Suicide Prevention Subgroup Meeting

August 4, 2021

Present: Lt. Tony Maze, Dr. Jim Nossett, Dr. Christine Negendank, Jay Chaudhary (chair)

Dr. Chris Drapeau, Kelsi Linville, Alexis Pless

- Introductions
- Motion and second for minutes to approve
- Jay: Last meeting voted on implementation of Crisis Now Model which Dr. Drapeau presented, voted on surcharge, and vote of confidence/support in state suicide prevention plan. All motions carried.

- Opened discussion of youth and teen suicide. Literature and research shows it to be a major concern.
- Dr. Nossett – from emergency physician standpoint, sees a lot of folks in MH crisis. Sometimes don't present that concern but it is soon uncovered. Seeing high anxiety and substantial depression unlike anything he's seen in his career. Split up and nonfunctional families. Often teen is on antidepressant from a family doc or pediatrician but little to no engagement with counselor. Lack of recognition of significant mental health issues and necessary referrals by pediatricians and PCPs. Can IDOH help? Seems to be a lack of recognition and lack of understanding the resources out there. Pediatricians seem to be better than family physicians. Don't dig deep enough so they don't see the same things that come out in crisis.
    - Dr. Negendank – suspects there is a lack of resources for child/adolescent therapy. Private providers are out there, but many don't accept insurance. Those who do have much longer waits. Would like to see more social workers/therapists embedded in primary care practice. A&C has seen good success from that because referrals and assessment can be made in real time.
        - Jay – would like to see something analogous to SBIRT. Training, tools, and screening in primary care (pediatricians and family physicians). Acute workforce shortage is a huge issue that keeps coming up across subgroups. What state does this well?
            - Dr. Negendank – seems to be more locality than state-by-state. Larger academic centers have more access and availability. How to pay for it aside from FQHC? Doesn't know screening requirement (GAD-7, PHQ-9) in general primary care practice.

Idea: Incentivize, encourage, and mandate screenings in primary care as recommendation

- Lt. Maze – are kids screened annually at school?
    - Jay – this is a loaded issue. The answer is not really. Issue of parental consent, opting in vs. opting out. Need to have some frank discussions as a commission about what recommendations to make. Children and Families subgroup is also discussing this.

    - Dr. Negendank – lots of kids fall through the cracks because they have to be referred. Have parents fill out MH questions in back-to-school forms? PHQ-2 is a two-question screen.
- Jay – we are in a crisis of self-harm, SI pre-Covid. Don't have Covid numbers yet but early indications aren't great. Slide deck will be sent out following the meeting. Should we focus on framing youth suicide as a crisis?
    - Dr. Nossett – yes. There are many crises, but this should be one of the most substantial.
    - Dr. Negendank – agreed.
    - Jay – the Commission needs to make recommendations but also shape the conversation.
    - Chris – CISC has a suicide prevention subgroup and they completed a suicide prevention gap analysis – can provide. 2017-2018 highest rates for ages 24-50 in history. Rates are rising now for 5-11 African American girls. Conversations often turn to social media. Youth rates started to rise in the 1950s and never went back down.
        - Jay – need to look at the CISC report and amplify their work. Can we come up with guidance for parents, school districts, etc. for how to present a cohesive united front around social media? **Idea: Best practices surrounding social media?** Possible avenue for the commission.
            - Dr. Negendank – There is a group but can't recall the name. Require number of hours of training re: what's on the internet? What are schools doing currently?
            - Lt. Maze – getting parental support will be a challenge. 10 year old completed suicide in Allen County following abuse by family member. Need to find a way to avoid putting fear in parents about meddling in family life.
                - Jay – agree. Can't be top-down, paternalistic nanny state. Also can't preach to the choir.
            - Chris – youth are often absent from discussions. It would help to have youth involved in conversations about best practices to increase buy in.
        - Lt. Maze – takes a tragedy in school for it to become a hot topic. Lack of resources is a challenge. How to prioritize among other demands. How do we make it a priority before the tragedy happens?

Idea: Invite youth to tell story to future commission meeting – stories that could have been tragic but timely interventions from people that care prevented things from going a certain way

- Dr. Nossett – program for youth to hear from their peers could be good recommendation
    - Jay – we have a pilot similar to that already, Project Aware
- Dr. Negendank – need subacute/stepdown programming for kids that is intermediate between inpatient and outpatient

Reminder: September 29th – in-person, all member Commission meeting at NDI

Meeting adjourned at 2:53