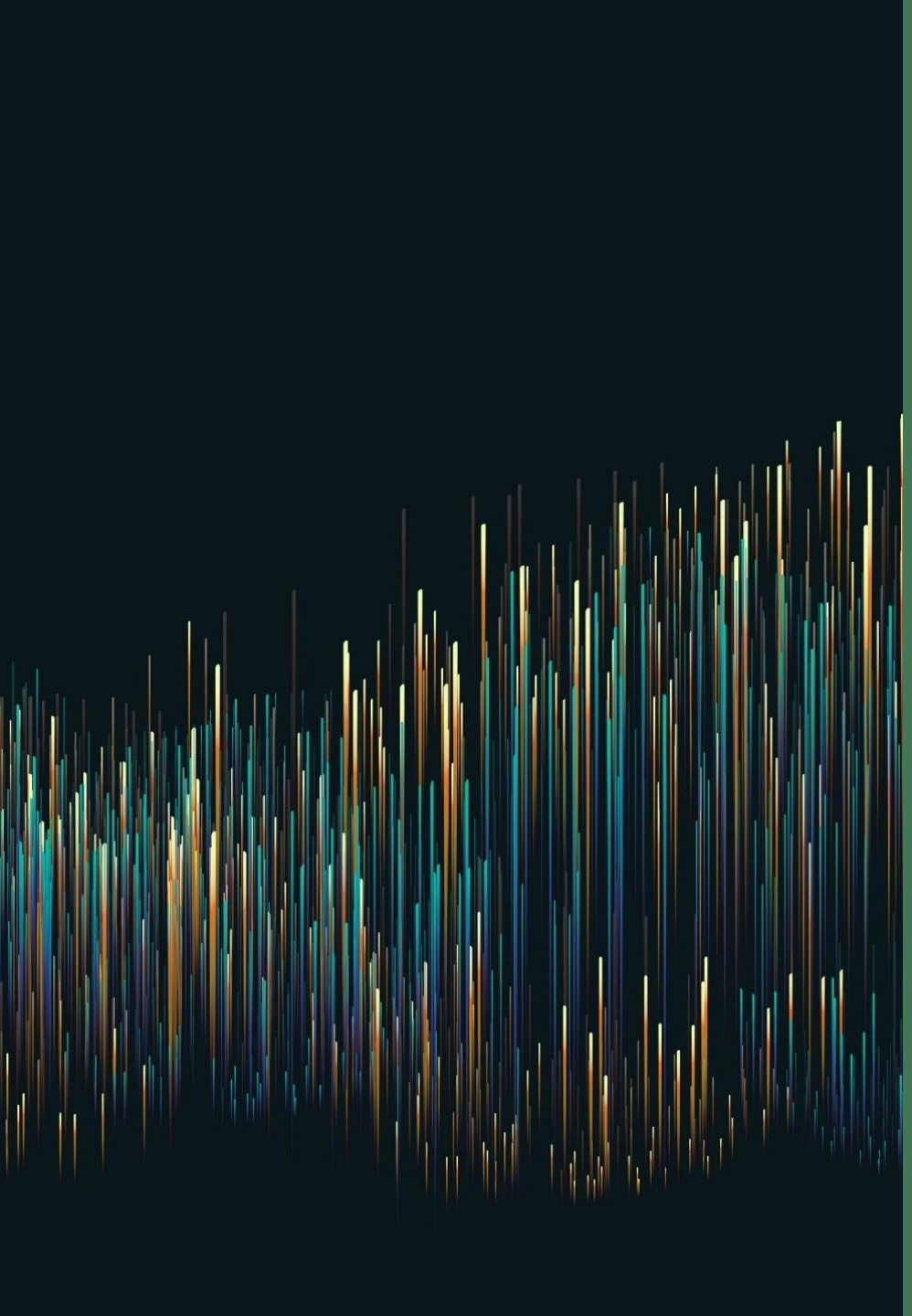


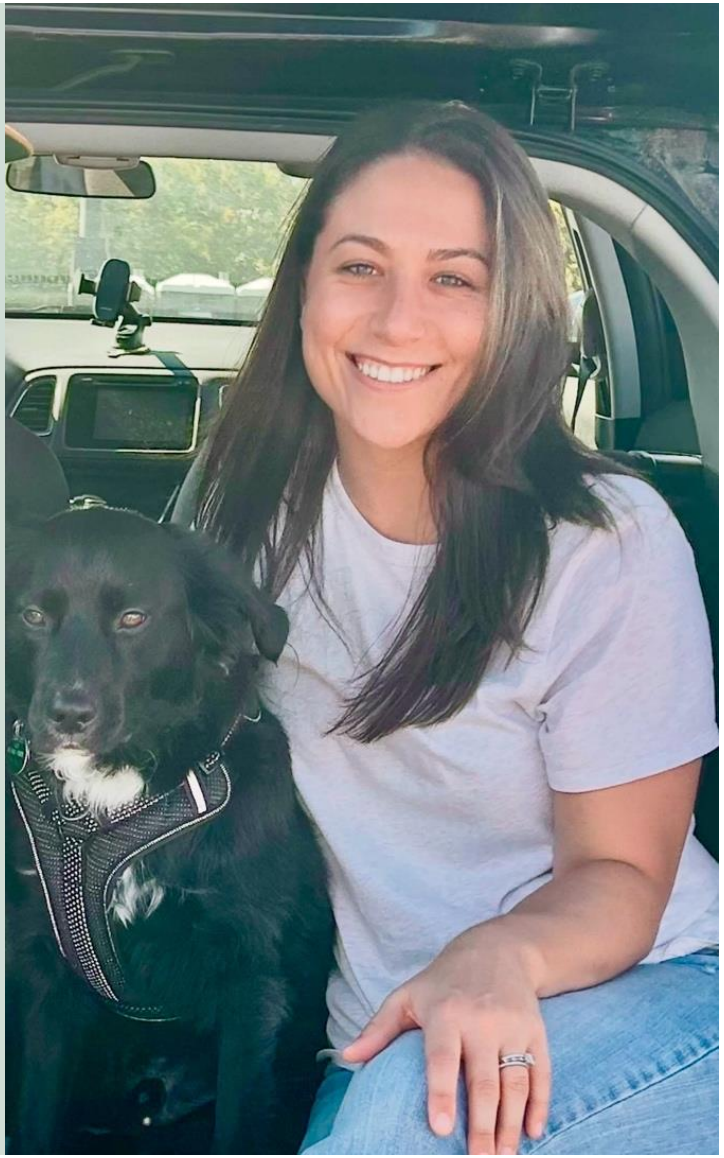
YOUTH SUICIDE AND CRISIS PREVENTION

Brooke Ott, LCSW

Youth Mobile Crisis Intervention Services

Wheeler Health

Brooke Ott is a licensed clinical social worker with over 5 years of experience working with children and teens in crisis. She is currently employed at Wheeler Health as the Lead Clinical Trainer of the Youth Mobile Crisis Program (MCIS). Brooke received her bachelor's degree in social work from Eastern Connecticut State University in 2019 and her master's in social work from the University of Saint Joseph in 2020. Brooke started as an intern with Wheeler's MCIS program in 2019 while in graduate school. Following the completion of her graduate program, she stayed with MCIS and worked as a Crisis Clinician until transitioning to the Lead Clinical Trainer role in 2023.



LEARNING OBJECTIVES

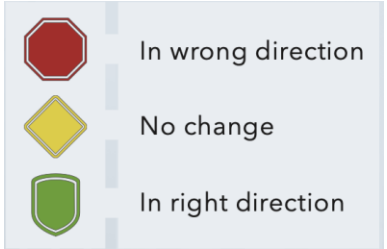
1. Review statistics & demographics on mental health and suicide among youth
2. Overview of Mobile Crisis Intervention Services
3. Identify risk and protective factors for suicidality
4. Discuss healthy coping skills
5. Case example
6. Resources for families

FACTS & STATISTICS

- Suicide is the second leading cause of death for children, adolescents, and young adults age15-to-24-year-olds. (AACAP, 2024)
- One in five high school students seriously considered attempting suicide in 2023, according to data from the Centers for Disease Control and Prevention (CDC). (Cornman, 2024)
- There was a 62% increase in suicide among 10- to 24-year-olds from 2007 to 2021, as well as an 8.2% annual increase from 2008-2022 in pre-teens as young as 8-years-old. (Cornman, 2024)
- LGBTQ+ young people are more than four times as likely to attempt suicide than their peers. (The Trevor Project, 2024)
- Suicide rates were 3.2 times higher for teenage boys than teen girls between 2018 and 2020…Boys and young men represent 80 percent of all youth suicide deaths, and 90 percent of all those who die by suicide using a firearm. (Gerson, 2023)
- The suicide rate among Black youth ages 10-17 increased by 144% between 2007 and 2020, the fastest-growing rate among racial groups. (Cornman, 2024)

MENTAL HEALTH AND SUICIDAL THOUGHTS & BEHAVIORS OVER THE PAST DECADE

The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021-2023)
Experienced persistent feelings of sadness or hopelessness	30	30	31	37	42	40		
Experienced poor mental health†	–	–	–	–	29	29	–	
Seriously considered attempting suicide	17	18	17	19	22	20		
Made a suicide plan	14	15	14	16	18	16		
Attempted suicide	8	9	7	9	10	9		
Were injured in a suicide attempt that had to be treated by a doctor or nurse	3	3	2	3	3	2		



Youth Risk Behavior Survey Data Summary & Trends Report 2013-2023
CDC, 2024

OVERVIEW OF YOUTH MOBILE CRISIS INTERVENTION SERVICES

What is MCIS?

- Mobile Crisis is a state-wide, community based and family supportive clinical intervention service for children & adolescents experiencing a behavioral or mental health crisis.

What does MCIS do?

- Masters level licensed/licensed eligible clinicians will conduct a biopsychosocial assessment, risk assessment, and then engage in the collaborative completion of a safety plan with the youth and their family. Following the initial assessment, MCIS can stay open with a family for up to **6 weeks**, providing in-person follow-ups, phone call check-ins, collaborating with the child's school and/or other providers, and making clinically appropriate referrals.

OVERVIEW OF YOUTH MOBILE CRISIS INTERVENTION SERVICES CONTINUED

Hours of Operation:

- 24/7, 365 days a year

Who is appropriate for MCIS?

- Any child that you believe to be in crisis. This includes but is not limited to, self-harm, suicidal/homicidal ideations, disruptive/unsafe behaviors at school/home, anxiety and depressive symptoms, and psychosis.

When is MCIS not appropriate?

- MCIS cannot respond when the youth is actively under the influence of alcohol or drugs, if the youth is not present, or if the youth is actively attempting suicide.

Who can access MCIS?

- Youth ages 3 to 17 (can serve up to age 18 if still in high school).

Where does MCIS respond?

- Staff will respond to wherever the identified child is in crisis, however most assessments take place at schools and homes.

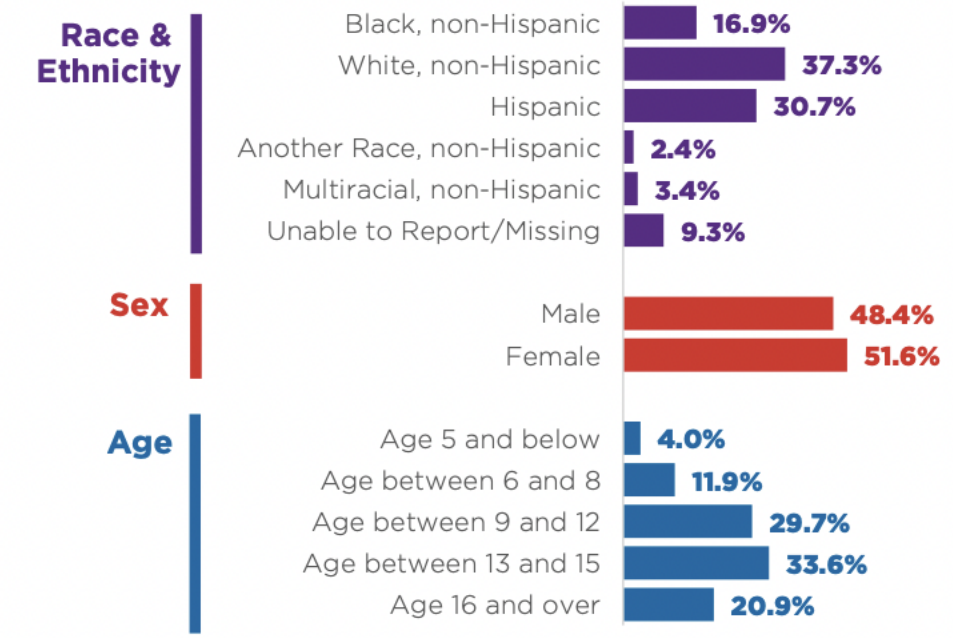
Consent:

- MCIS does require parental consent. Services are voluntary and even if needed, can be declined by a parent/guardian. If the referred youth is 18, *their* consent is required, and they have the right to decline services.

CONNECTICUT MCIS DATA (FISCAL YEAR 2024)

- 15,187 calls received, resulting in 11,346 episodes of care servicing 8,428 children
- 78.4% of children served only had one episode of care, while 21.6% of children had two or more episodes of care within the year.

Figure 8. Demographics of children served.



CHDI MCIS FISCAL YEAR 2024 ANNUAL REPORT

PRIMARY PRESENTING PROBLEMS (FISCAL YEAR 2024)

Table 4. Top presenting problems by region.

Presenting Problem	Central	Eastern	Hartford	New Haven	Southwestern	Western	Statewide
Harm/Risk of Harm to Self	42.6%	41.3%	23.4%	25.9%	19.8%	25.3%	**29.0%**
Disruptive Behavior	22.7%	20.3%	25.4%	28.0%	25.9%	26.6%	**25.0%**
Depression	8.3%	6.6%	15.2%	11.1%	16.9%	14.3%	**12.5%**
Anxiety	5.6%	4.6%	10.0%	8.3%	6.9%	6.0%	**7.2%**
Harm/Risk of Harm to Others	6.1%	8.8%	4.6%	4.3%	2.7%	5.5%	**5.3%**
School Problems	4.1%	4.1%	4.8%	6.2%	8.2%	4.8%	**5.2%**
Family Conflict	5.0%	4.5%	4.4%	5.6%	6.0%	7.2%	**5.5%**
Other	5.6%	9.9%	12.1%	10.5%	13.6%	10.3%	**10.4%**

CHDI MCIS FISCAL YEAR 2024 ANNUAL REPORT

STABILIZATION SERVICES (FISCAL YEAR 2024)

Table 6. Crisis response type by region.

	Central	Eastern	Hartford	New Haven	Southwestern	Western	Statewide
Plus Stabilization Follow-Up	69.2%	8.8%	47.0%	6.0%	13.6%	63.5%	**38.9%**
Face-to-Face	6.3%	64.0%	28.5%	64.7%	58.3%	13.8%	**35.4%**
Phone Only	20.7%	26.6%	23.0%	22.5%	15.4%	15.8%	**20.6%**
Face to Face: Consultation Only	3.8%	0.2%	1.3%	6.8%	12.6%	6.9%	**4.9%**
Telehealth	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%	**0.1%**

CHDI MCIS FISCAL YEAR 2024 ANNUAL REPORT

MCIS ASSESSMENT TOOLS

During MCIS crisis assessments, the following screenings/scales are utilized to determine risk factors and acuity level:

- OHIO scales
- Generalized Anxiety Disorder (GAD-7)
- Kutcher Adolescent Depression Scale (6-KADS)
- Connecticut Trauma Screen
- CRAFFT
- Life Events Checklist
- Columbia-Suicide Severity Rating Scale (C-SSRS)

MCIS SAFETY PLAN

Wheeler | Innovative Care. Positive Change.

STATEWIDE UNIFORM CRISIS PLAN

Clinician Name: _____ **Clinician Phone:** _____ **Date:** _____

Program: _____ **24 Hour Phone: Call 211**

Youth's Name: _____ **Age:** _____ **DOB (if known):** _____

Current Crisis and Presenting Issues:

_____

Strengths/Coping Skills:

_____

Recommendations to Family: ☐ Increase supervision of the child ☐ Secure all medications

☐ Secure dangerous household items (knives/sharps, guns/weapons, household cleaning chemicals)

Other: _____

What to do to prevent a crisis:

_____

_____

Natural & Other Supports with Contact Info:

_____

What to do during a crisis:

_____

_____

_____

Youth Will:

_____

_____

Parent/Guardian Will:

_____

_____

Other Team Members Will:

_____

Initial Plan/Follow-Up:

☐ Continue evaluation
☐ Schedule psychiatric evaluation
☐ Phone call to parent (Date): _____
☐ No further intervention indicated at this time
☐ Other (referral to emergency room, contact other potential follow-up providers)_____

☐ Contact referral source/other current providers
☐ Next appointment (Date): _____ (Time): _____
☐ Phone call to child/teen (Date): _____
☐ Family declined additional EMPS services at this time

_____

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Signature: _____ **Date:** _____
Youth Signature: _____ **Date:** _____
Crisis Clinician Signature: _____ **Date:** _____
Crisis Clinician Signature: _____ **Date:** _____

Internal Office Use Only: **Supervisor's signature below indicates post-service review and approval of the above crisis plan.**

Supervisor Signature: _____ **Date:** _____

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WARNING SIGNS FOR SUICIDALITY

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risk activities, seemingly without thinking
- Increasing alcohol or drug use
- Withdrawing from friends, family, society, or regular activities
- Frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Decline in quality of schoolwork
- No reason for living; no sense of purpose in life
- Talking about being a burden
- Extreme mood swings
- Looking for ways to access lethal means
- Talking or posting about wanting to die
- Making plans for suicide

RISK FACTORS

- Mental illness, specifically depression
- Previous suicide attempt
- Serious physical illness/chronic pain
- Family history of mental illness and suicide
- History of childhood trauma
- Aggression/impulsivity
- Social isolation
- Lack of access to healthcare/mental healthcare
- Triggering event
- Access to lethal means
- Suicide exposure
- Substance abuse and/or co-occurring mood disorders
- Poor interpersonal problem-solving ability
- Bullying
- Loss of relationships
- High conflict or violent relationships

PROTECTIVE FACTORS

- Identified reasons for living
- Support from family and friends
- Strong therapeutic alliance
- Access to mental health care
- Positive attitude towards mental health treatment
- Effective coping skills
- Problem solving skills
- Cultural/religious beliefs
- Strong sense of cultural identity
- Feeling connected to peers, school, and community
- Reduced access to lethal means

SAFETY PLANNING RECOMMENDATIONS & COPING SKILLS

- Increased supervision by parent/guardian
- Securing sharps, meds, and dangerous items in home
- Room checks/sweeps
- Frequent check-ins with natural/therapeutic supports
- Keeping to a routine
- Setting small goals/setting an intention for the day
- Self rewards
- Identifying positives from each day
- Journaling
- Talk to a trusted adult
- Listening to music
- Create a distraction kit
- “Five senses”
- Mindfulness
- Breathing exercises & grounding techniques
- Identify reasons for living
- Write a gratitude list
- Participating in activities that were once enjoyable
- Social media breaks

CASE EXAMPLE

CASE EXAMPLE: PRESENTING PROBLEMS/OVERVIEW

15-year-old Hispanic heterosexual cisgender male

- Suicidal ideation (SI), bullying/peer difficulties, extremely low self-esteem, depression, anxiety
- Walked to the bridge near his house with a plan to jump. Had second thoughts upon arrival and prayed. Older brother located him after 3 hours and they returned home
- No history of SI, states this is the first time he has experienced these intrusive thoughts and tried to act on them
- Uses nicotine vape
- Restricted eating due to his weight
- Being bullied at school for his ethnicity & weight. Feels like he's at an all-white school so it makes him uncomfortable
- Has struggled with his peers but has managed to make a couple close friends

CASE EXAMPLE: FAMILY INFORMATION

- Lives at home with mom, dad, younger sister, & older brother. Has a good relationship with family and states that while his parents are supportive, he doesn't want to burden anyone with his problems
- Gets along with siblings and likes to play baseball with them. No issues were identified
- Maternal history of depression, anxiety, bipolar disorder, and Schizophrenia

CASE EXAMPLE: RESULTS FROM GAD-7

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	○	○	◉	○
2. Not being able to stop or control worrying	○	○	◉	○
3. Worrying too much about different things	○	○	◉	○
4. Trouble relaxing	○	○	◉	○
5. Being so restless that it's hard to sit still	○	○	○	◉
6. Becoming easily annoyed or irritable	○	○	○	◉
7. Feeling afraid as if something awful might happen	○	○	◉	○

To score the GAD click the Score Button [Score]

Total Score GAD: 16

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not difficult at all
- ○ Somewhat difficult
- ◉ Very difficult
- ○ Extremely difficult

CASE EXAMPLE: RESULTS FROM 6-KADS

6-ITEM Kutcher Adolescent Depression Scale: KADS

Over the last week, how have you been "on average" or "usually" regarding the following?	Hardly ever	Much of the time	Most of the time	All of the time
1. Low mood, sadness, feeling blah or down, depressed, just can't be bothered.	○	◉	○	○
2. Feelings of worthlessness, hopelessness, letting people down, not being a good person.	○	◉	○	○
3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot	○	◉	○	○
4. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.	○	◉	○	○
5. Feeling worried, nervous, panicky, tense, keyed up, anxious.	○	○	◉	○
6. Thoughts, plans or actions about suicide or self-harm.	◉	○	○	○

To score the KADS click the Score Button [Score].

Total Score KADS: 6

CASE EXAMPLE: RESULTS FROM C-SSRS

Answer Questions 1 and 2	In The Past Month	Lifetime
1) Have you wished you were dead or wished you could go to sleep and not wake up?	(•) Yes ( ) No	(•) Yes ( ) No
2) Have you actually had any thoughts about killing yourself?	(•) Yes ( ) No	(•) Yes ( ) No

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?	(•) Yes ( ) No	(•) Yes ( ) No
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?	(•) Yes ( ) No	(•) Yes ( ) No
5) Have you started to work out or worked out the details of how to kill yourself?	(•) Yes ( ) No	(•) Yes ( ) No
Do you intend to carry out this plan?	(•) Yes ( ) No	(•) Yes ( ) No

	In the Past 3 Months	Lifetime
6) Have you done any of the following?	(•) Yes ( ) No	(•) Yes ( ) No
Attempted to kill yourself even if ending your life was only part of your motivation		
Started to do something to end your life but someone or something stopped you before you actually did anything		
Started to do something to end your life but you stopped yourself before you actually did anything		
Taken any steps towards making a suicide attempt or preparing to kill yourself Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
6a) In your entire lifetime, how many times have you done any of these things?		1

CASE EXAMPLE: EPISODE OF CARE

- MCIS was open with this client for 26 days. In those 26 days, the following occurred:
  - 1 crisis call
  - 1 crisis assessment
  - 6 phone calls
  - 3 in-person follow ups
- Youth was referred to the emergency department at intake due to his high risk of harm to self. Youth was discharged from the ED the same day
- MCIS completed an in-person follow-up where a safety plan was created, as one was not completed during the intake due to the youth being referred to the ED

CASE EXAMPLE: SAFETY PLANNING

- **Coping skills identified by client:** playing video games, listening to music, playing baseball, talking to therapist
- **Coping skills/interventions recommended:**
  - Mindfulness
  - Positive affirmations
  - Frequent check ins from parents
  - Twice a week check ins with school counselor
  - Securing all sharps & meds in the home
  - Increasing supervision
  - Installing door alarms so family is notified if he leaves the home
  - Location sharing so parents can track his phone
- MCIS clinician set up a meeting with the parents and school to address the bullying concerns

CASE EXAMPLE: DISCHARGE PLAN

MCIS recommended a referral to an intensive outpatient treatment program (IOP) however the family declined this as they feel they don't have enough time for him to be in treatment 3-4 days a week. The family and current therapist did agree to increase his sessions from biweekly to weekly and if they see him decline again in the future, they will reconsider IOP. Family was encouraged to contact 211 option 1 as needed.

Note: MCIS has not received another crisis call for this youth since discharge in October

CRISIS RESOURCES

- Mobile Crisis Intervention Services
  - Call 211 option 1
- Transgender Suicide Lifeline
  - 877-565-8860
  - translifeline.org
- The Trevor Project
  - Call 866-488-7386
  - Text "Start" to 678-678
  - thetrevorproject.org
- Call or Text 988
  - 988lifeline.org
- National Human Trafficking Hotline
  - 888-373-7888 or text 233733
  - humantraffickinghotline.org
- Love146
  - Email: survivorcare@love146.org
  - 203-361-7899
- Connecticut Suicide Advisory Board
  - Preventsuicidect.org
- National Suicide Prevention Lifeline
  - Talk: 1-800-273-TALK (8255)
  - Chat: suicidepreventionlifeline.org

URGENT CRISIS CENTERS (UCC)

- The Urgent Crisis Center offers crisis stabilization support, comprehensive mental health assessments, short-term medication services (if indicated and urgently needed), collaborative safety planning, and referrals for youth 4-18 years old (must still be in high school if 18).
- The UCC is voluntary and requires both parent/guardian and youth to consent to treatment. Parent/guardian must either be present or available to reach by phone.
- **There are no beds in the UCC**; the goal is to de-escalate the crisis, complete the evaluation and connect the family to services in under 24 hours.
- Ambulances are now able to transport to UCCs

The Village
Where real change happens®

If your child is experiencing a mental health crisis, you have options.

Mobile Crisis Intervention Services (MCIS) & Urgent Crisis Center (UCC) QUICK FACTS

When to choose MCIS?

- Personal choice
- Family would prefer a behavioral health assessment at their home, elsewhere in the community, or the child won't leave the home
- Guardians cannot be present for an assessment but are in agreement, and another adult is present

When to choose UCC?

- Personal choice
- Family prefers a behavioral health assessment to take place in a calm, quiet, spacious office setting
- Medical assessment by a Registered Nurse or psychiatric provider would be beneficial

When to choose the Emergency Room?

- Personal choice
- Require immediate medical intervention
- Require withdrawal management and detox
- Immediate safety cannot be maintained

Urgent Crisis Centers

The Village
Where real change happens®

1680 Albany Avenue, Hartford, CT 06105
(860) 297-0520
thevillage.org/UCC

Child & Family Agency of Southeastern Connecticut, Inc.

255 Hempstead St, New London, CT 06320
(860) 437-4550
childandfamilyagency.org/urgent-crisis-center

Wellmore
Behavioral Health
Wellness for a lifetime®

141 East Main Street, Waterbury, CT 06702
(203) 580-4298
wellmore.org/urgent-crisis-center

YaleNewHavenHealth
Yale New Haven Children's Hospital

20 York Street, New Haven, CT 06510
(203) 688-4707
ynhh.org/childrens-hospital/services/emergency-services

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