

COVID-19: YOUTH SUICIDE RISK SCREENING PATHWAY

Outpatient Primary Care & Specialty Clinics:
via Phone

Pediatric provider calls/is called by parent/guardian or patient.
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

Medically able to answer questions?

NO

Screen at next visit

YES

Administer ASQ (ideally separate from parent/guardian)
Assess whether patient is in a private place.

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

NO

NEGATIVE SCREEN
Exit Pathway

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

BSSA outcome (three possibilities)

LOW RISK

No further evaluation needed at this time

FURTHER EVALUATION NEEDED

Mental health referral needed as soon as possible via telehealth services or in person

IMMINENT RISK

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

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

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

PARENT/GUARDIAN TO INITIATE SAFETY PRECAUTIONS¹

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 safety at home.

Avoid ED visit if possible, balancing risk for exposure to COVID-19 versus suicide risk.

¹ Instruct parent/guardian on implementing immediate SAFETY PRECAUTIONS
Parent/guardian in house to keep patient under direct observation at all times and remove or safely store dangerous items

Send to ED?

NO

YES

Advise patient to wear mask and call local ED before arrival

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

If suicide risk becomes more acute, instruct patient/parent/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.

