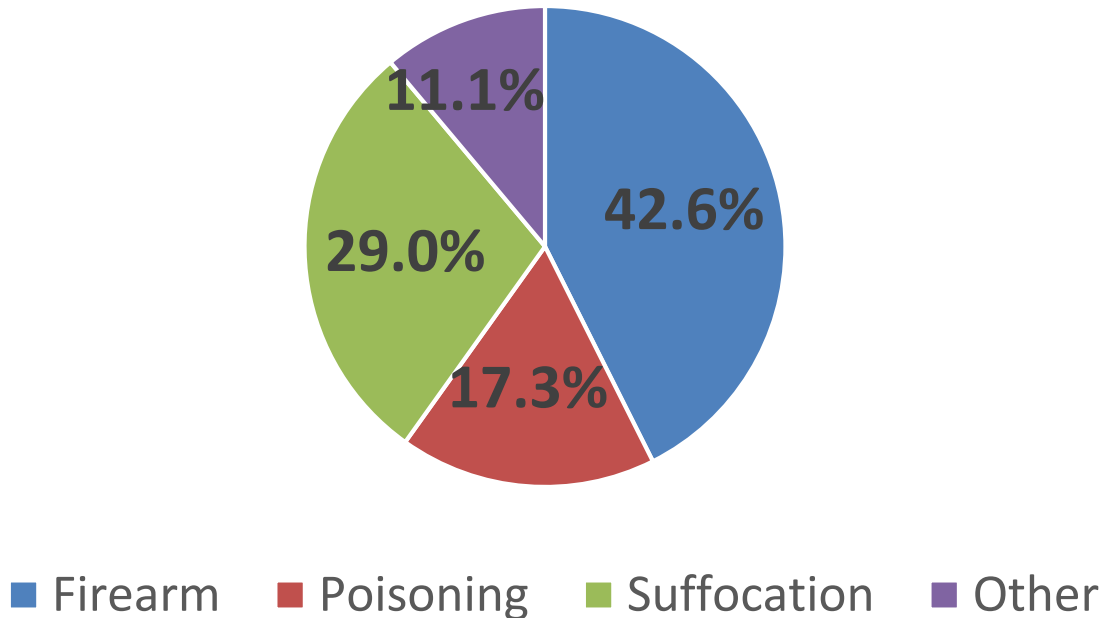


Suicide rate by age, Onondaga County, 2013-16



Suicide among Men, by Means

Male suicide deaths (N=162) by means,
Onondaga County, 2013-16



How do we create a
common culture
around suicide
prevention & safety in
health care in
Onondaga County?



Zero Suicide: A Systems Framework

» LEAD

Create a leadership-driven, safety-oriented culture committed to reducing suicide in people served.

» TRAIN

Develop a competent, confident, and caring workforce.

» IDENTIFY

Systematically screen and assess suicide risk

» ENGAGE

Develop timely, individualized care pathways for persons at risk, including Safety Planning with Lethal Means Reduction

» TREAT

Use evidence-based treatments that directly target suicidal thoughts and behaviors.

» TRANSITION

Provide follow-up calls & caring contacts during transition periods, especially after acute care.

» IMPROVE

Use data-driven quality improvement to inform system changes leading to better care and improved outcomes.

Lead

Train

Identify

Engage

Treat

Transition

Improve



- Begins with an explicit commitment at the health system level to reduce suicide attempts and deaths among those receiving care:
 - Top down (and bottom-up)
 - **Cannot** be left only to behavioral health services (CDC June 2018) and 'the heroic efforts of individual clinicians'
- Develop **&** Sustain a culture of **suicide safer care** and associated Continuous Quality Improvement (CQI)
- Implementation of ZS '**as broadly as feasible**' across the health system:
 - Behavioral Health
 - ED
 - Primary Care

Lead

Train

Identify

Engage

Treat

Transition

Improve



Train all staff on suicide safer care practices

- clinical and non-clinical
- to respond effectively, commensurate with their roles to identify and respond to individuals at risk for suicide

Lead

Train

Identify

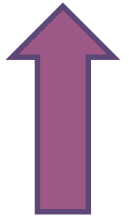
Engage

Treat

Transition

Improve

- **Improve—Data-driven Quality Improvement**
- Sustain a culture of **suicide safer care** by **Continuous Quality Improvement (CQI)**
- EMR changes to support implementation of best practices
- Drawing on **health system analytics** for performance measurement:
 - Process measures: e.g. screening rates and yield
 - Outcome measures: **goal of 20% reduction of suicide attempts and deaths in 5 years**



Implementing the Zero Suicide Clinical Domains



Family and Patient Engagement

Engage

Patient Engagement

- Explain purpose of suicide screen/risk assessment
- Convey hope and a commitment to the patients' safety and stabilization
- Psychoeducation about suicide warning signs
- Fluidity of suicide risk
- Available resources, such as Lifeline or Crisis Text Line

Family Engagement Around Prevention Of Suicide

- Psychoeducation across touch points
- Reviewing warning signs as part of collateral contact
- Sharing of foreseeable changes and Safety Planning Intervention (SPI)
- Develop plan in case of emergency
- Resources for family

AIM for Zero- ASSESS, INTERVENE & MONITOR

ASSESS

- C-SSRS screener
- Suicide risk assessment that includes risk and protective factors

INTERVENE

- **EVERYONE**
 - Universal Precautions
- **ELEVATED RISK (Ideation without intent)**
 - In addition to universal precautions
 - Identify two foreseeable changes that could quickly lead to a suicidal crisis
 - Safety plan with lethal means reduction
- **HIGH RISK (Suicide Safer Care Pathway)**
 - In addition to above:

MONITOR

- Warm transfer: forward records prior to 1st appt – include safety plan and two foreseeable changes
- Phone follow-up
- Lifeline and Crisis Text numbers
- Non-demand caring contacts



SUICIDE IDEATION DEFINITIONS AND PROMPTS:		Past month	
Ask questions that are in bold and underlined.		YES	NO
Ask Questions 1 and 2			
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, <i>"I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</i> <u>Have you had any actual thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. <i>"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i> <u>Have you been thinking about how you might do this?</u>			
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to <i>"I have the thoughts but I definitely will not do anything about them."</i> <u>Have you had these thoughts and had some intention of acting on them?</u>			
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>			
6) Suicide Behavior Question <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.			
If YES, ask: <u>Was this within the past 3 months?</u>			

Response Protocol to C-SSRS Screening (Linked to last item marked "YES")

Item 1 Behavioral Health Referral at Discharge
 Item 2 Behavioral Health Referral at Discharge
 Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
 Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
 Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
 Item 6 Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
 Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

CSSRS

Columbia-Suicide Severity Rating Scale (ED Version)

Suicide Risk Factors

- Demographics – age, gender, ethnicity
- Sexual orientation
- Previous suicide attempt or gesture
- Feelings of hopelessness or isolation
- Psychopathology (mood disorder)
- Aggressive-impulsive behaviors
- Conduct disorders, Juvenile delinquency
- Substance / alcohol abuse & dependence
- Family history of suicidal behavior
- Life stressors / losses and legal or disciplinary problems
- School and/or work problems
- Access to firearms
- Physical abuse / Sexual abuse
- Contagion or imitation

Protective Factors against Suicide


- Not just low levels of Risk Factors
 - Social/Environmental
 - Family cohesion
 - Perceived connectedness to school/work
 - Social integration/opportunities to participate
 - Good relationships with other individuals
 - Responsibilities for others/pets
 - Social taboo
 - Lack of access to means for suicidal behavior
 - Personal
 - Good coping skills
 - Help-seeking behavior/advice seeking
 - Better impulse control
 - Problem solving/conflict resolution abilities
 - Religiosity

Resources for the Distressed

**FEELING
OVERWHELMED?**

We've got time to listen

Text **"Got5"** to 741741 to start a conversation. We're here to talk 24/7.



NATIONAL

SUICIDE

PREVENTION

LIFELINETM

1-800-273-TALK (8255)

suicidepreventionlifeline.org