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Division of Public and Behavioral Health
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Date: October 2021
To: Nevada Medicaid
From: Nevada Executive Committee to Review the Death of Children
Re: Committee Recommendation Quarter 1, 2021

The Nevada Executive Committee to Review the Death of Children (Executive Committee) was established in 1994 with the primary goal of preventing child maltreatment and child deaths in Nevada by making recommendations for law, policy and practice changes, staff training, and public education.

Recommendations are submitted to the Executive Committee by state regional multidisciplinary child death review (CDR) teams. The Executive Committee reviewed a recommendation from the Clark County Regional CDR team in which it was recommended that children 8 years of age and older be routinely assessed for depression, suicidal ideation, and suicide attempts by mental health and medical professionals. Additionally, now more than ever, widespread screening efforts are critical. In August 2021 JAMA Pediatrics declared a "global crisis" in children's mental health due to the effects of the COVID-19 pandemic. A meta-analysis showed that global rates of clinically significant depression in childhood have nearly tripled, and rates of childhood anxiety have nearly doubled.

We are asking for your collaboration in fulfilling this recommendation. Specifically, we are requesting that you share the attached screening tools and resources to your healthcare providers. To assist with implementing this recommendation, the Executive Committee has compiled screening tools and the research to support them for your distribution. We have also included other tools to improve suicide prevention and increase resources for support.

The Executive Committee appreciates your consideration in collaborating to fulfill this recommendation. Please contact Jessica Freeman at jfreeman@dchfs.nv.gov or 702-486-7711 to discuss how we can work together to prevent future child deaths in Nevada.

We are grateful for your continued, heroic efforts to keep Nevadans safe and healthy.

Respectfully,

The Executive Committee to Review the Death of Children

Background

Depression is a leading cause of disability and morbidity with an estimate of more than 300 million people suffering from the disorder worldwide. Depressive disorders are now known to arise in early childhood with marked increases in prevalence with onset of puberty in girls. There are several brief and developmentally specific screeners that can be used in children/adolescent from age 3-18. Children/adolescents with depression suffer from social, emotional, and educational impairments. Childhood/adolescent depression are also associated with an increased risk of suicide as well as risk for developing other psychiatric disorders and substance abuse. Over 50% of youth (children/adolescents) with depression will have a recurrence of depression in adulthood. Studies suggest that less than 50% of depressed children/adolescents receive mental health care, thus there is a clear need for screening for depression across health care settings.

The American Academy of Child and Adolescent Psychiatry recommends:

- **Routine screening for depression in children/adolescents age 8 and older across health care settings, including primary care as well as mental health care setting**
- **Assessing for symptoms of depression in children/adolescents ages 3 and older referred for emotional and behavioral problems.**
- **If a child/adolescent has depressive symptoms, the primary care provider or the mental health clinician should conduct a clinical interview with the child/adolescent and parent(s) to assess for a possible diagnosis of depression.**
- **Once the diagnosis of depression has been established, the child/adolescent and family should be educated about depression in youth, and the child should be treated or referred for treatment.**
- **Improving education of health professionals, teachers, and the general public about the signs and symptoms of depression and its treatment in youth. (Approved by Council June 2019).**

Screening Tools:

General

Ages and Stages Questionnaire: Social-Emotional-2nd edition (ASQ:SE-2) – Parents complete the short, simple questionnaires at eight designated age intervals: 6, 12, 18, 24, 30, 36, 48, and 60 months.

ASQ:SE-2

- Age: 0-5
- Administered by: Parent
- Cost: \$295 for complete photocopiable kit
- Additional Information: Available in Spanish. Healthcare and Family Services (HFS) approved tool.

Pediatric Symptom Checklist (PSC) – A 35 item questionnaire to screen for cognitive, emotional, and behavioral problems.

PSC & Y-PSC (Parent & Youth Report)

- Age: 4-16
- Administered by: Parent (page 2), Youth aged 11+ (page 3)
- Cost: None
- Additional Information: Available in over [25 languages](#) and a pictorial version available in three languages.

Strengths and Difficulties Questionnaire (SDQ) – A 25 item questionnaire to identify and assess changes in emotional and behavioral problems in children. The SDQ covers a broad range of emotional and behavioral issues and is designed to provide assessment of psychosocial functioning. Hand scoring information is available; however, the developers recommend using the online scoring system available through their website.

SDQ

- Age: 2-4, 4-10, 11-17, 18+
- Administered by: Parent, Teacher, Youth (ages 11-16)
- Cost: None
- Additional Information: Available in over 40 languages and in sign language; Follow up questionnaire also available.

Suicide

Ask Suicide-Screening Questions (ASQ) Toolkit– The National Institute of Mental Health (NIMH) created a toolkit for providers to assist in screening children for suicide in the pediatric office. The ASQ is an evidenced based screening tool for children 8 and older containing 4 yes or no questions developed to assess suicidal ideation and behavior. A positive screen result on the ASQ will flag a patient who needs further risk assessment. The ASQ was developed in the pediatric ED with 96.9% sensitivity, 87.6% specificity, and takes 20 seconds to administer. Providers can visit the NIMH to watch a short video on using the ASQ with children and adolescents. The ASQ toolkit also provides guidance on implementing and intervening with patients in the pediatric office as well as handout for parents.

ASQ Toolkit

- Age: 8 and above
- Administered by: Provider
- Cost: None

Resources and Tools

Social isolation, financial insecurity, and unemployment all erode mental wellness and can lead to increases in deaths from suicide, overdose, and illness, disproportionately impacting communities of color and Nevada seniors. Individuals who have a history of Adverse Childhood Experiences (ACEs) are particularly at risk. All Nevadans need to be vigilant – aware and responsive to the signs of a mental health crisis and suicide risk in their loved ones and even in themselves.

You have the opportunity to screen, intervene and prevent these events. To assist you, please review the **below resources**. Together, we can reduce suicide by continuously spreading awareness, advocating for research funding, developing innovative and effective treatment tools, being kind, and helping to educate others on things like resources and warning signs. Preventing suicide is every Nevadan’s responsibility.

Don’t Forget Yourself. You may be feeling stressed, anxious, overwhelmed, or burned out by practicing on the front lines. Health workers are also at higher risk of suicide, and you are not alone. If you want to talk to someone, there are professionals ready to support you to keep supporting others.

The Zero Suicide Model is an evidence-based practice outlining how to apply this model in a clinical setting. Practices include:

- Make a safety plan the patient can follow to take action if thoughts of suicide appear, including calling help lines such as the National Suicide Prevention Lifeline (1-800- 273-8255).
- Discuss restricting access to things they might use to hurt themselves – especially firearms (firearms in the house are a major risk factor for suicide) and medications (most often used to attempt suicide).
- Create a follow-up monitoring plan to ensure the patient receives ongoing help and support.

Overdose and Suicide: An overdose or self-harm event in the emergency department indicates an extreme high risk. An opioid overdose indicated an 18-fold greater risk of suicide and over 100-fold greater risk of overdose in the next year, compared to the general population. A visit for suicidal ideation led to a 30-fold increase in the risk of suicide in the next year. Visit For certified treatment providers visit <https://behavioralhealthnv.org/> or call **Foundation for Recovery Warmline: 1-800-509-7762.**

ACEs and Suicide: Individuals with four or more ACEs are 37.5 times as likely to attempt suicide, when compared to individuals with no ACEs. For more information on addressing ACEs in your clinical practice, visit www.ACEsAware.org.

Screening individuals for risk of suicide saves lives! Health care professionals can help people get needed care, support and resources. Visit Columbia Lighthouse Project <https://cssrs.columbia.edu/>

Other Tools and Resources

For COVID-19 emotional support, please call **Crisis Support Services of Nevada or 211** where you can access Crisis Counselors trained in psychological first aid and disaster response.

If you or someone else needs support, a trained crisis counselor can be reached by calling the National Suicide Prevention Lifeline at 800-273-TALK (8255) or by texting TALK to 741741.

- **Personas que hablan español, llamen a the Lifeline al 888-682-9454.**
- **For teens, call the TEEN LINE at 310-855-4673 or text TEEN to 839863.**
- **For veterans, call the Lifeline at 800-273-TALK (8255) and press 1.**
- **For LGBTQ youth, call The Trevor Project at 866-488-7386 or text START to 678678.**
- **For transgender people, call the Trans Lifeline at 877-565-8860.**
- **For people who are deaf or hard of hearing, call the Lifeline at 800-799-4889.**
- **For law enforcement personnel, call the COPLINE at 800-267-5463.**
- **For other first responders, call the Fire/EMS Helpline at 888-731-FIRE (3473)**