



Suicide Prevention Workshop Panel

Shelley Johnson, Charles Towne Pediatrics

Dr. Jamie Singleton, Beaufort Jasper Hampton Comprehensive Health

Kristine Hobbs, Facilitator

QTIP Learning Collaborative - January 28, 2021

Suicide Prevention Workshop Format Fall 2020



12-week QI project.



Two virtual learning sessions (2 hours each).



Week 2- follow up call with individual practices(20 min each) to help practices formulate a plan.



Week 4- collaborative call with all participating practices where practices present their plan.



Week 12- Wrap up call with practices presenting their results.



ABP Part 4 credit for participants.

Suicide Prevention Workshop

Objectives for Primary Care Office

Develop
and use an
office plan
that works.

Suggested plan

1. Use Screening Tools
2. ASK Questions during visit
3. Identify Risk/Protective Factors
4. Conduct Suicide Inquiry
5. Determine Risk Level
6. Determine Intervention Needed
7. Treat Depression, if appropriate
8. Follow-Up



- 2nd leading cause of death of 10–18-year-olds
- Every interaction can be an intervention.
- Depression and/or Suicide Risk? Yes.
 - Screen for both
- 90% of suicide attempt survivors **do not** go on to die of suicide.
- Every suicide death affects 135 people.
- The first 72 hours are very chaotic.
 - Refer to death as sudden traumatic loss
- Lethal means – firearms, suffocation, medications
- Postvention matters. Two areas you can influence:
 - Safe messaging guidelines
 - How to talk to loss survivors

Different Approaches; Same Goal

BJH Comp Health



Charles Towne



**SUICIDE
PREVENTION
QI PROJECT**

**BEAUFORT JASPER HAMPTON COMPREHENSIVE HEALTH
SERVICES
SEPT 2020**

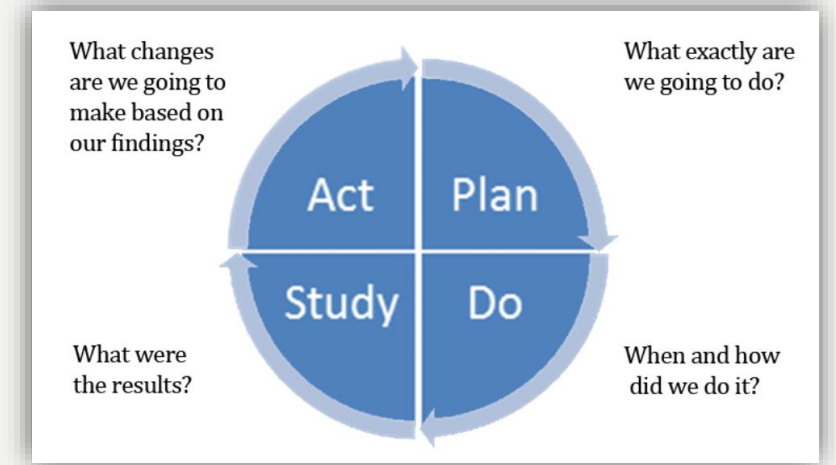
FOCUS

- We screen for depression but have not focused on suicide
- With the COVID-19 Pandemic, we are all more of aware of the consequences of isolation
- Goal is to get the pediatric department thinking about suicide

AIM

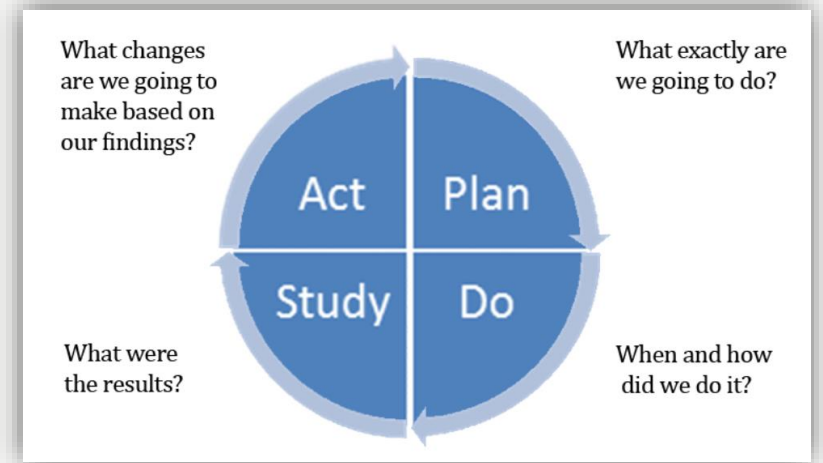
To increase awareness about suicide prevention among the providers and staff in the pediatric department, including school-based clinic.

PDSA--PLAN



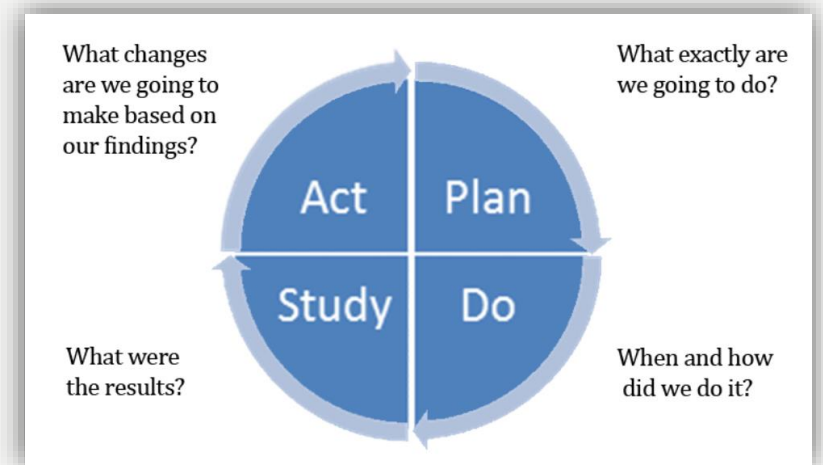
- Develop a curricula spanning 6 weeks to bring awareness to suicide. The dates for these to be given out are below:
 - Pre-test and Short Fact Sheet—Oct 12th
 - Activity 1, LGBTQ—Oct 19th
 - Activity 2, Safety Plan—Nov 2nd
 - Activity 3, Counseling about Lethal Means—Nov 16th
 - Post-test and easy activity, Word Tile—Nov 23rd
- Activities will be sent out via email
- Introduction email sent out Oct 5th
- Incentives for participation given the beginning of the following week

PDSA--DO



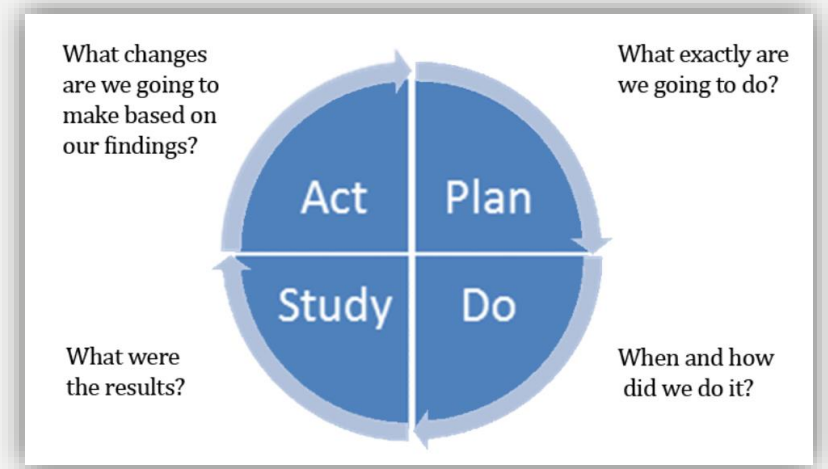
- Oct 5th--sent email introducing the project.
- Oct 12th--sent first email with pre-test and AAP fact sheet.
- Oct 19th--sent out gift cards to those who participated the week of the 12th, along with a Thank You email. Also sent out the 2nd activity. Changed it to Lethal Means due to on of being out.
- Oct 28th--sent Thank You email of participation for the 2nd activity. (Wasn't in the office on the 26th.)
- Nov 2nd--sent email and 3rd activity. This week is LGBTQ Youth.
- Nov 10th --sent Thank You email for the 3rd activity. (I was out on the 9th.)
- Nov 16th-- sent email for 4th activity. This week is the Safety Plan,
- Nov 25th—sent Thank You email about completion of 4th activity. Also decided to ask 5 feedback questions with the Post Test that goes out next week. Also added the 28 second video from QTIP for them to watch.
- Dec 9th—extended time return to post test to Dec 11th. Did this due to long holiday weekend plus I had to work from home unexpectedly.
- Dec 14th—wrapped up project. Sent email with plans to get gifts out. (Don't have gifts yet.)

PDSA--STUDY



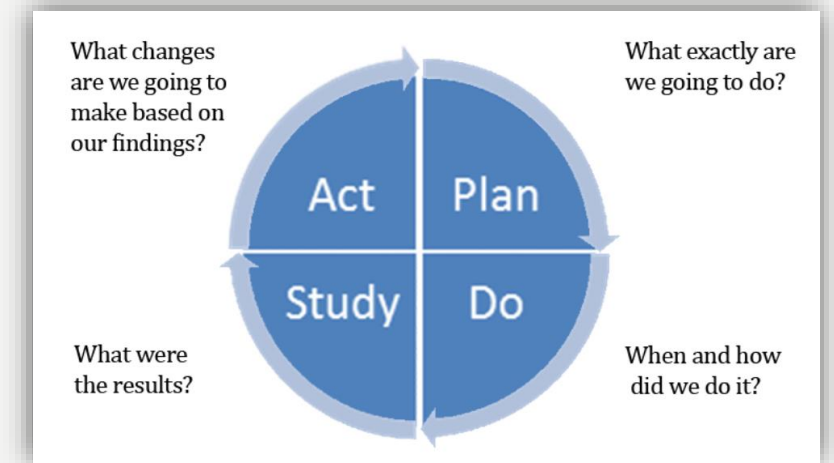
- Oct 5th email
 - No concerns.
 - No one responded to or mentioned the email. (I didn't expect them to. There was nothing to respond to.)
- Oct 12th 1st activity
 - Received 11 of 21 pre-tests
 - Range of knowledge from 30% to 90% correct for a 10-question quiz with most scoring 60 or 70%
 - Gave out \$5 gift cards to Star Bucks for everyone who completed and returned the pre-test

PDSA--STUDY



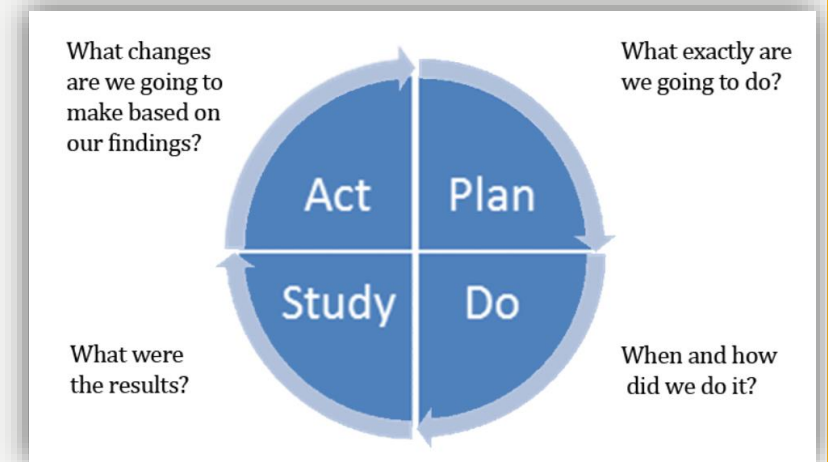
- Oct 19th
 - Changed order of what was sent. Sent Lethal Means information instead of LGBTQ due to one of us being out for family concerns.
- Oct 28th
 - 8 out of 21 people participated. Did a drawing for 2, \$20 gift cards to Publix among those 8 people.
- Nov 2nd
 - Changed order of plan and sent out LGBTQ Facts Sheet.
- Nov 10th
 - 11 out of 21 participated. Did a drawing for 2, \$25 gift cards to Long Horn among those 11 people.
- Nov 16th
 - Changed order of plan and sent out Safety Plan

PDSA--STUDY



- Nov 25th
 - 15 out of 22 participated. We got a new HIS person so add them in on the activities. Did a drawing for 2, \$25 gift cards to Amazon among those 15 people.
- Dec 9th
 - Only had 3 people send in post test so far. Extension did yield more participants.
- Dec 14th
 - 7 out of 22 participated.
 - Range of knowledge from 70% to 90% correct for a 10-question quiz
 - 6 did both the pre- and post-test, 4 improved their score, the other 2 already had 80% or 90%
 - 5 feedback question answers were positive. Everyone gained more knowledge and enjoyed the games. Most would like more training around suicide.
 - Had 3 participants complete each activity and the pre- and post-test. Gave them \$15 gift cards to Target. The other 4 got \$5 gift cards to Target.

PDSA--ACT



- Overall, the project went well.
- Pros: I do feel that people enjoyed doing the activities. The incentives did help. Also giving them a week to complete it was enough. They also did increase their knowledge of suicide (subjectively and objectively). I completed this PowerPoint as I went. Keeping it update was my log as to what was going on. This was helpful.
- Cons: It was a lot of work putting this all together and keeping up with the emails. At the end when the activity was longer than a week, proved to be too long. I believe this is why I got less of a response on the post tests.
- Next Steps: Get a speaker to do a suicide workshop.

EXAMPLES

Suicide Awareness Post-Test

1. Suicide is the #4 cause of preventable death in SC? or F
2. The average cost per suicide in adolescent and young adults is _____.
A. 1,000 dollars C. 1.4 million dollars
B. 10,000 dollars D. 50,000 dollars
3. LGBT youths are almost 5x more likely to have attempted suicide when compared to their heterosexual peers? or F
4. What factors have increased teen/young adult suicide? Circle all that apply
A. COVID-19 B. Social Media C. Making Honor Roll D. Video Games
E. Bullying F. Family Support
5. Direct questioning, ie. "Have you ever thought about killing yourself or wished you were dead," increases suicide risk in teens/young adults? or F
6. Most adults who have died by suicide had contact with their Primary Care Physician and/or ER physician within a month of suicide. or F
7. Black youth suicides have decreased in the past years? or F
8. Firearms are the #1 cause of death in: (Pick one)
A. South Carolina B. United States of America C. Both
9. Substance abuse increases the risk of suicide? or F
10. How do you know a teenager/young adult may be suicidal? Circle all that apply.
 1. "I wish I was never born."
 2. "I'm so happy about my report card!"
 3. "I feel like I'm just taking up space."
 4. "Life would be so much better without me in it."
 5. "Tomorrow we graduate high school. I'm so excited to go off to college."

Project Feed Back BE HONEST!!!!

1. What did you like about the Suicide Awareness Project?
The learning activities. Able to complete at your own pace.
2. What did you not like about the Suicide Awareness Project?
3. Did this project increase your knowledge about risk factors for suicide?
Yes.
4. Did this project increase your knowledge about ways to prevent suicide?
Yes
5. Would you like more trainings around suicide?
Yes

Lethal Means

- Reduce access to dangerous items/substances such as firearms, medications, alcohol and other drugs.
- 90% of attempters who survive do NOT go on to die by suicide later.
- Firearms used in youth suicide usually belong to a parent.
- Violent methods can include firearms, cutting or piercing with a sharp object, hanging, jumping from high places, or stepping in front of a train or other moving vehicle.
Nonviolent methods include ingestion of pesticides, poison by gases, suffocation and overdose.
- Lethal means safety counseling involves assessing whether a person at risk for suicide has access to lethal means and working with them and their support system to limit their access in times of crisis.

SUICIDE AWARENESS LGBTQ Facts

- Suicide is the 2nd leading cause of death among young people ages 10 to 24.
- LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.
- LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.²
- Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.
- Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.
- LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.
- 1 out of 6 students nationwide (grades 9–12) seriously considered suicide in the past year.
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.

This information is from the Trevor Project, www.thetrevorproject.org. It is a website specifically for LGBTQ youth and has a suicide hotline specifically for them, <https://www.thetrevorproject.org/get-help-now/>. The hotline can be accessed by chat at the link provided, by phone **1-866-488-7386**, or by text, Text "START" to 678-678.

LGBTQ Youth

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
					26			22			3			1					9						

L		T		O	T					T		T				L								
3	11	25	9	2	5	1	13	9	15	16	8	18	16	9	18	20	9	8	18	12	18	3	5	
		I				I		F	O			I	I											
		15	22	11	15	8	22	24	23	26	1	8	24	13	22	17	22	10	18					

<http://puzzlemaker.discoveryeducation.com/>

Results

- Beaufort - increase depression screening and start using safety plans
- BJHCHS – increase staff awareness of suicide as measured by pre- and post-test
- Carolina Peds – by Dec 2020; 90% of pts with a positive depression screen with have a safety plan; code for suicidal ideation
- Charles Towne – establish care pathways and provide caring contacts
- CPM – educate providers on use of Safety Plans and have them in EPIC
- Northwoods – Connect with CCRI; code for suicidal ideation; use safety plan in MY3app; encourage pts to share safety plan with counselor
- Rock Hill – Educate providers on how to integrate and address positive screens in the office; implement PHQ-A for all teen visits, sick or well