



**T**ransforming and  
**E**xpanding  
**A**ccess to  
**M**ental Health Care in

**U**rban  
**P**ediatrics

## ***Suicidality: Having the Conversation***

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The presenter does not have anything to disclose regarding commercial interests and does not plan on discussing unlabeled/investigational uses of a commercial product.

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1

Discuss incidence of suicidality and factors unique to current public health crisis.

2

Examine best practices in suicide response, particularly during a pandemic.

3

Explore language choices, risk aversion, and client-centered approaches when responding to suicidality.

- Suicide is among the top ten causes of death globally
- For every death to suicide, there are 15-20 reported suicide attempts
- Rates are higher among
  - Males
  - Persons living with psychiatric disorders
  - Persons who have made previous attempts
  - Persons who are abusing substances
- Responsible reporting that includes resources and messages of recovery can reduce the risk of contagion and increase help-seeking

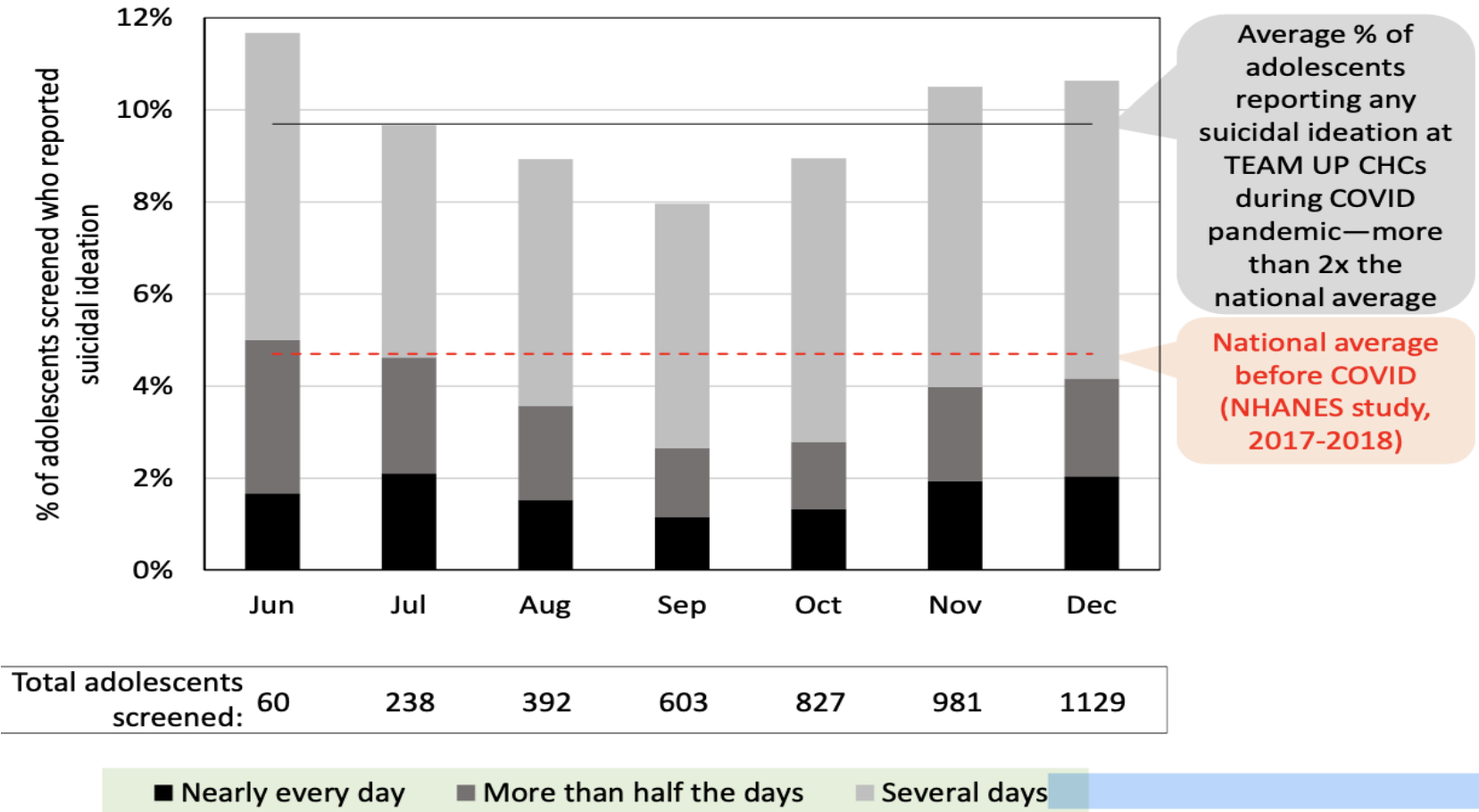
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7672361/>  
<http://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf>

- Between April and October 2020, hospital EDs saw rise in total pediatric visits for mental health needs (CDC)
  - More children report previous attempts and/or having a detailed plan
  - More pediatric hospital admissions after mental health assessments
  - Most admissions for suicidality continue to be teens, though increases in preadolescent patients has been observed
- While the research has yet to catch up, there is growing concern on the ground about the link between recent suicides and coronavirus pandemic
  - Social isolation is “one of the highest risk factors” for suicide. –Dr. Marisol Cruz Romero, UCSF Benioff Children’s Hospital Oakland

<https://www.npr.org/sections/health-shots/2021/02/02/962060105/child-psychiatrists-warn-that-the-pandemic-may-be-driving-up-kids-suicide-risk>

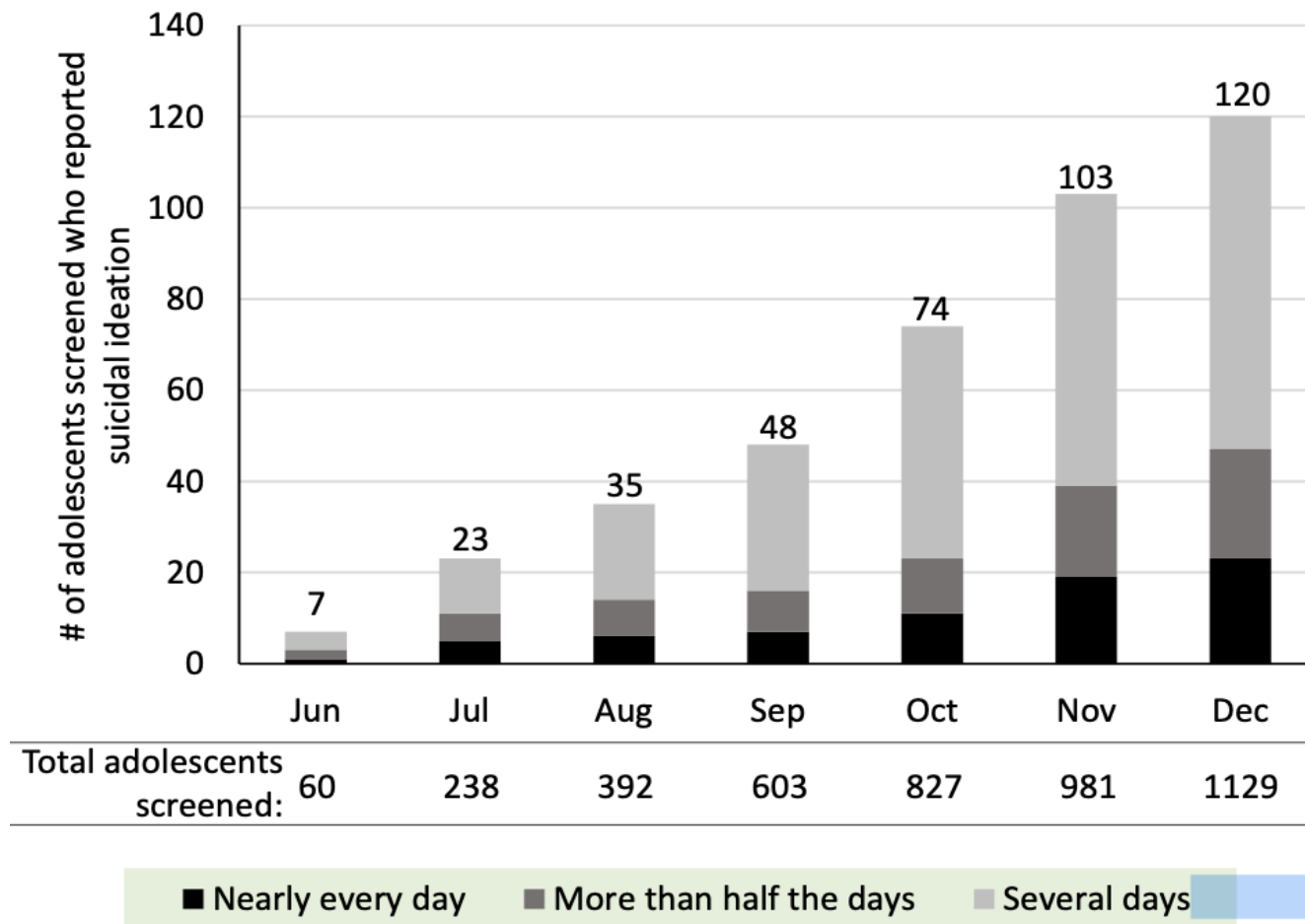
# Screening for Suicidal Ideation in TEAM UP Cohort 2

Question posed to adolescents: Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?



Note. Data do not include adolescent who reported “not at all” or were not screened, for example because they presented with a behavioral health crisis; for NHANES (2017-2018), see: [https://wwwn.cdc.gov/Nchs/Nhanes/limited\\_access/DPQY\\_J\\_R.htm](https://wwwn.cdc.gov/Nchs/Nhanes/limited_access/DPQY_J_R.htm)

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- Isolation
- Fear and uncertainty
- Stigma
- Abuse
- Unemployment and economic fallout
- Mass panic
- Disruption of social structures and safety nets
- Exacerbation of pre-existing psychiatric disorders



- Vast racial, economic, geographic disparities
- Death of relatives, colleagues, community members
- Inability to collectively process, mourn, celebrate, or heal when major life events occur
- Difficulty planning
- Lack of access to previous coping methods, such as playing sports, going to the gym, participating in extracurricular group activities
- Lack of mobility and diversity in daily activities
- What else?

Problem situation	Intervention
Psychiatric disorders	<ul style="list-style-type: none"> <li>• Tele-psychiatry &amp; tele-psychotherapy</li> <li>• Active digital follow-up</li> <li>• Online medication refill</li> <li>• Ensure availability of psychotropics at district levels</li> <li>• Psychoeducation of caregivers</li> </ul>
Psychological distress due to pandemics	<ul style="list-style-type: none"> <li>• Encourage tele-psychotherapy and group therapy</li> <li>• Encourage staying away from social media</li> </ul>
Suicidal crisis (acute)	<ul style="list-style-type: none"> <li>• Clear organizational assessment and intervention guidelines</li> <li>• Digital resources for coping</li> <li>• Flexible crisis helplines – phone, text, video chat (24/7)</li> <li>• Training local authorities for emergency response</li> <li>• Volunteer workforce for outreach initiatives</li> </ul>
Isolation and quarantine	<ul style="list-style-type: none"> <li>• Digital connectedness</li> <li>• Community support</li> <li>• Ensure living amenities</li> <li>• Weekly sessions for mental health support</li> <li>• Care coordination and communication among providers, school personnel, and other natural and institutional supports</li> </ul>

Alejandra was 16 when she presented for her second BH session with the clinical intern. She described an increase in her depressive symptoms and cutting behavior that had spiked over the weekend, following conflicts with one of her friends and two of her sisters. When asked if she had thoughts of killing herself, Alejandra reported thinking that “everyone’s life would be easier if I was dead because they wouldn’t have to worry about me”.

*What could you say next to Alejandra?*

### TRANSPARENCY

Allow the client to be a collaborator in this process. Like any crisis, this can be an opportunity for strengthening the therapeutic alliance, illuminating growth areas, and developing new skills.

*“There are things I need to ask so that I can best protect you, but I am not going to do anything behind your back. My hope is that we can work together to figure out the best way to keep you safe.”*

### HONOR NUANCE

Invite deconstruction of what is really happening for the client. Self-harm is different from risk of suicide. Suicidal ideation does not necessarily indicate intention to act. Show that you know that there are differences and take time for the individual to articulate those differences.

*“I understand that thoughts are different from plans which are different from actions. Where do you land along that spectrum?”*

### SHOW CURIOSITY

Sometimes people say things out of habit, or because they've heard it said before. And sometimes we react to one situation as if it's the same as another. Provide a compassionate and curious space for the client explore the statements.

*“When you say ‘I’m tired of being here’, what does that mean for you? How often do you think and feel that? Do you find yourself thinking and feeling that more in certain situations?”*

### KEEP TALKING

Children in pre-adolescence and adolescence tend to be developing more concrete and layered conceptualizations of death. It is developmentally appropriate for children to wonder about death, question mortality, and consider their own role in life and death. Having a trusted, non-reactive adult with whom to explore some of these existential concepts is critical. Ask questions. Show interest. Normalize having thoughts and feelings about it. Keep them talking.

*“What are your beliefs about death? What have you heard from your family members? Friends? The internet?”*

**Isolation and hopelessness**  
exacerbate suicidal tendencies.



Wherever possible, we aim to  
**connect, build relationships, and instill hope**  
during these critical moments.



- As upsetting as it may be if your child discloses acute distress, suicidality, or crisis, *acknowledge the strength in sharing and trusting you with this.*
- Do what you need to manage your distress and worry in the moment so that you can *focus on listening fully*. Your child benefits from your ability to remain calm in this moment.
- Show interest: “What is it that you’re struggling with?” “Tell me more.”
- Recognize that your child is hurting and validate the feelings. “These struggles are real, and things have been tough for you.”
- Remind the child that you are there to support. Remind the child of others who love and support them.
- Teach and model the vocabulary of feelings.

- Acknowledge the collective suffering that is happening right now and remind children that it is ok to be having a hard time.
- If the child is able, try to problem-solve together and identify areas of hope.
- Identify next steps for additional supports *for the child*.
- Identify next steps for additional supports *for yourself*.
- Sweep the home for potentially harmful objects.
- Make time for regular check ins and pleasurable activities as a family.
- Educate yourself about your child's experiences and stay involved in the treatment.
- You know your child best – know the early signs of stress.

*What has worked well in addressing suicidality – with clients? with families and caregivers?*

*Where would you choose different language or interventions if you could do it over again?*

*How much does risk aversion or fear of license liability impact your choices when you are working with a client who expresses suicidal ideation?*

*What has been particularly helpful in terms of suicide prevention or intervention during the pandemic?*



Every Tuesday 9:30am-10am  
Friday, February 26<sup>th</sup> 9am-1:30pm

**ALL:** Self-Care  
**BHCs:** Pre-Adolescence and  
Application of Transdiagnostic  
Approaches

**Questions? Comments?**

