

### **Quality Improvement Activity: Suicidal Ideation**

Teague Robinson is a 12-year-old boy whose father died last year. His mother started drinking heavily, not going to work, stopped making him dinner. She dissolved into a mess that he had to clean up. Every day he would come home from school pick his mother off the floor and clean her up before going to work so he could pay the ever-piling bills. Teague is tired and feels alone. He is slowly becoming extremely depressed and buckling under the stress of school, bills and having to become an adult too soon. He thinks why do I have to be the adult here? My mother is supposed to be taking care of me. His schools guidance counselor notices that he is tired and his clothes are more wrinkled and unwashed than usual. She pulls Teague into her office to talk but he doesn't want to open up because he doesn't want to be taken away from her. Besides who would take care of her then? Instead, he sits there silently and cries. Around his thirteenth birthday his mother becomes angry pushes him away when he tries to clean her up. Teague becomes so upset and angry he believes that if he just killed himself that no one will even notice. So, he devises a plan and when he is going to carry it out. He stops going to school and buys drugs to do the job. A week after he stops going to school his guidance counselor sends the cops by to do a welfare check on his home. They find his mother in her own mess and the house in shambles. The drugs he was going to use on himself they found in his room on the bedside table and a suicide note he had been working on. When Teague comes home from work, he finds the cops and his grandmother on his fathers side waiting for him with tears in his eyes. They take him to the hospital for a 48-hour hold and to figure out his next steps. At this point he is angry that he was caught and uncooperative with the staff at the hospital. He refuses to let them take his blood and urine so they can do their tests and his grandmother is in the corner crying. The only people that talk to him don't care what he is doing there they just want the tests done. Teague gives in just so they will leave him alone while dodging questions from his grandmother. Why does anyone care about him now? Where were they when he needed their help a year ago? A counselor finally shows up and tries to talk to him about going to another place where they can help him. His grandmother talks about putting him on medication to help him cope. No one asks him what he wants though. While the nursing staff ignore the patient, the doctors get aggravated and stop taking the matter seriously, and everyone just counts the minutes until Star Care shows up to evaluate the child and ship him off to the nearest pediatric psychiatric wing. Which is unfortunately 3 hours away. In the pediatric emergency department this happens almost every day.

### **Describe the scenario: In what way did the patient care of environment lack? Is this a common occurrence?**

The problem with this story is that the nurses practically ignored Teague and goaded him into doing the tests that they wanted. Nurses treat children who have suicidal ideations as a nuisance to their day. They must check on them more frequently, deal with difficult behaviors, use the age old if you do this you can get this. For instance, "If you let me take blood from you, you can call your aunt". There is no professional on staff in the emergency department to help deal with this delicate situation. Instead, one must be called in and they can only be called after a blood test and tox screen can be run. There is nothing delicate about the way these children are man handled. Scientifically we know that their emotions are high because of their hormones are heightened and they make rash decisions because their frontal lobes aren't fully developed. So if we know that this group of children are especially sensitive to this why aren't we doing our best to intervene instead of doing the bare minimum? The number of children who are being afflicted with depression leading to suicidal ideations is rising.

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Something must be done to alleviate this problem. Unfortunately this is an unfortunate common occurrence which means that many children are being done a disservice.

### **What circumstances led to the occurrence?**

The circumstances that led to this are yet another child's life going array. This is such a common occurrence that nurses are becoming jaded and lacking sympathy to these poor kids. Thus, being jaded and lacking sympathy just gives the children the idea that what they are trying to do is justified.

### **In what way could you measure the frequency of the occurrence? (Interview nurses, examining charts, patient surveys, observation, etc.)**

You can measure how often these occurrences are happening by monitoring patient charts to see how many patients a day are seen in the emergency department for suicidal ideation, or how many times a day star care is called to come out and talk to the children. You could interview the nurses but they aren't going to be one hundred percent truthful about their biases towards these kids. It's clear when you're in the trenches that empathy is lacking but in a formal conversation they won't be honest for fear of getting in trouble. They implemented questions that should be asked to every patient in the chart when triaging but the nurses stopped asking every patient because of the amount of yes's they were getting as answers. The best way to measure the frequency of this occurrence would be to observe how it is handled. Perhaps to have a nurse from staffing act as somewhat of a secret shopper so no one has their guard up.

### **What evidence-based ideas do you have for implementing interventions to address the problem?**

The ideas that I have to address this problem include three things. One idea is that I think every emergency department should contain one psychologist or psychiatrist instead of hanging everything on an emergency department doctor who already has so much to do. This way there is a trained professional on staff to deal with not only suicidal ideation children but also abused children as well. Someone who will know exactly how to walk through the mine field that can be distraught children and know how to deescalate volatile situations when were dealing with heightened emotions. Another intervention that could be implemented is to have a refresher class every six months on how to properly deescalate volatile situations where these kids might feel angry and sensitivity training on how to handle them. The third thing that could be implemented is to (after talking to the psychologist of course) bringing in child life to give the kids an activity to do so they aren't just sitting in a white room with nothing and no one to talk to if they have no family.

### **How will you measure the efficacy of the interventions?**

Measuring the efficacy of these interventions can be seen by keeping tabs on the how many cases continue to come into the emergency department. We can also review charts to see if when child life is brought in to get the child an appropriate game or book to see if incidences of violence go down. We can thus compare previous years to a new one to see if the numbers have gone down comparatively. Now in complete truth the only way to combat this problem is to hit it from every angle. It can't just be the hospital that brings the end to this problem but the school, the inpatient facility, the follow up care, and the home life.

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