



ED Screening and Treatment Options for Pediatric (ED STOP) Suicide Mental Health Assessment

This guide was designed exclusively for sites participating in the ED STOP Suicide QI Collaborative and has not been validated. The clinical care team should use independent judgment in the management of any specific patient and is responsible, in consultation with the patient and/or the patient's family, to make the ultimate decisions regarding care. This intervention bundle may conflict with "existing" local quality improvement efforts. Participants are encouraged to seek support from your ED and hospital leadership regarding the adoption of the proposed change strategies as standard practice for your ED.

Introduction

Mental Health Assessment focuses on supporting ED professionals to identify patients at high-risk for suicide and determining how best to obtain a mental health/psychiatric consultation.

Considering the limited access to a mental health professional in many communities, it is important for primary care clinics and EDs to identify professionals who can become familiar with how to conduct an initial suicide screening, as well as to assess the acuity and severity of suicide risk in a child or adolescent.⁶ In addition to strategies that help improve the clinic or ED assessment of a child or adolescent, specific considerations such as telehealth or collaboration with [Pediatric Mental Health Care Access](#) (PMHCA) programs play an important role in optimizing assessment and outcomes. Telemedicine would entail an agreement to have a psychiatric trained professional provide remote assessment and/or consultation with the ED physician.

It is anticipated that an individual ED site team will choose one or more measures to work on. The following measures have been suggested by the ED STOP Suicide QI Collaborative Advisory Committee.

(Structural) Measure 1 - Presence of a written policy/process to consult licensed mental health professionals for pediatric mental health emergencies.

(Structural) Measure 2 - Presence of a process to obtain 24/7 access (via telemedicine or in-person) to a licensed mental health professional for pediatric patients who screened "high-risk" for suicide.

(Structural) Measure 3 - Presence of a written clinical care process or guideline requiring all pediatric patients who screened "high-risk" for suicide to receive a structured suicide assessment by a licensed mental health professional.

Data Collection

Assessment of Knowledge: Assessment of knowledge of content and use of written guidelines by physicians, nurses, and/or other designated staff might include the following elements:

1. Presence of written clinical care process, policy, or guideline
2. Ability to access and complete the process/guideline components
3. Appropriate use of the tool or steps to describe options for securing a full mental health assessment and the various care models in the ED/hospital setting
4. Self-assessment of knowledge with using the written guidance
5. Self-assessment of proficiency in securing a full mental health assessment for a child who is determined to be at high-risk for suicide

Assessment of knowledge of accessing community resources and/or use of telepsychiatry is another option.

Example Interventions

KEY DRIVER 1: WRITTEN PROCEDURE/GUIDELINE FOR FULL SUICIDE ASSESSMENT

A full mental health assessment should be completed by a trained (ideally licensed) mental health professional to assist with appropriate treatment and disposition (admission versus discharge).

Change Strategies

- Develop a written procedure/guideline that provides instructions on how and when to consult a licensed mental health professional or social worker to assess pediatric patients at high risk for suicide in the ED.
- Include how to contact the correct personnel at what times, including social workers, psychiatrists, and tele psychiatric consult services (i.e., call social worker's phone, place need for consult in EMR).
- Identify how best to access available community resources.

KEY DRIVER 2: PROCESS TO OBTAIN 24/7 ACCESS TO LICENSED MENTAL HEALTH PROFESSIONALS.

All sites should have 24/7 access to a licensed mental health professional or social worker (either in-person or through telemedicine) to aid with assessment and disposition of pediatric patients who screen high-risk for suicide.

Change Strategies

- Meet with key stakeholders to develop a process to access mental health professionals 24 hours a day, 7 days a week.
- May include coverage from different personnel (i.e., social workers, psychiatrists, or telemedicine approaches) on certain days or during different times of day to increase to full coverage.
- Describe or compile information on the various crisis service models in the community.

KEY DRIVER 3: WRITTEN PROCESS/GUIDELINE FOR HIGH-RISK PATIENTS TO RECEIVE STRUCTURED SUICIDE ASSESSMENT

All sites should have a written clinical process or guideline requiring patients determined to be at high-risk for suicide to receive a full mental health assessment.

Change Strategies

- Develop a written clinical process or guideline requiring a structured mental health assessment when pediatric patients screen high-risk for suicide. The process or guidelines should include:
 - Obtaining detailed information from the patient and parents/caregivers to inform safety planning and identify specific risk factors that could be addressed with targeted interventions.
 - Instructions that best practice is that at least part of the interview is conducted privately with the patient with the agreement that the family members/caregivers will be kept fully informed.
 - Establish rapport by making eye contact, using the patient's name, and explaining the purpose of the assessment.
 - Informing the patient what can and cannot be kept confidential, including your obligation to inform appropriate people about immediate safety concerns.
 - Details on the process by which assessments and/or consultation will occur through interactions with social workers, licensed mental health care professionals, counselors, and/or psychiatrists or through telemedicine approaches.

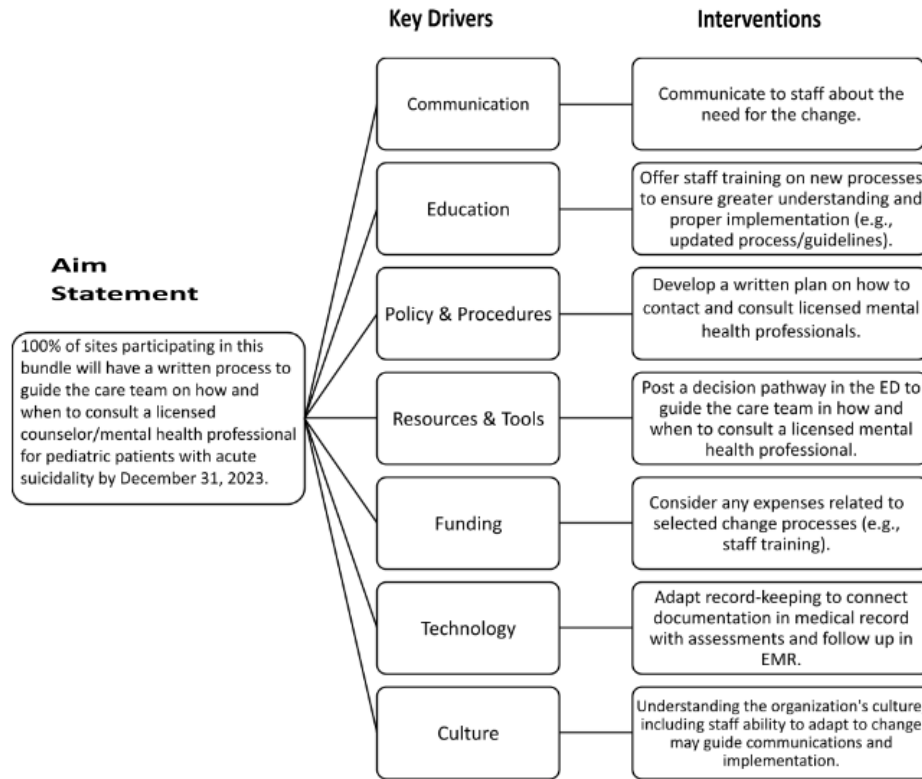
KEY DRIVER 4: EDUCATION

Change Strategies

- Develop a training or education program that includes:
 - Learning Objectives: Components and importance of the clinical pathway for full mental health assessment of pediatric patients determined to be at high-risk for suicide.

- Identification of a training modality (i.e., presentation with PowerPoint slides during a staff meeting, just-in-time education, peer to peer discussions).

Sample Key Driver and Change Strategies Diagram



Resources

Addressing Children's Mental Health Workforce Shortage. American Association of Child and Adolescent Psychiatry

https://www.aacap.org/App_Themes/AACAP/docs/advocacy/advocacy_day/WORKFORCE_2018.pdf (Accessed March 15, 2023)

ASQ Brief Suicide Safety Assessment

https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/youth-outpatient/bssa_worksheet_outpatient_youth_asq_nimh_toolkit.pdf

EIIC-TREKK Bottom Line Recommendation: Suicidal Risk Screening and Assessment Practice Guideline

<https://emscimprovement.center/education-and-resources/peak/pediatric-suicide-screening-mental-health/eiic-trekk-bottom-line-recommendation-suicidal-risk-screening-and-assessment-practice-guideline/>

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

The National Consortium of Telehealth Resource Centers

<https://telehealthresourcecenter.org/>

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