TOWN HALL

January 7, 2021

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Tonight's Agenda

- Welcome and Chapter Announcements - Dee Kerry, Maine AAP Executive Director
- Public Health Emergencies and Mental Health - Deb Hagler MD, Maine AAP Chapter President
- Assessing Suicide Risk - Greg Marley LCSW NAMI Maine
- Supporting youth and families post crisis evaluation or hospitalization for suicidal ideation - David Walter DO, Spurwink
- Resources
- Question & Answer

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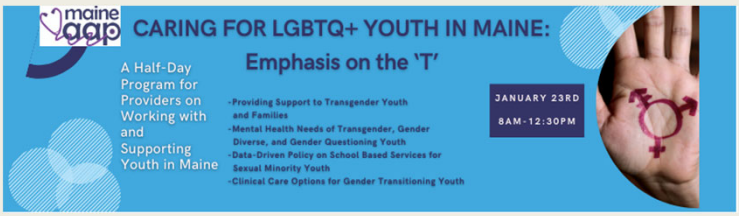
Half day symposium – Saturday, January 23rd



8:00am Welcome & Overview, Supporting Transgender Youth in Maine - Brandy Brown, LCSW
8:15am - 9:15am Providing Support to Transgender Youth and Families - Sue Campbell, Program Director, OUT Maine

9:15am -10:30am Mental Health Needs of Transgender, Gender Diverse, and Gender Questioning Youth- Erin Belfort, MD, *Maine Medical Center & Tufts University School of Medicine*; Anna Mayo, PsyD, *Northern Light Health's Pediatric Specialty Care* and Brandy Brown, LCSW, *Maine Medical Partners/The Barbara Bush Children's Hospital*

10:45am - 11:30am Data-Driven Policy on School Based Services for Sexual Minority Youth *- Sheila Nelson, MSW, MPH – Maine CDC*

11:30am - 12:30pm Clinical Care for Gender Transitioning Youth –Michelle Forcier, MD, MPH, *Hasbro Children's Hospital and Warren Alpert Medical School of Brown University*

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Upcoming Programs

- January 28, 2021 Town Hall - Oral Health Challenges During the Covid Pandemic
- Committee Meetings – AAP Members…please let us know if you'd like to join!
  - *Advocacy: monthly meetings on the second Tuesday of the month*
  - *Career/Leadership/Engagement: monthly meetings on the second Thursday of the month*
  - *Foster Care: monthly meetings on the second Thursday of the month*
  - *Education: meetings scheduled as needed for conference and program planning*
- February 24, 2021 Town Hall – CDC's Project First Line: infection control collaborative for health care clinical staff

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FLAVORS HOOK KIDS MAINE

The time to act is now and we'll need everyone's help!

- Maine used to be a national leader in tobacco prevention and control
- Today, Maine is seeing a dramatic increase in tobacco use
- The tobacco industry has a long and lethal history of targeting kids
- Campaign will include social media, letters and postcards to legislators, public education
- Reach out if you'd like to help with the campaign through advocacy, media outreach or education!

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Public Health Emergencies and Mental Health

Deb Hagler MD

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Mental Health In Public Health Emergencies

1. 21 st Century
   - *SARS Coronavirus [2003]*
   - *H1N1 2009*
   - *MERS 2012*
   - *Ebola 2014-2016*
2. Increase at population level in symptoms of Anxiety, Depression, PTSD
3. Healthcare workers, Pre-existing physical and mental Illness, Survivors of Infection at heightened risk for elevated symptoms and clinical illness.
4. Loneliness and social isolation increase risk of depression and some anxiety up to 9 years after exposure.

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Mental Health in Public Health Emergencies

Mental Health and SARS COV-2

August Report in MMWR

- ***Results of survey of 5470 adults 18 and over 40.9 % reported at least one adverse Mental or Behavioral Health sx.***
- ***Group with reporting highest rate of SI in 30 days prior- 18-24, unpaid caregivers, Hispanics, non-Hispanic Blacks and healthcare workers***

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Mental Health In Public Health Emergencies

- Mental Health In college students , Sept 2020
  - *>2000 Surveyed GAD7 and PHQ9 Texas A & M*
  - *76% Increased stress*
  - *48% Moderate to severe sx of depression*
  - *38.4% some sx of anxiety- mild to severe*
  - *18.4% reported SI in 2 weeks*
  - *40% had no idea how they were coping*
  - *16% reported they were not coping at all*

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Mental Health In Public Health Emergencies

- Mental Health in Youth during Covid
  - *Youth behavior from Shaanxi Province in China: irritability, poor concentration, increased anxiety and clinginess.*
  - *Survey of over 3000 HS athletes in Wisconsin: 68% with clinically significant levels of anxiety and depression*
  - *87 families with youth with Autism Spectrum Disorder - worsening of stereotypies, aggression, hyperactivity, decreased communication. increased caregiver anxiety and depression*

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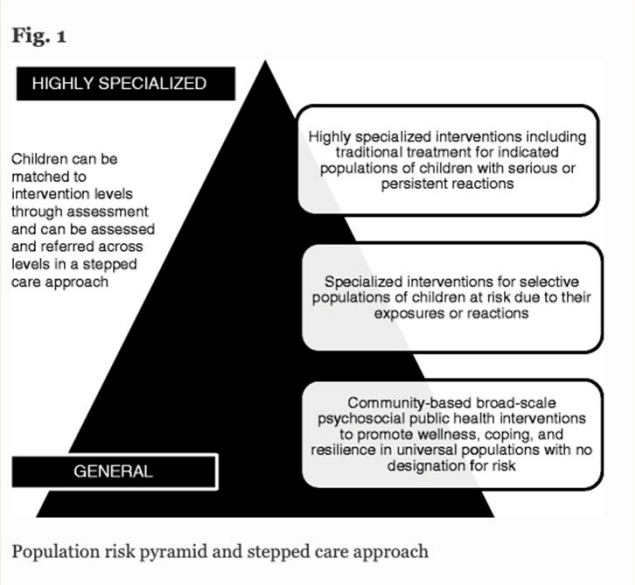

Risk Stratification

- Pre-existing Illness- Mental and Physical
- Healthcare workers
- Direct affects of pandemic; loss of loved one; survived illness; job loss; housing loss..
- Young Adults

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Mental Health In Public Health Emergencies

- Support coping mechanisms to help manage psychologic distress associated with pandemic to prevent further deterioration of mental health/connect to resources.
- Intervene as early as possible for those with more severe symptoms.
- Refer those in need of a higher level of care.

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Covid Coach

Population Based Coping

- Five Ways of Well Being-
  Learn/Connect/Take notice/Give/Be active
- Sleep/Routines
- Mindset

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Assessing Suicidal Risk and Supporting those at Risk

Greg Marley LCSW
NAMI Maine

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SUICIDE PREVENTION IN PEDIATRICS FOCUS ON TRENDS IN ADOLESCENT SUICIDE

Greg A Marley, LCSW

Maine Suicide Prevention Program

In partnership with: NAMI Maine

Education, Resources and Support—It's Up to All of Us.

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Trends in Suicidal Behavior in School-Age Youth

- In general, suicide risk increases with age through adolescence and young adulthood.
- Nationally and in Maine we have seen an increase in suicide in youth under age 15. Significantly, girls have shown more marked increase than boys.
- This is also reflected in increases in depression, anxiety an increase in depression, anxiety and NSSI among girls.
- School staff generally report increased signs that their students are under greater levels of stress and show reduced ability to cope with the stresses.
- Geographic or school district boundaries are increasingly more porous and fluid in this age of social media.

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This is all Happening in a Pandemic

- REMOTE..... everything!
- Physical distancing leads to social isolation
- Disruptions to routines, to learning, to connecting with others
- Disruptions to social rituals and celebrations
- Massive uncertainty and a rapidly-changing landscape
- Leadership hampered by significant disagreements on basic issues!

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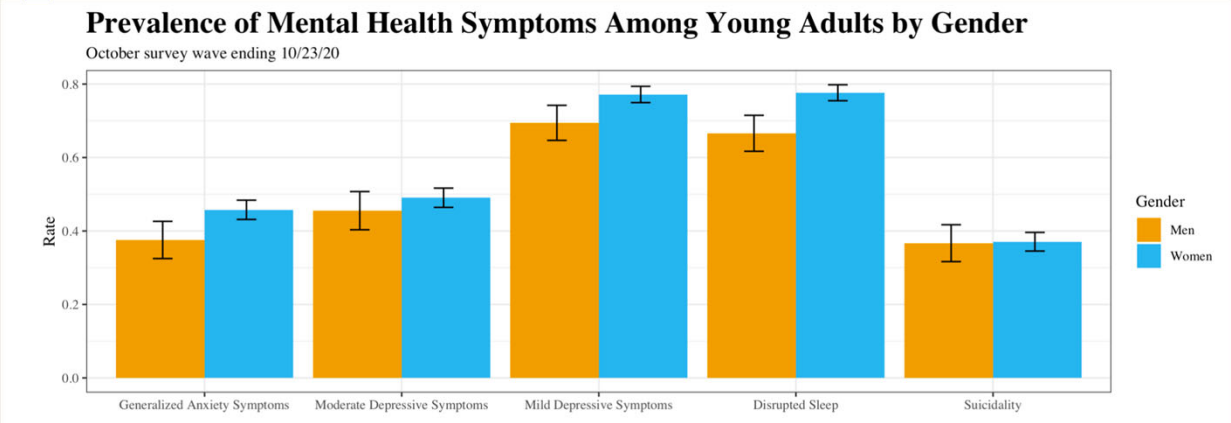
Recent US-CDC survey of 18-24 y/o



Anxiety | Mod. Depression | Mild Depression | Disturbed Sleep. | Suicidality

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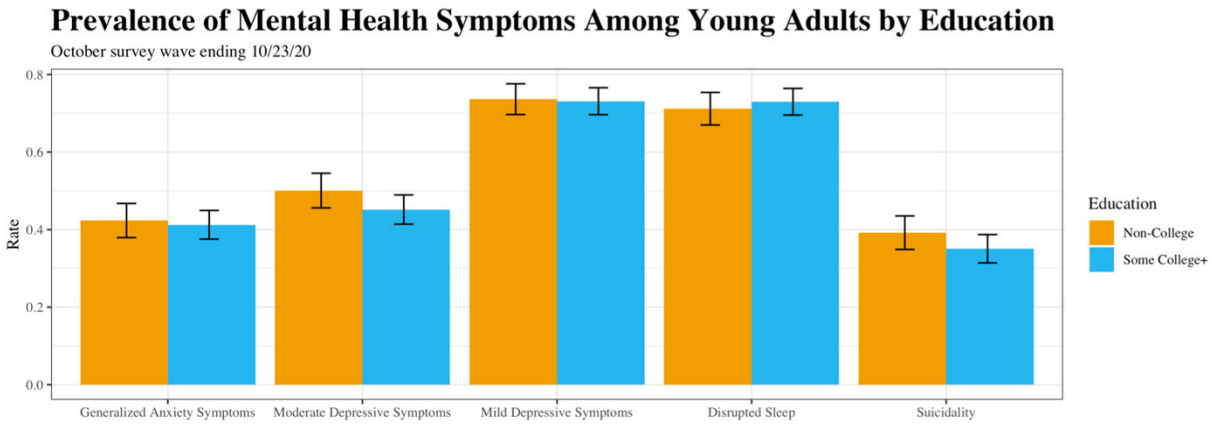
Recent US-CDC survey of 18-24 y/o



Anxiety Suicidality **Mod. Depression** **Mild depression** **Disturbed Sleep.**

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Developing a Suicide-Informed Practice

- All staff see suicide prevention as part of their work.
- Training and support is available for their roles.
- **Protocols** are in place guiding screening, identification, assessment, management of risk
  - *A standardized **assessment** tool is used*
  - ***Referrals** are made for treatment as indicated*
  - ***Collaborative Safety planning** is used as a management tool*
  - *Continuity of care is assured through **proactive follow-up** for those identified as at risk.*

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Use of the C-SSRS for Screening Suicide Risk

- The MSPP supports the use of the Columbia Suicide Severity Rating Scale (C-SSRS) as a tool for screening for and evaluating suicide risk
- C-SSRS An evidence-based screening tool that enables more nuanced estimation of risk
- Based on 6 questions exploring increasing suicide risk
- Can be completed in a short time
- Valid and reliable across a wide range of populations and settings
- Allows for easy documentation of the process.

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Asking about Risk for Suicide (C-SSRS; Screen Version)

- **Suicidal Ideation**
  - *"Have you wished you were dead or wished you could go to sleep and not wake up?"*
  - *"Have you actually had any thoughts of killing yourself?"*
- **Planning**
  - *"Have you been thinking about how you might kill yourself?"*
- **Intent**
  - *"Have you had these thoughts and had some intention of acting on them?"*
  - *"Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?"*
- **History of suicidal Behavior**
  - *"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"*
  - *"If yes, when, how long ago and details of the event(s)?"*

***Ask regarding the past week or the past month**

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	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		**High Risk**

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C-SSRS Full Assessment

- If C-SSRS screen indicates suicide risk, complete assessment version to determine level of risk and level of care needs,
- Suicidal Behavior
  - *Suicide attempt history and para suicidal behavior history and details including **self-injurious behavior** done without suicidal intent*
  - ***Actual Attempt:** Most recent, most severe and trend toward increasing severity of damage…*
  - *Details about attempts **aborted** by self or **interrupted** by others,*
  - *A detailed assessment of recent **preparatory actions** including acquisition or availability of lethal means, rehearsal, writing a note. . .*
  - *An assessment of lethality, **level of damage** of attempt made,*
  - ***Potential lethality** of means and methods identified if no damage*

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Safety Planning

A Safety plan is a written list of coping distractions & activities and personal, social and professional resources developed with a person, for use during and after a crisis:

- Allows time to assess if a person is willing, ready & able to engage in planning for their safety,
- Focus on personal coping skills and activities,
- Exploration of personal and social resources and the ability to mobilize them, including family supports, friends,…
- Connection with parents,
- Focus on professional supports engaged and available,
- ***Opportunity to plan for lethal means restriction***
- *Make a copy for the person and keep one for follow-up.*

**** SAFETY PLAN HANDOUT***

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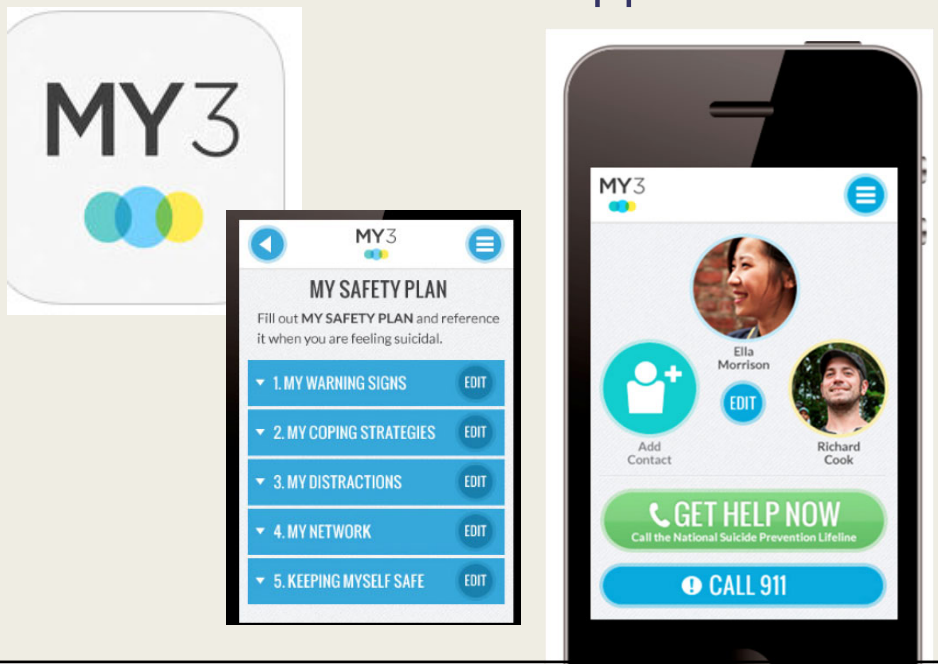
Crisis Plan Apps



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Assured Follow-up is Vital

As many as 70 percent of suicide attempters of all ages will never make it to their first outpatient appointment. Across all studies, the rate for non-attendance is about 50 percent.

Efforts to improve suicide assessments, follow-up and continuity of care and to forestall readmission should target higher-risk patients prone to disengagement and non-adherence.

David Knesper, MD

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Questions and Discussion

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MSPP Training and Technical Assistance

- *Suicide Prevention Gatekeeper Training*
- *Suicide Prevention: Training of Trainers*
- *Practice-based Lunch and Learn sessions on Suicide Management*
- *Non-suicidal Self Injury assessment and management*
- *Collaborative Safety Plan Training*
- *Suicide Assessment for Clinicians*
- *Consultation on suicide risk and management*
- *Support after a suicide loss*

Contact NAMI Maine Suicide Prevention Training Manager for more details

mspp@namimaine.org

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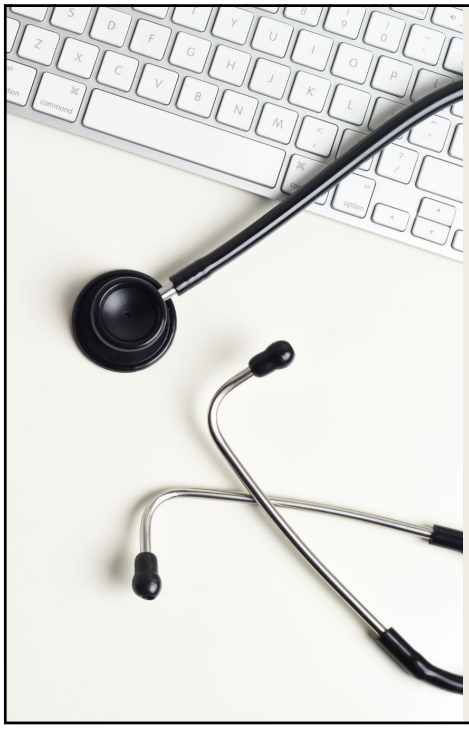

MSPP Contact Information

- Training Program Inquiries: 207-622-5767 x 2318 MSPP@namimaine.org
- Greg Marley, LCSW, Clinical Director, NAMI Maine 622-5767 x 2302

gmarley@namimaine.org

- MSPP Program Coordinator: Sheila Nelson, 207-287-3856 Sheila.Nelson@maine.gov

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SUPPORTING FAMILIES POST CRISIS/DISCHARGE

David Walter DO

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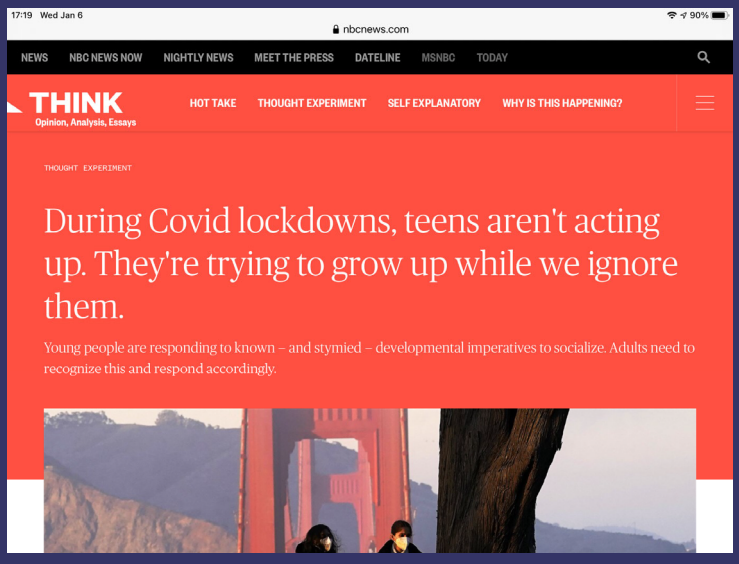

SUPPORTING FAMILIES/YOUTH IN CRISIS

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Resources

- MAINE
  - Maine Crisis 1-888-568-1112
  - NAMI TEEN TEXT 207 -515-TEXT (8398)
- AAP
  - Mental Health Minute Series
  - https://services.aap.org/en/patient-care/mental-health-minute/
  - Healthy children.org – Mental Health During Covid- Signs Your Child May Need More Support/Ten Things Parents Can Do to Prevent Suicide

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Resources

- National Child Traumatic Stress Network
  - https://www.nctsn.org/sites/default/files/resources/fact-sheet/parents_guide-helping_children_cope_with_covid-19_pandemic-final_version_386421_284_28977_v1.pdf
- American Psychiatric Association Foundation
  - Notice Talk Act
  - https://apafdn.org/Impact/Schools/Notice-Talk-Act-at-School/Free-Resources
- Other Resources
  - University of Queensland: Parenting in a Pandemic Podcasts: https://pfsc.psychology.uq.edu.au/parentinginapandemic
  - APA Stress in America 2020: https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf

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Resources

- Psychiatry Consult Access: Maine Association of Psychiatric Physicians:
  https://www.mainepsych.org/wp-content/uploads/2016/08/consultation-project-brochure-updated-06.2014.pdf
- Child Psychiatry Access Consultation.

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References

- Pfefferbaum, B., North, C.S. Child Disaster Mental Health Services: a Review of the System of Care, Assessment Approaches, and Evidence Base for Intervention. *Curr Psychiatry Rep* **18,** 5 (2016). https://doi-org.proxy1.library.jhu.edu/10.1007/s11920-015-0647-0
- Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org.proxy1.library.jhu.edu/10.15585/mmwr.mm6932a1external icon.
- J Am Acad Child Adolesc Psychiatry. 2020 Nov; 59(11): 1218–1239.e3. Published online 2020 Jun 3. doi: 10.1016/j.jaac.2020.05.009
- Mutluer T, Doenyas C, Aslan Genc H. Behavioral Implications of the Covid-19 Process for Autism Spectrum Disorder, and Individuals' Comprehension of and Reactions to the Pandemic Conditions. Front Psychiatry. 2020 Nov 16;11:561882. doi: 10.3389/fpsyt.2020.561882. PMID: 33304279; PMCID: PMC7701051.

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References

- Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, Linney C, McManus MN, Borwick C, Crawley E. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. J Am Acad Child Adolesc Psychiatry. 2020 Nov;59(11):1218-1239.e3. doi: 10.1016/j.jaac.2020.05.009. Epub 2020 Jun 3. PMID: 32504808; PMCID: PMC7267797.
- Nearchou F, Flinn C, Niland R, Subramaniam SS, Hennessy E. Exploring the Impact of COVID-19 on Mental Health Outcomes in Children and Adolescents: A Systematic Review. Int J Environ Res Public Health. 2020 Nov 16;17(22):8479. doi: 10.3390/ijerph17228479. PMID: 33207689; PMCID: PMC7698263.
- Han RH, Schmidt MN, Waits WM, Bell AKC, Miller TL. Planning for Mental Health Needs During COVID-19. Curr Psychiatry Rep. 2020 Oct 8;22(12):66. doi: 10.1007/s11920-020-01189-6. PMID: 33030637; PMCID: PMC7542088.
- Wang X, Hegde S, Son C, Keller B, Smith A, Sasangohar F. Investigating Mental Health of US College Students During the COVID-19 Pandemic: Cross-Sectional Survey Study. J Med Internet Res. 2020 Sep 17;22(9):e22817. doi: 10.2196/22817. PMID: 32897868; PMCID: PMC7505693.

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