



# Youth Suicide Prevention

It Truly Takes a Village

Pediatric Grand Rounds  
December 14, 2023

Lisa Giles, MD  
Michael Staley, PhD  
Andrea Hood, MS  
Kim Myers, MSW

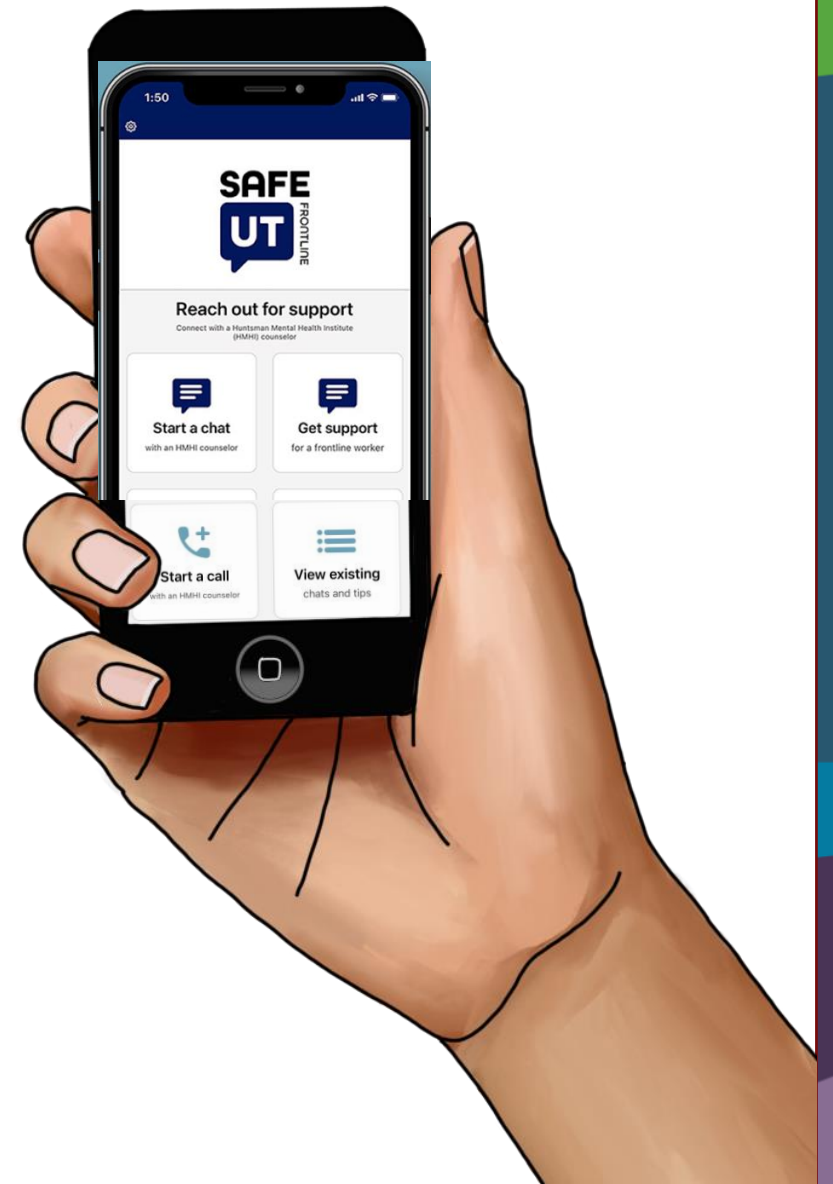
# Disclosures

There are no financial relationships to disclose for any of those presenting.



# Physician Support Line

1 (888) 409-0141



# Objectives

1. Demonstrate examples of partnerships between state, community, and healthcare systems to improve suicide prevention efforts for youth and families.
2. Discuss the opportunities for prevention within health care including the use of brief interventions for suicide risk.



# Overview



**Set the Stage** – Michael Staley, PhD



**State Level Interventions** – Andrea Hood, MS



**System Level Interventions** – Kim Myers, MSW



**Clinic Level Interventions** – Lisa Giles, MD



# Setting the Stage:

An update on youth suicide in Utah and select findings from the Utah Youth Suicide Research Project

Michael J. Staley, PhD

Office of the Medical Examiner

Utah Department of Health and Human Services

Adjunct Instructor, Department of Psychiatry, University of Utah



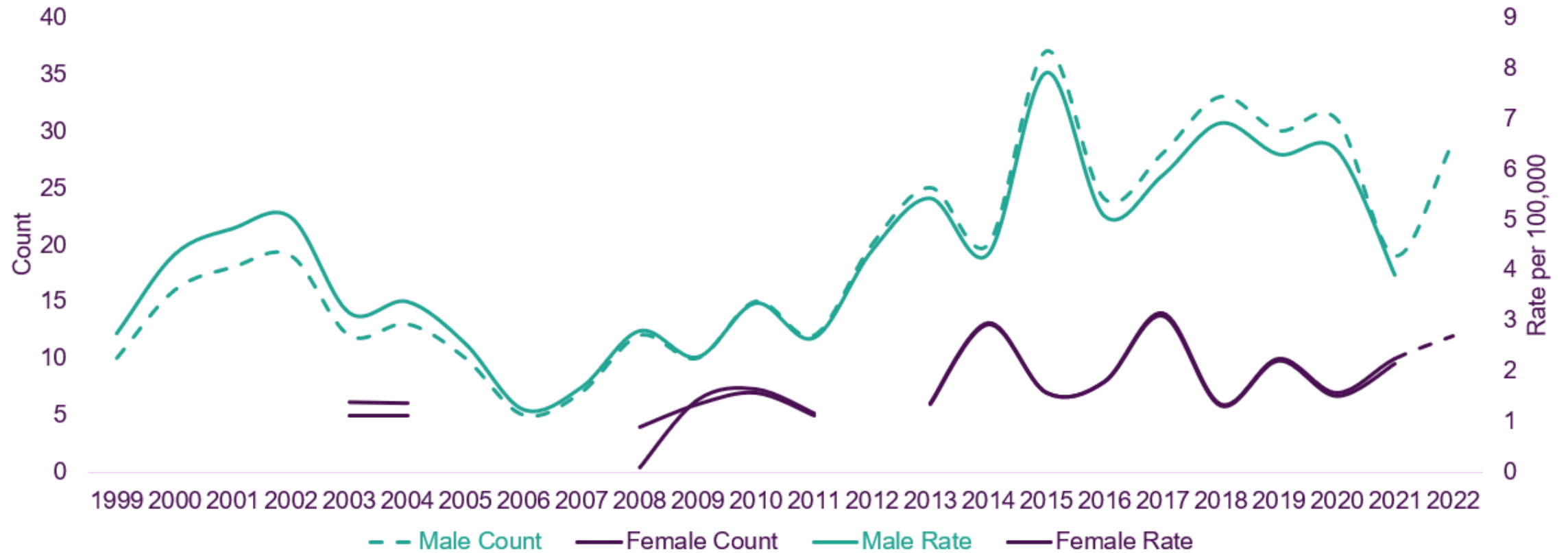
# Utah Suicide: Mortality Rates

Suicide mortality among youth Utah remains critically high but has stabilized since 2015.



# Utah Suicide: Male to Female Ratio

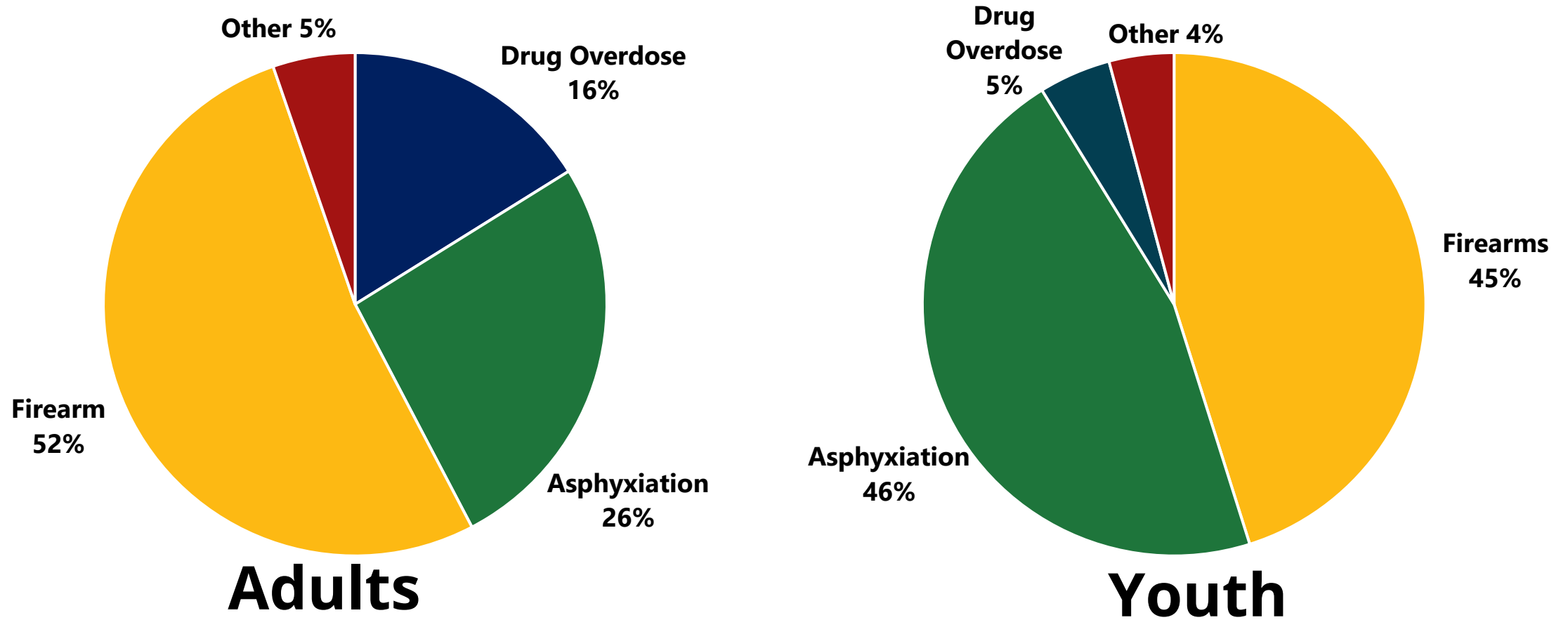
Three males ages 0 to 17 die by suicide for every 1 female.





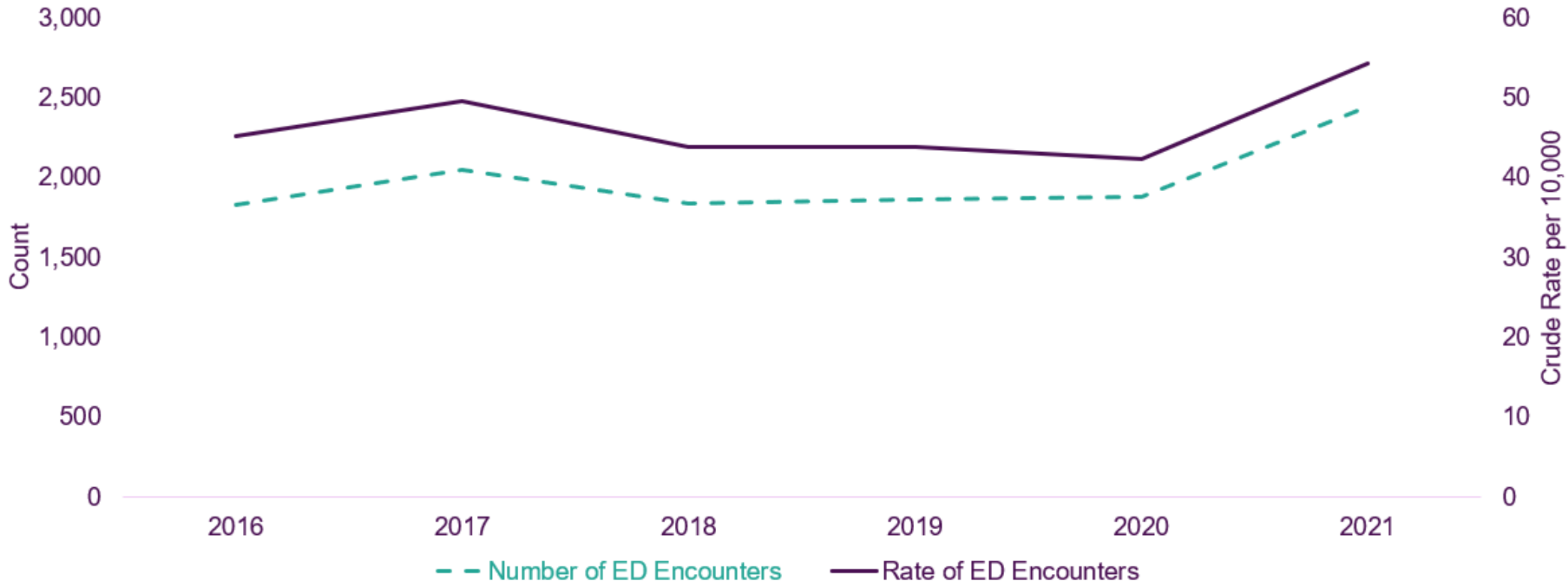
# Utah Suicide: Components

Firearms remain a major component in explaining youth suicide.



# Utah Suicide: Emergency Department Encounters

ED encounters related to suicide among 10–17-year-olds have remained largely flat in the past 6 years but are higher than any other age group.





# Utah Youth Suicide Research Project

**(UYSRP)**

# UYSRP: Healthcare

## When was N last seen by a medical provider prior to his or her death?

(Parent Only Question)

- Within two days: 6 (6%)
- Within two weeks: 23 (22%)
- Within six months: 48 (45%)
- Within one year: 20 (19%)
- Within two years: 3 (3%)
- Longer than two years: 1 (1%)
- Unknown: 4 (4%)



# UYSRP: Healthcare

## **Did N have a primary care provider?**

(Parent Only Question)

- No: 12 (11%)
- Yes: 91 (85%)
- Unknown: 4 (4%)

## **What was the nature of the last visit to a health care provider?**

(Parent Only Question)

- For a non-mental health related illness: 16 (15%)
- For a mental health reason: 38 (36%)
- For a preventative reason: 31 (29%)
- Other: 26 (24%)
- Unknown: 5 (5%)



# UYSRP: Mental Health

## **Was N ever diagnosed with a mental illness?**

(Parents Only Question)

- No: 56 (52%)
- Yes: 50 (47%)
- Unknown: 1 (1%)

## **Did N attend counseling, therapy, etc.?**

(Parents Only Question)

- No: 38 (36%)
- Yes: 68 (63%)
- Unknown: 1 (1%)



# UYSRP: Mental Health

## **Was N ever hospitalized (inpatient) for acute or chronic mental health conditions?**

(Parents Only Question)

- No: 74 (69%)
- Yes: 32 (30%)
- Unknown: 1 (1%)

## **At the time N died, was N seeing a mental health provider?**

(Parents Only Question)

- No: 29 (43%)
- Yes: 38 (56%)
- Unknown: 1 (1%)



# UYSRP: Mental Health

## When was the last time that N saw N's mental health provider?

(Parents Only Question)

- Within 2 days: 6 (9%)
- Within 2 weeks: 23 (34%)
- Within 6 months: 19 (28%)
- Within 1 year: 7 (10%)
- Within 2 years: 5 (7%)
- Longer than 2 years: 4 (6%)
- Other: 1 (2%)
- Unknown: 3 (4%)





# UYSRP: Sleep

## Did N's sleeping habits change in the 30 days prior to N's death?

- No: 47 (44%)
- Yes: 54 (51%)
- Unknown: 6 (6%)



# UYSRP: Suicidality

## Did N ever attempt suicide before the time in which N died?

- No: 58 (54%)
- Yes: 48 (45%)
- Unknown: 1 (1%)

## How many times did N attempt suicide?

- 1: 23 (48%)
- 2: 12 (25%)
- 3: 8 (17%)
- 4 or more: 8 (17%)
- Unknown: 3 (6%)



# UYSRP: Suicidality

## Was N ever treated for N's suicide attempts?

- No: 19 (40%)
- Yes: 27 (56%)
- Unknown: 2 (4%)

## Did N ever talk about suicide?

- No: 36 (34%)
- Yes: 71 (66%)
- Unknown: 0



# UYSRP: Social Connections

## **In a crisis, did N feel the support needed from friends and/or family?**

- No: 26 (24%)
- Yes: 73 (68%)
- Unknown: 8 (8%)

## **Did N know people N could count on if N needed help right away?**

- No: 5 (5%)
- Yes: 98 (92%)
- Unknown: 4 (3%)

## **Was N happy with N's friendships?**

- No: 30 (28%)
- Yes: 70 (65%)
- Unknown: 7 (7%)



# UYSRP: Social Connections

**Were there people in N's life with whom N could do enjoyable things?**

- No: 1 (1%)
- Yes: 103 (96%)
- Unknown: 3 (3%)

**Did N feel that N belonged in N's community?**

- No: 57 (54%)
- Yes: 39 (36%)
- Unknown: 11 (10%)



# State-Level Suicide Prevention Interventions

Andrea Hood, MS

Prevention Program Manager

Utah Office of Substance Use and Mental Health








utah department of  
**human services**  
SUBSTANCE ABUSE AND MENTAL HEALTH

# Utah Suicide Prevention Plan

Coalition workgroups and local grantees work on projects based on the strategies in this plan.

- LGBTQ+ Workgroup
- Workplace Workgroup
- Youth and Young Adult Workgroup
- Faith Workgroup
- Firearm Safety Workgroup
- Zero Suicide Workgroup
- Comprehensive Suicide Prevention Grantees
- Federal grants: NSSP, Project AWARE, Garrett Lee Smith

## CORE STRATEGIES

	Increase Availability and Access to Quality Physical and Behavioral Health Care
	Increase Social Norms Supportive of Help-seeking and Recovery
	Reduce Access to Lethal Means
	Increase Connectedness to Individuals, Family, Community and Social Institutions by Creating Safe and Supportive School and Community Environments
	Increase Coping and Problem Solving Skills
	Increase Support to Survivors of Suicide Loss
	Strengthen Economic Supports

# What is Zero Suicide?

**Zero Suicide** is a **commitment** to suicide prevention in health and behavioral health care systems, a **quality improvement model**, and a **specific set of strategies and tools**.

## SYSTEMATIC SUICIDE CARE

*Bridging the Gaps*

(Adapted from the *National Action Alliance for Suicide Prevention*, 2010)





# Zero Suicide Efficacy

Organizations that have used this approach found a **60-80%** reduction in suicide behaviors among those in care.



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# Zero Suicide Training and Technical Assistance

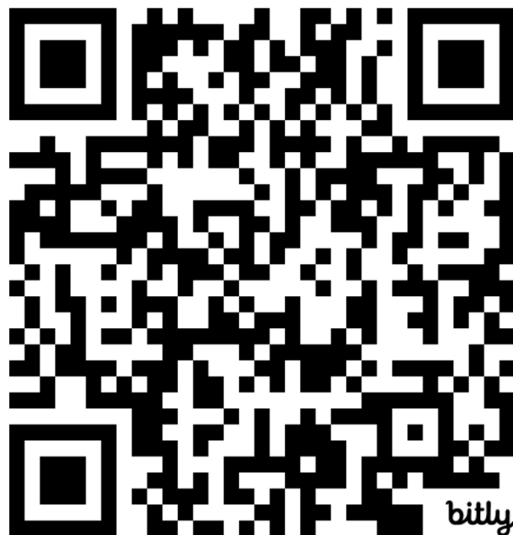
- Zero Suicide Workgroup of the Coalition.
- Receive updates and no-cost training opportunities including:
  - Crisis Response Planning.
  - SafeSide (Connect, Assess, Respond, Extend).
  - Brief Cognitive Behavioral Therapy - for Suicide Prevention.
  - Counseling on Access to Lethal Means.
  - CAMS, and more.
- Email **aamitchell@utah.gov** to be added to the suicide prevention clinical training listserv.



# Zero Suicide Training and Technical Assistance

Coming up: a series of four webinars about the Zero Suicide model and the upcoming Zero Suicide grant application.

**Jan 17 Framework  
Deep-Dive Pt. 1**



**March 6 Framework  
Deep Dive Pt. 2**



**April 24 Putting it  
all Together**



# Healthcare and Community Partnerships Pilot

## Identify

31 youth presented to the Logan Regional ED for suicide ideation (since Feb 2022).

13 youth identified through suicide screening in primary care (since Mar 2023).

## Connect

Social workers or primary care physicians complete an assessment and safety plan.

With parental consent, social workers or care managers share the information with Cache School District.

## Support

School mental health professionals set up a meeting with the youth and their family to create a Return to Learn plan and offer ongoing support.

# Live On Utah

Live On is a statewide effort to prevent suicide by promoting education, providing resources, and changing our culture around suicide and mental health. Together we can get through, reach out, lift up, look ahead, and Live On.

Public/private partnership resulting in billboards, social media, local messaging efforts, radio, and more!

**How to tell if your  
coworker is feeling  
hopeless:**

**Ask.**

live  
on.

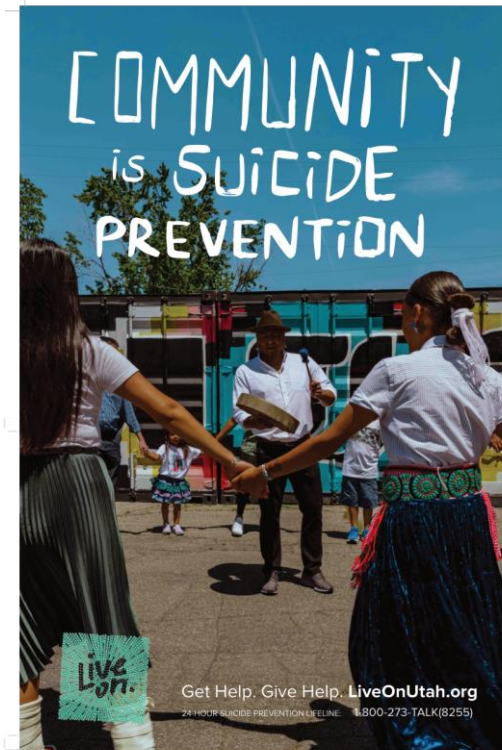


THIS IS SUICIDE  
PREVENTION.

Find support at [LiveOnUtah.org](https://LiveOnUtah.org)

REAL  
MEN  
OPEN  
UP  
live  
on.

live  
on.



live  
on.

Get Help. Give Help. [LiveOnUtah.org](https://LiveOnUtah.org)

24 HOUR SUICIDE PREVENTION HELPLINE 1-800-273-TALK(8255)



The Live On  
Playbook  
@liveonutah



Live On Latino  
@liveonlatino



0

Become a Live On ambassador

# Welcome to Live On!

**Our goal** is to equip everyone  
with the skills to prevent suicide.

That's why we created our  
very own suicide prevention  
playbook—**because we never  
want you to feel unprepared  
in case of a crisis.**

Live  
On.

Suicide Prevention Playbook

04

# System-Level Suicide Prevention Interventions

Kim Myers, MS

Behavioral Health Clinical Programs  
Intermountain Health



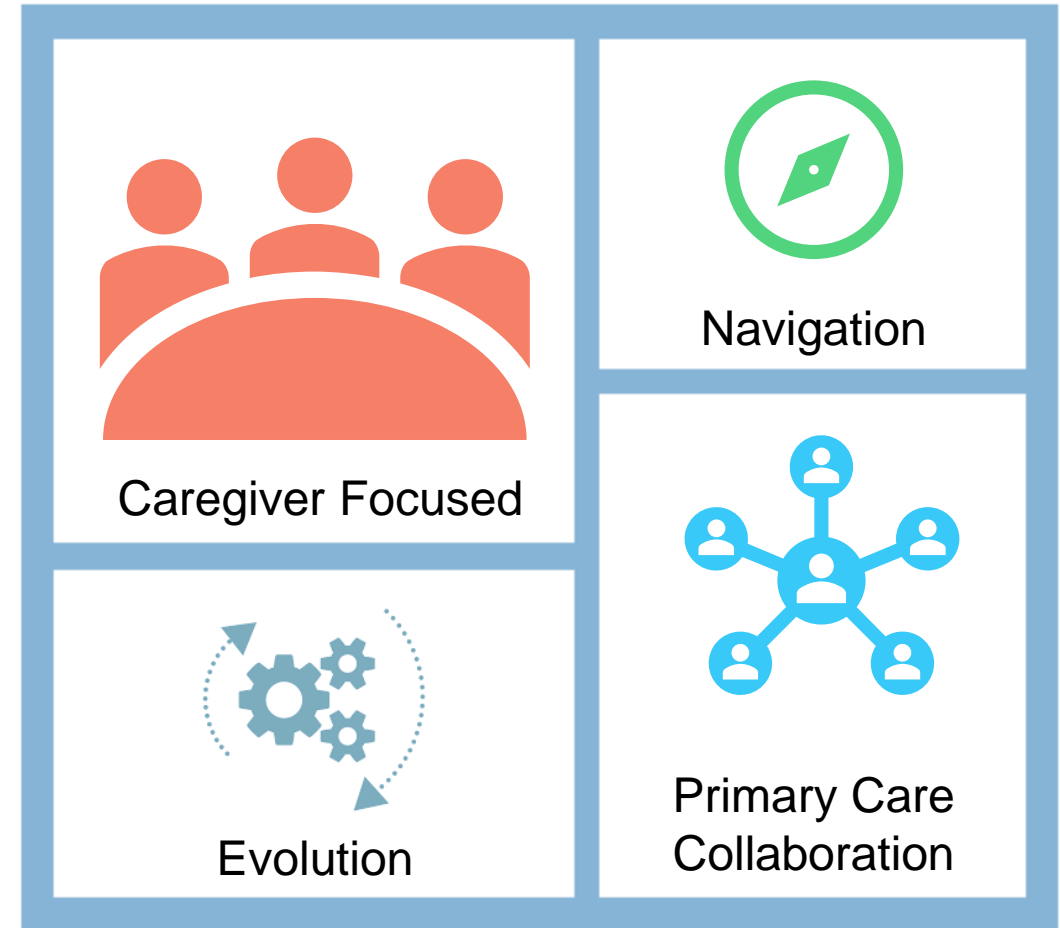
# Intermountain Behavioral Health

## Strategic Goals

- Double Access to Healthcare by 2024
- Reduce the number of suicides in our footprint

## Digital Strategy

- Virtual Care
- Digital Therapeutics
- Emerging Technologies





# HOW: Zero Suicide Framework: Towards Suicide Safer Care



ELT Sponsor: Dr.  
JP Valin, CCO

Suicide Prevention  
Executive Steering  
Committee

Data & Evaluation  
Team

Suicide Safer Care  
Committee

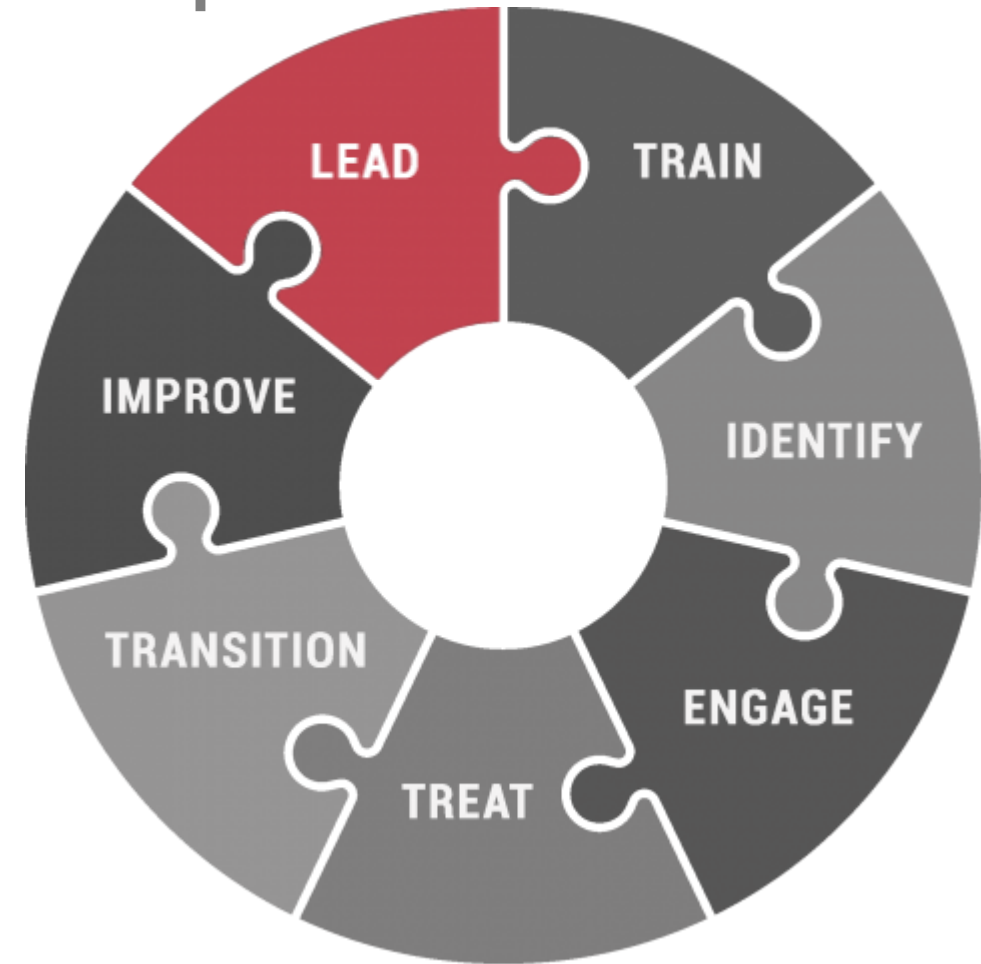
Community  
Suicide Prevention

Caregiver Suicide  
Prevention

# Suicide Prevention Leadership Group

## Focus: Comprehensive Suicide Prevention Leadership

- Effective suicide prevention is comprehensive: it requires a combination of efforts that work together to address different aspects of the problem.
- SP Leadership will oversee the continuum of suicide prevention efforts to ensure coordination and overall effectiveness. This group will prioritize the work and receive status updates from other groups
- This aligns with the BH Strategic Initiative to support suicide prevention efforts in the community, as well as for caregivers.



## Lead

- Intermountain Suicide Prevention Executive Steering Committee
- Canyons Suicide Safer Care Committee
- Future goal= Medical Group and Hospital Based Leadership Groups?

## Train

- Required Suicide Prevention e-learnings for all Canyons caregivers: new enterprise build in-process to mirror Peaks process?
- No current use of the Zero Suicide Workforce survey (annual in Peaks)
- Intermountain Health Counseling on Access to Lethal Means (CALM) available –not required
- MG: 2024 Offered virtual safety plan training to PC/MA's
- MG: 2024 Offered CRP to therapists
- Safety-A
- Future goal: C-SSRS training? Intervention? Other?

## Identify

- Targeted screening for crisis patients ages 12 and older via Columbia Suicide Severity Rating Scale (C-SSRS)- ED and Inpatient
- PCH
- Tiered Screening using OQ or PHQ as trigger for the C-SSRS in OPBH, Primary Care and MHI

## Engage

- Alignment of Suicide Safer Care workflow processes with framework: Screening, Safety Precautions, Assessment, Safety Planning
- Anticipated Behavioral Health EHR enhancement- awaiting timeline

## Treat

- Safety Planning Intervention (Stanley Brown)
- Future state

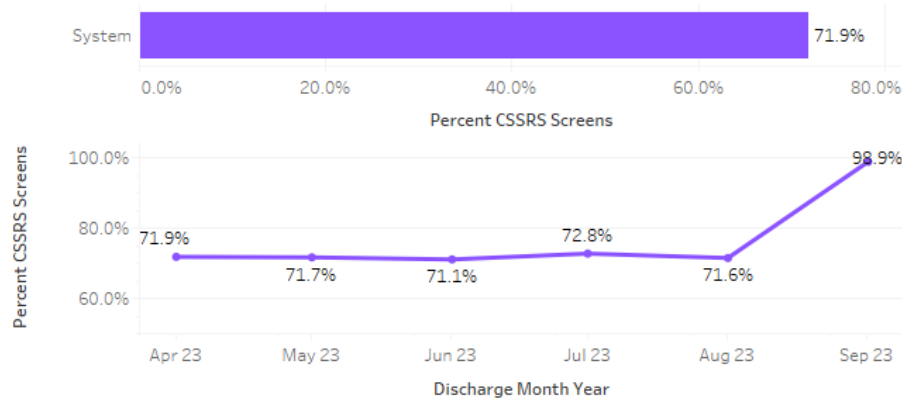
## Transition

- UVH Caring Contacts Pilot- Utah Valley
- BH Navigation
- FUH Workgroup
- Future hopes:

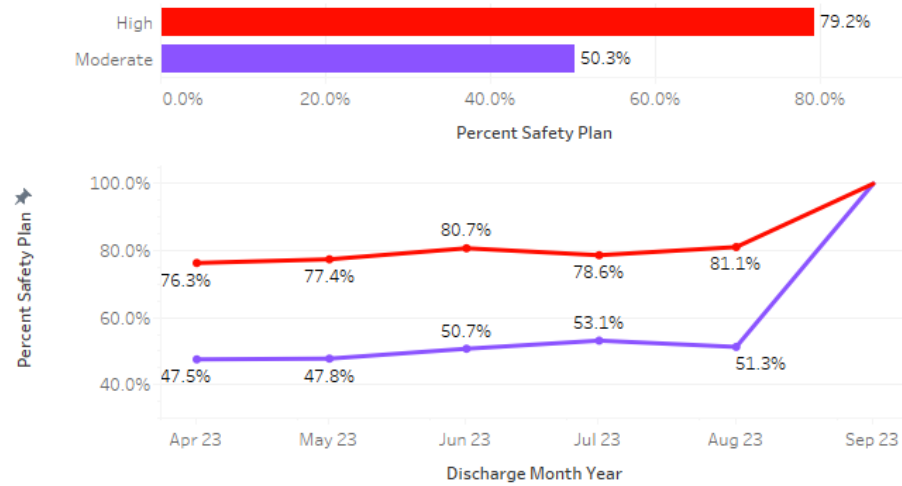
## Improve

- Suicide Safer Care dashboard in development
- Suicide Cause of Death Dashboard
- REI/Heat and OME lead Fatality Review
- NLP

Percent of Patients Receiving CSSRS Screen When Appropriate



Percent of Patients with Safety Plan by Moderate or High Risk Level



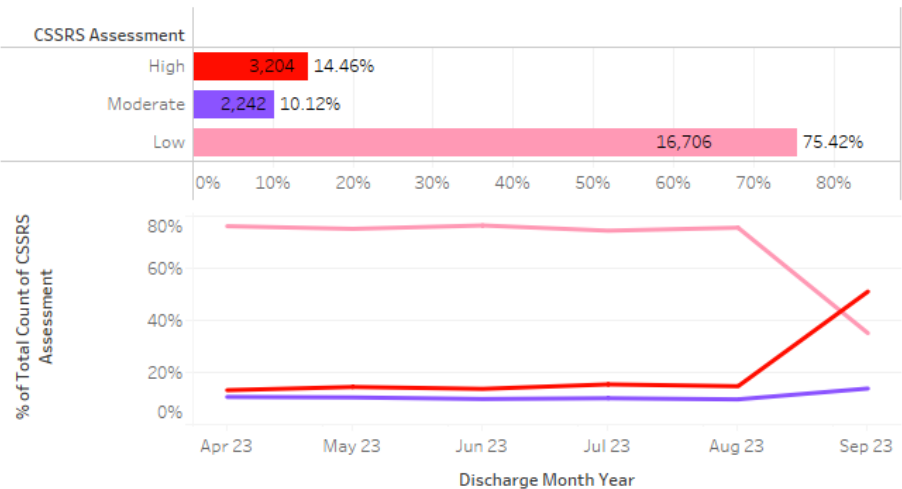
Filters & Links

Discharge Date

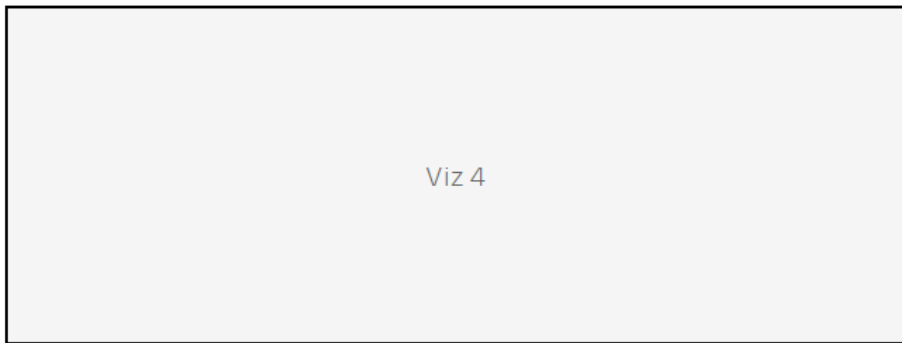
Detail Page Links

- Access Center
- Inpatient BH
- ED Mental Health
- Outpatient BH
- Primary Care MHI

Percent of Total Counts of CSSRS Screens by Assessment Level

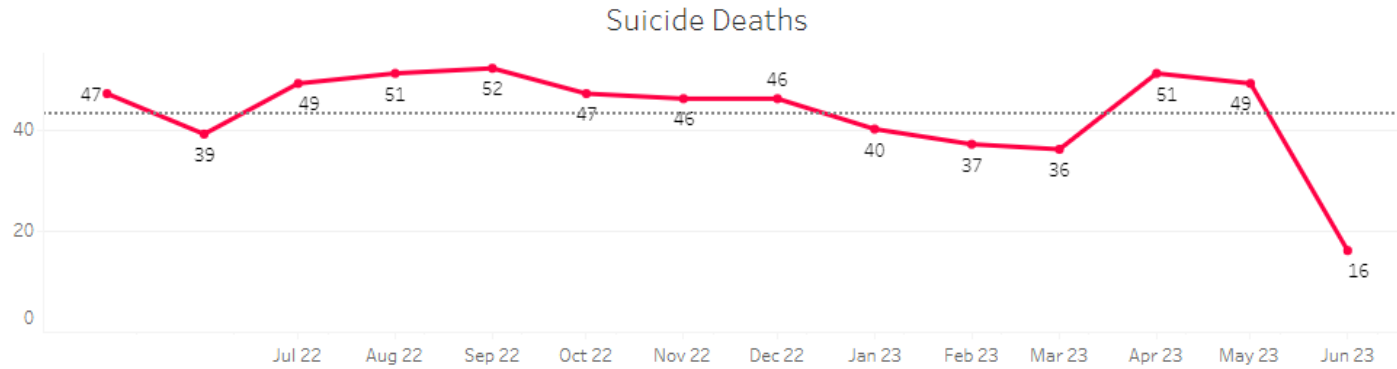


Utah and Intermountain Health Suicide Rates

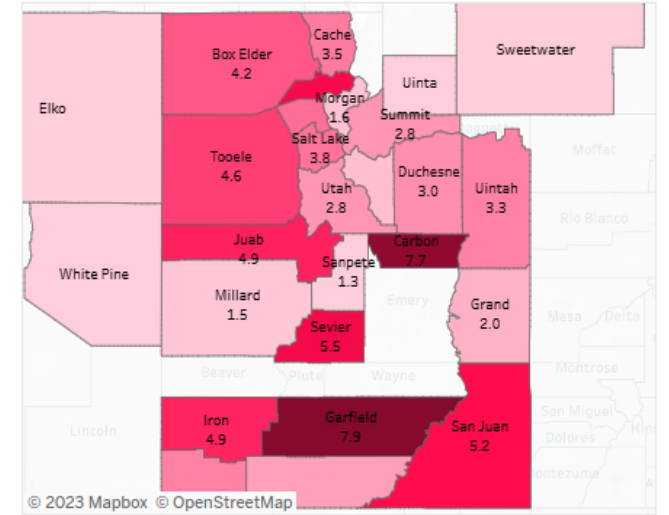


## Deaths by Year

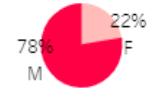
2019	487
2020	476
2021	466
2022	555
2023	229



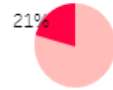
## Suicide Rates by County



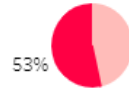
### Sex



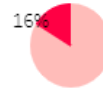
### % with Crisis Encounter



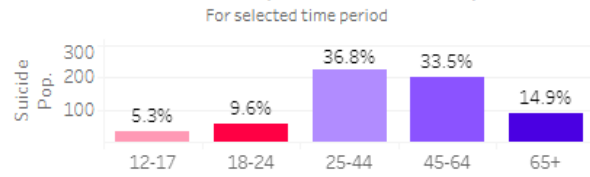
### % with BH Diagnosis



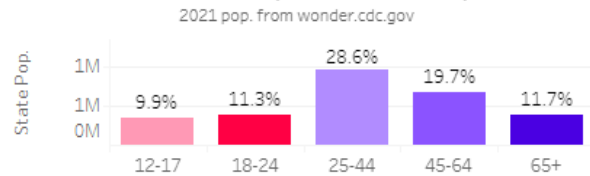
### % with Suicidal Diagnosis



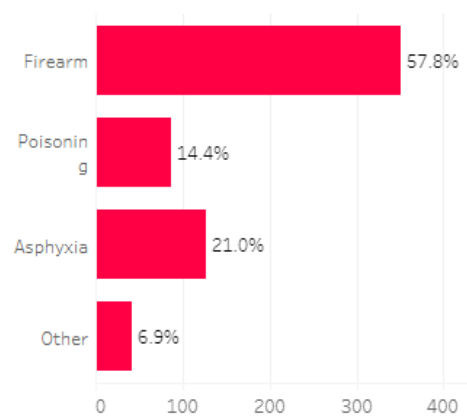
## Age Group (Intermountain)



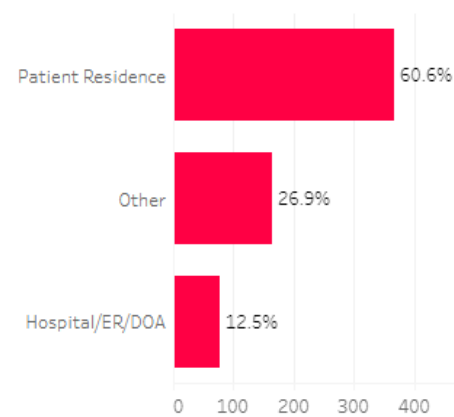
## Age Group (State of Utah)



## Immediate Cause of Death



## Death Location



## Last Encounter to Death

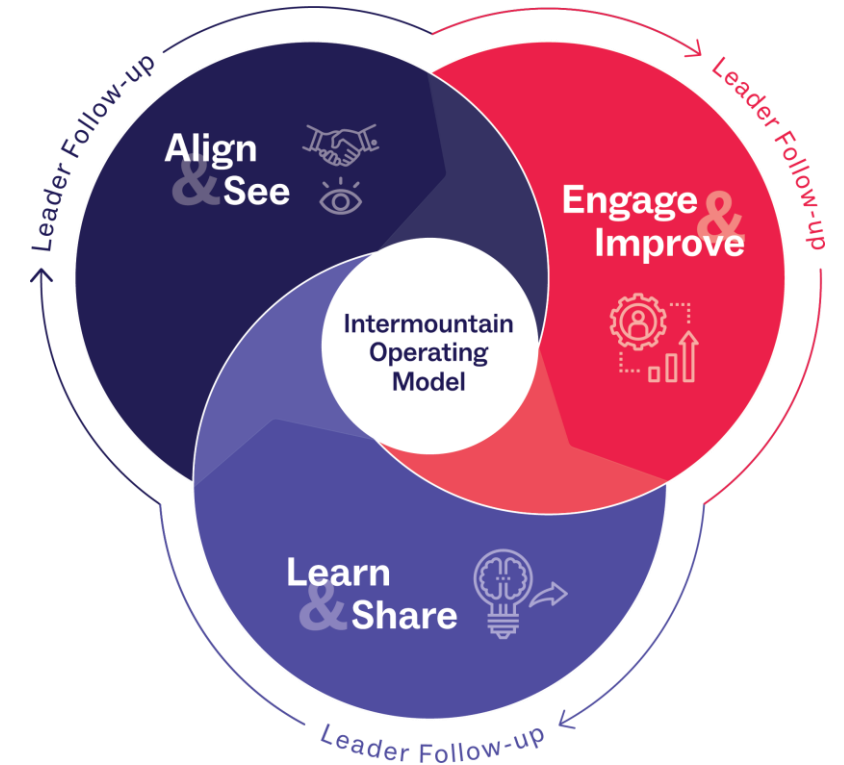


## Unit of Last Encounter

Unit	Number of Deaths
Lab	126
Emergency Department	108
InstaCare	66
Home Care	39
Family Medicine	15
Inpatient Psych	13
Outpatient Psych	13
Same Day Surgery	12
Imaging	9
Access Center	5

# Fatality Review Themes/Recommendations

THEMES/OPPORTUNITIES	EXAMPLES
Patient Attributes	Recent faith transition
Social Eco-System	Family support involved in tx
Recent History Prior to Suicide	Significant changes in sleep
Possible System Issues	Lack of Follow Up from system/ providers
Relevant Screenings Provided	CSSRS
BH/Suicide Prevention Interventions	Safety Plan
Care Transition Supports	Community Referrals Peer Support

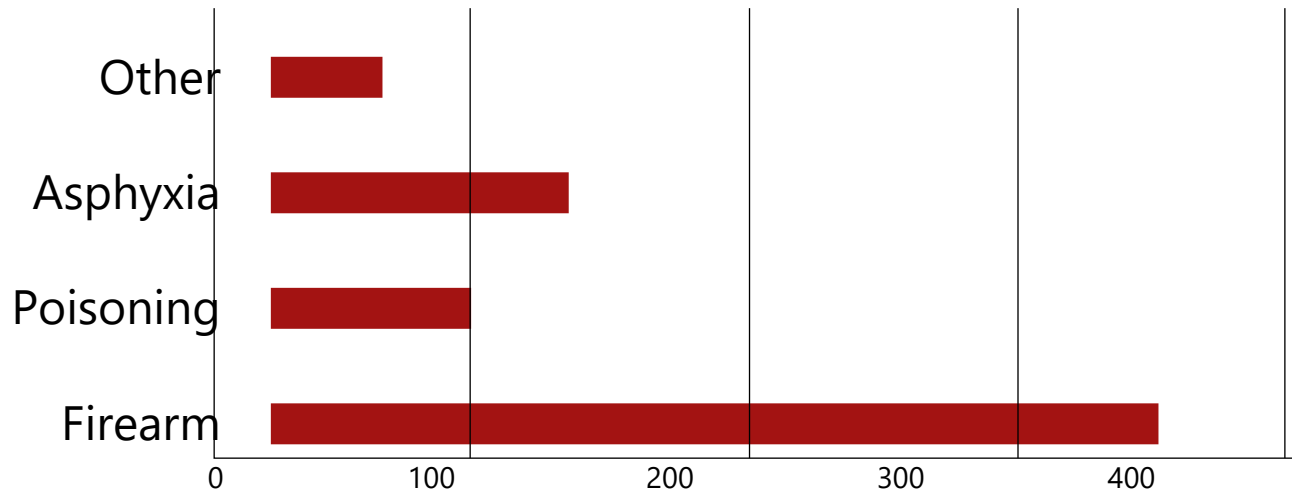




# System Changes

Opportunities for improved counseling on lethal means reduction including operationalizing CALM, documenting, and providing training to providers

Immediate Cause of Death



## Online Suicide Prevention Course

Free, One-Hour Course

Conversations about firearms in the household can dramatically reduce suicide risk among patients and loved ones.

The **Counseling on Access to Lethal Means (CALM)** training can teach you how to approach this sensitive conversation. Take the course today!

Visit [www.lh.org/](http://www.lh.org/)



Approved for AMA PRA Category 1 Credit and NASW-Utah Credit





# Multi-System Opportunities

## #1 Finding Across Reviews

Improve coordination across settings and systems to better support patients in care transitions.



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# Facilitates Opportunities for Caregiver Support

## Crisis Response Huddles

Includes Any Caregiver Death

- Situation Overview
- Contain Crisis
- Team Wellbeing
- Family Wellbeing
- Communication

**CARING** Rapid Event Investigation  
(REI)  
& **LEARNING**



## ASSESSMENT

### OBJECTIVES OF *CARING & LEARNING* PROCESS:

1. Provide immediate support and identify Caring & Learning opportunities
2. Ensure we are caring for the involved caregivers, patient, and family
3. In service of our caregivers and patients, we seek to learn what immediate action is needed and plan for next steps in the learning and review process.
4. If needed, an in-depth cause analysis will be initiated

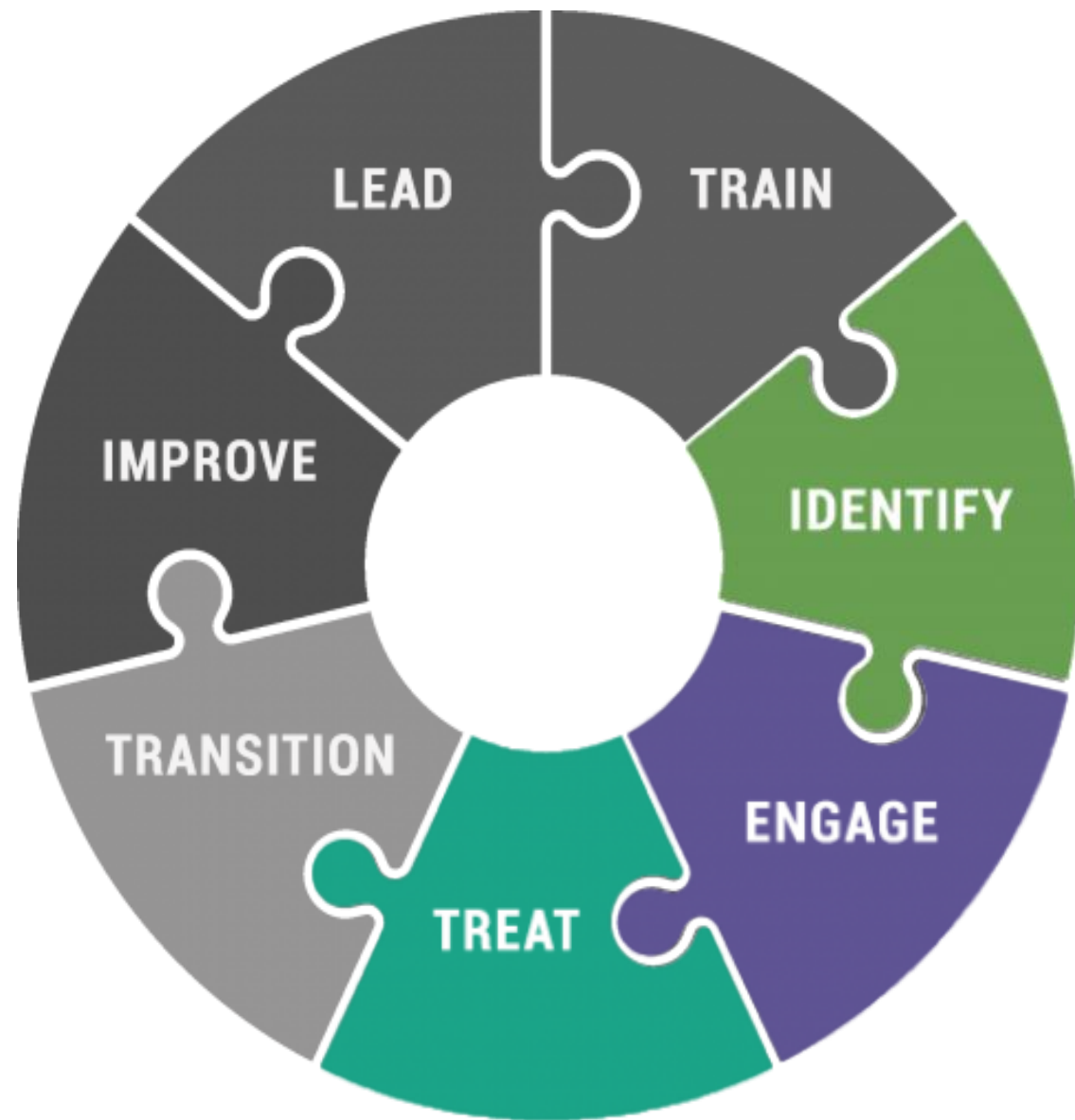
# Clinic-Level Suicide Prevention Interventions

Lisa Giles, MD

Professor Pediatrics and Psychiatry, University of Utah  
School of Medicine

Senior Medical Director, Pediatric Behavioral Health Service Line,  
Intermountain Children's Health





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**Suicide Risk Screening Tool**Ask **Suicide-Screening** Questions**Ask the patient:**

1. In the past few weeks, have you wished you were dead?  Yes  No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
3. In the past week, have you been having thoughts about killing yourself?  Yes  No
4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_When? \_\_\_\_\_  
\_\_\_\_\_*If the patient answers **Yes** to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now?  Yes  No

If yes, please describe: \_\_\_\_\_

# Columbia Suicide Severity Rating Scale: Quick Screen

Always ask questions 1 and 2.		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, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.			
3) Have you been thinking about how you might do this?			
4) Have you had these thoughts and had some intention of acting on them?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did 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?  <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or 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, etc.</i> <b>If yes, was this within the past 3 months?</b>			High Risk

## Patient Health Questionnaire (PHQ-9) (page 1 of 1)

Today's Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you currently:  on medication for depression?  not on medication for depression?  not sure?  in counseling?

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Total each column				

**How difficult have these problems made it** for you to do your work, take care of things at home, or get along with other people?

A.  Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult

B. **In the past 2 years**, have you felt depressed or sad most days, even if you felt okay sometimes?

YES  NO



# YOUTH SUICIDE RISK SCREENING PATHWAY

## OUTPATIENT PRIMARY CARE & SPECIALTY CLINICS

**Presentation to Outpatient Primary Care & Specialty Clinics**  
 Screen all patients ages 10 and above who meet any of the screening criteria.\*

- \* SCREENING CRITERIA**
1. New patient
  2. Existing patient who has not been screened within the past 30 days
  3. Patient had a positive suicide risk screen the last time they were screened
  4. Clinical judgement dictates screening
  5. Screen 8 and 9 year olds who present with behavioral health chief complaints

**Q4 FACTORS TO CONSIDER (past suicidal behavior):**  
 If patient answered "yes" to Q4, and the patient has been screened before, ask: "Since last visit, have you tried to kill yourself?" If they answer "no" and they also answered "no" to Q1-3, then consider "Low Risk" choice for action.

**If the only "yes" answer is to Q4:**

- Was the attempt more than a year ago?
- Has the patient received or is currently in mental health care?
- Is parent aware of past suicidal behavior?
- Is the suicidal behavior not a current, active concern?

If yes to all these, then consider "Low Risk" choice for action.

Medically able to answer questions?

NO

Screen at next visit

YES

Administer ASQ (ideally separate from parents)

YES on any question 1-4 or refuses to answer?

NO

**NEGATIVE SCREEN**  
Exit Pathway

YES

YES to Q5?

YES

IMMINENT RISK  
Patient has acute suicidal thoughts and needs an urgent full mental health evaluation

NO

**Non-acute Positive Screen; Conduct Brief Suicide Safety Assessment (BSSA)**  
 Detailed instructions about the BSSA can be found at [www.nimh.nih.gov/ASQ](http://www.nimh.nih.gov/ASQ)

BSSA outcome (three possibilities)

**LOW RISK**  
No further evaluation needed at this time

**FURTHER EVALUATION NEEDED**  
Mental health referral needed as soon as possible

**IMMINENT RISK**  
Patient has acute suicidal thoughts and needs an urgent full mental health evaluation



# Brief Suicide Safety Assessment

## Goal:

- Understand level of risk leading to specific interventions

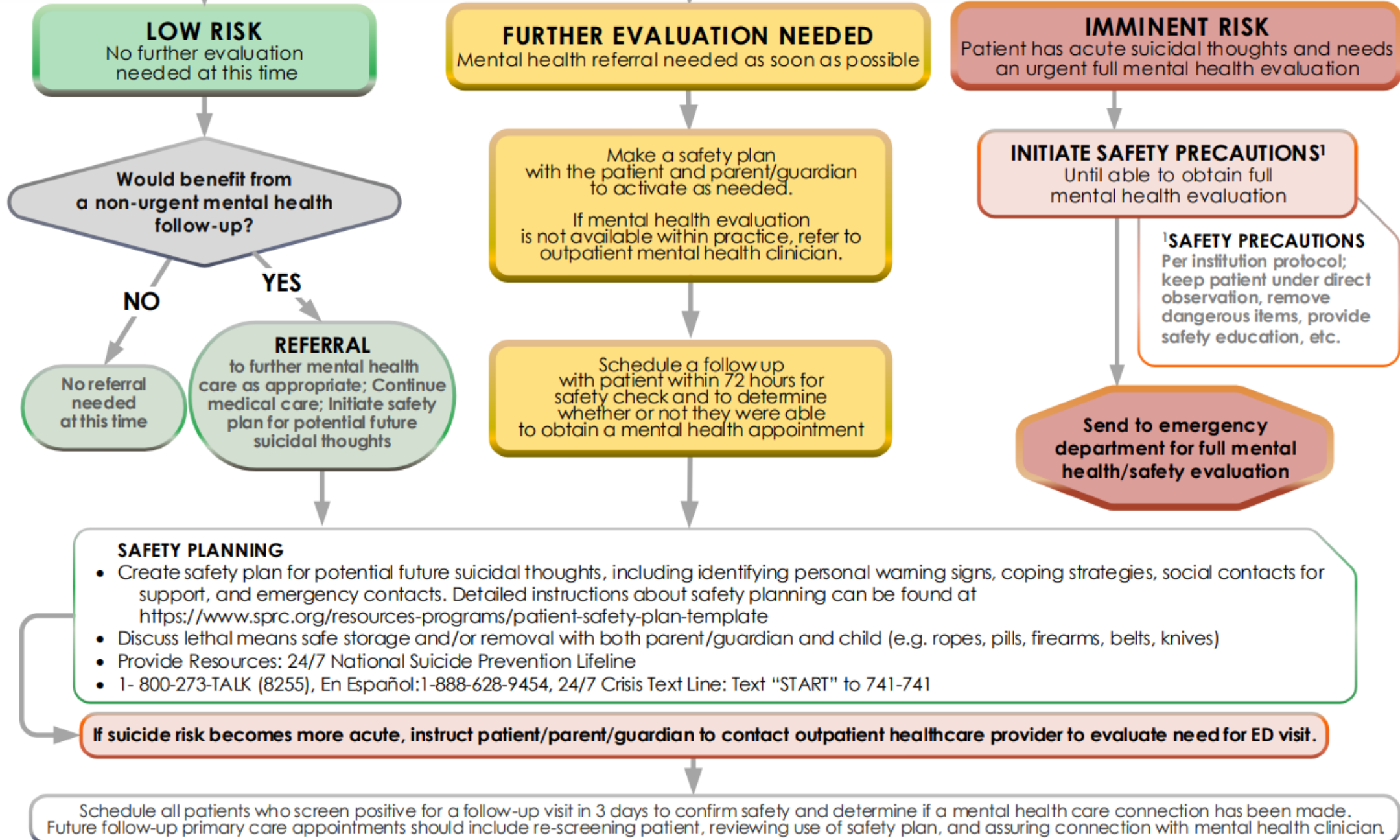
## Methods:

- Utilizing both standardized tools and narrative/behavioral approach
- Adapt to current settings

## Components:

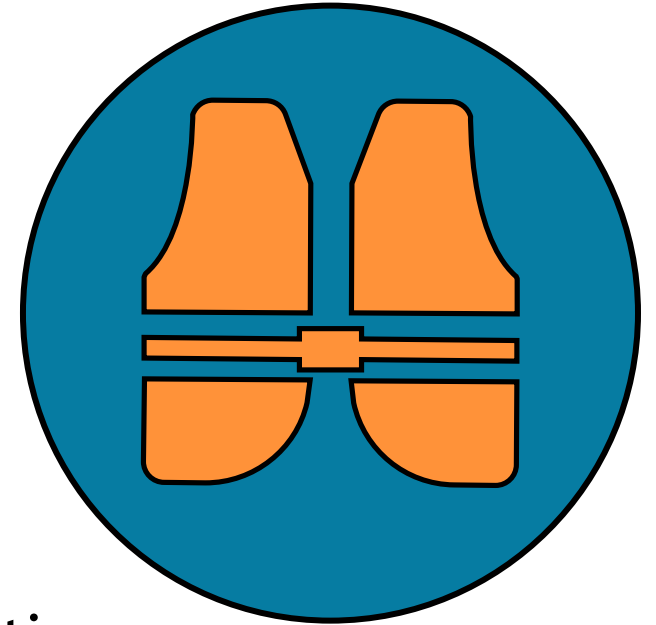
- Assessing suicidal ideations and behaviors
- Undertaking risk and protective factors
- Eliciting attitudes about risk, suicide, desire, and ability to safety plan





# Safety Planning

1. Identifying reasons for living
2. Identifying warning signs and coping skills
3. Identify external supports
4. Ensure safe environment / lethal means reduction
5. Arrange follow-up



# Identify Warning Signs and Coping Skills

- Situations, thoughts, feelings that may trigger
- Consider use of an emotion thermometer
- Calming skills (journaling, mindfulness, coloring, relaxation)
- Distractions in various settings, alone and with others



# Identify External Supports

- Friends/ peers
- Parents/ guardians
- Other trusted adults
- Provider contacts
- External resources



# Safe Environment / Counseling on Access to Lethal Means

- Goal is to increase distance between impulsive thoughts and lethal means
- Importance of a collaborative conversation
- Utilizing motivation interviewing techniques
- Developing a specific plan

## What's the difference?



Let's talk over some storage options to make sure your child can't access your guns while he's struggling.



You should surrender / relinquish / give up / get rid of your guns.


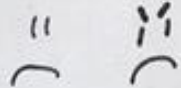
# Ensure Follow-Up






- Check in (next day, weekly, etc.)
- Arrange appropriate referrals
- Evidence-based therapy
- Treatment plan to address underlying diagnosis, symptom reduction, and other specific risk factors





# my safty planner

1.  

2.      things to do

3. mom  
grama  
dad  
tell these people

## Patient Safety Plan Template


### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. My mind starts to race and get stuck.
2. I dont want to get out of bed on time? I say I dont feel good.
3. I want to stay away of everyone and get not get back to people who text me.


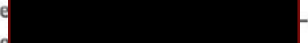

### Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. Go sit outside? if Im home in my rocker chair for 10 min.
2. Take my shoe or shoes & socks off, put my feet on the ground.
3. look at the funny pictures in my phone I have saved.



### Step 3: People and social settings that provide distraction:

1. Name Text my friend Nadia Phone 
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place Go to the barn or Set up a time to ride.
4. Place Go to the Jordan trail And look at ducks.

### Step 4: People whom I can ask for help:

1. Name My mom Phone 
2. Name My friend Brenna Phone 
3. Name My husband Phone 

### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Therapist Bob Phone   
Clinician Pager or Emergency Contact # Call his office press 1
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services The Hospital by my house.  
Urgent Care Services Address 123 Sesame St.  
Urgent Care Services Phone: 
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. Ask my husband to move my medications.
2. \_\_\_\_\_

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bh2@columbia.edu or gkbrown@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:  
I love my dog he is there always!



# Resources

## Suicide: Blueprint for Youth Suicide Prevention

[aap.org/SuicidePrevention](http://aap.org/SuicidePrevention)



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



American  
Foundation  
for Suicide  
Prevention



National Institute  
of Mental Health

## Suicide Prevention Teen Resource



## Suicide Prevention Parent Resource



# Resources

MENTAL HEALTH INFORMATION

GET INVOLVED

RESEARCH

FUNDING

NEWS & EVENTS

ABOUT US

Research Funded by NIMH

Research Conducted at NIMH (Intramural Research Program)

Priority Research Areas

Research Resources

Home > Research > Research Conducted at NIMH (Intramural Research Program) > Ask Suicide-Screening Questions (ASQ) Toolkit > Youth ASQ Toolkit

## Youth ASQ Toolkit



### Downloads

[Download ASQ Tool \(PDF\)](#)

[Download Info Sheet \(PDF\)](#)

[Download Summary \(PDF\)](#)

[ED Suicide Risk Screening Clinical Pathway \(PDF\)](#)

[Inpatient Suicide Risk Screening Clinical Pathway \(PDF\)](#)

[Outpatient Suicide Risk Screening Clinical Pathway \(PDF\)](#)

[COVID-19 YOUTH Clinical Pathway \(PDF\)](#)

## BSSA Outpatient Toolkit



# Resources



## *Counseling on Access to Lethal Means (CALM) to Prevent Suicide*

An Online Training by CALM™  
Produced by Intermountain Health for Colorado, Idaho, Kansas, Montana, Nevada, Utah, and Wyoming.

Get Started



BH02.00-2023.03.29

**Counseling on  
Access to  
Lethal  
Means**



# CALL-UP

CONSULTATION ACCESS LINK  
LINE TO UTAH PSYCHIATRY

**801.587.3636**

**UOFUHEALTH.ORG/CALL-UP**

# Resources

Stabilization & Mobile Response can help

Call line available 24/7

1 (833) SAFE-FAM  
(723-3326)

utah department of  
human services



Stabilization & Mobile Response services are free, available 7a - 11p and provide support in challenging times



## Primary Children's

ARCS

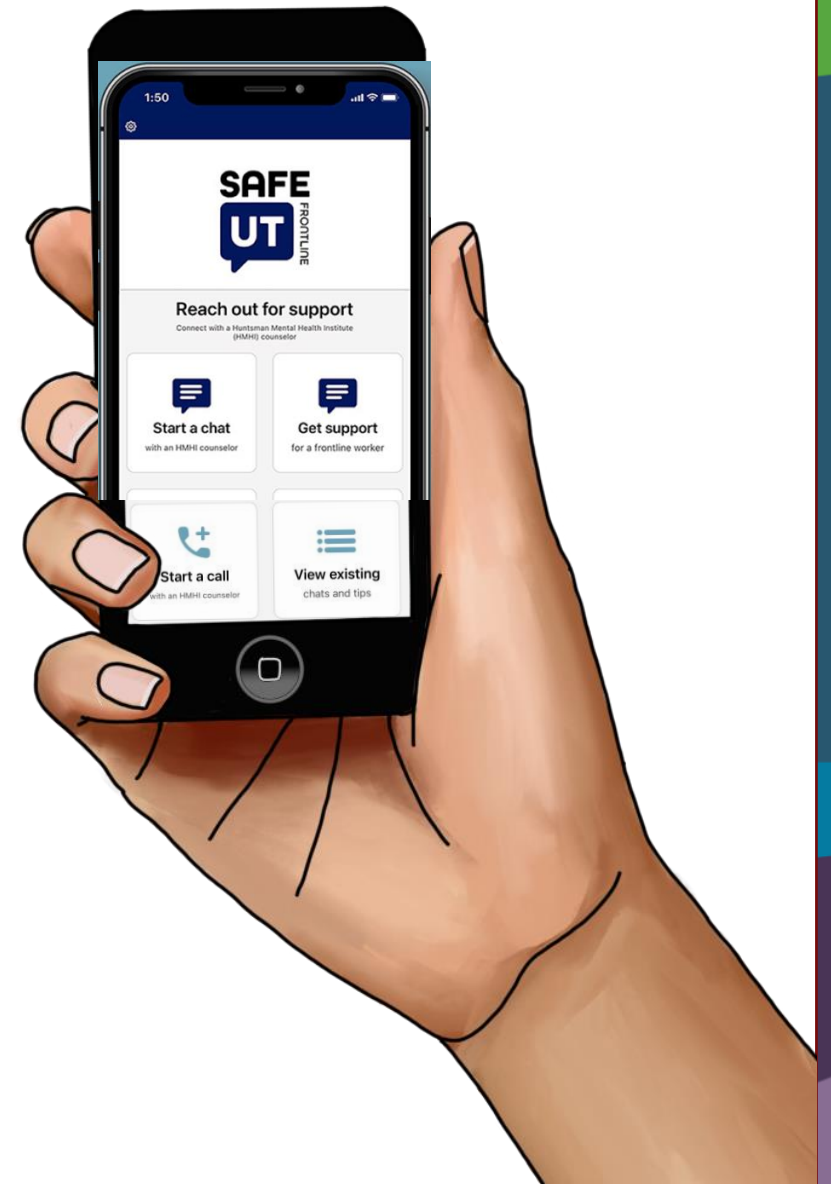
### Assessment, Referral, & Consultation Services

When you call, you will talk to someone who can help assess your needs and connect you with the right resources. Please have your insurance card available and plan to talk with the Intake Specialist for at least 15 minutes.

Call Us At  
801-313-7711

# Physician Support Line

1 (888) 409-0141



# Discussion

- Suicide is a healthcare issue which requires healthcare answers
- What do you need to effectively engage with patients who have risk for suicide?





# References

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**Thank You**