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Suicide Awareness and Prevention in Pediatrics

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Suicide is a problem across all ages, genders, and ethnicities. Suicide, by definition, is the act of self-harm, which results in death. Typically, there are precipitating ideations or behaviors exhibited prior to an attempted or completed suicide.

These behaviors or ideations can sometimes go undetected, even from medical professionals. Among youth who died by suicide, only 22% had seen a mental health provider in the previous year, while 62% had seen a primary care provider (Luoma, Martin, & Pearson, 2002). This is concerning as suicide is the third leading cause of death for all children and adolescents ages 10 to 19 in the United States (Kennebeck & Bonin, 2016).

Majority of patients seen at Children’s Mercy with a history of suicidal behavior or ideation are in acute crisis, either threatening suicide or are being seen after an attempt. The goal of Children’s Mercy Hospital is to decrease these acute events by screening children and adolescents at each patient encounter. In order to accomplish this, Children’s Mercy has generated a screening tool based on the Columbia-Suicide Severity Rating Scale, which was created in response to the Joint Commission findings that listed suicides in the top four types of sentinel events (The Joint Commission, 2016).

Children’s Mercy Hospital’s mission to “improve the health and well being of children by providing comprehensive, family-centered care and committing to the highest level of clinical and psychosocial care, and to research, academic, and service excellence” (Children’s Mercy Hospital Kansas City, 2016) supports not only the screening tool, but the education necessary to implement such a tool. As well as adhering to Children’s Mercy Hospital’s mission statement, this course fits into the overall curriculum of continuing education for nurses at Children’s Mercy Hospital due to its focus on health promotion.
To begin creating a course directed at staff nurses with the goal of having them feel knowledgeable and comfortable utilizing the screening tool, one must first start with a course title to set the expectations and objectives of the course (Iwasiw & Goldenbery, 2015). “Nurse Preparedness in Assessing Suicide Risk” is the title of the course in development. While nurses will be expected to be comfortable and competent in assessing suicide risk by completing the screening tool, it is significant to also note that nurses will not be expected to be an expert in treating suicidal ideation or risks. This course’s objective is to help nurses feel more at ease when asking sensitive questions rather than actually addressing the mental health needs.

Other aspects of course development are determining the number of continuing credit hours, the course description, and the course outcomes. “Nurse Preparedness in Assessing Suicide Risk” would be awarded one Continuing Education Unit (CEU). This course would be designed as a mandatory online class so that every nurse completes the module prior to the hospital-wide roll out of the suicide screening tool.

The course description is used to provide more details about the class. “Nurse Preparedness in Assessing Suicide Risk” course description is as follows:

“Many health professionals encounter patients with mental health needs. The goal of this course is to help staff nurses become more comfortable and prepared in asking patients questions related to mental health and suicide risk. By identifying those patients who are at risk for suicidal thoughts or behaviors, help and resources can be provided outpatient or inpatient, depending on severity, before an acute crisis.”

Course outcomes describe the abilities the nurse needs to demonstrate by the completion of the course (Iwasiw & Goldenberg, 2015). The course outcomes for “Nurse Preparedness in Assessing Suicide Risk” are:
• Identify the need for suicide risk screening
• Understand the importance of screening at every patient encounter
• Feel comfortable asking child and adolescent patients the screening questions
• Assure appropriate use of screening tool
• Identify the resources available if needed

The teaching and learning methods that are incorporated in this course include lecture, a quiz, an activity in a virtual world, as well as responding to a Likert scale. Upon initiation of the course, a Likert scale (see Appendix A, Table 1A) would be used to measure the staff’s current attitudes towards assessing suicide risk. Utilizing the same scale at the completion of the course can ensure the appraisal of the course’s effectiveness.

The tool itself is included in the course. Sullivant, Bettis, Briggs, and Winfrey (2016) developed the five question screening tool to assess for suicide risk. The questions on the screening tool center on suicidal ideation and assess the need for additional resources. The specific questions are:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that your or your family would be better off if you were dead?
3. In the past week, have you been having thoughts of killing yourself?
4. Have you ever tried to kill yourself?
5. If “yes” to any of the above, are you having thoughts of killing yourself right now?
If any answer is “yes” to the questions 1 through 4, a social work and psychology consult is triggered. Regarding the answer to question five, if the answer is “yes,” a 1:1 medical observation is ordered in addition to the consults (Sullivant, Bettis, Briggs, & Winfrey, 2016).

An example of an assignment is an activity within a virtual world. A virtual world is a network of people who are represented by avatars and facilitated by computers, such as in Second Life or Sim City Medical Centre (Iwasiw & Goldenberg, 2015). The nurses can enter this world and interact with “patients,” practicing the use of the suicide screening tool. They will be able to have practice with the tool and respond appropriately to multiple patient replies. Unique departmental settings can be created to match the nurses work environments to make it more realistic and applicable, preparing them to use it in their daily practice.

When providing education on the use of the suicide screening tool, it is important to consider the need for outside collaboration. The National League for Nursing highlights the use of external partnerships, from both clinical and community settings, as an essential element for devising curriculum to support the educational goals (Halstead, 2007). This is accomplished by the implementation of a multidisciplinary approach for when there is a positive suicide risk screen. From the nurse to the admitting physician to a psychology and social work consult; a shared approach is vital to providing competent psychosocial care. As well as involving multiple disciplines within the hospital setting, there are also community contributions that offer other resources available in outpatient or inpatient facilities.

Another external constituent is Children’s Mercy Hospital’s Education Department. This department will be able to upload the course into Cornerstone, the web application that houses all educational material for staff access. The Education Department also acts as faculty in being involved as a mentor and resource in developing curriculum and courses.
The need for mental health services in pediatrics is something that cannot be ignored. Creating the suicide risk screening tool is a big step in ensuring that every patient, at every encounter is screened and that resources are made available before the patient is in an acute crisis. All of this however, is in vain if the staff who are supposed to implement the tool are uncomfortable asking the questions or feel as though it is outside their scope of practice.

Developing a course for nurses so that they feel empowered to utilize the suicide screening tool is essential for its success.

There are many factors involved in establishing any educational course. The motivating factor in developing “Nurse Preparedness in Assessing Suicide Risk” is providing safe and competent psychosocial and clinical patient care.
References


Sullivant, S., Bettis, M., Briggs, K., & Winfrey, B. *Suicide prevention: Children and teens* [Powerpoint presentation]. (2016).
## Appendix A

### Table 1A

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel comfortable taking care of patients with mental illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel comfortable asking patients about mental health.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I feel comfortable asking patients about previous suicidal ideation.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I feel comfortable asking patients about previous suicide attempts.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I feel comfortable asking patients about current suicidal ideation.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I feel comfortable patients about a current suicide plan.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Resources are readily available and easily accessible to provide to patients.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. CMH has adequate mental health resources.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
</tbody>
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