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## Evidence-Based Protocols for Assessment and Treatment of Adolescent Suicide Risk in an Emergency Department

Rebecca Bentele  
*Minnesota State University, Mankato*

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## EVIDENCE-BASED PROTOCOLS FOR ASSESSMENT AND TREATMENT OF ADOLESCENT SUICIDE RISK IN AN EMERGENCY DEPARTMENT

Rebecca Bentele, LSW

Mayo Clinic Health Systems-Mankato, Emergency Department

Field Instructor: Mary Beth Patterson, MSW, LGSW, RD

Academic Advisor: Nancy M. Fitzsimons, PhD, MSW, Professor

### Statement of Purpose

Suicide and suicide attempts are a frequently encountered clinical crisis and the assessment, management and treatment of suicidal patients is one of the most stressful tasks for clinicians (Fowler, 2012). The purpose of this project was to examine whether current assessment and treatment protocols followed in the ED, Mankato, adhere to best-practices as identified through research, as well as to make recommendations to MCHS-Mankato for future considerations and potential modifications to existing protocols.

### Methodology

#### Process Followed to Acquire Comparative Data

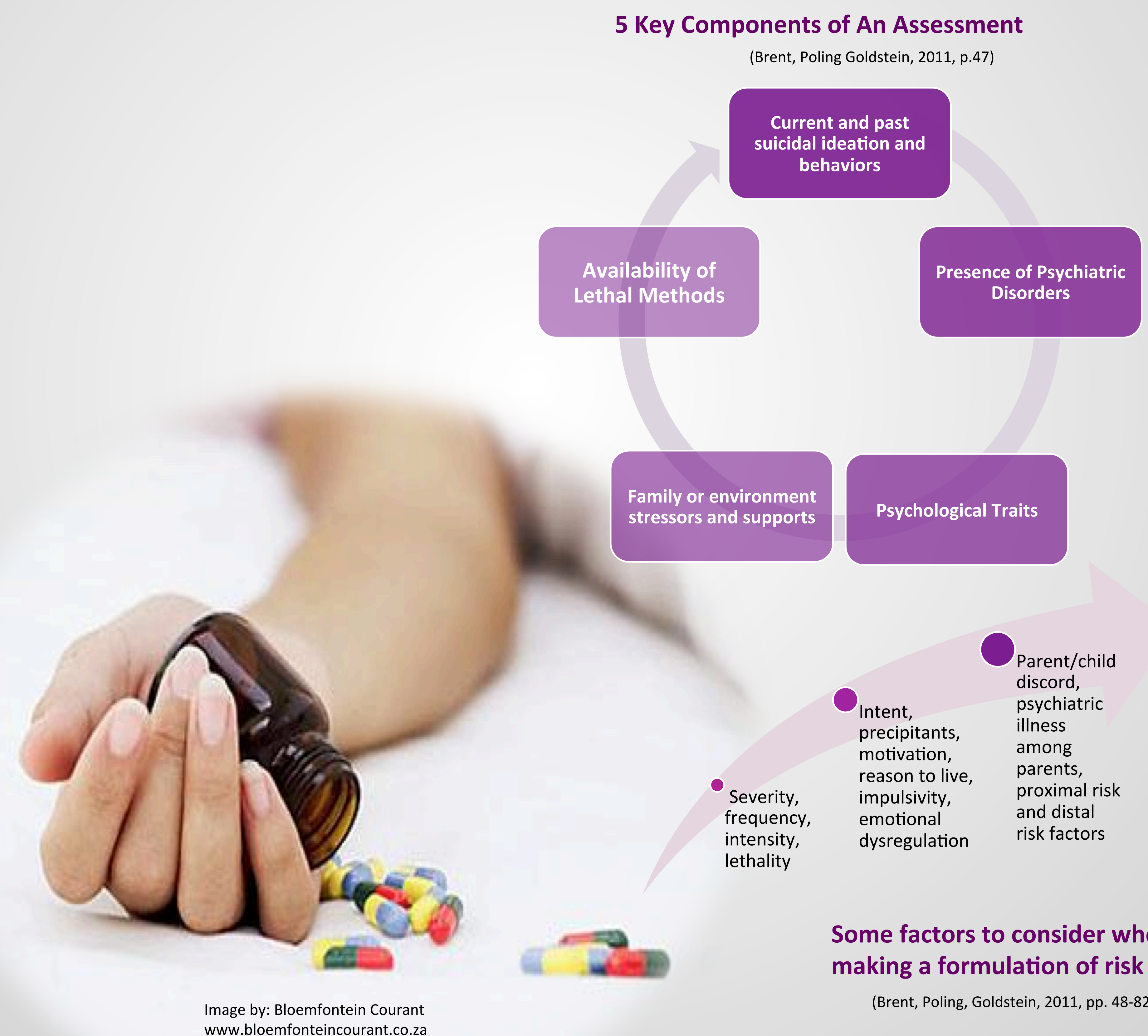
Assessment and treatment protocols currently followed in the MCHS-Mankato ED for assessing adolescents with suicidal ideation and behaviors were identified and examined. Fourteen (14) hospitals were contacted by telephone to obtain written copies of assessment and treatment protocols for assessing adolescents presenting suicide risk: 12 in Minnesota; one in Sioux Falls, SD; and one in Fargo, ND. Each hospital has an adolescent behavioral health unit within their respective facility. Six hospitals responded to the initial request for written information; a 42% response rate.

- Hutchinson Hospital faxed a copy of their assessment tool.
- Prairie Care in Maple Grove and Mayo Clinic in Rochester both emailed copies of their assessment tools.
- Prairie St. John's in Fargo stated that information was faxed on two occasions, but materials were never received for review.
- After speaking with New Ulm and Miller-Dwan in Duluth, both chose not to provide written information.
- The other eight (8) hospitals did not respond to the request for information:

A literature search of scholarly sources, primarily peer-reviewed journal articles, was conducted to examine the problem of suicide and risk, focusing on adolescents, and to identify evidence-based protocols for the assessment and treatment of adolescent suicide. Thirty-eight (38) scholarly articles, numerous websites and two books from the interlibrary loan service were reviewed for content.

#### Process Followed to Review and Compare Data

Assessment protocols followed in the MCHS-Mankato ED and those acquired from three other hospitals (Hutchinson, Prairie Care and Mayo Clinic-Rochester) were reviewed and compared for an array of factors, including: 1) ease of use, 2) length of assessment, 3) inclusion of needed data, and 4) time requirements. Scholarly literature was reviewed on evidence-based practices relating to: 1) general principles in assessing suicidal adolescents, 2) assessment content, 3) approach and interview styles, 4) consistent themes around areas of questioning, and 5) elements to consider when conducting an assessment. Research regarding assessment tools developed for the purpose of assessing suicide risk and to assess other areas that serve as indicators of suicide risk, such as the degree of one's depression, or the severity or intensity of the patient's ideation, was reviewed.



**A special thanks to all the social workers, physicians, nurses and other staff at MCHS-Mankato ED for their assistance, professional guidance and patience, and for all the learning opportunities MCHS-Mankato has given me throughout my internship.**

### Discussion

- ❖ Suicide is the 3<sup>rd</sup> leading cause of death for people between the ages of 15 and 24 (US DHHS, 2012, p. 10).
- ❖ Almost 16% of students in grade 9-12 report having seriously considered suicide (US DHHS, 2012, p. 10).
- ❖ 7.8% report having attempted suicide one or more times in the past 12 months (US DHHS, 2012, p. 10).
- ❖ Among MN students, 12 percent of 12<sup>th</sup> grade males and 13 percent of 12<sup>th</sup> grade females, had thoughts of killing themselves during the last year (MN Department of Health, 2011, p. 26).

### Findings and Recommendations

Findings support the use of assessment and treatment protocols currently followed at MCHS-Mankato ED, but with 8 recommendations for modifications and additions to existing assessment protocols.

1. MCHS-Mankato ED review the behavioral health assessment tool used at Prairie Care in Maple Grove for possible inclusion into MCHS-Mankato ED protocols, thereby replacing the existing assessment tool.
2. MCHS-Mankato adopt the definitions of suicide proposed by Posner et al. (2007) and adapted from *The Columbia Suicide History Form* developed by Maria A. Oquendo, M.D. and colleagues.
3. MCHS-Mankato provide ED social workers who complete behavioral health assessments in the ED the opportunity to participate in "Experiential Training in the Chronological Assessment of Suicide Events" (CASE Approach), which is included in the *National Registry of Evidence-Based Programs and Practices*.
4. MCHS-Mankato should form a task group to evaluate ways to facilitate communication with and between providers and agencies (outside of the Mayo Clinic System) for the coordination and continuity of care. Consideration should be given to incorporating as standard protocol for ED social workers, to request signed releases of information from parent/guardian to exchange, share and/or release information between other care providers.
5. MCHS-Mankato should provide training or ensure that all primary care physicians have training on suicide risk assessment and management. The training *Preventing Suicide Through Improved Training in Suicide Risk Assessment and Care* is on the *National Registry for Evidence-Based Programs and Practices*.
6. MCHS-Mankato ED should utilize the PHQ-9A (Adolescent Depression Scale) to be administered to all adolescents by triage as a screening tool, regardless of the presenting chief complaint.
7. MCHS-Mankato ED place reference charts regarding signs of suicide in triage areas and in pod areas for ED physicians and nurses use as an easy, quick reference. The charts should be readily accessible, yet outside of patients' view.
8. MCHS-Mankato modifying existing behavioral health assessment protocols to include an educational training module regarding means restriction.

### References

A list of references are available upon request.

