



ISSUE #9

WINTER 2010-2011

****SPECIAL ISSUE****

PRIMARY CARE & MENTAL HEALTH

SAVE THE DATES!!

FEB 9-10: ASIST TRAINING

MARCH 4: SUICIDE GRIEF TRAINING

APRIL 4: SUICIDE RISK ASSESSMENT

SEE OUR EVENTS PAGE FOR MORE INFO!

To submit future articles to our newsletter, please email drafts to Terri Erbacher at terbacher@dciu.org.

*Submissions for our **Spring** newsletter are due by April 1st.*

****Suicide rates are on the rise in Delaware County. In a typical year, we lose 60-65 community members to suicide. In 2007, we saw a shocking rise to 89 suicides.....
Let's Talk About It!!**

Who we are: The Delaware County Suicide Prevention and Awareness Task Force (DCSPATF) was begun in 2002 by volunteers who care and who want to increase suicide awareness, decrease stigma and decrease suicide risk in the community. Our mission is to promote understanding that suicide is a preventable community-health problem in our county and to work together toward viable solutions.

Our Newsletter: Our newsletter continues to be a success! We are going 'green' and sending this out electronically to save paper! *Please forward* this to anyone who may be interested in reading this so that we can all work together to BUILD suicide AWARENESS, DECREASE STIGMA, and PREVENT future SUICIDES!

HAPPY NEW YEAR!

An optimistic End to 2010

Posted by Laurie Flynn

<http://blog.teenscreen.org>

Sometimes Santa comes early. That's how I felt when our longtime mission — to increase early identification of teen mental illness — was highlighted in two national efforts aimed at pediatricians. Our Physician Advisor, Dr John Genrich, wrote a commentary in the November 2010 *Pediatric News*, the

leading newspaper for pediatricians. On its heels was a webinar, *On the Front Line: How Pediatricians Can Improve Teen Mental Health*, which we co-sponsored with the American Academy of Pediatrics (AAP). This web event was the most highly attended in TeenScreen's history.

Both the article and the webinar drove home the point that adolescent mental health is an integral part of overall care for our youth. Increasingly, pediatricians and other PCP's - who are on the "front line" of health care - recognize how crucial early detection is to teen mental health. Mental illness most often emerges in the adolescent years and is more prevalent than asthma or diabetes in our youth. Yet, it often goes undetected, leaving teens to suffer and struggle for years without the care they need.

Pediatricians are stepping up to the challenge. Pediatric interest in integrating screening into their practices has led to over 900 TeenScreen primary care programs! Ending 2010 on these high notes fills me with optimism for the coming year and our work on behalf of teens. With all the debates and disagreements about health care this past year, pediatricians are moving ahead to give our youth the kind of comprehensive care they need. We've got a lot of work ahead of us, but this progress is something we can all celebrate.

Local News

APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

Rev. Dr. Wylie W. Johnson

Rev. Dr. Wylie W. Johnson, Pastor of the Springfield Baptist Church will conduct a 2-day, 16 hour intensive training in suicide intervention skills. Mrs. Chintay R. Elliott is the co-instructor for this event. These two comprise the Unit Ministry Team for their Army Reserve organization. This is the second ASIST seminary Elliot and Johnson have taught in DELCO. The primary audience for this event is the Law Enforcement Chaplains of Delaware County (LECDC). There may be additional seats at the training available to the greater DCSPATF family.

ASIST is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide. It is one of the most widely used, acclaimed and researched suicide intervention training workshop in the world. ASIST prepares professionals, volunteers and informal helpers to know how to help persons with thoughts of suicide in ways that increase their suicide safety. Trainers are certified by Living Works, Inc. as accomplished practitioners in suicide prevention, intervention, and postvention.

As an ASIST-trained first aid intervention caregiver, you will be better able to:

- Identify people who have thoughts of suicide.
- Understand how your beliefs and attitudes can affect suicide interventions.
- Seek a shared understanding of the reasons for thoughts of suicide and the reasons for living.
- Review risk and develop a plan to increase safety from suicidal behavior for an agreed amount of time.
- Follow-up on all safety commitments, accessing further help as needed.

WHEN: Wednesday, February 9, 2011 - Thursday, February 10, 2011, 8:30 a.m. - 5:00 p.m.

WHERE: Holcomb Behavioral Health Systems Education Office, 126 E. Baltimore Ave., Media, PA 19063

COST: Free (Covered by COPE grant). SPACE IS LIMITED. CAC credits pending.

Sponsored by: The Law Enforcement Chaplains of Delaware County (LECDC)

For more information, call 610-586-3563.

This Training is coordinated by Committee on Prevention Education (COPE), coordinated by Holcomb Behavioral Health Systems and funded by the Delaware County Office of Behavioral Health (OBH), Division of Drug and Alcohol Programs.

DANCE YOUR GRIEF

Dancers and Friends - Spread the word! Everyone knows someone who is grieving.

307) **Dare to Dance in the Shadow of Loss** - Through Haverford Township Adult School

Wednesdays, 7:30 pm -8:30pm - 10 weeks starting End of February - Register now on the Website: www.haverfordadulthoodschool.org. \$65.00.

Come to a feel-good movement class for adults who are coping with grief from the loss of a loved one. You'll do body warm-up and dance! And, you'll learn and create dances together that express grief and hope for managing the loss. Come to celebrate your life and the life of your loved one. Low impact class - wear sneakers and comfy clothes. No dance experience necessary.

Instructor: Nancy Santamaria, dance instructor and bereavement counselor who combines grief work with fitness and dance for adults and children.

MORE UPCOMING TRAININGS

The Elephant in the Room: Practical Strategies for Clinicians Dealing with Suicide Grief in Teens and Adolescents

Terri Erbacher, Ph.D.

March 4, 2011 9AM-4PM

Widener University - Latham Hall

E. 13th & Potter Streets, Chester, PA 19013

Visit www.postgraduatecenter.org for the online CE Brochure and to register!

Participation in this program will enable you to...

- 1) Apply a developmental approach to the grief process as it relates to teens and adolescents
- 2) Better understand the traumatic and complicated grief that occurs after a suicide loss
- 3) Integrate concepts of suicide grief and loss into therapeutic treatment for youth and families
- 4) Employ practical strategies and activities when working individually and in groups with youth who have lost loved ones to suicide
- 5) Understand when grieving youth is at risk: Suicidal warning signs
- 6) Relate concepts learned to actual case studies

*6 Act 48, Psychology and Social Work CEU's Available

Conducting Effective Suicide Risk Assessments: Case Studies & Clinical Competence

Terri Erbacher, Ph.D.

April 4, 2011 9AM-12PM

Delaware County Intermediate Unit - Rooms 171/172

200 Yale Avenue, Morton, PA 19070

Walk-in Registrations welcome or register online via www.dciu.org if you are in the Delco CourseWhere system. (Spring registration not yet available).

Participation in this program will enable you to...

- 1) Identify risk factors and warning signs of youth who may be at risk for suicidal behavior
- 2) The Art of suicide Interviewing: Removing the mystery
- 3) Better understand the role of standardized scales in risk assessment
- 4) Understand how to effectively utilize the Suicide Status Form II to monitor suicidality over time
- 5) Relate assessment directly to intervention and referral strategies
- 6) Integrate concepts learned to actual case studies

*3 Act 48 and Psychology CEU's Available

Get Involved...

DO YOU WANT TO GET INVOLVED AND HELP OTHERS?

***Join the Delco Task Force:** New members are ALWAYS welcome!!! Our next DCSPATF Steering Committee Meeting is Thursday, December 9, 2010 from 9-11AM at Mercy-Fitzgerald Hospital (Medical Science Building - Rooms D&E), 1500 Lansdowne Avenue, Darby, PA. **All are welcome!**

Committee Memberships: The DCSPATF also seeks new members for our committees! We have many projects pending and would like your input to see these projects to fruition!

Events Committee: Contact Nikole Heilmann at nheilmann@wpsd.k12.pa.us if interested in planning!

Education/Scientific Advisory Committee: Contact Bob Edwards at REdwards@mercyhealth.org.

Research & Advocacy Committee: Next meeting is November 4th at St. Marks in Broomall.

Contact Jim Elliot at jre1544@aol.com if you would like more information!

*Volunteer Opportunities with the American Foundation for Suicide Prevention (AFSP)

We are very excited about many projects and activities we have coming up and would love new faces! If you are interested in volunteering, send an email to Terri at terbacher@dciu.org. *The following are some of the projects the Philadelphia Chapter of AFSP is currently working on:*

1st Speaker's Bureau Training: We are excited for our first training to be held this week! If you would like to work with us by becoming a speaker, please attend our Speakers Bureau Training on Thursday, January 20th at 6:30PM. Location is 3535 Market Street, Philadelphia, PA 19104 (4th floor Conference Room - Room 4123). We already have 15 people registered, but it is not too late to register! Email above.

Survivor Outreach Program: Are you interested in Survivor Initiatives? Do you want to help recent survivors as they attempt to deal with the shock and grief that comes with suicide loss? You must be a survivor yourself and least 2 years away from your own loss. There is an online training program (see link below to complete the application process). We will plan a Meet & Greet for those that take the training online so we can all work effectively as a team!! Email the address listed above if interested! Here's the Link: http://www.afsp.org/index.cfm?page_id=45225B03-FBF2-AEBB-C260FDE7B93D1BCF

Party with a Purpose: We are currently seeking donations for our live and silent auctions for our Party with a Purpose that will be happening on Friday, May 6, 2011. Please let me know if you have any items, services, or certificates to donate! Also, SAVE THE DATE to attend this lovely event held at the beautiful home of Mrs. Jan and Dr. Dwight Evans. Or, email me to volunteer to help organize this event.

Out of the Darkness Overnight Walk will be held in NY City this year on June 4th and 5th. If you would like to walk, please register with our Philadelphia Team under Susan Kelleher's name! This is an amazing experience and good to do if you would like to help us get the walk here in Philadelphia for 2012 or 2013!

Mural Program Steering Committee: We are happy to announce that we received funding for a suicide prevention mural painted in Philadelphia! This is such exciting news to help rid stigma regarding mental illness in our city. We will be organizing a city mural tour with our Board of Directors and volunteers.

Out of the Darkness Walks

Last year was an amazing year. Our Out of the Darkness Walk raised over \$100,000 and we are already gearing up for our October 1, 2011 Walk and our \$150,000 goal- Our walk committee can use you. You can help us by volunteering for a walk committee.

Tucson...

USA Today - Mental health lessons from the Tucson tragedy

By Liz Szabo, January 13, 2010

http://www.usatoday.com/yourlife/parenting-family/teen-ya/2011-01-13-parentspsych13_st_N.htm

The deadly shooting in Tucson last week should remind families of the importance of getting help for troubled children, mental health experts say. But parents of young adults struggling with mental illness may feel helpless to help them, even once a problem has been diagnosed. Hearing about the Tucson rampage or the Virginia Tech massacre of students by a classmate or other such horrific events can be terrifying to parents of mentally unstable older children. Could this kind of thing happen to their family? Will they one day get a phone call from the police informing them of something terrible their child has done? While parents can take a young child to a pediatrician, experts acknowledge that getting help for adult children — especially those who resist treatment — can be a challenge...In some ways, young adults are very vulnerable to mental health crises, said Paul Ragan, associate professor of psychiatry at the Vanderbilt University School of Medicine in Nashville.

The Tucson Tragedy: Will We Go Forward or Back?

Blog Posted By: Laurie Flynn

<http://blog.teenscreen.org>

When I heard the news about the terrible shootings in Tucson Saturday, I was horrified and heartbroken. A bright young congresswoman shot at point blank range and fighting for her life. The senseless and brutal loss of innocent life, including that of a 9-year-old girl. It is almost too much to bear. As I learned more about the 22-year-old alleged gunman, it became increasingly clear that he was mentally disturbed and had been for quite some time. Jared Loughner had exhibited a pattern of troubling behavior since adolescence. He dropped out of high school and was known to be "weird" and a "loner". He apparently failed a drug test and was rejected by the Army. He enrolled in community college but was soon told to leave because of his disruptive and even frightening behavior.

We don't know if he has a mental illness or if he ever received a diagnosis, got the help he needed or accepted help that was offered. What seems clear is that a troubled adolescent grew into a deeply disturbed young man. Once again, mental illness is a focus of national discussion, prompted by a violent, tragic act. Unfortunately, the discussion does little to further our understanding of mental illness or our efforts to offer mental health care for all people who need it. Rather, this terrible tragedy and others like it invariably reinforce a false perception that most violent crimes are committed by the mentally ill. Not only is this wrong, but it feeds the stigma that people with mental illness are inherently violent. This misinformation contributes to keeping mental health issues in the dark, and keeping parents from seeking help for their teenager, who may just be beginning to exhibit symptoms.

Adolescents and young adults are most at risk for developing a mental illness, but early identification, diagnosis and treatment can make a difference. Most young people with mental disorders who are diagnosed and treated go on to live productive lives. There is a lot of anguish and soul searching in the aftermath of this type of violence. Many Americans are calling for a more civil public discourse. We need to reflect on our overheated, highly partisan rhetoric that can fuel anger and confusion and make someone already vulnerable to such messages even more so. The perennial debate about easy access to handguns will be replayed, though probably not settled. But, I think it's also important that we rethink our views about mental illness. Rather than allow this terrible event to reinforce dangerous and unfounded myths, let's instead begin a national discussion about how we as a society can do a better job of identifying mental illness early, when our children are teenagers, and ensure that they get the help they need.

Research News

Joint Commission Alert: Suicide is a risk in emergency departments and hospitals

www.sprc.org

This new Joint Commission sentinel event alert, A Follow-up Report on Preventing Suicide, updates a 1998 alert on preventing inpatient suicides. It urges greater attention to the risk of suicide for non-psychiatric patients in emergency departments and medical-surgical inpatient units, and recommends education for caregivers about warning signs that may indicate when patients are contemplating harming themselves. The alert cautions that many patients who kill themselves in general hospital units do not have a psychiatric history or history of suicide attempts. SPRC Director Jerry Reed contributed to this alert.

Suicide Screening should be part of hospital procedure, panel says

Kevin O'Reilly, American Medical News

Article Summarized by Caitlin Gilmartin

The Joint Commission of the American Medical Association has issued new guidelines for hospitals to prevent suicides within the hospital setting. Inpatient suicides are the second most frequently reported safety lapse and often occur in hospital units other than Psychiatric; in fact, almost a quarter of reported inpatient suicides since 1995 occurred in other units of the hospital. The guidelines suggest using age and developmentally appropriate screening tools to gauge suicidality in all hospital patients. In patients deemed to be higher risk, the commission suggests checking for contraband, alerting staff to warning signs, formulating a post-discharge plan with the patient and family, and communicating suicide risk to necessary personnel. Utilization of these guidelines may aid in suicide prevention for all patients, not just those in psychiatric and behavioral health units.

JAACAP Report on TASA: Specialized Treatment Lowers Suicide Risk (TASA Study)

<http://www.teenscreen.org/research-highlights-nov>

The Treatment of Adolescent Suicide Attempters (TASA) study examined the effectiveness of psychotherapy, medication, or a combined approach in decreasing suicide risk among adolescent suicide attempters with depression. Findings suggest that targeted intervention can be successful in preventing suicide reattempts. "Previous suicidal behavior elevates the risk for subsequent death by suicide 10 to 60 fold," said Columbia Psychologist Barbara Stanley, Ph.D.

As part of the multi-center study, 124 depressed adolescents who had attempted suicide were randomized to receive cognitive behavioral therapy, medication, or a combination of both over the course of six months. At the end of the trial, risks for suicidal events and for reattempts were lower than those in comparable samples suggesting that targeted treatment has potential for preventing suicides and reattempts. Forty-two percent of the suicidal events that occurred during the trial period occurred during the first four weeks suggesting that treatment, including safety planning and increased contact, should be emphasized during this high-risk period.

TASA researchers also tested the feasibility of a specialized cognitive-behavioral therapy for suicide prevention (CBT-SP) that they developed. The CBT-SP was administered to 110 recent suicide attempters with depression aged 13 to 19 years across five academic sites. The CBT-SP treatment protocols exhibited high rates of retention and acceptability, making the case for further randomized control studies using these methods. 72 percent of the teens completed 12 or more CBT-SP sessions, and in a sample of 42 individuals who completed exit interviews, all 42 reported that the CBT-SP was helpful.

Serious Mental Health Needs Seen Growing at Colleges

Trip Gabriel, www.nytimes.com

Article Summarized by Caitlin Gilmartin

The college years are a time of both significant excitement for students, as well as significant stress. The changes associated with college, as well as the pressures, have long been a challenge for students, but statistics are showing that college students are coping with serious mental illness at a rate more than double what was seen ten years ago. Campuses are turning to new ways to use resources, including triage, screening, and group therapy. Depression and suicide screening, as well as psychoeducation on the signs of suicide and depression, are also being utilized in order to provide the best resources for the growing number of students with concerns. This article, in particular, summarized the efforts of Stony Brook, a campus of the State University of New York, in educating and enlisting students to help in caring for the mental health of peers, determining signs of suicide, and providing high quality services to students on campus.

New Report Focuses on GLBTQ Suicides

South Florida Gay News

Article summarized by Caitlin Gilmartin

In a report recently published in the Journal of Homosexuality, the issue of GLBTQ suicides is thoroughly examined. The report is titled "Suicide and Suicide Risk in Lesbian, Gay, Bisexual and Transgender Populations: Review and Recommendations". The researchers focused on bringing GLBTQ suicide into the national spotlight, making recommendations for prevention, and looking at overall prevalence and underlying causes of GLBTQ suicide and suicide risk.

The report indicates several key findings, including an overall increased lifetime prevalence rate of reported suicide attempts for GLBTQ persons, as well as stigma and discrimination as critical incidents contributory to depression and suicide risk. The panel also called for a revision of gender identity disorder to be excluded from the upcoming edition of the DSM, indicating that this should no longer be classified as a mental disorder.

Recommendations offered in the report include early screening and identification of mental health issues and suicide risks in this population, in particular by organizations specific to serving GLBTQ persons. Additionally, the report recommends that national health surveys work to measure sexual and gender identity while protecting the privacy of respondents, which will hopefully lead to increased knowledge providing culturally competent care to this population.

AAS Forms National Center for Initiatives in Youth Suicide Prevention

By Effie Malley, Director, National Center for Initiatives in Youth Suicide Prevention

www.suicidology.org

I wish it were otherwise, but the youth suicide rate has barely budged since the *National Strategy for Suicide Prevention* was published in 2001. Each year, 4,000 plus youth and young adults still die by suicide. All of us work hard to have an impact on that number: our accomplishments are many but national impact in reducing suicide remains frustratingly difficult to realize.

I want to focus on these national results. The youth suicide rate is like a stuck needle and I want to tap the computer screen to move the dial, like I used to do with my old VW bug. I wish it were so easy. I hear your protests about why the rate is not going down:

- That bigger factors, such as the economy and culture, influence the rate, or
- That the rate might be higher without our prevention efforts, or
- That community work takes a long time and it's too soon to see results.

Click [here](#) to read the rest of this article and read more about Effie Malley, the Director of AAS's new center for youth suicide prevention.

****The following articles are extracted and reprinted with permission from the PA CASSP Newsletter. Pennsylvania Child and Adolescent Service System Program - Volume 19, No. 3 (September 2010)****

Youth Suicide Prevention in Primary Care

Matthew B. Wintersteen, Ph.D. and the Garrett Lee Smith Grant Project Team

Every 2 hours and 11 minutes, a person under the age of 25 dies by suicide in this country - 12 young people every day. In 2007, suicide ranked as the third leading cause of death for young people ages 10-24, with only accidents and homicides occurring more frequently. Pennsylvania has also been struggling with the effects of youth suicide. Between 2003-2005, 514 youths committed suicide in Pennsylvania. Youth suicides have occurred in every county this decade. Of the 19 counties with population densities great enough to calculate suicide rates, 15 percent have rates at least twice the national average.

In September 2003, Garrett Smith, son of former Oregon Senator Gordon Smith died by suicide. Garrett was 21 years old and preparing to go on a mission trip when he reported on a general health screen that he suffered from depression. His parents asked him about this, and he denied any desire for counseling. Soon after, he ended his life. In hindsight, warning signs for suicide were evident but no one knew exactly how to assess for risk and provide effective intervention. Recently Sharon Smith, Garrett's mother, indicated that education and routine screening in primary care are among the most important considerations for the future of suicide prevention.

Following Garrett's death, Congress passed the Garrett Lee Smith Memorial Act, which appropriated \$82 million to the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund state, tribal and college grants with the explicit goal of reducing youth suicide nationally. In 2008, Pennsylvania was awarded a Garrett Lee Smith grant from SAMHSA. We became the first state in the country to use these funds to specifically target youth suicide prevention in primary care. Aimed at reaching providers of youth ages 14-24 years, we targeted three northeastern Pennsylvania counties (Lackawanna, Luzerne, and Schuylkill) with suicide rates well above the national and state averages. Currently, seven primary care practices in the three counties are now directly linked as project participants, and an additional five practices are waiting to come on board. The objectives are below:

Objective #1: Create a task force of a broad range of stakeholders.

Objective #2: Provide a youth suicide "gatekeeper" training program to participating pediatricians, family physicians and nurse practitioners in the designated counties.

Objective #3: Provide medical practitioners in the three counties free access to a screening tool for patients to self-report and to assess for suicide and related risk factors.

Objective #4: Increase the integration, if not co-location, of behavioral health services with medical services

Objective #5: Provide clinical training in best practice therapy models for suicidal youth to behavioral health providers who will receive referrals of these at-risk youth.

While we have made tremendous progress toward many of our objectives, more work remains. Our overarching goal is to identify barriers, solutions and resources that would allow us to disseminate this program across the commonwealth. We are encouraged by the enthusiasm of the health professionals and our systems change focus has made us nationally recognized leaders in this area. We look forward to continuing our collaboration in the years ahead.

Matt Wintersteen, Ph.D. is co-director of the Garrett Lee Smith project and assistant professor in the Department of Psychiatry and Human Behavior at Thomas Jefferson University, Philadelphia.

The Role of Primary Care in Youth Suicide Prevention

Harriet S. Bicksler, editor

Seven years ago, the CASSP newsletter topic was "The Relationship Between Physical and Mental Health in Children" (September 2003). In my introduction to that edition, I quoted from the Surgeon

General's 1999 report on mental health, noting that there is "an inextricably intertwined relationship between our mental health and our physical well-being." However, despite that clear relationship, the primary and behavioral health care systems by and large still operate separately.

The rationale for better collaboration between and even integration of the two systems - especially on behalf of children and adolescents - include these facts:

- At well-child visits, almost one-fourth of parents told their pediatrician about a psycho-social concern related to their child.

- More than 70 percent of adolescents see a physician at least once a year, making primary care the entry point for many adolescents who need behavioral health services.

- In one report, pediatricians indicated their belief that 16 percent of the adolescents they saw in the previous year were depressed and five percent were at risk for suicide.

Recognizing the reasons why behavioral health care ought to be coordinated with primary care is only the beginning. It is also important to acknowledge the barriers to effective coordination. Some of the barriers are:

- Physicians often lack the skills and resources to handle behavioral health problems. They not only don't know what to do with the information they might obtain from adolescents about their behavioral health concerns; they also don't feel capable of identifying depression or other specific issues.

- Primary care practices generally have time constraints that don't allow providers to spend a lot of time exploring issues in depth with their patients.

- Tools for effective identification of behavioral health problems are inadequate or not available.

- When behavioral health needs are identified and referral would be helpful, there are not sufficient resources available and there is often poor communication with the services to which the youth are referred.

One specific example of how the two systems are becoming more integrated and the barriers to integration are being addressed is the Garrett Lee Smith, GLS, "Youth Suicide Prevention in Primary Care" grant project, being implemented in three Pennsylvania counties: Lackawanna, Luzerne and Schuylkill. This current edition of the CASSP newsletter provides an overview of the grant project and the importance of screening for suicide risk, testimonials from several primary care practices in the three grant counties about their involvement with the project, and additional examples of efforts to more effectively integrate primary and behavioral health care.

Screening in Primary Care

Guy Diamond, Ph.D. and Shannon Chaplo

The need to integrate behavioral health services into primary care is central to identifying adolescents at risk for suicide. A cornerstone of this process is the introduction of behavioral health, BH, screening procedures into medical offices and clinics. Screening practices lie on a broad spectrum, from doing a screening when problems are suspected (indicated screening) or with all patients at every visit (universal screening). Whether indicated or universal screening is used, many considerations and challenges confront primary care practices as they begin to integrate behavioral health services into their practices.

In the past, the American Academy of Pediatrics, AAP, only recommended screening at a well visit, but recently the U.S. Preventive Services Task Force released a new position statement in *Pediatrics* (Volume 123, Issue 4, April 2009) encouraging the screening of adolescent patients for depression (and related problems such as suicide) at all visits, provided treatment and follow-up are locally available. The AAP supports suicide screening, but depression is much more prevalent and thus is a more prominent problem for the medical community.

Universal screening with a standard screening tool is highly recommended because of its potential benefits. Universal screening reduces stigma by making it a standard procedure for all patients. Routine

screening increases the likelihood it will be completed. Screening tools also help standardize behavioral health screening, allowing confidence that clear and appropriate questions are being asked of all patients. Further, studies suggest that using these tools increases identification of BH issues in general and the likelihood of identifying youth that no one would suspect are struggling.

When selecting a screening tool, several considerations are important. Some tools focus on a single domain (e.g., depression) whereas others focus on multiple domains (e.g., depression, suicide, substance use, anxiety, etc.) providing a more complete clinical picture. Broader screening takes a bit more time, but subsequently provides more information to better understand the context of the depression or suicidal symptoms. Although the AAP is highly concerned about depression (because it is prevalent and can easily go unnoticed), they recognize the need to screen for a wide range of problems and risk factors. The USPSTF also recommends using valid and reliable screening tools (Diamond, 2010).

An alternative screening tool has been developed by our research team at The Children's Hospital of Philadelphia and used by the Garrett Lee Smith project. The Behavioral Health Screening (BHS) tool is a brief, web-based tool that covers a wide range of behavioral problems. It covers 13 different domains including depression, anxiety, substance use, trauma, psychosis, sexuality, family and social supports. The tool takes about 12 minutes to complete by adolescents before their appointment. The computer then automatically scores the questionnaire and generates a brief report which can be added to an electronic medical record and the data can be collected. The web-based tool solves many of the common challenges related to screening including scoring, integration with medical records, audio files for reading impaired, integration of repeated administrations, and skip-outs to shorten time when patients are non-symptomatic. The tool has very good reliability and validity. Contact Guy Diamond (diamondg@email.chop.edu) for more information about it.

Whether a paper or web-based screening tool is selected, the actual integration of screening into everyday office work flow takes planning, motivation and effort by the primary care practice. A number of issues need to be addressed prior to using any BH screening tool: Is the office ready to increase their attention to behavioral health? Are there internal office procedures for handling troubled youth, especially acutely suicidal youth? Who will administer the screening? Where will it take place? Who will score and interpret the data and get it into medical records? How will it be introduced to the patient and the parent? Are there strong relationships with local behavioral health providers that help increase patient access to care? The web-based technology can help address some of these challenges, but it presents others: Does the office have a computer that patients can use? Will it be placed in the lobby or on a rolling cart to be wheeled into offices? Is Internet access available? Are staff members comfortable using computers? Is there support if technical problems occur? The Garrett Lee Smith project has learned a lot about these challenges and can assist any practice that might be interested in beginning more systematic screening.

Unfortunately, one remaining challenge is that insurance reimbursement for screening remains uncertain. Medicaid has developed codes to bill for screening and prevention, but actual payment for these codes remains questionable. There is strong indication that the new Affordable Health Care Act will create a mandate and procedures for reimbursement and also require insurance companies to pay for evidence-based prevention services that include screening. We think it is only a matter of time before screening will be a billable service. Furthermore, we believe this will usher in a new era of collaboration between medical and behavioral health service providers.

Thank you to Harriet Bicksler for allowing us to reprint the above material. To read the complete CASSP Newsletter online, visit: <http://www.paspi.org/uploads/casspnewslettersept2010.pdf>.

To subscribe to the CASSP Newsletter, either email Harriet at c-hbicksle@state.pa.us or join the DPW listserv for the CASSP newsletters at: <http://listserv.dpw.state.pa.us/cassp-newsletters.html>.

Practical Tips

Tips on Talking to Your Teenage Patients about Suicide

Published by the PA Medical Society

Suicidal thoughts are fairly common in adolescence, and physicians can play an important role in making sure that at-risk teens get treatment, according to Pittsburgh psychiatrist Alan Axelson, MD, and Erie psychiatrist Mary Anne Albaugh, MD. Nearly 14 percent of high school students have seriously considered suicide, while almost 11 percent have made a suicide plan, according to the 2009 Youth Risk Behavior Surveillance from the Centers for Disease Control and Prevention (CDC). Suicide is the fourth-leading cause of death among youth and young adults. "Because of adolescent impulsiveness and lack of a long distance perspective, in a very short period of time you can go from a kid that appears to be fine to somebody who makes a serious suicide attempt, sometimes with an intended or unintended fatal outcome," Dr. Axelson says. One factor driving these numbers is the speed at which hurtful information can be spread via new technologies like Facebook and text messaging, Dr. Albaugh says.

Warning signs

Some signs to watch for include consistent depression or social isolation. In teenagers, Dr. Axelson says depression in children and adolescents is manifested as irritability and the inability to experience good feelings rather than actual sadness. "What often happens with adolescents is that they're depressed around the house but parents are reassured when they are in a pretty good mood around their friends. Depressed mood, lack of communication, and isolation from family can be a cause for concern," Dr. Axelson says. "Other warning signs are if the child used to go out with his friends, and now his friends call and he doesn't go out, or if he doesn't look forward to things. Everybody else is looking forward to going on the band trip but he is not," he adds. In addition, Dr. Albaugh recommends looking at sleep patterns, appetite, grades, and substance abuse and other risk-taking behaviors.

Screening methods

Identifying teenagers at risk of suicide isn't always easy since they aren't likely to discuss depressed feelings with their physician. "I was just seeing a young man in the inpatient unit. Even with his family bringing him there and sharing all the turmoil in his life, the amount of denial and his ability to say 'That's not the case' was amazing to me," Dr. Albaugh says. One key is to see teenagers alone, rather than with their parents. Ease into any questions related to suicide. "I'm amazed at what kids will tell me if I approach them in a gentle way and invite them to tell me rather than demand they tell me," Dr. Axelson says. Dr. Axelson recommends something similar to this line of questioning:

- "A lot of kids have trouble with down moods. Are you having any difficulty with your mood?"
- "Have you ever felt down so far that you thought you might hurt yourself?"
- "Does the feeling get so intense that are you afraid that you might hurt yourself seriously or commit suicide?"

Even before you get to these questions, routinely ask questions to identify warning signs like disturbed sleep habits or pressure to abuse substances. "Let them know that it's important to be open so the family physician can do the best by them and help them," Dr. Albaugh says. "If you ask these things routinely, you'll be able to get to these other harder pieces over time." A screening questionnaire can be helpful since teens and adults alike are sometimes more likely to reveal something on paper than bring it up in person. Dr. Axelson recommends a questionnaire created by the [Teen Screen program](#) at Columbia University. Sometimes, just the interest of a physician can help alleviate a troubled teens' sense of isolation and reduce their risk of attempting suicide. "You can't underestimate the power of the physician-patient relationship," Dr. Axelson says. If you identify a child who is at immediate risk of attempting suicide, try to get them in to see a psychiatrist or, if one is unavailable, a psychologist, social worker, or

mental health crisis team in your area. Both physicians recommend keeping a list of who you can contact in your area in case you identify a patient at high risk of attempting suicide. For more information on this topic, visit the [American Academy of Child and Adolescent Psychiatry](#) and the [American Academy of Pediatrics](#).

Note from the Editor: *This next article seemed especially relevant in the New Year!*

MANAGING THE FEAR AND ANXIETY OF THE UNKNOWN

Stanley Popovich

Almost everybody worries about what will happen in the future. The prospect of not knowing if something good or bad will happen to you in the near future can produce a lot of fear and anxiety. As a result, here is a list of techniques and suggestions on how to manage this fear of dealing with the unknown. Remember that no one can predict the future with one hundred percent certainty. Even if the thing that you are afraid of does happen there are circumstances and factors that you can't predict which can be used to your advantage. For instance, let's say at your place of work that you miss the deadline for a project you have been working on for the last few months. Everything you feared is coming true. Suddenly, your boss comes to your office and tells you that the deadline is extended and that he forgot to tell you the day before. This unknown factor changes everything. Remember that we may be ninety-nine percent correct in predicting the future, but all it takes is for that one percent to make a world of difference.

Learn to take it one day at a time. Instead of worrying about how you will get through the rest of the week or coming month, try to focus on today. Each day can provide us with different opportunities to learn new things and that includes learning how to deal with your problems. When the time comes, hopefully you will have learned the skills to deal with your situation.

Sometimes, we can get anxious over a task that we will have to perform in the near future. When this happens, visualize yourself doing the task in your mind. For instance, you and your team have to play in the championship volleyball game in front of a large group of people in the next few days. Before the big day comes, imagine yourself playing the game in your mind. Imagine that you're playing in front of a large audience. By playing the game in your mind, you will be better prepared to perform for real when the time comes. Self-Visualization is a great way to reduce the fear and stress of a coming situation and increase your self-confidence.

Remember to take a deep breath and try to find something to do to get your mind off of you anxieties and stresses. A person could take a walk, listen to some music, read the newspaper, watch TV, play on the computer or do an activity that will give them a fresh perspective on things. This will distract you from your current worries. A lot of times, our worrying can make the problem even worse. All the worrying in the world will not change anything. All you can do is to do your best each day, hope for the best, and when something does happen, take it in stride. If you still have trouble managing your anxiety of the future, then talking to a counselor or clergyman can be of great help. There are ways to help manage your fear and all it takes is some effort to find those answers.

Stan Popovich is the author of "A Layman's Guide to Managing Fear Using Psychology, Christianity and Non Resistant Methods" - an easy to read book that presents a general overview of techniques that are effective in managing persistent fears and anxieties. For more info, visit <http://www.managingfear.com>.

Today's Hot Topic

~A New Mnemonic for Youth Suicide~



Created by Tony Salvatore

**“U-N-S-A-F-E”
Aid for Remembering
Youth Risk Factors of Suicide**

A risk factor is a personal factor found to be linked to high suicide risk.

- U** Unconnected – Weak social or community supports; sense of not belonging or being a burden
- N** Negative/pessimistic view of self, present, future
- S** Shame related to humiliation, victimization
- A** Attempt/abuse history and/or alcohol misuse
- F** Family history – Suicide, mental illness, substance abuse
- E** Emptiness – Depressed, sad, hopeless

**“S-A-F-E-R”
Aid for Remembering
Youth Protective Factors of Suicide**

A protective factor is a personal factor found to be linked to low suicide risk.

- S** Spirituality – Values and beliefs counter to self-harm
- A** Adaptive – Flexible, accepting of change, optimistic
- F** Family and social ties/supports are strong
- E** Education about risk factors, warning signs, and triggers
- R** Resilience – Good self-help, problem-solving, help-seeking skills

THIS IS AN EDUCATION TOOL. IT IS NOT INTENDED FOR USE IN SCREENING OR ASSESSING SUICIDE RISK. PLEASE SEE A MEDICAL OR BEHAVIORAL HEALTH PROVIDER IF YOU HAVE QUESTIONS ABOUT SUICIDE RISK.

**IF YOU OR SOMEONE YOU KNOW ARE HAVING THOUGHTS OF SUICIDE
MONTGOMERY COUNTY CALL MCES - 610-279-6100 OR 9-1-1
DELAWARE COUNTY CALL PROJECT REACH - 610-352-4703 OR 9-1-1
NATIONALSUICIDE PREVENTION LIFELINE - 1-800-273- TALK (8255)**

**Montgomery County Emergency Service, Inc.
50 Beech Drive, Norristown, PA 19403-5421
www.mces.org**

Tony Salvatore works at Montgomery County Emergency Services and is a founding member of the Delaware County Suicide Prevention Awareness Task Force. Contact him at tsalvatore@mces.org.

Survivor's Corner...

A survivor is a term used to describe someone who has lost a loved one to suicide.

Suicide is real.

Survivor's corner is new! It has been created as a place to share **YOUR** stories, poems, thoughts. Help other survivors relate and help those who have never experienced this loss begin to understand...Simply submit material to Terri at terbacher@dciu.org.

By: Catherine M. Siciliano

2009

If...

*If just for one moment I could look into your eyes,
I would help them see the love that surrounded you.*

*If just for one moment I could touch you,
I would hold you until you felt the love that surrounded you.*

*If just for one moment I could hear your voice,
I would listen so that you would know how important you were to me.*

*If just for one moment I could walk with you,
I would help you change the paths that lead you away from me.*

*If just for one moment I could sit with you,
I would make a place that was comfortable for you.*

If just for one moment, there would be no more tears?

If just for one moment, there would be no goodbyes?

If just for one moment, no question why?

News Alert!

www.afsp.org

White House Issues Presidential Message in Support of National Survivors of Suicide Day and Suicide Prevention Efforts Nationwide AFSP is deeply gratified to have received from the White House a special message supporting National Survivors of Suicide Day, acknowledging the pain and tragedy of suicide loss, and recognizing the efforts of those who are working to prevent suicide throughout the

nation. Citing the critical importance of identifying and helping those at risk, the President pledged his Administration's support for mental health screening and treatment for service members and veterans, and efforts to reach vulnerable youth, including those who may have been the victims of bullying. AFSP remains committed to making suicide prevention a national priority, and is grateful to the Administration for its recognition of this important public health issue.

I need help!

Washington Post - Captain America fights for suicide-prevention awareness

By Michael Cavna - January 13, 2011

http://voices.washingtonpost.com/comic-riffs/2011/01/captain_americas_suicide_preve.html

Today, with perhaps real-life consequences, Marvel published the Captain America story "A Little Help" that tells a near-worldless tale of teen suicide prevention. In what for us is the story's most powerful panel, the comic features the actual phone number for the National Suicide Prevention Lifeline. Then the story's final panel features three simple words, rendered especially powerfully given the 11 pages of preceding silence: "I NEED HELP." "If even one person calls this number instead of doing something very tragic, we know that means we succeeded." Marvel honcho Tom Brevoort says. The story's final panels -- penned by psychologist and new contributing writer Tim Ursiny and illustrated by Nick Dragotta -- also feature the real-life URL suicidepreventionlifeline.org.

Recent Events

November 18th: DCSPATF's 7th Annual Symposium "Teens, Social Networking & Suicide Prevention"



An interactive panel discussion facilitated by Deputy District Attorney, Michael Galantino
(Photo by Aria Burgess)



Terri Erbacher, PhD & Nikole Heilmann - Proud awardees for their dedication to the Task Force
(Photo by Aria Burgess)

The Delaware County Suicide Prevention & Awareness Task Force's 7th Annual Regional Symposium on Suicide Prevention took place on Thursday, November 18, 2010 from 8:30 a.m. - 4:00 p.m. The topic this year was "Teens, Social Networking, and Suicide", which drew over 225 attendees to this year's

event at the Springfield Country Club. The keynote speaker this year was A. Michael Blanche, MSS, LCSW, who spoke about the trends of technology and suicide with teens. His informative presentation was eye-opening for many who work with teenagers in school based and community settings. The day also included panel discussions and breakout sessions which varied in subject, although all tied in the theme of the conference. Some of the breakout sessions included cyber bullying, facebook safety, and mental health screenings in schools. The panel discussion, which took place after lunch, was very interactive, with participants encouraged to ask questions. The panel discussion was facilitated by Deputy District Attorney, Michael Galantino, and the panel itself was comprised of: David Yarnel from IT Acceleration; Dr. Anne Frederickson from Crozer Chester Medical Center; and Joe Lesniak, Assistant District Attorney. Also included this year were individual case studies, which was a first for the conference. *Thank you to all that presented and attended this year's conference! Hope to see you next year!*

On November 20, 2010, the American Foundation for Suicide Prevention (AFSP) along with Survivors of Suicide, Inc (SOS) held it's 12th Annual National Survivors of Suicide Day Conference, held on at Univ. of PA, Campus-Biomedical Research Building. Pat Gainey reports that the National Survivors Day of Suicide Day was again - helpful to many survivors. We had a wonderful day. As with every other year, the comments and remarks we received from survivors thanking us for having a day that "made them feel not so alone" - "they were glad that they came" - "it was helpful to be with others who understood" and I thank the Survivors of Suicide Delaware Valley, Inc. for their continued support of this initiative. This day would not work without the support of these remarkable women. Thank you all so much.

On December 6, 2010, the American Foundation for Suicide Prevention (AFSP) held it's first ever Meet & Greet and Holiday Party. The setting was perfect with a perfect view of the city from large windows in the Law Firm of Pepper Hamilton, LLP, who graciously hosted this event. Big thanks to Andy Rogoff for this! There was uplifting music in the background, many new faces were met, upcoming initiatives were discussed including those involving the police force and new ideas were garnered! Under the leadership of Pat Gainey, we expect another successful year as we continue to grow! Thank you to all who came out and we look forward to seeing more of you!



The AFSP Board of Directors!
(Photo by Terri Erbacher)



The band that entertained us!
(Photo by Terri Erbacher)

Upcoming Local Events

OUR OWN DELCO TASK FORCE EVENTS CAN BE FOUND BELOW IN PURPLE...

January 27, 2011: American Academy of Pediatrics and TeenScreen Special Webinar Event. Priorities and Practicalities: Obtaining Payment for Mental Health Services in the Pediatric Office. 1-2PM. Go to www.teenscreen.org to register.

February 9-10, 2011: ASIST Training . Visit for more information and registration.

February 17, 2011: **DCSPATF Steering Committee Meeting** from 9-11AM at Springfield Baptist Church (184 N. Norwinden Drive, Springfield, PA 19064). For more information, contact Ellen Chung at 610-558-8100 ext. 39118.

March 4, 2011: **The Elephant in the Room: Practical Strategies for Clinicians Dealing with Suicide Grief in Teens and Adolescents.** *Dr. Terri Erbacher* presents at Widener University from 9-4 for this full day training. All are welcome! Visit www.postgraduatecenter.org for the online brochure and to register!

March 4-5, 2011: AFSP with The Dougy Center present "*Facilitating Suicide Bereavement Support Groups for Children and Teens*" in Cincinnati, OH. Visit here for information and to register:
http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_ID=59A6494A-0275-099E-2EAC5166880195CC

March 28, 2011: STAR-Center Training Institute in King of Prussia. Visit www.starcenter.pitt.edu for more information and registration.

March 29, 2011: STAR-Center Training Conference featuring keynote addresses by Dr. David Brent and Dr. Mary Margaret Kerr with a variety of clinical and educational topics for two afternoon breakout sessions. Visit www.starcenter.pitt.edu for more information and registration.

April 4, 2011: **Conducting Effective Suicide Risk Assessments: Case Studies & Clinical Competence.** *Dr. Terri Erbacher* presents at DCIU from 9-12. All are welcome! **Walk-in Registration welcome!**

April 13-16, 2011: American Association of Suicidology's 44th Annual Conference in Portland, Oregon. Keynote George Bonano, Ph.D., will speak about "Loss, Trauma, and Human Resilience after Suicide", a plenary panel will discuss suicide attempters and a discussion, to include Jan Fawcett, M.D., about the proposed changes for the DSM V relating to suicide. Visit www.suicidology.org to register.

April 21, 2011: **DCSPATF Steering Committee Meeting** from 9-11AM at St. Mark's United Methodist Church (2220 S. Sproul Road, Broomall, PA 19008). For more information, call 610-356-1199.

May 7, 2011: **Next DCSPATF Walk/Run** at Ridley Creek State Park! Mark your calendars!

June 10, 2011: **DCSPATF Steering Committee Meeting** from 9-11AM at Northwestern Human Services (800 Chester Pike, Sharon Hill, PA 19079). For more information, call 610-534-3636.

August 18, 2011: **DCSPATF Steering Committee Meeting** from 9-11AM at Holcomb Behavioral Health (126 E. Baltimore Avenue, Media, PA 19063). For more information, call 484-444-0412.

October 13, 2011: **DCSPATF Steering Committee Meeting** from 9-11AM at Main Line Health Center - Lawrence Park Shopping Center (1991 Sproul Road, Broomall, PA 19008). For info, call 484-476-3700.

December 15, 2011: **DCSPATF Steering Committee Meeting** from 9-11AM at Child Guidance Resource Centers (2000 Old West Chester Pike, Havertown, PA 19083). For info, call 484-454-8700.

For Teens!

The Corner S.P.O.T.

Join us for Movies, FREE Food, Wii Tournaments, and Game Nights!!

FREE to Delaware County Middle & High School Students!

WHEN: Every Friday night, January 14, 2011 - March 25, 2011.

TIME: 6:30 p.m. - 8:30 p.m.

WHERE: Holcomb Behavioral Health Systems, 126 E. Baltimore Ave., Media, PA 19063

Call 484-444-0412 or visit the SPOT network: www.thespot.vpweb.com

DCYC Meetings

Every Monday - 6:30 p.m. - 8:30 p.m.

Come Learn what DCYC is all about!! **FREE FOOD!!**

DCYC is a youth group for high school aged youth.

Held at: Holcomb Behavioral Health Systems Prevention/Education Office

126 E. Baltimore Ave, Media, PA 19063

For more information, call us at 484-444-0412.

Prysm Youth Group

PRYSM Youth Group of Delaware County provides Lesbian, Gay, Bisexual, Transgender and Questioning Youth and their Straight Allies with a safe, caring, and respectful environment.

Every Wednesday - 6:30 - 8:30 p.m.

Held at: 126 E. Baltimore Pk., Media PA 19063

For more information, please call Lacey at 484-444-0412.

~ Let us know of your upcoming events - email them to terbacher@dciu.org ~

We continue to seek your articles to make this newsletter interesting and informative! So, please forward any research, local events, info about your organization, or your own personal stories to us. Simply email them to me at terbacher@dciu.org.

Special thanks to this quarter's contributors: Harriet Bicksler, Aria Burgess, Caitlin Gilmartin, Colleen Healy, Rev. Dr. Wylie W. Johnson, David McKeighan, Stanley Popovich, Tony Salvatore, Cathy Siciliano

Front page masthead created by Steve Lingle.

Newsletter created and edited by:
Terri Erbacher, Ph.D.
Delaware County Intermediate Unit

For more information or to get involved, visit
www.delcosuicideprevention.org
Mailing Address: DCSPATF, Box 175, 4 State Road,
Media, PA 19063-1413