



Central California Pediatrics

AUGUST 2019

Specialty information for physicians who treat children and expectant mothers.



Difficult Conversations: Discussing Suicidality

Carmela Sosa, MD

Medical Director, Medical Director, Valley Children's Primary Care

September is National Suicide Prevention Month and with the steady increase of pediatric patients seen in U.S. children's hospitals for suicide ideation and attempt, there has undoubtedly been an impact on the entire health care delivery system and how we interact with our patients and families.

The increasing need to have difficult conversations with teens and their parents around suicidality is an integral part of this changing landscape, though not an easy task. Perhaps we fail to broach the subject due to lack of time and what it will do to our already impacted schedules. Or maybe it is our discomfort, fear of discomfort or not knowing what to do that leads to avoidance of communication.

Regardless of the reason, it is human nature to want to avoid difficult situations, and discussing suicidality is no different. But avoiding difficult conversations can limit a provider's ability to develop a therapeutic relationship and ultimately improve patient outcomes.

HERE ARE JUST A FEW BRIEF TIPS:

Prepare

Preparing now is important as one never knows when the next difficult conversation will arise. And preparing oneself is critical, as this is the only part of the process over which we have complete control.

Recognize

Recognize signs of major depression in adolescents, which often present similar to adults (think SIG E CAPS). However, some adolescents may present with: irritability, recurrent crying episodes, feelings of guilt, persistent boredom, oppositional behavior or constant negativity, poor school performance or frequent absences, somatic complaints such as headache or abdominal pain or other non-specific symptoms. Know that bullying, whether victim or

perpetrator; excessive internet use, including social media; and lack of treatment with antidepressants when clinically indicated, are all significant risk factors; in addition to a personal or family history of suicide attempt, history of physical or sexual abuse, substance use and LGBTQ.

Screen

Screen adolescents for depression using validated tools such as the PHQ-2 or PHQ-9. Screening tools for suicidality have shown limited ability to detect risk in adolescents. A teen who demonstrates suicidal ideation through any means should be evaluated clinically.

Be Direct

Ask patients, "Have you ever had thoughts of killing yourself or wanting to be dead?" Studies show that talking about suicide does not increase risk of suicide, and may even be beneficial. If the answer is yes, inquire further about how they would do it. There is no data indicating an increased risk of suicide if methods are discussed. These are difficult questions to ask and are best placed toward the end of a line of questions about mental health. Providers may need to "practice" saying them before putting them into practice.

Empathize

Tools such as, "Ask Tell Task", and the NURSE acronym (Name, Understand, Respect, Support, Explore) can help providers verbally express empathy.

Assess & Refer

Adolescents who appear to be at low risk for suicide should receive close follow up and referral for a behavioral health evaluation. Those who seem to be moderate or high risk should receive an immediate evaluation, which may include a same-day referral to a qualified mental health professional or transfer to the nearest Emergency Department.

ⁱ Plemmons G, Hall M, Doupnik S, Gay J, Brown C, Browning W, Casey R, Freundlich K, Johnson DP, Lind C, Rehm K, Thomas S, Williams D. Hospitalization for Suicide Ideation or Attempt: 2008-2015. *Pediatrics*. 2018 Jun;141(6).

ⁱⁱ Gould MS, Marrocco FA, Kleinman M, et al. Evaluating iatrogenic risk of youth suicide screening programs: a randomized controlled trial. *JAMA*. 2005;293(13):1635-1643pmid:15811983

ⁱⁱⁱ Back AL, Arnold RM, Baile WF, Tulskey JA, Fryer-Edwards K. Approaching difficult communication tasks in oncology. *CA Cancer J Clin*. 2005;55(3):164-77.

Medical Staff News

The following pediatric specialists recently joined Valley Children's:

Cardiology

Lerragh Morgan, DO

Critical Care

Urs Naber, MD

Endocrinology

Jarreau Chen, MD

Hospitalist

Lakshmi Dhanabalan, MD

Kerrilyn Rice, MD

Pooja Sanghavi, MD, Chief Resident

Nephrology

Nianzhou Xiao, MD

Primary Care

Aldrin Insorio, MD