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Suicide Prevention Policy and Protocol for Youth Services during COVID-19

Issue and Context

With the pivot to online services, there's a need to revisit policies and protocols for identifying immediate risk and keeping youth safe during the intake and clinical screening process. This is particularly critical in the context of youth who may be indicating thoughts of self-harm/suicidal ideation via text/email, or in advance of an appointment and outside of business hours. What policies, protocols and resources can be helpful to address these concerns?

Uses and Limitations

The current review provides a number of perspectives and resources that can be used to help inform the development of policies and procedures around youth suicide prevention during the pandemic. However, those working directly in the area of suicide prevention and those with lived/living experience are best positioned to help inform policies and procedures in youth suicide prevention. Therefore, this rapid response is designed to provide resources and information - it should not be used as the basis for policy or practice recommendations. It is hoped that this review can provide a starting point for organizations or stakeholders interested in youth suicide prevention during the pandemic and provide a focus for more comprehensive literature reviews.

Approach

In order to address this question, Frayme conducted a limited scan of its network members and a scan of the grey literature. Specifically, selected network members were contacted to inquire about their protocols and to provide any insights into the kinds of crisis response policies they have in place. Two network members responded with their feedback - these responses either focussed on (a) risk assessment, or (b) protocol for response to urgent/emergent after hours.

Additionally, literature was identified by conducting a search through relevant organizational websites, as well as performing grey literature searches using Google and Google Scholar. Focus was placed on literature and resources that directly addressed suicide prevention among youth during the pandemic. Thus, general resources in youth suicide prevention (outside of the pandemic) or non-crisis youth resources during the pandemic (e.g., mental health, stress, anxiety, etc.) were not explicitly examined. Results from this literature highlighted how complications from the pandemic may impact traditional suicide prevention protocol. A number of specific resources that were identified that may help service providers using virtual models

respond to youth with suicidal and self-harm ideation and behaviours. Additional (a) service-based approaches, (b) community-based strategies and (c) school-based interventions for youth suicide prevention were also summarized, as these resources may help to inform the development of protocols or policies.

Network Findings

Risk assessment

Frayme's network members indicated using ongoing monitoring and risk assessment methods, including online questionnaires to assess level of risk based on depression scores, suicidal ideation and worsening in anxiety, depression symptoms, or quality of overall health. Examples of factors that may increase risk have been identified as:

- Increased substance use (e.g. cannabis)
- Loss of employment
- Younger ages

As part of the risk assessment, all patients are asked if they would like to receive follow up or contact a clinician directly . Thus, clients themselves help determine if they need to be seen. Some highlights from this process include the following:

- It helps identify youth who may be at higher risk and in greater need of clinical support in the context of pandemic quarantine.
- It provides an accessible avenue for invited patients to communicate both symptom status and need for contact.
- Basic processes for risk assessment and intake have not changed, just the medium in which they occur.
- Clients can contact service via text or phone if they are in distress, as per standard practice.
- clinical appointments are arranged and take place by whatever means the clinician and patient agree upon.
- When possible, intake assessments continue to be conducted in person, observing COVID protocols in place to keep everyone safe (screening masks, physical distance, PPE).
- Ongoing monitoring processes can provide valuable monitoring during times when the usual communications between patients and health care providers are compromised and are easily implemented.

Protocol for response to urgent/ emergent after hours

A Frayme partner provided the following information about their protocol for responding to youth who reach out for support after hours:

Email and phone: For after-hours support, a standard response on all email, phone etc. is provided, letting young people know about crisis services. The standard response is copied below.

> *"Thank you for your email. This email address is not monitored regularly, so if you are a* young *person or a parent/guardian of a young person who is currently linked in with Jigsaw, please contact your local Jigsaw service, and a staff member will respond to your query as soon as possible.*
>
> ***Need to talk to someone right now?***
> *If you are having a tough time and need someone to talk to right now, please contact the following services:*
> - *Your physician*
> - *After hours medical service*
> - *Your nearest emergency department*
> - *Crisis lines/chats*
> - *Please also log on to xxxx for a range of online supports for your mental health.*
>
> *Please note this is an automated email. I will be in touch with you as soon as possible. This email address is not monitored regularly, so if you are a young person or a parent/guardian of a young person who is currently linked in with xxx service, please contact your local xxx service, and a staff member will respond to your query as soon as possible."*

Webchat: In addition, the partner mentioned that web-chat services are also made available. Youth contacting this service can access a virtual 'session' with a clinical team member. More information about that service and associated privacy policy is available at www.jigsaw.ie

Grey Literature Findings

Although the full effects of the COVID-19 pandemic have yet to be realized, there is growing concern that the risk of suicide may increase as a response to the stressors caused by the pandemic (see McIntyre & Lee, 2020; Mental Health Commission of Canada [MHCC], 2020a). Indeed, preliminary evidence suggests that youth are reporting worsening of mental health outcomes, increased substance use and elevated suicidal ideation as a result of the pandemic (Czeisler et al, 2020). Increased risk of suicide may be due to how the pandemic adversely affects known precipitants of suicide, including (Gunnell et al, 2020; Ontario Center of Excellence for Child & Youth Mental Health & Children's Mental Health Ontario, 2020; Reger, Stanley & Joiner, 2020):

- Loss of employment
- Financial stress
- Future and education insecurity
- Housing insecurity or precarious living arrangements

- Increased relationship stresses or breakdown
- Increased domestic violence
- Increased alcohol consumption
- Social isolation, entrapment and/or loneliness (due in part to social-distance and public health measures)
- Decreased access to community and religious supports
- Increased physical health problems (e.g., illness and medical issues)

At both an organizational and service-provision level, it's important to have policies and procedures in place to help intervene with youth who may be at elevated risk of suicide (e.g. have expressed suicidal ideation or have previously attempted suicide (Heilbron, Goldston, Walrath, Rodi & McKeon, 2013). The Substance Abuse and Mental Health Service Administration (SAMHSA, 2012) made a number of recommendations for creating such policies and protocols, however, the degree to which these recommendations are relevant with the complications of COIVD-19 is unclear.

Part of the issue with creating policy and procedures for youth who are at risk for suicide during the pandemic, is that the typical pathways to intervention may be compromised. Typically, youth at the highest risk are referred to emergency departments for assessment or are hospitalized on inpatient psychiatric units. As the risk decreases, youth at risk for suicide may be referred to outpatient services such as psychotherapy, counselling and/or medication management. The effects of social distancing as a result of the COVID-19 pandemic have limited these typical in-person interventions (see Szlyk, Berk, Peralta & Miranda, 2020), and there may be fears from clients that face-to-face appointments may put them at risk (Gunnell et al, 2020).

As a result of the limitations to the availability of in-person services and interventions during the pandemic, virtual models of care for service and delivery have become increasingly important (for a list of Canadian-based crisis services see Appendix A). Although virtual models of care have some benefits, there are also a number of significant limitations (see Appendix B).

Kopelovich and colleagues (2020) examine how community-based mental health care delivery services can adequately assess the safety of clients. Specifically, they discuss possible telehealth protocols to deal with those in crisis. In summary, they suggest:

1. Ensuring the client's phone number and current location are initially documented for follow-up or intervention if necessary.
2. The creation (or updating) of safety plans taking into account the client's immediate environment. The authors suggest the use of the My3 App (www.my3app.org) for safety planning.
3. Clients at the highest risk should be prioritized for in-person care (with appropriate physical safety measures to reduce the risk of COVID-19 infection). These persons may include "Clients who are less familiar to the clinical team, for whom historical and clinical risk factors are particularly high, or who are newly expressing behavioural intent to harm self or others..."

4. Clients at lower-risk should be engaged in distress tolerance for down-regulation until the crisis remits.

There are a number of resources available to service providers using virtual models of care who may be working with, or exposed to youth and adults with suicidal and self-harm ideation and behaviours:

- UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm, & Substance Abuse Prevention and Treatment. (2020). *Trauma-Informed Telehealth Considerations for Youth with Suicidal and Self-Harm Ideation and Behaviors.* Available at http://zerosuicide.edc.org/sites/default/files/Pediatric%20Telehealth%20Recommendations.ASAP%20Center.05.16.2020.pdf
- Center for Practice Innovations at Columbia Psychiatry New York State Psychiatric Institute. (2020). *Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic*. Available at http://zerosuicide.edc.org/sites/default/files/Telehealth%20Tips%20with%20Suicidal%20Clients%20-%20FINAL.pdf
- National Institute of Mental Health (NIMH; 2020). *COVID-19: Youth Suicide Risk Screening Pathway*. Available at https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/inpatient/pdfs/covid-19_youth_suicide_risk_screening_pathway_160183.pdf
- National Institute of Mental Health (NIMH; 2020). *COVID-19: Adult Suicide Risk Screening Pathway*. Available at https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/inpatient/pdfs/covid-19_adult_suicide_risk_screening_pathway_160182.pdf
- Suicide Prevention Resource Center. (2020) *Treating suicidal patients during COVID-19*. Available at http://www.sprc.org/resources-programs/treating-suicidal-patients-during-covid-19
- Suicide Prevention Resource Center. (2020) *Treating suicidal patients during COVID-19: Best Practices and Telehealth*. Available at http://www.sprc.org/events-trainings/treating-suicidal-patients-during-covid-19-best-practices-telehealth
- Goldstein, T. (2020). *Focus on Virtual Assessment and Treatment for Depressed and Suicidal Youth*. Presented at the STAR Annual Conference. Available at https://www.oerp.pitt.edu/wp-content/uploads/2020/05/Focus-on-Virtual-Assessment-and-Treatment-for-Depressed-and-Suicidal-Youth.pdf
- Uniting for Suicide Prevention. (2020). *Reminders for Suicide Postvention in the Time of Coronavirus*. Available at http://zerosuicide.edc.org/sites/default/files/Posstvention%20during%20Coronavirus.pdf
- ZeroSuicide Institute. (2020). Telehealth and Suicide Care During the COVID-19 Pandemic. Available at https://zerosuicide.edc.org/sites/default/files/Telehealth%20and%20Suicide%20Care%20During%20the%20COVID-19%20Pandemic.pdf
- Relias. (2020). *Assessing Risk and Preventing Suicide via Telehealth.* Available at https://www.relias.com/blog/assessing-and-preventing-suicide-telehealth

Service-based approaches

One promising practice in suicide prevention is the use of brief interventions, which often include contact via telephone calls, postcards, and/or letters (see Milner, Carter, Pirkis, Robinson & Spittal, 2015). Research suggests that brief interventions are effective in reducing subsequent suicide attempts (Doupnik et al., 2020) and could be a particularly useful tool during the pandemic (see Melhem & Brent, 2020). There are also a number of initiatives designed to provide support and intervention for suicidal youth and adults via social and digital media. A toolkit was recently created by the Substance Abuse and Mental Health Services Administration, Vibrant Emotional Health and The National Suicide Prevention Lifeline (2020). In addition, youth themselves may be a valuable asset in supporting other youth and preventing suicide (see Croton et al, 2020).

Community-based strategies

Additional resources on preventing suicide during the pandemic focus on the role families, supportive adults, and friends can play in youth suicide prevention. For example, PLEO: Parents' Lifelines of Eastern Ontario (2020) has launched a new resource to support parents/caregivers of youth who are thinking about suicide. The resource includes tip sheets for parents/caregivers and videos with information about accessing services, signs and awareness, safety at home and communication. A similar resource has been developed by School Mental Health Ontario (SMHO; 2020) which focuses on suicide prevention for parents/caregivers and families during the pandemic and during return-to-school.

Szlyk and colleagues (2020) suggest a number of evidence-based tips to parents/caregivers to decrease suicide risk and the need for emergency services among vulnerable youth during COVID-19. Similarly, The Mental Health Commission of Canada has released a resource regarding tips on talking to someone in crisis during the pandemic (MHCC, 2020b). Further information on suicide prevention (including a number of useful resources and toolkits) are available through the Mental Health Commission of Canada's suicide prevention website (MHCC, 2020c). Akin to the tips created by the MHCC, Jack.org has created a new Be There campaign that gives friends and loved ones a guide to help talk to someone who might be struggling with their mental health.

There is also a consideration for how to support individuals after the pandemic. For example, a special article by Wasserman, Iosue, Wuesterfield and Carli (2020) discusses how evidence-based suicide prevention strategies can be adapted both during and after the COVID-19 pandemic. In addition, the organization Suicide Awareness Voices of Education (SAVE; 2020) has also released tips for preventing suicide during and after the pandemic.

School-based interventions

Since a large proportion of youth are in school (either secondary or postsecondary), there are also a number of resources available for these institutions. For example, the Suicide Prevention Resource Center (SPRC, 2020) has developed an online learning module on crisis protocols on campuses (post-secondary institutions), although this resource may need to be updated in light of the pandemic (SPRC, 2020). More relevant, the National Association of School Psychologists (NASP, 2020) has created a comprehensive school suicide prevention resources in light of distance-learning due to COVID-19. These resources include checklists for preparing and conducting a virtual suicide assessment.

References

Carballo, J. J., Llorente, C., Kehrmann, L., Flamarique, I., Zuddas, A., Purper-Ouakil, D., ... & Buitelaar, J. K. (2019). Psychosocial risk factors for suicidality in children and adolescents. *European Child & Adolescent Psychiatry*, 1-18.

Croton, B., Brocius, C., Weyland, S., Rother, J., Lutsyshyna, L., Leets, M., ... & Moser, E. (2020). A youth perspective on suicide prevention. *The Lancet Psychiatry*, *7*(9), 736-737.

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., ... & Czeisler, C. A. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, *69*(32), 1049.

Doupnik, S. K., Rudd, B., Schmutte, T., Worsley, D., Bowden, C. F., McCarthy, E., ... & Marcus, S. C. (2020). Association of suicide prevention interventions with subsequent suicide attempts, linkage to follow-up care, and depression symptoms for acute care settings: a systematic review and meta-analysis. *JAMA psychiatry*.

Ferlatte, O., Salway, T., Oliffe, J. L., Saewyc, E. M., Holmes, C., Schick, L., ... & Knight, R. (2020). It is time to mobilize suicide prevention for sexual and gender minorities in Canada. *Canadian journal of public health*, 1-6.

Government of Canada. (2019). *Suicide in Canada*. Available at https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html#a2

Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., ... & Chan, L. F. (2020). Suicide risk and prevention during the COVID-19 pandemic. *The Lancet Psychiatry*, *7*(6), 468-471.

Heilbron, N., Goldston, D., Walrath, C., Rodi, M., & McKeon, R. (2013). Suicide risk protocols: Addressing the needs of high risk youths identified through suicide prevention efforts and in clinical settings. *Suicide and Life-Threatening Behavior*, *43*(2), 150-160.

Kopelovich, S. L., Monroe-DeVita, M., Buck, B. E., Brenner, C., Moser, L., Jarskog, L. F., ... & Chwastiak, L. A. (2020). Community mental health care delivery during the COVID-19 pandemic: Practical strategies for improving care for people with serious mental illness. *Community Mental Health Journal*, 1-11.

McIntyre, R. S., & Lee, Y. (2020). Projected increases in suicide in Canada as a consequence of COVID-19. *Psychiatry research*, 113104.

Melhem, N. M., & Brent, D. (2020). Do brief preventive interventions for patients at suicide risk work?. *JAMA psychiatry*.

MHCC. (2020a). *COVID-19 and Suicide: Potential Implications and Opportunities to Influence Trends in Canada: Policy Brief*. Available at https://www.mentalhealthcommission.ca/sites/default/files/2020-11/covid19_and_suicide_policy_brief_eng.pdf

MHCC. (2020b). *Tips on talking to someone in crisis during COVID-19*. Available at https://www.mentalhealthcommission.ca/sites/default/files/2020-03/Tips_Active_Listening_COVID_eng.pdf

MHCC. (2020c). *Suicide Prevention*. Available at https://www.mentalhealthcommission.ca/English/what-we-do/suicide-prevention

Milner, A. J., Carter, G., Pirkis, J., Robinson, J., & Spittal, M. J. (2015). Letters, green cards, telephone calls and postcards: systematic and meta-analytic review of brief contact interventions for reducing self-harm, suicide attempts and suicide. *The British Journal of Psychiatry*, *206*(3), 184-190.

NASP. (2020). *Comprehensive School Suicide Prevention in a Time of Distance Learning*. Available at https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/comprehensive-school-suicide-prevention-in-a-time-of-distance-learning

Ontario Center of Excellence for Child, & Youth Mental Health & Children's Mental Health Ontario. (2020). Potential impacts of COVID-19 on child and youth mental health: Considerations for service planning during and post-pandemic. Available at https://www.cymh.ca/en/projects/resources/covid-19/covid-19_pandemic_impacts_on_child_and_youth_mental_health.pdf

PLEO: Parents' Lifelines of Eastern Ontario (2020). *Supporting Parents of Suicidal Youth*. Available at https://www.pleo.on.ca/resources/supporting-parents-of-suicidal-youth/

Reger, M. A., Stanley, I. H., & Joiner, T. E. (2020). Suicide mortality and coronavirus disease 2019—a perfect storm?. *JAMA psychiatry*.

Szlyk, H. S., Berk, M., Peralta, A. O., & Miranda, R. (2020). Coronavirus Disease 2019 Takes Adolescent Suicide Prevention to Less Charted Territory. *Journal of Adolescent Health*.

SAMHSA. (2012). *Policies and protocols addressing the needs of youths who have attempted or are considering suicide.* Available at https://rems.ed.gov/docs/SAMHSA_SuicidePoliciesProtocols.pdf

SAMHSA, Vibrant Emotional Health, & The National Suicide Prevention Lifeline (2020). *Support for suicidal individuals on social and digital media*. Available at https://suicidepreventionlifeline.org/wp-content/uploads/2020/04/Lifeline-Social-Media-Toolkit-2020.pdf

SAVE. (2020). *Preventing suicide during and after the COVID-19 Pandemic*. Available at https://save.org/wp-content/uploads/2020/03/COVID-19-Tips-Final.pdf

SMHO. (2020). *Prepare; Prevent; Respond*: *A Suicide Prevention Guide for Parents and Families During COVID-19 and Return to School*. Available at https://smho-smso.ca/wp-content/uploads/2020/09/Prepare_Prevent_Respond_Web.pdf

SPRC. (2020). *Crisis protocols*. Available at http://www.sprc.org/crisis-protocols

Wasserman, D., Iosue, M., Wuestefeld, A., & Carli, V. (2020). Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *World psychiatry*, *19*(3), 294-306. https://onlinelibrary.wiley.com/doi/pdf/10.1002/wps.20801

Appendix A: Crisis Supports in Canada

Adapted from https://spcch.org/covid-19-resources/

Phone Services

- Boots on the Ground Peer Support for First Responders (24/7) – 1-833-677-2668
- Hope for Wellness Indigenous Help Line (24/7) – 1-855-242-3310
- Canadian Indian Residential Schools Crisis Line - 1-866-925-4419
- Trans Lifeline (10am-4am EST) – 1-877-330-6366
- Kids Help Phone: 1-800-688-6868
- LGBTQ YouthLine (Sunday to Friday 4pm-9:30pm ET) - 1-800-268-9688
- Good2Talk Post-Secondary Student Line - 1-866-925-5454
- Crisis Services Canada - 1-833-456-4566

Text Services

- ONTX Ontario Online & Text Crisis Services (available 2pm-2am EST) –Text 258258
- Crisis Services Canada (available 4pm-12am EST) – Text 'START' to 45645
- Kids Help Phone: Text 'CONNET' (English) or 'PARLER' (French) to 686868
- LGBTQ YouthLine (Sunday to Friday 4pm-9:30pm ET) - 647-694-4275
- Good2Talk Post-Secondary Student Line - Text 'GOOD2TALKON' to 686868

Online Services

- ONTX Ontario Online & Text Crisis Services (available 2pm-2am EST) – dcontario.org/ontx.html
- Hope for Wellness Indigenous Online Chat Counselling (24/7) – hopeforwellness.ca
- Now Matters Now – https://www.nowmattersnow.org/
- Kids Help Phone Online - kidshelpphone.ca/live-chat
- LGBTQ YouthLine (Sunday to Friday 4pm-9:30pm ET) - youthline.ca

For crisis support in the United States, please see this resource list https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html#parents

Appendix B: Benefits and Limitations of Virtual Models of Care

Adapted from Szlyk, Berk, Peralta & Miranda, 2020

Benefits of using virtual models of care may include:

- Youth preference for electronic methods of communication
- Ease of scheduling and attending visits
- Near-instant access to on-call services
- The ability to collect and summarize patient PROMs and PREMs between visits
- The use of supplemental mobile applications (apps) for suicide prevention and safety planning

Limitations and barriers to accessing virtual models of care may include:

- Lack of private insurance coverage of telehealth
- Access to technology, adequate internet service and digital literacy
- Language barriers
- Difficulty building rapport
- Difficulty in creating/ensuring a safe physical/emotional space to discuss sensitive issues
- Concerns about privacy and data security