



**ThinkAskLearn**  
Health Professional Education

## Assessing Suicide Risk in Kids

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[www.thinkasklearn.com.au](http://www.thinkasklearn.com.au)



## Beware Confronting Issues Ahead

- Need help
  - Lifeline 13 11 14
    - <http://www.lifeline.org.au>
  - Beyond Blue
    - [www.beyondblue.org.au](http://www.beyondblue.org.au)
  - Kids Helpline
    - 1800 55 1800




**MENTAL HEALTH FOR  
EMERGENCY DEPARTMENTS**  
A REFERENCE GUIDE




NSW  
GOVERNMENT | Health





Do not let  
Bad times always pass

**HOLD ON!**



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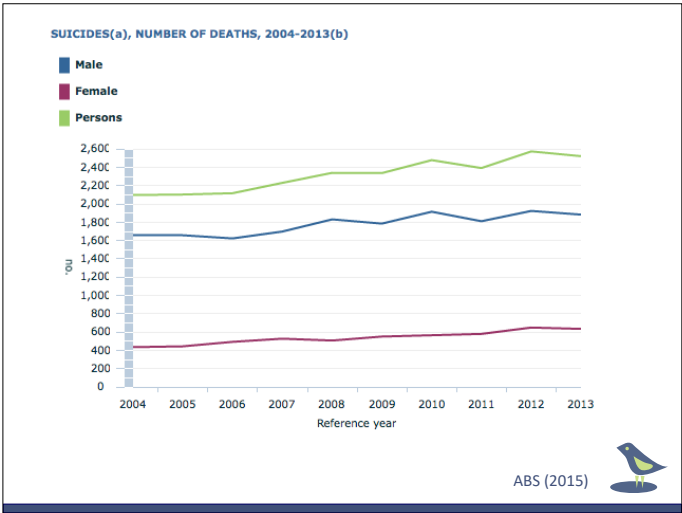
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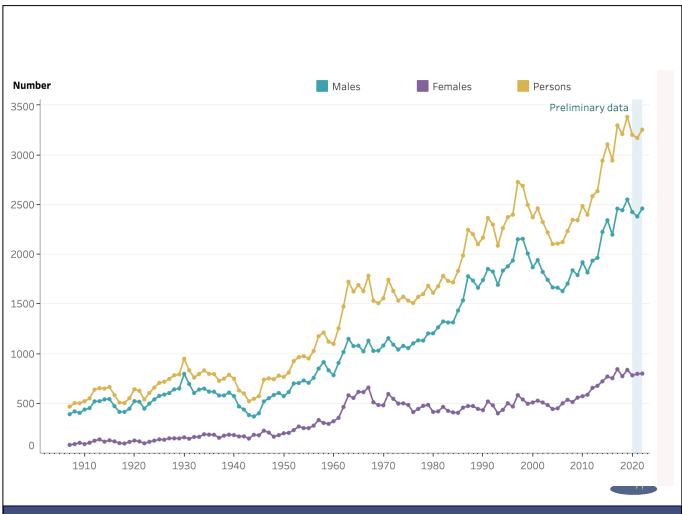
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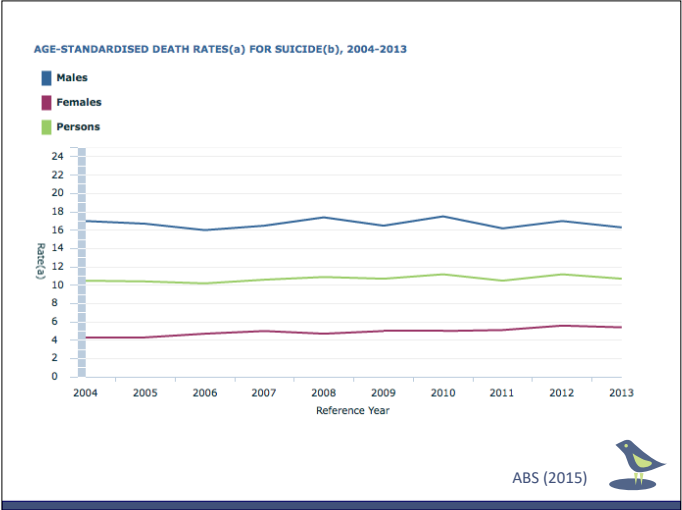
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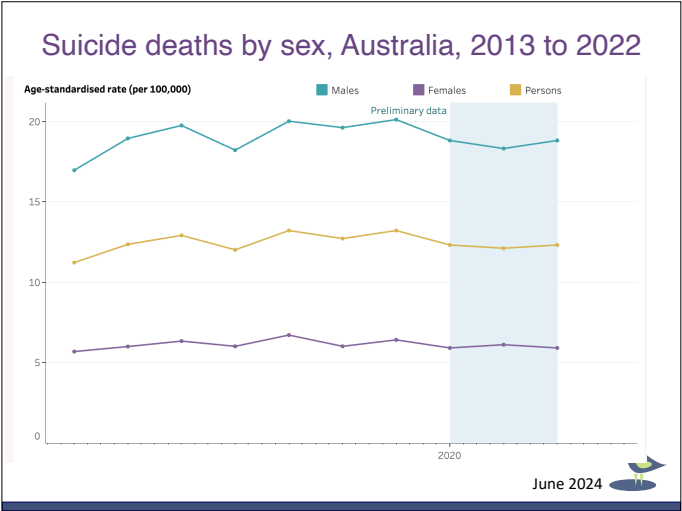
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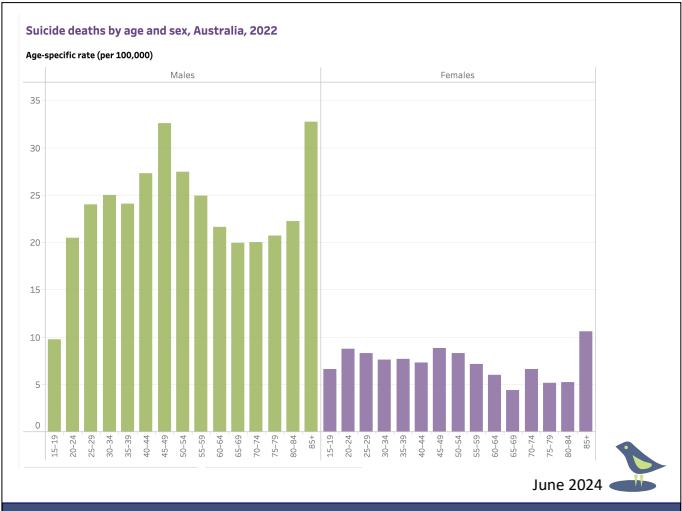
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## What do the numbers tell us

- Increasing number of suicides, rates steady over 10 years
- Young people are of a concern
- 40-50 years are highest risk
- Another risk group is over 85 years
- Suicide rates – different definition per state
  - Data skewed in youth suicide – underreported?
- But they also only tell us those that have died



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## Risk Factors for Suicide – Demographic

- Male
  - Remember death rates
  - No difference between sexes (my belief/experience)
- Older adolescence (versus younger)
- Non-heterosexual orientation



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## Risk Factors for Suicide – Clinical

- Psychiatric diagnosis
- Recent discharge from psychiatric hospital
- Past suicide attempt
- Family history of suicide
- Child sexual abuse/rape
- Childhood history of trauma



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## Risk Factors for Suicide – Family/ Environment

- Life stresses,
  - unemployment and legal and school problems
- Access to lethal means
- Lack of social supports
- Contagion – exposure to others demonstrating suicidal behaviour (imitation, coping strategy)
- Non-intact families (eg. Divorce)



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## Assess the Risk of Suicide

- Assess the risk profile



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## Assess the Risk of Suicide

- Assess the risk profile
- Use open ended questions



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## Ask about suicide



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## Nice Quote

"It should be noted that asking an adolescent if they have suicidal ideation does not make them suicidal; rather, inquiry about suicidal thinking is likely to lead the adolescent to feel they are being listened to and that they are not alone."

Gordon & Melville 2014



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## Open Ended Questions

- Do you ever feel like giving up?
- Do your symptoms/things ever become too much to cope with?
- Do you ever feel hopeless about your situation?



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## Closed Ended Questions

- Follow open with closed questions
- Do you ever think about going to sleep and not waking up?
- Do you think that you would be better off if you weren't alive?



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## Suicide Risk Assessment

- Thoughts of Suicide but no formal plan
- Plan of action but has no undertaking
- Acted out plan but now regrets attempt
- Acted out plan but no regrets attempt



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## Assess the Risk of Suicide

- Assess the risk profile
- Use open ended questions
- Consider involving the parents if at all possible
- Document the risk assessment, mental state, safety plan and people contacted
- Arrange for review



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## Ways to Show a Suicidal Person You Care

- ☐ If the person is high risk, do not leave them alone
- ☐ Let the person know you are deeply concerned
- ☐ Listen attentively to everything
- ☐ Do not keep suicidal tendencies a secret
- ☐ Don't be judgmental
- ☐ Be careful of the statement that you make
- ☐ Follow up on a regular basis
- ☐ Comfort the person with words of encouragement

Source: suicide.org



Jane is 17 years of age and has a depressive illness. She has fluctuating mood symptoms and suicidal thoughts. The urge to follow through with these thoughts generally lasts for 1–2 hours, but then subsides. Jane has reported an awareness that the urge to harm herself will pass if she is able to use her safety plan.

### Warning signs (symptoms suggesting that Jane is deteriorating):

- sleeping <7 hours per night
- losing weight
- not going to school
- having suicidal thoughts

### Internal coping strategies (things that Jane can do to soothe herself):

- Jane has agreed to make a list of reasons for living and can look at this list if she is struggling.
- Jane has also agreed to make a Hope box, which includes pictures of family holidays and her Year 11 formal. Jane can also look at these pictures if she is struggling.

### Distraction techniques:

- Listen to music, play piano, guitar
- Watch family DVDs
- Have a bath
- Play with her dog, Savage

- Go for a walk

Jane can ask her mother for extra (pres) medication of diazepam 2 mg if she is very distressed and feels that she is not coping.

### Social supports that can help take Jane's mind off problems:

- Phone or text cousins

### Family and friends for crisis help:

Jane has identified 5 people she can call if she is not able to cope or keep herself safe. Jane agrees to keep a fully charged mobile telephone and have credit on her phone. The 5 people who agree to be called on as safety people are:

1. Mum \_\_\_\_\_ mobile number \_\_\_\_\_
2. Dad \_\_\_\_\_ mobile number \_\_\_\_\_
3. Jessie (friend) \_\_\_\_\_ mobile number \_\_\_\_\_
4. Kim (friend) \_\_\_\_\_ mobile number \_\_\_\_\_
5. Jennifer (aunt) \_\_\_\_\_ mobile number \_\_\_\_\_

### Professionals and agencies:

- Jane can call KIDS helpline 1800 55 1800.
- Jane's mother will call Dr Jones if these strategies do not work and Jane is not coping. Dr Jones can be called during the day on 9123 4547 or after hours on 9234 6565, pages 2345.
- In a crisis, Jane's mother should take her to the Emergency Department at St. Elizabeths Medical Centre.



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5. Beverley (aunt) \_\_\_\_\_ mobile number \_\_\_\_\_



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## A Quick Case

- A 14yr old female presents to the clinic with a very anxious friend
- She looks pale, shaky and frightened
- Is able to answer questions
- C/o Dizziness,
- *"My face is tingling and my hands are cold? Am I going to die?"*



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## A Quick Case

- Vital signs normal
- SpO<sub>2</sub> 100% Room Air
- C/O Pain with the BP cuff
- Hand cramping
- Anxious
  
- What do you think is going on?



## What is wrong with the patient?

- |   |   |
|---|---|
| • Acute Respiratory Distress Syndrome                 | • Panic Disorders   |
| • Asthma  | • Pleural Effusion  |
| • Atrial Fibrillation                                 | • Pneumonia, Bacterial  |
| • Atrial Flutter                                      | • Pneumothorax, Iatrogenic, Spontaneous and Pneumomediastinum |
| • Cardiomyopathy, Dilated                             | • Pneumothorax, Tension and Traumatic                         |
| • Cardiomyopathy, Restrictive                         | • Pulmonary Embolism  |
| • Chronic Obstructive Pulmonary Disease and Emphysema | • Respiratory Distress Syndrome, Adult                        |
| • Costochondritis                                     | • Smoke Inhalation  |
| • Diabetic Ketoacidosis                               | • Toxicity, Carbon Monoxide                                   |
| • Hyperventilation Syndrome                           | • Toxicity, Carbon Monoxide                                   |
| • Metabolic Acidosis                                  | • Venous Air Embolism   |
| • Methemoglobinemia                                   | • Withdrawal Syndromes  |
| • Myocardial Infarction                               |   |
| • Nasopharyngeal Stenosis                             |   |

Kern et al 2014



## Hyperventilation Syndrome

- Agitation,
- Deep breathing and tachypnea,
- Chest pain, dyspnea,
- Wheezing, dizziness, palpitations,
- Tetanic cramps (eg, carpopedal spasm), paresthesias,
- Generalized weakness,
- "A sense of suffocation"
- An emotionally stressful precipitating event can often be identified.



Abnormal Oxygen Sats

**ARE NOT Consistent**

with  
Hyperventilation Syndrome

Normal Oxygen Sats

**Do NOT**  
**Exclude**

Other respiratory Causes

### What is really happening?

- Minute ventilation exceeds metabolic demands
- Haemodynamic and chemical changes that produce characteristic symptoms
- Drop in arterial partial pressure of carbon dioxide ( $\text{PaCO}_2$ ) through voluntary hyperventilation
- But many patients do not have a low  $\text{PaCO}_2$ !!!!





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### Ban the Bag – What?

- Death can (have) occurred
  - Misdiagnosis – MI, PE, PNX
- It will not help some patients ( $\text{CO}_2$  not low)
- Often unsuccessful in reversing hyperventilation
- Simple reassurance with explanation of how the symptoms may be occurring



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- Instruct patients to breathe abdominally
  - Focus on diaphragm rather than chest wall
  - Slows rate
  - Distracts patient
  - Provides a sense of self control



- Abandon all if symptoms do not settle quickly