

ABSTRACTS

SESSION 4

Intervention and Treatment for Suicide Risk

1. Developing, Implementing and Successes of a Veteran Suicide Prevention Community Task Force

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Statement of Purpose: The Veteran population has a high suicide rate burden. The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) is a comprehensive plan to end suicide with 4 major area of focus and 10 recommendations. We will describe a task force specifically focused on Veterans located in southeastern Wisconsin which is using the concepts from PREVENTS to address Veteran suicide prevention. **Methods:** We will present details on how the PREVENTS model and how we developed a task force, which is made up of more than 25 invested agencies and individuals from inception to full scale implementation of all action areas. **Results:** Our task force developed Action Areas which include: 1) Public Messaging, 2) Outreach (to Veteran not obtaining VA services), 3) Clinical (providing services to Veterans need) and 4) Research (developing new ideas and testing them by obtaining funded studies). The Public Messaging Area has implemented technology and marketing tools in collaboration with community partners in developing a website, Facebook group/page, and other social media methods. The Outreach Area has developed partnerships with the state-wide 211 phone system agency and a community group which has developed a Veteran specific smart phone app to consolidate Veteran resources in one convenient on-line location. The Clinical Area includes public and private healthcare systems who share best practices in suicide assessment and treatment. The Research Area is focused investigating ideas to decrease suicides through storage and safety methods. **Innovation and Significance to the Field:** This Veteran specific task force on suicide prevention is unique to the state of Wisconsin and will provide a template for additional task forces throughout the state in conjunction with the VA's Community Engagement Partnership pilot project and the Governor's Challenge to end Veteran Suicides.

2. Pediatric Danger to Self: Counseling on Restricting Access to Lethal Means (CALM)

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Statement of Purpose: The Pediatric Department at Covenant HealthCare has seen a dramatic rise in admissions related to suicide attempt and/or self-harm. Healthcare providers in the acute care setting at Covenant HealthCare aim to provide counseling for caregivers on how to restrict access to lethal means in the home. The goal is to make the home as safe as possible upon the child's return along with providing counseling to improve the outcome of events if an adolescent experiences an acute suicidal crisis in the future. **Methods/Approach:** Quantitative data was collected retrospectively on pediatric patients admitted for self-harm and/or suicide attempt from the last 3 years. Data included age, gender, method, psychiatric history (previous ECC visits/inpatient admissions), and disposition. After implementation of CALM counseling on July 1, data collection continued with the addition of tracking which caregivers received counseling. A survey was also conducted in the form of a follow up phone call to assess safety in the home post-discharge. **Results/Conclusions:** Prior to implementing CALM counseling the readmission rate in 2020

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from suicide attempt/self-harm (including readmissions to ECC) was 29% (N=24). Six months post implementation of CALM counseling, the readmission rate has dropped significantly to 8% (N=35). Out of the 42 patients admitted for suicide attempt/self-harm, 35 of these patients' caregivers received CALM counseling and 34 have been contacted for a follow up phone call. **Innovation and Significance to the Field:** The role of suicide prevention in the acute care setting is crucial. The information, counseling and resources we can provide the patient and their family with may make a difference in the outcomes of future suicidal crises. Providing CALM counseling has increased parents/caregivers' knowledge about the association between access to lethal means and suicide as well as the role of means restriction in preventing suicide.

3. Adapting the Zero Suicide Approach for Pediatric Emergency Settings

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Statement of Purpose: The Zero Suicide (ZS) framework (<https://zerosuicide.sprc.org/>) provides guidance for health care systems seeking to make a commitment to suicide prevention. Despite widespread dissemination, there is limited empirical guidance about how to adapt ZS approaches to ensure that they are developmentally appropriate and family centered. The current study is an evaluation of an advanced pediatric/family-focused workforce training designed to improve the quality and impact of brief interventions for youth presenting to a Psychiatric Emergency Department (ED). **Methods/Approach:** Social workers (n=29) completed an online de-identified survey based on the ZS Workforce Survey prior to and 6 months following training. Training content was developed using expert consensus guidelines, consultation with senior clinicians, and quantitative and qualitative data provided by families seeking emergency care. Training included 1) importance of parent engagement to youth outcomes, 2) need to consider family level risk and protective factors in disposition decisions, 3) discussion and practice delivering brief interventions tailored for youth. **Results/Conclusions:** 6 months following training, t-tests indicated significant changes in the frequency with which staff: assessed and considered parent and family factors when evaluating youth (t(50)=-2.49, p=.02); and when developing discharge plans (t(50)=-2.43, p=.02); provided emotional support for parents'; assisted the family to complete the safety plan together (t(48)=-2.82, p=.01); made suggestions when the patient was struggling to generate ideas for their safety plan (t(48)=-3.5, p=.001); and discussed how parents can support use of the plan (t(48)=-2.83, p=.01). Staff did not demonstrate significant changes in referring parents to their own care, reviewing safety plan with youth and parents together, or troubleshooting barriers to implementing the safety plan. **Innovation and Significance to the Field:** Rates of youth presenting to emergency rooms for suicide-related risk continue to climb; it is critical to study the adaptation of approaches developed for adults to pediatric populations.

4. M-Home Peer Support Advocacy

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Statement of Purpose: MHome Peer Support (MHPS) is an innovative student-run organization intended to make mental health and suicide prevention resources accessible to medical students. Trained peer advocates are available 24/7 and provide outreach programming to address acute and chronic needs. **Methods/Approach:** Advocates are reached via individual email, group list-serv, or our 24/7 on-call hospital pager. These methods ensure that students will always have access to advocates who provide vital resources, acting as first-line referral agents. MHPS disseminates fact-based messaging about suicide prevention and mental health via printed posters and digitally on social media. Advocates also host group sessions both in person and virtually. In response to COVID, MHPS created a socially-distanced outdoor yoga/meditation program for isolated first-years. In wake of the July 2020 death by suicide of a medical student, we hosted a memorial walk for students and physicians to grieve together. **Results/Conclusions:** Since its inception in Spring 2017, MHPS has hosted many events and efforts, most recently funding a well-being mini-grant, with 90 student applications in this first round. Advocates have also facilitated access to mental health workshops and trainings. MHPS has also engaged with the school administration to push for a heavier emphasis and investment in student mental health. **Innovation and Significance to the Field:** MHPS is a huge step forward in the effort to destigmatize mental illness and normalize talk about suicide. Prior to the creation of this group, medical students struggled silently with mental illness and suicidality. MHPS has opened the door for increased representation in student government and university wide efforts to enhance student well-being. Our efforts are not only positively impacting our institution, but have also inspired other students to start similar groups at institutions across the country.

5. Parent Views on School-Based Peer Support Programs

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Statement of Purpose: To address rising teen suicide rates, some schools have adopted peer support programs which deploy trained students to listen with empathy, encourage peers to use resources, and identify peers who need crisis help. Little is known about parent views of peer support programs. **Methods/Approach:** Cross-sectional survey of a national sample of 900 parents of teens 13-18 in conjunction with the C.S. Mott Children's Hospital National Poll on Children's Health. **Results/Conclusions:** Most parents (72%) agreed that having peer support leaders at school would encourage more teens to talk with someone about mental health problems, and most were in favor of a peer support program at their teen's school (33% definitely, 46% probably, 14% unsure, 7% against). Top concerns about their own teen talking with a peer support leader were whether the peer would keep their teen's information confidential (62%), if the peer leader would know when and how to inform adults about a problem (57%), if the peer leader would be able to tell if their teen needs immediate crisis help (53%), and if teens can be trained to provide this kind of support (47%). Most parents (64%) would allow their teen to be trained as a peer support leader, and say the benefits include understanding the challenges of others (66%), developing leadership skills (65%), and helping the school community (63%). Parents concerns about their teen serving as a peer support leader were their teen may feel responsible if something bad happened (57%), whether there would be sufficient training (45%), and whether their teen is mature enough to serve as a peer support leader (31%). **Innovation and Significance to the Field:** These findings offer evidence of parent support for school districts considering peer-oriented programs, and highlight key concerns that should be addressed in information sessions.