Preventing Intentional Self-Poisoning In Youth

A Toolkit for Vermont Health Care Providers

SAFE KIDS VERMONT

2022

Northern New England Poison Center

Preventing Intentional Self-Poisoning in Youth: A Toolkit for Vermont Health Care Providers is a collaborative effort from Safe Kids Vermont and the Northern New England Poison Center (NNEPC).

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The toolkit is available for free in both electronic and printed versions.

A PDF is available for download at:

- nnepc.org/poison-prevention-education/self-poisoning-prevention-vt-provider-toolkit
- UVMHealth.org/SafeKidsVT

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Funding for this toolkit was provided by Safe Kids Worldwide and Johnson & Johnson through a 2021 Medicine Safety Grant. Development was also funded in part through grant #H4BHS33908, awarded by the Health Resources and Services Administration within the U.S. Department of Health and Human Services (HRSA). The contents of the toolkit are solely the responsibility of the authors and do not necessarily represent the views of HRSA.

Additional printing was made possible through the generosity of donors to the Children's Miracle Network Hospitals Fund at the University of Vermont Children's Hospital.

Community Health Improvement at the University of Vermont Medical Center also provided financial support.

Dear health care provider,

Young people are facing a mental health crisis. Every year, in Vermont and across the country, more young people are trying to hurt themselves by poisoning, with an especially alarming increase in 2021. These intentional self-poisonings come at a substantial cost to the patients, who have a significant risk of future suicide attempts and early death, as well as to the health care system. As a health care provider, you have an opportunity to take action to help decrease these preventable injuries and deaths.

What can you do? There are evidence-based interventions that can be implemented in primary care settings. These include identifying the risk among younger patients, educating youth and their caregivers about self-poisoning, recommending safe storage practices for substances commonly used for self-poisoning, referring patients for psychiatric treatment and/or mental health counseling, and providing follow-up care.

Safe Kids Vermont and the Northern New England Poison Center want you to be prepared to take on the important role of protecting youth and families from self-poisoning. This toolkit provides current information for health care providers and their office staff, as well as tools to educate patients and their support networks about the risk of self-poisoning and how to prevent it.

Preventing suicide requires coordination and collaboration from many sectors of society. This toolkit is for everyone in your practice. We ask you to please share the contents with all of your colleagues and staff.

Thank you for taking the time to learn about intentional self-poisoning among Vermont youth and taking steps to help protect their lives.

Sincerely,

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Disclaimer

The contents of this Toolkit are for general information only and should be utilized by each health care worker and organization in a manner that is tailored to the specific circumstances and context presented. This Toolkit reflects the information regarded as valid at the time of publication based on available research, and is not intended as, nor should it be construed as, clinical or professional advice or opinion. Decisions regarding appropriate care for specific individuals are the responsibility of the attending professional(s), and must be made based on their clinical judgment. Health care workers and organizations and individuals concerned about the applicability of the Toolkit to their context are advised to seek legal or professional counsel. Neither the Northern New England Poison Center, MaineHealth, The University of Vermont Health Network Inc. ("the Network"), nor any affiliate of the Network will be held responsible or liable for any harm, damage, or other losses resulting from reliance on, or the use or misuse of the general information contained in this Toolkit.

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Introduction

Intentional self-poisoning is a form of **self-harm**, the umbrella term for any kind of injury a patient deliberately causes themselves. Self-poisoning involves ingesting or otherwise introducing into the body (injection, inhalation, etc.) a potentially harmful substance—most often a medication. Other forms of self-harm include cutting, pulling one's own hair, and potentially fatal actions involving suffocation or firearms.

Self-harm is also classified by intent. **Suicides** and **suicide attempts** are self-harm actions in which the person intends to die. Some intentional self-poisonings are suicide attempts. Others do not involve intent to die. Understanding intent can help you appropriately tailor interventions with patients and their families.

Intentional self-poisoning among youth is a growing issue in Vermont and across the country. Nationally, suicide is the third leading cause of death among 10 to 24 year olds. From 2007 to 2016, the national suicide rate for individuals age 10 to 19 increased 56%, with a threefold increase among 10- to 14-year-old girls. Self-poisoning is the leading mechanism of suicide attempt and the third leading mechanism of suicide in adolescents.

The increase in self-poisoning incidences is driven by female teenagers. There has also been an increase in the severity of medical outcomes in self-poisonings, independent of age or sex.

Research has shown that an episode of self-poisoning is a strong predictor for suicide and premature death compared to youth who have no history of self-poisoning. Unlike other mechanisms of suicide attempt, the survivability of self-poisoning, which has a relatively low fatality rate, allows for interventions to prevent further attempts and poor outcomes. Interventions require identifying youth who are at risk and connecting them with the necessary resources and support.

Most youth self-poisonings occur at home. The Northern New England Poison Center (NNEPC) can provide parents, friends, or the patient an initial assessment of the urgency and severity of a self-poisoning situation, and offer guidance on important immediate interventions. The NNEPC also provides consultation to health care providers regarding self-poisonings, especially more complicated cases. The NNEPC follows up on these cases to ensure safety and offer additional management recommendations.

The most common substances involved in intentional self-poisonings among Vermonters under 20 years of age are over-the-counter pain medications and antidepressants. Other substances often involved include antihistamines, anti-anxiety medications, and ADHD medications. This is reflective of national trends. As you can see from the list of substances, youth usually use whatever is most easily accessible. Reducing access in the home can help prevent self-poisonings. Immediate action is needed to identify individuals who are at risk and provide education to their parents and caregivers.

Impact of COVID-19 on Youth Self-Poisoning

The Northern New England Poison Center identified a significant increase in intentional self-poisonings among young people within its coverage area of Vermont, New Hampshire, and Maine beginning in the fall of 2020.

In 2021, the NNEPC managed 30% more self-harm cases involving patients under 20 years old than the average for the previous three years (Figure 1). More than 80% of teenage patients in 2021 were girls.

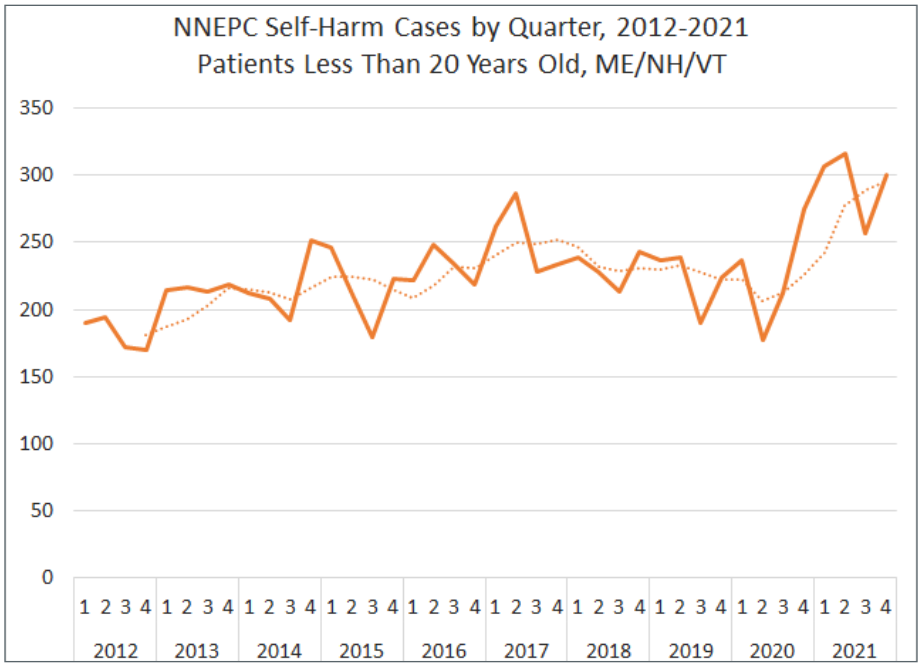


Figure 1

The increase was most significant among patients 13 and 14 years old (Figure 2), followed by patients 15 and 16 years old.

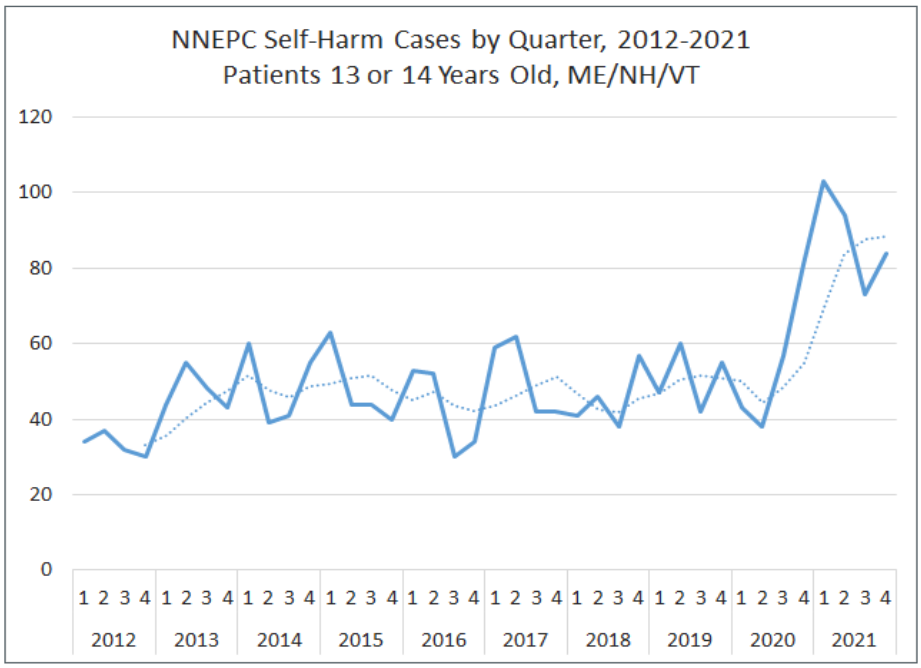


Figure 2

Data and Trends

National

From 2000 to 2018, nearly 1.7 million intentional self-poisoning incidents involving patients 10 to 25 years old were reported to U.S. poison control centers, according to a 2019 study published in Clinical Toxicology. The study further found that cases involving patients 10 to 18 years old have been increasing since 2011, driven predominantly by cases involving female patients.

About a quarter of these self-poisoning cases resulted in serious medical outcomes, with the severity of outcomes increasing over time. Serious outcomes were more likely among female patients and among older patients within this group.

Over-the-counter analgesics, antidepressants, antihistamines and antipsychotics were the substance groups most often involved in cases resulting in serious medical outcomes. ADHD medications were more common among patients 10 to 15 years old and also often led to serious outcomes.

Seasonal variations were reported, with an increase in rates during the school year for those 10 to 18 years old. Those 22 to 25, on the other hand, had an increased rate during summer months.

Regional

Regional trends are similar. The NNEPC has managed a steady increase in self-harm cases involving patients 10 to 25 years old over the past 15 years within its coverage area of Vermont, New Hampshire and Maine. While cases fell somewhat in 2019 and 2020, the increase in 2021 represents a significant concern (Figure 3).

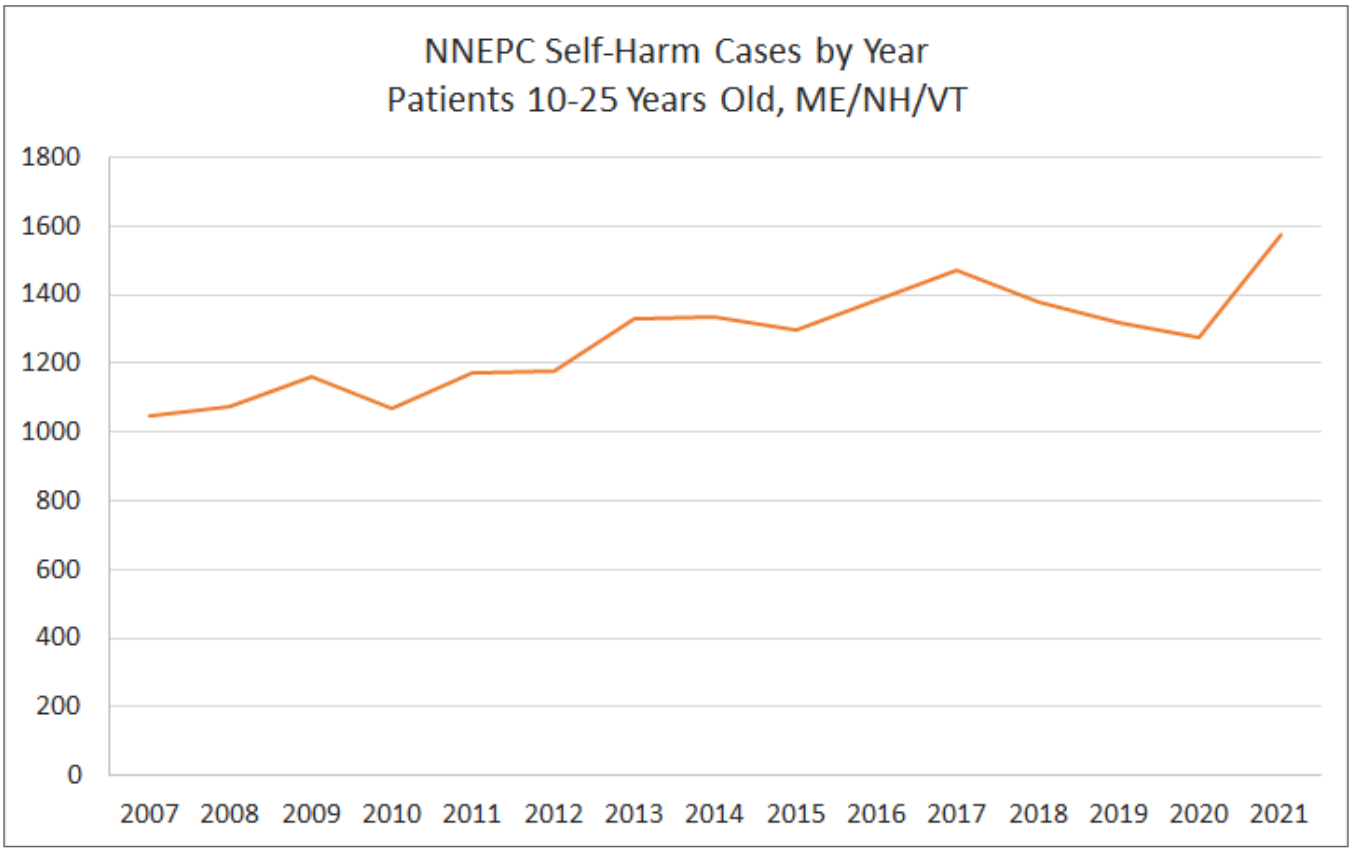


Figure 3

State

NNEPC intentional self-poisoning cases involving Vermont patients have also been increasing over time.

The most common age bracket of patients in these cases is 13-19. This group saw the sharpest rise in cases from 2012 to 2017 and has had another significant increase since the fall of 2020, while cases have declined in most other age groups (Figure 4).

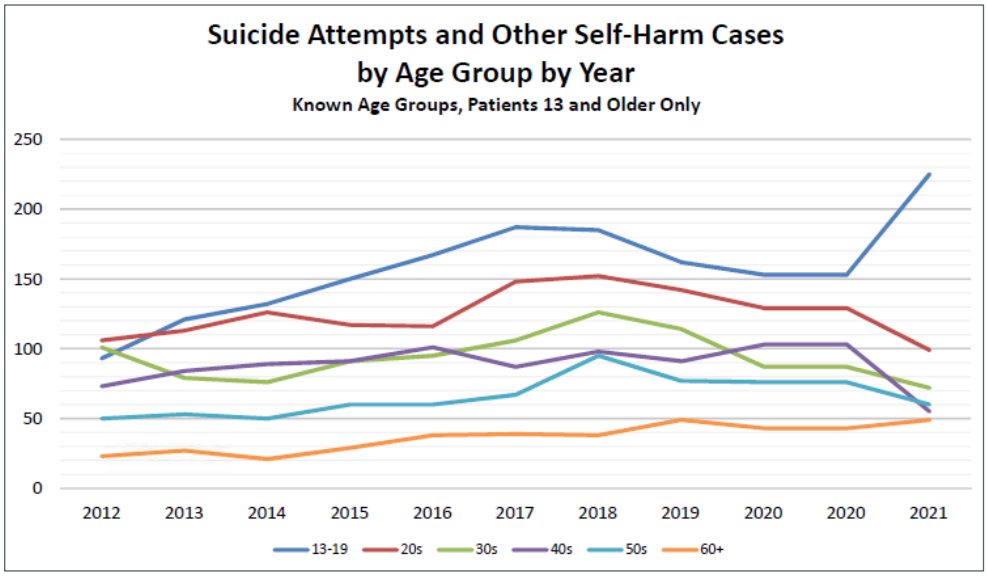


Figure 4. Shows NNEPC reporting years, which run from the preceding September to August.

Poisoning represents a significant portion of the overall self-harm picture in Vermont. For all ages, more than half of all hospital visits for self-harm were due to self-poisoning (53%) in 2018 and 2019, and self-poisoning was the third most common mechanism of suicide, accounting for 11% of deaths.

During this same period there were 683 hospital visits for self-harm, including both emergency department and inpatient visits, involving patients 13 to 19 years old, with self-poisoning accounting for 41% of these visits.

Both the rate and number of ED visits for intentional self-poisoning involving patients 10 to 19 years old have increased since 2017 (Figure 5). This age group has the highest rate of ED visits for suicidal ideation and self-directed violence.

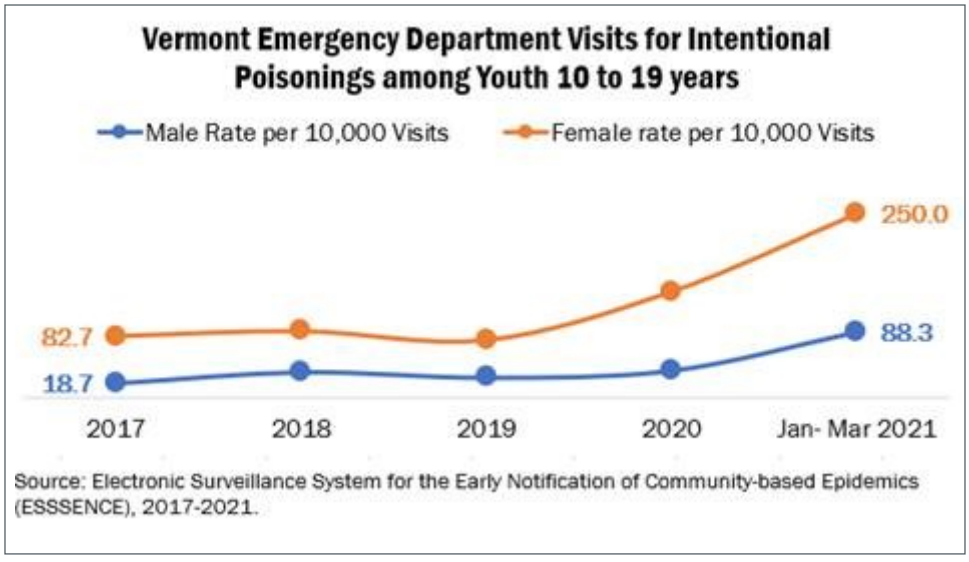


Figure 5

Note that not every emergency department in Vermont reports its data, and some Vermont youth seek care out of state.

Prevention Strategies for Providers

Reduce Access to Medication

- Offer disposal of medications that are expired or no longer in use, or post information for disposal locations in your area.
- Ask parents and caregivers how medication, alcohol, and marijuana are stored in their homes. Encourage them to keep these substances locked up, either in a lock box or a locked cabinet.
- Caution parents and caregivers against buying medications in bulk, to reduce the risk of overdose.
- Encourage parents and caregivers to monitor medication use at home, including prescription and over-the-counter medications, for all children in their household, including teenagers.

Increase Awareness of Intentional Self-Poisoning

- Talk with patients and caregivers about intentional self-poisoning and provide them resources.
- Share messages about intentional self-poisoning on social media and other public platforms.
- Encourage parents and caregivers to ask the parents of their child's friends whether they keep their medications, marijuana, and alcohol locked up.
- Communicate with parents and caregivers about the substances most often involved in self-poisoning attempts and the safest way to store them.
- Share messages from the #BeThe1To initiative from the National Suicide Prevention Lifeline. Learn more at suicidepreventionlifeline.org/professional-initiatives.

Increase Access to and Awareness of Mental Health Support

- Support the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association in their advocacy for the mental health of children and adolescents. Declaration available online.
- Consider joining a Vermont advocacy group working toward improved youth mental health support. Examples include NAMI (National Alliance on Mental Illness) Vermont and the Vermont Federation of Families for Children's Mental Health.
- Understand the barriers to mental health access for your patients and youth in the community, and how you can work to address them. For ideas, read Barriers to managing child and adolescent mental health problems: a systematic review of primary care practitioners' perceptions by O'Brien et al., 2016.

Offer Action Plans

- Patient Safety Plan. See page 16.
- Self-Poisoning Response Plan. See page 20.

Resources for Providers

Studies

- A review of current guidelines for screening children and adolescents who are at risk for suicide or nonsuicidal self-injury, along with recommendations for treating young people who engage in self-harming behaviors:

  Westers, Nicholas and Paul Plener. *Managing risk and self-harm: Keeping young people safe.* Clinical Child Psychology and Psychiatry. 2020: 25(3) 610-624.

- A dissertation examining the profile of Vermonters under the age of 20 who intentionally self-poison with suicidal intent and what interventions through primary care practices can be implemented in Vermont:

  Comeau, Rachael A. Understanding the Profiles of Adolescents Engaged in Intentional Self-Poisoning with Suicidal Intent and the Role of Primary Care in Early Intervention in Vermont. The University of Vermont and State Agricultural College, 2021.

Continuing Education

Podcasts

- uvmmedcenternursingpodcast.podbean.com
- nnepc.org/regional-news/podcast-suicide-attempts-in-vermont

Webinar

- nnepc.org/poison-prevention-education/self-poisoning-prevention-vt-provider-toolkit

Other Resources

- The Vermont Suicide Prevention Center offers resources, training, and Vermont-specific resources, such as the Vermont Crisis Text Line and links to Vermont-based mental health agencies: vtspc.org/get-help
- The Vermont Department of Mental Health designates one agency in each geographic region of the state to provide the department's mental health programs. Find your local Designated Agency: mentalhealth.vermont.gov/individuals-and-families/designated-and-specialized-service-agencies
- The National Action Alliance for Suicide Prevention (Action Alliance) is hosted by the Education Development Center and funded by grants from SAMHSA. A section of its website is designated for health care providers and covers everything from workforce training and financing to crisis services and care standards: TheActionAlliance.org/HealthCare
- The Suicide Prevention Resource Center is the only federally supported resource center focused on the implementation of the National Strategy for Suicide Prevention. It offers several tools and resources on its website, including a Suicide Prevention Toolkit for Primary Care Practices: sprc.org/settings/primary-care/toolkit
- Zero Suicide is a research-supported quality improvement model for suicide prevention in health care: ZeroSuicide.edc.org

Resources for Providers and Patients

This section is dedicated to resources designed to be used by providers to support patients at risk of self-harm or suicide. Research suggests that screening patients is not only feasible in a primary care setting, but helps to identify individuals at risk who otherwise may have gone unidentified and unsupported.

Once identified, it's important to have plans in place and provide training for your office to provide the appropriate support for the patient and family.

If you do not currently have any tools in place for screening patients for mental health crisis or for their risk of self-harm or suicide, you can consider the following validated questionnaires. This toolkit does not recommend one screening over another, and is merely providing these as examples.

- **Patient Health Questionnaire-9 (PHQ-9):** A nine-question, self-administered test to measure depression-related symptoms and help physicians diagnose and monitor their patients.
- **Patient Health Questionnaire-2 (PHQ-2):** The first two questions of the PHQ-9 above can be used as an initial screening.
- **PHQ-9: Modified for Teens:** A version of the PHQ-9 substantially modified for use with adolescents.
- **Columbia-Suicide Severity Rating Scale (C-SSRS):** There are several versions of this scale. The three-page Risk Assessment version can help establish a patient's immediate risk of suicide.
- **ASK Suicide-Screening Questions (ASQ):** A four-question, 20-second tool for screening medical patients 8 years old and older for risk of suicide.

Section Contents

- **Office Plan** provides guidance on how to develop a plan or policy in your office for how you will support patients in crisis or at risk of self-harm or suicide. It includes information on who will conduct patient screenings and how transfer of care should be arranged. See pages 11-13.
- **SAFE-T (Suicide Assessment Five-Step Evaluation and Triage)** provides a brief overview on how to conduct an assessment and triage the needs of your patients. It can be used as an ongoing screening tool or until a different screening tool is chosen by your practice. See pages 14-15.
- **Patient Safety Plan** is a tool you build together with your patient. The steps of the safety plan will be reviewed, and there is a template you can complete with your patient. See pages 16-19.
- **Self-Poisoning Response Plan** is a tool you can use with parents and caregivers. It empowers them to take action in response to a self-poisoning situation. See page 20.
- **Self-Harm Poisonings: Snapshot of a Growing Problem in Vermont** is a fact sheet for providers. See page 21.

Office Plan

When you have a patient at risk for suicide or self-harm, having a plan in place will allow your providers and office staff to be prepared to treat the patient as effectively as possible, while minimizing disruption to the rest of your office. An office plan can address logistical questions, such as how to get additional psychiatric care for the patient, or who in the office is best suited to assess and work with the patient and their family.

Before you begin developing your office plan, consider performing an organizational assessment, such as the one offered by Zero Suicide (zerosuicide.edc.org/resources/resource-database/zero-suicide-organizational-self-study-pdf). Involve your entire staff in the development of the plan—not just the clinical care providers. All staff members can provide support in ensuring the best care possible for patients and families in crisis, and nonclinical staff members may identify concerning behaviors that are hidden from clinical care providers.

Give your entire staff the chance to learn about self-poisoning and suicide, stigma, and the needs of your patient population. You can begin by sharing the resources listed on the preceding pages. Also consider developing a relationship with your local mental health agencies (see page 9).

Be sure all staff members are familiar with your completed office plan and know where to access it.

Guidance for Creating an Office Plan

Your plan will address four areas of emphasis (adapted from the National Action Alliance for Suicide Prevention): identifying those at risk, enhancing their safety, referring them to specialized care, and providing caring contact. A checklist, such as the one on page 12, can help ensure your plan is followed for all patients.

Identification and Risk Assessment

- Use a standardized screening tool to identify risk. See the examples on the previous page, as well as the SAFE-T on pages 14-15.
- Emphasize screening of patients with mental illness or substance use disorder, or who have been prescribed psychiatric medications.
- Establish a protocol to follow up with patients who are at risk for self-harm who miss appointments.

Safety Planning

- Complete a safety planning intervention during the patient's visit. See pages 16-19 for more details and an example of how to address safety planning with your patient. Keep a copy of the plan in the patient's record.
- Discuss the safety plan with the patient's family, with the patient's consent. Give the family a copy of the self-poisoning response plan on page 20.
- Discuss lethal means considered by or available to the patient. Make a plan with the patient or family to remove or reduce access to these means. Follow up to confirm removal.

Referral

- Establish a protocol for documenting, tracking, and reporting intentional self-poisonings.
- Connect the patient to a behavioral health professional, preferably one with training in suicide.
- Maintain a list of behavioral health care providers and facilities for different levels of care based on urgency. A template is provided on page 13.

Caring Contact

- Make a brief contact with your patient within 48 hours of the visit, or the next business day, expressing care, interest and support. Use the contact method your patient prefers, whether that's face to face, or by telephone, text message or e-mail.

Self-Harm Office Checklist

Patient Identifier _____ Date of birth _____

Identification and Risk Assessment

☐ Screening completed

Screening tool used _____ Date _____ Staff member initials _____

Safety Planning

☐ Safety plan developed with patient

Date _____ Staff member initials _____

☐ Plan discussed with family (with consent)

Date _____ Staff member initials _____

☐ Available lethal means discussed

Date _____ Staff member initials _____

☐ Lethal means removal confirmed

Date _____ Staff member initials _____

Referral

☐ Appointment made with behavioral health

Provider or facility _____ Date _____ Staff member initials _____

Caring Contact

☐ Caring contact made within 48 hours

Method: ☐ Face to face ☐ Phone call ☐ Text message ☐ Email

Contact number or email address _____ Date _____ Staff member initials _____

Notes

_____

_____

Self-Harm Referral Contacts

Patients Requiring Immediate Evaluation/Admission				
Type of Service	**Name of Service/Facility**	**Phone Number**	**Contact Person or Dept.**	**Notes**
Nearest Emergency Departments				
Nearest Behavioral Health Facilities				
Patients Requiring Intervention Within the Next Day or Two				
Behavioral Health Care Providers				
Patients Requiring Less Immediate Intervention				
Behavioral Health Care Providers				

SAFE-T

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers several resources for individuals, families, and care providers. The SAFE-T pocket card—suicide assessment five-step evaluation and triage—is designed specifically for clinicians. It is applicable to both adults and teens. The assessment includes protective and risk factors. There are recommended interventions based on the level of risk identified for the patient. The benefit of this tool is that it is portable and walks the provider through each step of the assessment.

RESOURCES

- Download this card and additional resources at **http://wwww.sprc.org**
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide **http://www.sprc.org/library/jcsafetygoals.pdf**
- **SAFE-T** drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors **http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx**
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

ACKNOWLEDGMENTS

- Originally conceived by Douglas Jacobs, MD, and developed as a collaboration between Screening for Mental Health, Inc. and the Suicide Prevention Resource Center.
- This material is based upon work supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1U79SM57392. Any opinions/findings/conclusions/recommendations expressed in this material are those of the author and do not necessarily reflect the views of SAMHSA.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

http://www.sprc.org

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

HHS Publication No. (SMA) 09-4432 • CMHS-NSP-0193

Printed 2009

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1
IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk

2
IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3
CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans, behavior, and intent

4
DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk

5
DOCUMENT
Assessment of risk, rationale, intervention, and follow-up

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

1. RISK FACTORS

- ✓ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts, or self-injurious behavior
- ✓ **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity)
  Co-morbidity and *recent onset of illness increase risk*
- ✓ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
- ✓ **Family history:** of suicide, attempts, or Axis I psychiatric disorders requiring hospitalization
- ✓ **Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame, or despair (e.g, loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation
- ✓ **Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- ✓ **Access to firearms**

2. PROTECTIVE FACTORS *Protective factors, even if present, may not counteract significant acute risk*

- ✓ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance
- ✓ **External**: responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. SUICIDE INQUIRY *Specific questioning about thoughts, plans, behaviors, intent*

- ✓ **Ideation:** frequency, intensity, duration—in last 48 hours, past month, and worst ever
- ✓ **Plan:** timing, location, lethality, availability, preparatory acts
- ✓ **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun) vs. non-suicidal self injurious actions
- ✓ **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious.
  Explore ambivalence: reasons to die vs. reasons to live
- * *For Youths:* ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition
- * *Homicide Inquiry:* when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above

4. RISK LEVEL/INTERVENTION

- ✓ **Assessment of risk** level is based on clinical judgment, after completing steps 1–3
- ✓ **Reassess** as patient or environmental circumstances change

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

5. DOCUMENT Risk level and rationale; treatment plan to address/reduce current risk (e.g., medication, setting, psychotherapy, E.C.T., contact with significant others, consultation); firearms instructions, if relevant; follow-up plan. For youths, treatment plan should include roles for parent/guardian.

A PDF of the SAFE-T card can be downloaded for free from the SAMHSA website, or you can order print versions for your office staff.

- store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432

Mobile Versions

SAMHSA also offers a free mobile application, Suicide Safe, as a learning tool for primary care and behavioral health providers that is based on the SAFE-T. It includes interactive sample case studies on using the SAFE-T and conversation starters with sample language for talking with patients.

Patient Safety Plan

What is a safety plan? A safety plan is a written list of coping strategies and resources to support an individual who is at risk for self-harm or suicide. It can be used before or during a crisis. Anyone who is in crisis or feels they need additional support to prevent or mitigate the dangers of self-harm and suicide should have a safety plan.

Safety plans are not no-harm or no-suicide contracts, which this toolkit does not recommend. A safety plan is a best-practice approach for reducing risk to a patient by empowering them to use alternative coping methods. A safety plan is best developed between a care provider and the individual who will be using the plan. The plan should be brief, easy to read, and in the words of the individual who will be using it.

There are multiple components to a safety plan. Each section of the safety plan is outlined below and phrased as you would describe or discuss it with your patient or the youth who will be using the safety plan.

Warning Signs

Warning signs are personal cues that let you know when your safety plan should be used. To identify warning signs, think about what you experience when you are feeling distressed or starting to think about self-harm or suicide. Warning signs can be anything: thoughts, images, thinking processes, moods, or even a behavior. Remember, your warning signs are completely personal to you.

Self-Management

Self-management strategies are what you can do on your own to help prevent yourself from acting on your thoughts or urges. Like the warning signs, these strategies will be completely personal. When thinking about your self-management skills, consider how likely you are to use them when you are in a crisis. If the likelihood is low or you doubt you will be able to use them, have a discussion about what you feel would prevent you from using them, brainstorm potential solutions and workarounds, and identify other ideas you may want to try.

Distractions

External distractions can help when self-management skills are not sufficient. Think of the people in your life who help you take your mind off your problems, or who help you feel better. The people you choose can be friends, family members, coworkers, or teammates. Are there activities that help distract you? You can also think of safe places that distract you and improve your mindset. Locations can be anything from a coffee shop or bookstore to a park, or even your own bedroom. Always think about what may prevent you from reaching out to people, participating in those activities, or getting to your chosen locations. What are ways to work around these obstacles?

Crisis Contacts

Unlike the previous section, which focused on distraction, this section is about reaching out specifically for help when you are feeling stressed or feeling like you are in crisis. You will want to identify family or friends you feel comfortable asking for help during a crisis and who would provide you with the support you need. You can prioritize the list, but it's good to have several names in case you are unable to reach someone. Role playing and rehearsing with your care provider or someone else can help you feel more comfortable reaching out for help in a crisis. When support from friends and family isn't enough to resolve a crisis, it is time to seek professional help. You will want to think about mental health professionals or other health care providers who can assist you. This section includes space to list urgent care services and hotlines, both local and national, that can provide you with additional support. After listing resources, think about your likelihood of reaching out to them. What would make you more or less likely to contact these professionals or support agencies during a crisis?

Home Safety

When it comes to suicide and self-harm, means matter. Identify what means you would consider using during a crisis to harm yourself. What are some ways you can limit your access to those means? With the plan in hand, you can work with your family or others in your household to limit or remove access to those means and other high-risk items. This can be as simple as keeping medications in a locked location or limiting the volume of medications kept in the home.

Safety Plan Mobile Applications

There are mobile applications available for iOS and Android smart devices that give patients and families constant access to their safety plan. Below are some examples. None of these applications are endorsed by this toolkit or associated with its authors.

- Stanley-Brown Safety Plan by Two Penguins Studios LLC
- Suicide Safety Plan by Inquiry Health LLC
- Be Safe by CALM Consulting Pty Ltd

Template for a Safety Plan

On the next page, you will find a template for a safety plan. The template can help you, the care provider, walk through the steps of the plan with your patient. You may find you need more space for writing out the plan than is available on the template.

When filling out the template, be sure to use the patient's own words, or allow them to fill in the blanks to ensure they feel like they have ownership of the plan. This is a tool for them, and having them engaged in the process will increase their likelihood of using the plan the next time they are stressed or feeling like they are in crisis.

My Safety Plan

My warning signs are…

Thoughts	Feelings	Behaviors	Symptoms

My self-management strategies are...

1._____

2._____

3._____

4._____

Activities that can distract me…

Activity

Activity

Activity

Activity

People who can distract me...

Name

Name

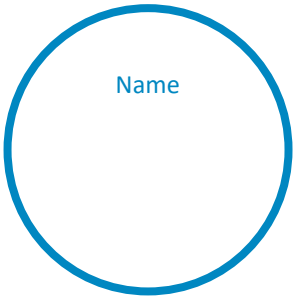
Name

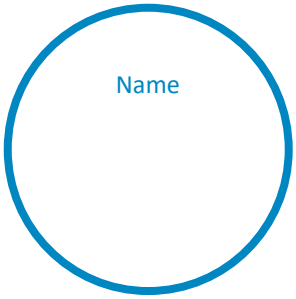
Name

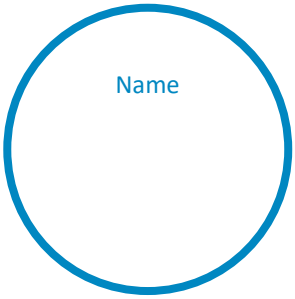
Places I can go…

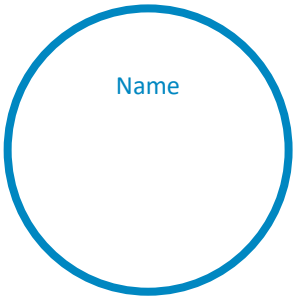
Place			
Address			
How will I get there?			

My crisis contacts are…









Name	Phone Number	Other Contact Information	Address or Notes
Provider:			
Clinic:			
Emergency Services:			
Suicide Prevention Lifeline	1-800-273-TALK (8255)	Crisis Text: Text “VT” to 741741	As of 7/16/22, call 988
Northern New England Poison Center	1-800-222-1222	Text “POISON” to 85511	Chat online at www.nnepc.org

How I can keep myself safe at home...

1._____

2._____

3._____

Self-Poisoning Response Plan

If someone has attempted to hurt themselves with a medication or chemical:

- **Seek medical care immediately**, even if the person seems fine. Do not wait for symptoms.
  - Call the **Northern New England Poison Center** at 1-800-222-1222 if the person is stable, conscious, and breathing.
  - Call **911** if the person is unconscious, having trouble breathing, or having seizures.

While waiting for help to arrive:

- Do **NOT** attempt to cause vomiting or give anything by mouth unless directed by 911, a physician, or the poison center.
- Collect any bottles, containers, or loose pills, and any chemicals involved. They can help medical professionals provide the most effective care. Bring these to the hospital or give to first responders.

Important information for the poison center and first responders:

Age: _____ Weight: _____

Health conditions: _____

Name of substances used: _____

Time of poisoning: _____

Medications in our home (prescription and over-the-counter):

_____

_____

_____

_____

The Northern New England Poison Center can:

- Offer treatment advice until other medical professionals are able to assist
- Help identify the substances involved and related concerns
- Assist first responders and hospital staff with effective management of the patient

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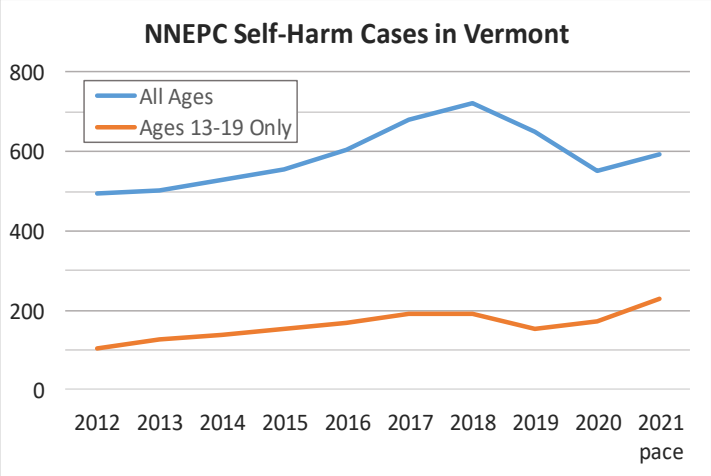
Self-Harm Poisonings

Snapshot of a Growing Problem in Vermont

Northern New England Poison Center
1-800-222-1222

Scope of the Problem

- **Self-harm poisonings are a significant cause of injury in Vermont**, accounting for 53% of the nearly 1,100 hospital visits for intentional self-harm in the state in 2018.
- Prior to the COVID-19 pandemic, **incidences of self-harm poisonings had been steadily increasing for years**, with NNEPC cases reaching a high of 721 in 2018. Increasing attempts among young people have been largely responsible for the overall trend.
- While the total number of self-harm cases fell significantly during the pandemic, the number of **cases involving young patients began to rise rapidly in the fall of 2020**. In 2021, the number of cases involving patients 13 to 19 years old from January through October had already equaled the previous annual high.
- Most self-harm poisonings involve female patients. Girls accounted for 75% of teenage patients in 2021 as of October, while across all age groups, 68% of patients were female.
- Research suggests that the first episode of deliberate poisoning is a **strong predictor of subsequent suicide** and premature death.



What Can We Do?

- Screen all patients for risk of self-harm. If a patient is at risk, discuss their intent.
- Analyze prescribing habits. Consider the potential for harm from a large dose of the patient's prescribed medications.
- Communicate the importance of medication safety to patients and families.
- Discuss medications of concern with parents and offer safety planning with a focus on safe storage and disposal of medications.

Patient and Family Education

The following resources can be useful for all patients and families seen by you and your practice. They are not reserved only for individuals in crisis or for those who may be at increased risk for self-poisoning. Preparedness and awareness are key to keeping youth safe before an immediate need arises.

These materials can be posted in your waiting rooms, shared during well-patient visits, or posted on your website or social media pages.

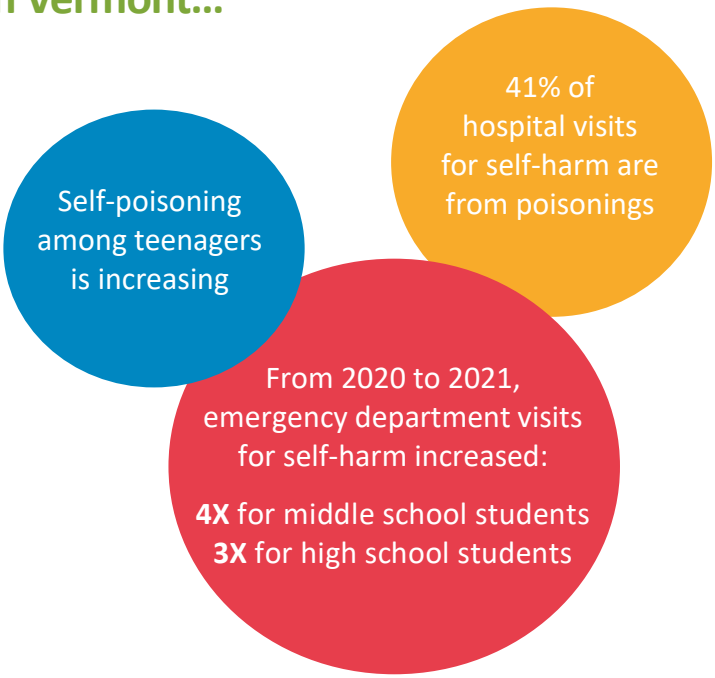
Digital copies of these materials are available at no charge to your office. They are available for download at UVMHealth.org/SafeKidsVT and nnepc.org/poison-prevention-education/self-poisoning-prevention-vt-provider-toolkit or by contacting the authors of this toolkit.

Section Contents

- **Information sheets:**
  - Youth Self-Poisoning in Vermont, fact sheet for parents. See page 23.
  - Mental Health, Self-Harm, and Your Teen. See page 24.
- **Multimedia outreach:**
  - **Social Media Posts:** These are designed for Facebook or Twitter. There are text examples and hashtag recommendations for both platforms. See page 25.
  - **Biteables** are short videos that can be shared on social media or on websites. See page 25.
  - **Medication Safety Video:** This can be shown on screens in waiting rooms, posted on social media, or sent out in newsletters. See page 25.
  - **Podcasts:** The NNEPC has a monthly podcast series covering a range of poisoning-related topics. Links to the episodes are easy to share online. See page 25.

Youth Self-Poisoning

In Vermont...



Common self-poisoning substances include:

- Over-the-counter pain relievers
- Antidepressants
- Antihistamines
- ADHD medications
- Anti-anxiety medications

Dangers from self-poisoning include:

- Stomach upset, diarrhea, vomiting
- Hallucinations
- Agitation
- Extreme drowsiness
- Heart issues
- Liver failure
- Seizures
- Death

What can you do?

- **Take your child's threats of suicide or self-harm seriously.** Never dismiss them as "typical teenage behavior." Impulsive self-poisoning attempts can occur with no history of mental illness.
- Store all medications, including over-the-counter products and prescriptions, behind a lock, such as in a lock box or cabinet.
- Properly dispose of unused medications at a police station, pharmacy or take-back event.
- Monitor your child's medications at home, including prescriptions and over-the-counter products.
- Avoid buying medications in bulk to limit the risk of overdosing.
- Ask the parents of friends how and where they store their medications, marijuana, and alcohol.
- **Go to the emergency department immediately after a self-poisoning attempt**. Don't wait for medical treatment, even if your child looks fine.

Emergency Resources

- National Suicide Prevention Lifeline: 1-800-273-8255 (starting 7/16/2022, call 988)
- Crisis Text Line: Text "VT" to 741741
- Northern New England Poison Center: 1-800-222-1222; text "POISON" to 85511; chat at nnepc.org
- The Trevor Project for LGBTQ+ youth under 25 in crisis: 1-866-488-7386; text "START" to 678678; chat at TheTrevorProject.org
- Trans Lifeline: 1-877-565-8860

Mental Health, Self-Harm, and Your Teen

Youth Self-Harm and Suicide

Self-poisoning in teenagers is increasing in Vermont. You have an important role to play in protecting and supporting your teen and their mental health.

You may not feel prepared to recognize the warning signs for self-harm and suicide, or to know how to offer your teen the support they need, whether they are having a rough day or struggling with their mental health. Fortunately, there are many resources to help you be there for them.

- Vermont Department of Mental Health: mentalhealth.vermont.gov
- Vermont 2-1-1, which can connect you to the state designated mental health agency in your area: vermont211.org
- Vermont Suicide Prevention Center: vtspc.org

How to Help

- **Ask** directly if they are thinking about hurting or killing themselves. Listen without judgement.
- **Keep them safe** by limiting their access to lethal means, such as medications, poisons, or firearms.
- **Be there** and be present for them. Let them know that you love and care about them.
- **Connect to support** for yourself and for them. You can use the resources listed on this document.
- **Follow up** with them regularly to see how they are doing

Learn more about these steps and how to #BeThe1To at bethe1to.com.

Warning Signs

- When they talk, listen:
  - Feeling hopeless
  - Feeling trapped
  - Feeling like a burden
  - Not having a reason to live
- Watch for changes in behavior:
  - Withdrawing from people
  - Withdrawing from activities
  - Sleeping a lot more or a lot less
  - Acting aggressively
- Recognize changes in mood:
  - Depressed
  - Anxious
  - Irritable
  - Humiliated
  - Ashamed
  - Agitated

Crisis Resources

- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: Text "VT" to 741741
- SAMHSA's National Helpline: 1-800-662-4357
- Northern New England Poison Center: 1-800-222-1222 or text "POISON" to 85511

For LGBTQ+ Youth

- The Trevor Project: 1-866-488-7386, text "START" to 678678, or chat online
- Trans Lifeline: 1-877-565-8860
- LGBT National Help Center: 1-888-843-4564

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Multimedia Outreach

Social Media Posts

When creating a post on your Facebook or Twitter account about medication safety or poison prevention, consider using some of the example text below. The example text can be used with the included link or you can replace the provided link with one of the Biteables or videos provided in this section.

- Not sure about how to get rid of unused or expired medicines in your home? Learn how to dispose of your medicine safely. http://bit.ly/3cLH42I
- The Poison Help Line has experts on call 24/7 to answer your questions. Save this number – 1-800-222-1222 – to save a life. SHARE this post if it's saved in your phone!

Want to add hashtags to your posts? Consider using one of these for posts about medication safety and poison prevention.

- #medsafety
- #medicationsafety
- #poisonprevention
- #poisonhelp

When posting on social media, tag the authors of this toolkit when possible. For Facebook, the tags are @NNEPC and @SafeKidsVT. When posting on Twitter, the tag is @NNEPC.

Biteables

Self-Poisoning and Teens: What You Need to Know: This two-part Biteable offers ways caregivers of teenagers can help prevent self-poisonings, such as limiting availability of medications in the home.

- **Part 1:** biteable.com/watch/3310038/e4842ab98187e04758e42a75567fdc9c
- **Part 2:** biteable.com/watch/3310196/427207a6277885a4f33575929f4e2f56

To request the embed code for your website or an MP4 version, contact VTSafeKids@UVMHealth.org.

Medication Safety Video

Safe Teens at Home: Medication Safety: This video describes ways teenagers are at risk for medication poisonings, focusing on self-harm, and offers steps that parents can take to prevent medication poisonings at home: nnepc.org/poison-prevention-education/teen-medication-safety.

Podcasts

Poison Center Pointers is a monthly, 10-minute podcast hosted by specialists from the Poison Help Line at the Northern New England Poison Center, who discuss common poisonings and prevention. The show can be found on Amazon Music, Apple Podcasts, Google Podcasts, Podbean, and Spotify. Search your favorite service for "Poison Center Pointers" or visit nnepoison.podbean.com.

Safe Kids Vermont

Safe Kids Vermont is a coalition of individuals and organizations across the state of Vermont dedicated to keeping children and teens healthy and safe by preventing injury. Safe Kids Vermont was founded in 1990, and the University of Vermont Children's Hospital is proud to be the lead organization for the coalition.

Safe Kids Vermont is where global meets local as part of the Safe Kids Worldwide international network of coalitions and partners in more than 30 countries. Explore the Safe Kids Worldwide website for more resources and information on their global efforts.

Our partners are passionate about preventing the injuries that impact Vermont youth.

Benefits of being a Safe Kids Vermont partner:

- Access to mini-grant applications
- Networking with members from across the state
- Resources on topics impacting the safety of youth and families in Vermont such as:
  - Safe sleep
  - Safe storage of medications
  - Safe storage of firearms
  - Child passenger safety
  - Vulnerable road user safety
  - Water safety
  - And so much more!

If you are interested in becoming a Safe Kids Vermont partner, contact VTSafeKids@UVMHealth.org and check out our website, UVMHealth.org/SafeKidsVT.

Follow us on Facebook @SafeKidsVT

Northern New England Poison Center

The Northern New England Poison Center (NNEPC) is the nationally certified poison center serving Vermont, New Hampshire and Maine.

Specially trained nurses, pharmacists and other medical professionals respond to nearly 100 calls per day, providing fast, expert assistance in poison emergencies and answering questions about medications and other potential poisons. The poison center is available 24 hours a day, 365 days a year. All calls are free and confidential. Interpretation, online chat, and text messaging services are available.

The poison center is a crucial part of the health care system. The NNEPC's poison specialists assist other providers with complicated poisonings, and board-certified toxicologists are on-call 24/7 for further consultation.

Role of the poison center:

- Manage poison exposure cases
- Provide toxicological support to health care providers
- Answer questions about medications and other potential poisons
- Provide real-time surveillance for outbreaks, mass poisoning events, and poisoning trends
- Provide educational resources and presentations
- Prevent intentional and unintentional poisoning
- Prepare for and respond to emergencies

Call 1-800-222-1222

Text 'POISON' to 85511

Chat online at nnepc.org

De-identified case data from calls to the poison center are uploaded into the National Poison Data System, the only comprehensive real-time poisoning surveillance database in the United States. This data is crucial for understanding trends in health risks, and helps ensure appropriate allocation of time and resources. By calling the poison center, you play a key role in this surveillance.

Northern New England Poison Center

Visit us at nnepc.org
Follow us at facebook.com/NNEPC

References

(2021) Youth Emergency Department (ED) Visits for Suicidal Ideation and Self-Directed Violence. *Vermont Department of Health*; May 2021. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_Injury_Youth_ED_Visits_Suicidal_Ideation.pdf

Ayer, L., Colpe, L., Pearson, J., Rooney, M., & Murphy, E.(2020) Advancing Research in Child Suicide: A Call to Action. *J Am Acad Child Adolesc Psychiatry, 59*(9):1028–1035. https://www.jaacap.org/article/S0890-8567(20)30130-1/pdf

Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2003). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available from: www.cdc.gov/ncipc/wisqars. [2019October11].

Curtin, S.C. (2020) State Suicide Rates Among Adolescents and Young Adults Aged 10–24: United States, 2000–2018. *Natl Vital Stat Rep, 69*(11), 1-5. https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf

Finkelstein, Y., Macdonald, E.M., Hollands, S., Hutson, J.R., et al. (2015) Long-term outcomes following self-poisoning in adolescents: a population-based cohort study. *Lancet Psychiatry* 2(6), 532–539. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00170-4/fulltext

Finkelstein, Y., Macdonald, E.N., Hollands, S. et al. (2015) Risk of Suicide Following Deliberate Self-poisoning. *JAMA Psychiatry 72*(6), 570-575. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2211890

Gummin D.D., Mowry J.B., Spyker D.A., Brooks D.E., Beuhler .M.C, et al. (2019) 2018 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 36th Annual Report. *Clin Toxicol (Phila) 57*(12):1220-1413. https://www.tandfonline.com/doi/abs/10.1080/15563650.2019.1677022

Hopkins, G.A., Spiller, H.A., Kistamgari, S., et al. (2020) Suicide-related over-the-counter analgesic exposures reported to United States poison control centers, 2000-2018. *Pharmacoepidemiol Drug Saf 29*(9), 1011-1021. https://onlinelibrary.wiley.com/doi/10.1002/pds.4997

King, C.A., Horwitz, A., Czyz, E., & Lindsay, R. (2017) Suicide Risk Screening in Healthcare Settings: Identifying Males and Females at Risk. *J Clin Psychol Med Settings 24*(1), 8-20. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5439267/pdf/nihms856804.pdf

Miller, T.R., Swedler, D.I., & Bruce, A.L. (2020) Incidence and Lethality of Suicidal Overdoses by Drug Class. *JAMA Netw Open, 3*(3) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763226

National Action Alliance for Suicide Prevention: Transforming Health Systems Initiative Work Group. (2018). Recommended standard care for people with suicide risk: Making health care suicide safe. Washington, DC: Education Development Center, Inc.

Owens, P.L., McDermott, K.W., Lipari, R.N., & Hambrick, M.M. (2020) Emergency Department Visits Related to Suicidal Ideation or Suicide Attempt, 2008-2017. *HCUP AHRQ 263.* https://hcup-us.ahrq.gov/reports/statbriefs/sb263-Suicide-ED-Visits-2008-2017.jsp

Plemmons G, Hall M, Doupnik S, et al. (2018) Hospitalization for Suicide Ideation or Attempt: 2008–2015. *Pediatrics 141*(6):e20172426. https://publications.aap.org/pediatrics/article/141/6/e20172426/37690/

Curtin, S.C., Heron M., Miniño A.M., & Warner M. (2018) Recent Increases in Injury Mortality Among Children and Adolescents Aged 10–19 Years in the United States: 1999–2016. *Natl Vital Stat Rep, 67*,1-16. https://pubmed.ncbi.nlm.nih.gov/29874162

Spiller H. A., Ackerman, J.P., Spiller, N.E., & Casavant, M.J. (2019) Sex and Age-Specific Increases in Suicide Attempts by Self-Poisoning in the United States among Youth and Young Adults from 2000 to 2018. *Journal of Pediatrics 210*, 201-208. https://www.jpeds.com/article/S0022-3476(19)30277-X/fulltext

Spiller, H.A., Ackerman, J.P. Smith, G.A., Kistamgari, S., Funk, A.R., McDermott, M.R., & Casavant, M.J. (2020) Suicide attempts by self-poisoning in the United States among 10–25 year olds from 2000 to 2018: substances used, temporal changes and demographics. *Clinical Toxicology 58*(7):676-687. https://pubmed.ncbi.nlm.nih.gov/31587583

Vermont Department of Health (2021). Intentional Self-Harm and Death by Suicide. Retrieved from https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_Injury_Suicide_Databrief_2021.pdf

Yard, E., et al (2021) Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021 *MMWR Morb Mortal Wkly Rep 70*(24), 888-894. https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7024-H.pdf