**COVID-19: YOUTH SUICIDE RISK SCREENING PATHWAY**

**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

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**Medically able to answer questions?**

- **YES**
  - Administer ASQ (ideally separate from parent/guardian)
    - Assess whether patient is in a private place.
  - NO

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

- **YES**
  - YES to Q5?
    - YES
      - Non-acute Positive Screen: Conduct Brief Suicide Safety Assessment (BSSA)
        - Detailed instructions about the BSSA can be found at www.nimh.nih.gov/ASQ
      - NO
    - NO

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**BSSA outcome (three possibilities)**

- **LOW RISK**
  - No further evaluation needed at this time
  - Would benefit from a non-urgent mental health follow-up?
    - NO
      - No referral needed at this time
    - YES
      - REFERRAL to further telehealth care as appropriate; Continue medical care; Initiate safety plan for potential future suicidal thoughts

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**FURTHER EVALUATION NEEDED**

- Mental health referral needed as soon as possible via telehealth services or in person
- Make a safety plan with the patient and parent/guardian to activate as needed
- Schedule a follow-up with patient within 72 hours for safety check and to determine whether or not they were able to obtain a telehealth or in person mental health appointment

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**IMMINENT RISK**

- Patient has acute suicidal thoughts and needs an urgent full mental health evaluation
- PARENT/GUARDIAN TO INITIATE SAFETY PRECAUTIONS
  - Until able to obtain full mental health evaluation via telehealth or in person
    - Assess need for ED visit versus parent/guardian’s ability to manage patient safely at home.
    - Avoid ED visit if possible, balancing risk for exposure to COVID-19 versus suicide risk.

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**SAFETY PLANNING**

- Create safety plan for potential future suicidal thoughts, including identifying personal warning signs, coping strategies, social contacts for support, and emergency contacts. Detailed instructions about safety planning can be found at https://www.sprc.org/resources-programs/patient-safety-plan-template
- Discuss lethal means safe storage and/or removal with both parent/guardian and child (e.g., ropes, pills, firearms, belts, knives)
- Provide Resources: 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255), En Español: 1-888-628-9454, 24/7 Crisis Text Line: Text “START” to 741-741

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**Exit Pathway**

- Send to ED?
  - NO
    - Advise patient to wear mask and call local ED before arrival
  - YES

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**If suicide risk becomes more acute, instruct patient/patient/guardian to contact outpatient healthcare provider to re-evaluate need for ED visit.**

Schedule all patients who screen positive for a follow-up visit in 3 days to confirm safety and determine if a mental health care connection has been made. Future follow-up primary care appointments should include re-screening patient, reviewing use of safety plan, and assuring connection with mental health clinician.