Disclosures

• Dr. Montenegro is a Partnership Access Line consultant.
• He has no financial conflicts of interest to report.
Epidemiology

Suicidal Ideation and Suicidality
## Continuum of Suicide-Specific Risk Indicators

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicide Attempt</strong></td>
<td>Behavior with potential for harm &amp; intent to die</td>
</tr>
<tr>
<td><strong>Interrupted Attempt</strong></td>
<td>Person is interrupted from engaging in dangerous act by someone else</td>
</tr>
<tr>
<td><strong>Aborted Attempt</strong></td>
<td>Person takes steps to harm themselves and stops</td>
</tr>
<tr>
<td><strong>Non-Suicidal Self-Injury</strong></td>
<td>Injurious act without intent to die</td>
</tr>
<tr>
<td><strong>Suicidal ideation</strong></td>
<td>Thinking about killing self; ranges from passive (wish to be dead) to active and persistent</td>
</tr>
</tbody>
</table>
Suicide is a Public Health Problem

Suicide Rates from National Vital Statistics System, 1999-2014 (Curtin et al, 2016)

Figure 3. Suicide rates for males, by age: United States, 1999 and 2014

NOTES: For all age groups, the difference in rates between 1999 and 2014 is significant (p < 0.05). Suicides are identified with codes U03, X60–X84, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data for Figure 3 at:
Suicide is a Public Health Problem

Suicide Rates from National Vital Statistics System, 1999-2014 (Curtin et al, 2016)

Figure 2. Suicide rates for females, by age: United States, 1999 and 2014

NOTES: For all age groups, the difference in rates between 1999 and 2014 is significant (p < 0.05). Suicides are identified with codes U03, X60-X84, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data for Figure 2 at: http://www.cdc.gov/nchs/data/databriefs/db241_table.pdf#2.
Epidemiology of Adolescent Suicide

[Graph showing the rate of adolescent suicide by age group and ethnicity]

- Non-Hispanic white
- Non-Hispanic black
- American Indian/Alaska Native
- Asian/Pacific Islander
- Hispanic

Rate per 100,000 population vs. Age group (yrs)
Suicide Completion Rates

- Ages 5 to 11: 1 per 1 million
- Ages 10-14: 1 per 100,000
- Ages 15-19: 7-8 per 100,000
Means of Completed Suicide

- Hanging and Firearms >90%
- Overdose ~7%
- Other Means (Cutting) <3%
Reducing Suicide Risk

- **Universal Strategies**
  - Public Awareness
  - Media Guidelines
  - Means Restriction
  - School Based Programs

- **Selective Strategies**
  - GP Training
  - Gatekeeper Training

- **Indicated Strategies**
  - Coordinated Aftercare
  - Psychosocial Treatment

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Estimated % of Suicide Attempts Prevented</th>
<th>Estimated % of Suicides Prevented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Awareness</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Media Guidelines</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Means Restriction</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>School Based Programs</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>GP Training</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>Gatekeeper Training</td>
<td>6.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Coordinated Aftercare</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Psychosocial Treatment</td>
<td>19.8</td>
<td>19.8</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>5.8</td>
</tr>
</tbody>
</table>
GP Training: Screening
Brief Suicide Safety Screening

1. Consider measures (PHQ-9-A, SCARED, CRAFFT 2.0)
2. Interview patient alone & with caregiver(s)

SAFETY TRUMPS CONFIDENTIALITY
PHQ-9 modified for Adolescents (PHQ-A)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Clinician:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th>(0) Not at all</th>
<th>(1) Several days</th>
<th>(2) More than half the days</th>
<th>(3) Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Little interest or pleasure in doing things?</td>
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<td></td>
<td></td>
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<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Poor appetite, weight loss, or over-eating?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?  
[ ] Yes  [ ] No

If you are experiencing any of the problems on this form, 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?  
[ ] Not difficult at all  [ ] Somewhat difficult  [ ] Very difficult  [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?  
[ ] Yes  [ ] No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?  
[ ] Yes  [ ] No

**If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.**

Office use only:  Severity score: ______

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)
GP Training: 
Assessment– know the risk factors
Conceptual Model

Population risk factors

Individual risk factors

Distal or predisposing
- Family history
- Early-life adversity
- Epigenetic changes
- Genetics

Developmental or mediating
- Cognitive deficits: impaired memory specificity and problem-solving
- Development of personality traits
- Genetic and epigenetic factors
- Chronic substance use
- High anxiety
- High impulsive aggression

Proximal or precipitating
- High anxiety
- Life events
- Psychopathology
- Hopelessness
- Depressed mood
- Acute substance use
- Behavioural disinhibition

Suicide
- Suicidal behaviour
- Suicidal ideation

Environmental factors
- Media reports
- Access to lethal means
- Poor access to mental health care

Lack of social cohesion
- Rapid changes in social structure/values
- Economic turmoil
- Social isolation

*Psychopathology* refers to any single mental illness associated with suicide risk, as described in the text, or a combination of mental illnesses, including major depressive disorder, bipolar disorder, schizophrenia, and personality disorders; the presence of a depressive episode is often a sign of increased suicide risk.

From Tureki & Brent (2016). The Lancet. V.387
Predisposing Risk Factors for Suicide

- Substance use disorders
- Previous suicide attempt or self-harm
- Family history of suicide attempts (5x) and completion
- History of physical or sexual abuse
- Impulsivity
- Social isolation
- Male
- White or Native American
- Psychiatric disorders
Precipitating Factors

- Interpersonal problems: breakups and family fights
- Disciplinary problems
- Bullying
- Profound loss
- Access to means
- Alcohol and drug use
- Exposure to suicide
Suicidal Behavior is Associated with Mental Health Problems

- Psychological autopsy studies: 90% of youth who commit suicide have a mental health disorder
- Associated mental health problems include:
  - Mood and impulsive behavior disorders
  - Borderline personality disorder features
- Associated psychosocial problems include:
  - Difficulties regulating negative emotions
  - History of abuse
  - Poor attachment
  - Exposure to high levels of family discord
  - Family conflict--one of the most common triggers of suicidal behavior in adolescents
Assessment Acronym: Is Path Warm

- Ideation
- Substance abuse
- Purposelessness
- Anxiety
- Trapped
- Hopelessness
- Withdrawal
- Anger
- Recklessness
- Mood changes

Suicide WARNING SIGNS

- Negative view of self
- Making suicide threats
- Substance abuse
- Giving things away
- Making funeral arrangements
- Engaging in "risky" behaviors
- Self-harm like cutting behaviors
- Frequently talking about death
- Feeling like a burden to others
- Drastic changes in mood and behavior
- Aggressiveness and irritability
- Possessing lethal means
- Isolation or feeling alone
GP Training:
Assessment– Use an assessment tool
Areas of Assessment: Suicide Specific Inquiry

Ask About:
- Suicidal ideation
- Suicide plans

Give Added Consideration to:
- Suicide attempts (actual and aborted)
- First episode of suicidality (Kessler 1999)
- Hopelessness
- Ambivalence: a chance to intervene
- Psychological pain history
<table>
<thead>
<tr>
<th>Question</th>
<th>Lifetime: Most Suicidal</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you ever wish you weren’t alive anymore?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Have you had any thoughts about killing yourself?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Have you thought about how you would kill yourself?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>If so, when you thought about killing yourself, did you think that this was something you might actually do (i.e., did you have some intention of acting on them?)</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>If so, have you ever decided how or when you would kill yourself?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>When you made this plan, was any part of you thinking about actually doing it?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>If YES, do you currently have a plan?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>What was going on?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you using substances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long did it last?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you follow through on the plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any other plans?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>How would you get what you need to carry out your plan or plans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you done anything to prepare to carry out your plan or plans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there guns in the house?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Have you ever hurt yourself deliberately, but not with the intention to kill yourself (NSSI)?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>If YES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What did you do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where on your body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often have you done this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was going on or triggered it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence Screen: Have you ever had thoughts about hurting or killing someone other than yourself?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>If yes, describe:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If current concern, please complete the “In Depth Violence Risk Assessment” on page 5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Providers are ENCOURAGED to seek consultation as needed when completing risk evaluations.
Reducing Suicide Risk

- Universal Strategies
- Selective Strategies
- Indicated Strategies

Estimates of % of Suicide Attempts Prevented

- Public Awareness: 0.3%
- Media Guidelines: 1.2%
- Means Restriction: 0.9%
- School Based Programs: 2.9%
- GP Training: 6.3%
- Gatekeeper Training: 4.9%
- Coordinated Aftercare: 11.1%
- Psychosocial Treatment: 8.0%

Estimates of % of Suicides Prevented

- Public Awareness: 1.1%
- Media Guidelines: 1.2%
- Means Restriction: 4.1%
- School Based Programs: 6.3%
- GP Training: 5.8%
- Gatekeeper Training: 8.0%
- Coordinated Aftercare: 19.8%
- Psychosocial Treatment: 5.8%

Seattle Children's - Hospital, Research, Foundation
GP Training: Intervention- What next?
### Assessment

#### ASSESSMENT

<table>
<thead>
<tr>
<th>RISK</th>
<th>PROTECTIVE</th>
<th>SUICIDE SPECIFIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent loss/humiliating event</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

### DETERMINATION OF RISK

**Support**
SUICIDAL IDEATION INTERVENTION PLAN:
(Please consider risk and protective factors when selecting level of risk)
Providers are ENCOURAGED to seek consultation as needed when completing risk evaluations.

6A. (0) - No Current Safety Concerns
☐ No history of active suicidal ideation or NSSI.
   (There can be presence of passive thoughts of death, history of thoughts that you would rather be dead or what life would be like if you weren’t here)

6B (1) - Mild Risk
Patient reports:
☐ Past but not recent or current suicidal ideation
   AND/OR
☐ Past but not recent or current NSSI
   AND
☐ No lifetime history of life threatening behavior

6C (2) - Mild - Moderate Risk
☐ Recent or current suicidal ideation with no plan or intent to kill self
   AND/OR
☐ Recent or Current non-life threatening NSSI

6D (3) - Moderate Risk
☐ Current suicidal ideation with ambivalence about living but no clear intent OR Plan, WITH or WITHOUT recent or current non-life threatening NSSI

6E (4) - Moderate - Severe Risk
☐ Recent SI with intent AND/OR plan
   (NOT current)
   OR
☐ Recent or current life-threatening NSSI

6F (5) - Severe Risk
☐ Current SI with intent AND/OR plan
   OR
☐ Current life-threatening NSSI

☐ No further questions required.
☐ Home Safety Planning Handout provided to parent/caregiver
☐ Provide CPP homework to patient/family to complete before next session.
☐ Home Safety Planning Handout provided to parent/caregiver
☐ If current or recent SI:
   o Consider informing legal guardian
   o Complete Coping Card & CPP in session with patient.
   o Review Home Safety Planning Handout in session with patient.
☐ For new reports of self-harm or SI, bring to MAP consult team.

☐ Inform legal guardian
☐ Complete Coping Card & CPP in session.
☐ Review Home Safety Planning Handout in session with patient and family.
☐ For new report of SI or NSSI, bring to MAP Consult Team
☐ For new reports of self-harm or SI, bring to team.

☐ Inform legal guardian
☐ Complete Coping Card & CPP in session.
☐ Review Home Safety Planning Handout in session with patient and family.
☐ For new report of SI or NSSI, bring to MAP Consult Team
☐ Consider psychiatric admission; not required if the following protective factors exist (otherwise, see 6F):
   o Restricted access to means
   o Functioning CPP
   o Parental Supervision
   o Current outpatient provider

☐ Patient should be referred for admission to a psychiatric inpatient hospital via the SCH ER:
   o Voluntary
   o Parent-Initiated Treatment
   o Involuntary Treatment
For new report of SI or NSSI, bring to MAP Team
Mild Risk: Next Steps

• Validation, letting them know that you’ll help
• Inform appropriate people
• Brainstorming on coping skills, replacement behaviors
• Help family identify precipitants, begin problem solving, implement appropriate supervision
• Means reduction
• Safety planning
• Close follow-up
• Medications?
Standard Home Safety Interventions and County Crisis Numbers

As you leave the Emergency Department at Seattle Children's Hospital, here are some important recommendations. Once the current crisis has passed and you have met with your child's outpatient mental health provider, the recommendations below should be discussed with that provider. Until that time, your job as a parent/caregiver is to prevent another escalation/crisis to the best of your ability. The ongoing safety/security of your whole family is of utmost importance.

Please consider following the pre-emptive safety steps below:

Safety Proofing the Home:

☐ Secure and lock up objects your child could use to hurt him/herself or others, such as:
  ☐ Medications: All medication, including all over-the-counter medicines.
  ☐ Sharps: Such as knives and razors.
  ☐ Strangulation: Such as belts, cords, ropes, and sheets.
  ☐ Firearms and ammunition: Should be locked and kept in different locations from each other.
  ☐ If dealing with destructive or aggressive behaviors lock up items that may be easily broken or used as a weapon.
  ☐ Hiding Locked Items: Ensure that your child does not have knowledge of the location of these items.

Home Life:

☐ In your home environment, maintain a “low-key” atmosphere while maintaining your regular routine.
  ☐ Follow your typical house rules, and pick your battles appropriately.
    ▪ Remember, safety is your foremost concern.
    ▪ Encourage your child to attend school, unless otherwise directed by your providers.
  ☐ Administer medications as directed by your child's medical/psychiatric provider.
  ☐ Provide appropriate supervision until the crisis is resolved.
  ☐ Attend the next scheduled appointment with his or her provider.
    ▪ At this appointment continue working on your Crisis Prevention Plan.

In the event of another crisis:

☐ If you believe that you, your child, or another person is unsafe, take your child to your closest Emergency Department.
  ☐ Please consider your child’s safety when transporting him or her in your own vehicle.
  ☐ If you are unable to safely transport your child call 911 to have them transported.

Resources Numbers by County:

☐ King County:
  ☐ King County Crisis Line: 206-461-3222 or 866-4CRISIS (427-4747)
  ☐ Children's Crisis Outreach Response System (CCORS): 206-461-3222
  ☐ King County Teen Link: 866-TEENLINK (833-6546)
    ▪ Teen can talk directly to another teen who receives crisis management oversight

☐ Snohomish County:
  ☐ Snohomish County Crisis Line: 425-258-4357 or 800-584-3578

☐ Pierce County:
  ☐ Pierce County Crisis Line: 800-576-7764 or 253-396-5180

☐ Other County and Crisis Line phone number:

☐ Statewide Resources:
  ☐ Alcohol Drug Help Line: 206-722-3700 or 800-562-1240 (Washington only)
  ☐ Alcohol Drug Teen Line: 206-722-4222 or 877-345-8336
Moderate Risk: Crisis Prevention Plan?

- Written list of warning signs, coping strategies and resources developed collaboratively with the youth
- Includes contact information for social supports and professional supports
- Often includes reasons for living
- Many templates on-line
- “MY3” App
- NOT A NO HARM CONTRACT
CRISIS PREVENTION PLAN

PATIENT NAME:

CRISIS TRIGGERS, WARNING SIGNS, AND INTERVENTIONS

My triggers are:
1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

My early warning signs are:
1.
2.
3.
4.
5.

When my parents/caregivers notice my early warning signs, they can:
1.
2.
3.
4.
5.
YOUR SAFETY PLAN

Fill out your safety plan and reference it when you are having thoughts of suicide

- 1. MY WARNING SIGNS
- 2. MY COPING STRATEGIES
- 3. MY DISTRACTIONS
- 4. MY NETWORK
- 5. KEEPING MYSELF SAFE
- 6. MY REASON TO LIVE

GET HELP NOW
Call the National Suicide Prevention Lifeline

CALL 911

EMAIL SAFETY PLAN
Virtual Hope Box

Remind Me

Distract Me
Inspire Me
Relax Me
Coping Tools

Distract Me

Sudoku Puzzle
Photo Puzzle
Word Search
Mahjong Solitaire
SUICIDAL IDEATION INTERVENTION PLAN:
(Please consider risk and protective factors when selecting level of risk)
Providers are ENcouraged to seek consultation as needed when completing risk evaluations.

6A. (0) - No Current Safety Concerns
☐ No history of active suicidal ideation or NSSI. (There can be presence of passive thoughts of death, history of thoughts that you would rather be dead or what life would be like if you weren't here)
☐ No further questions required.
☐ Home Safety Planning Handout provided to parent/caregiver

6B. (1) - Mild risk
Patient reports:
☐ Past but not recent or current suicidal ideation AND/OR
☐ Past but not recent or current NSSI AND
☐ No lifetime history of life threatening behavior
☐ Provide CPP homework to patient/family to complete before next session.
☐ Home Safety Planning Handout provided to parent/caregiver
☐ If current or recent SI:
  ○ Consider informing legal guardian
  ○ Complete Coping Card & CPP in session with patient.
☐ For new reports of self-harm or SI, bring to MAP consult team.

6C. (2) - Mild - Moderate Risk
☐ Recent or current suicidal ideation with no plan or intent to kill self AND/OR
☐ Recent or Current non-life threatening NSSI
☐ Inform legal guardian
☐ Complete Coping Card & CPP in session.
☐ Review Home Safety Planning Handout in session with patient and family.
☐ For new report of SI or NSSI, bring to MAP Consult Team
☐ For new reports of self-harm or SI, bring to team.

6D. (3) - Moderate Risk
☐ Current suicidal ideation with ambivalence about living but no clear intent OR Plan, WITH or WITHOUT recent or current non-life threatening NSSI
☐ Inform legal guardian
☐ Complete Coping Card & CPP in session.
☐ Review Home Safety Planning Handout in session with patient and family.
☐ For new report of SI or NSSI, bring to MAP Consult Team
☐ For new reports of self-harm or SI, bring to team.

6E. (4) - Moderate - Severe Risk
☐ Recent SI with intent AND/OR plan (NOT current)
☐ Recent or current life-threatening NSSI
☐ Consider psychiatric admission; not required if the following protective factors exist (otherwise, see 6F):
  ○ Restricted access to means
  ○ Functioning CPP
  ○ Parental Supervision
  ○ Current outpatient provider

6F. (5) - Severe Risk
☐ Current SI with intent AND/OR plan
☐ Current life-threatening NSSI
☐ Patient should be referred for admission to a psychiatric inpatient hospital via the SCH ER:
  ○ Voluntary
  ○ Parent-Initiated Treatment
  ○ Involuntary Treatment
☐ For new report of SI or NSSI, bring to MAP Team
High Risk: to ED

- Planned or recent attempt with a lethal method
- Attempt that included steps to avoid detection
- Inability to openly and honestly discuss suicide attempt and what precipitated it
- Inability to discuss safety planning
- Lack of alternatives for adequate monitoring and treatment
- Severe psychiatric disorders underlying suicidal ideation and behavior
- Agitation
- Impulsivity
- Severe hopelessness
- Poor social support
Three Ongoing Essential Tasks

- Screen
- Assess
- Intervene

Washington PAL

HOURS
Monday through Friday, 8 a.m. to 5 p.m. Pacific time

TELEPHONE
866-599-7257 (toll-free)

FAX
206-985-3266

EMAIL
paladmin@seattlechildrens.org
Resources

- ASQ
  - Search: Ask Suicide Screening Questions
- AAP Guidance on Suicide and Suicide Attempts in Adolescents
  - Search: Suicide and Suicide Attempts in Adolescence
- National Suicide Prevention Lifeline: 800.273.TALK(8255)
- Safety Plan Template and Instructions:
  - Search: Developing Effective Safety Plans for Suicidal Youth
- 24/7 Crisis Text Line: Text “HOME” to 741-741
- County Crisis Line
Questions?