A background image showing several hands of different skin tones (light, medium, and dark) holding each other in a circle, symbolizing support, community, and care. The hands are positioned around the central text, with some wearing bracelets or rings. The overall color palette is warm, with shades of orange and brown.

Interrupting Teen Suicide at the Gates of Primary Care

A Life-Saving Resource Guide for Physicians

Table of Contents

3.....	Introduction
4.....	Quick Links Guide
5.....	Screening Your Patients
8.....	Safety Planning
13.....	Training for You and Your Team
14.....	Patient Education and Resources
26.....	Lifestyle Medicine
31.....	Conclusion
32.....	References

Introduction

Children and adolescents experience symptoms of depression at times as part of normal growth and development. This might look like feeling sad, helpless, unmotivated, or being irritable, distracted or argumentative (Jin, 2022). Lesbian, gay, bisexual, transgender, and queer (LGBTQ) teens are at increased risk of depression, which increases risk of suicidal thoughts, suicide attempts, and suicide completion, which is the second leading cause of death among youths aged 10 to 19 years (Jin, 2022).

According to the CDC, suicide is a top cause of death among teens and young adults in Idaho.

Between 2014-2018, 125 Idaho school-aged children (6-18 years old) died by suicide; 31 of those deaths were among children ages 14 or younger.¹

125
school-aged
children
died by suicide
in ID between 2014-2018

As primary care providers, we know you're motivated to change these alarming statistics and are uniquely positioned to help prevent suicide in your practice.

Sometimes the right tool could be all you need to help save a life. We've developed this toolkit with many great resources we hope you'll find useful in your practice and the in the work to prevent teen suicide.

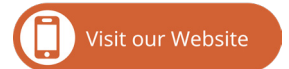
This publication is the result of a collaboration with the American Academy of Family Physicians (AAFP). This publication would not have been possible without the participation of the AAFP. We thank them for their essential contributions to this work.

Quick Links Guide

Resources and links from this toolkit will be housed on our website: <https://idahofamilyphysicians.org/suicide-prevention>. You will also be able to access printable versions of this toolkit and the Patient Resource Packet there.



You can quickly access printable safety planning templates on our website, or by scanning the QR code. Read more about safety planning on page 9 of this toolkit.



If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org.

Screening Your Patients

The United States Preventative Services Taskforce issued a B Grade Recommendation for screening adolescents ages 12 and up, meaning there is moderate certainty that universal Screening in this population has a moderate net benefit (Yin, 2022).

The American Academy of Pediatrics (AAP) advocates for universal screening in patients 12 and older (AAP, 2023). AAP also advises that it is best to screen patients without a parent or caregiver in the room, however if they refuse to leave, they advise proceeding with screening to model for the parent how to talk about suicide with their child (AAP, 2023).

Consider notifying the parents of your adolescent patients that a change in clinic policy will ask parents of all children 12 and older to leave the room during the medical interview to promote the free exchange of information necessary for sound medical care.

“It is best to screen patients without a parent or caregiver in the room.”

Age Recommendations for Screening

- Youth ages 12+: Universal screening
- Youth ages 8-11: Screen when clinically indicated
- Youth under age 8: Screening not indicated. Assess for suicidal thoughts/behaviors if warning signs are present. Warning signs in patients aged 8 and younger may include talking about wanting to die, placing a hand shaped like a gun to their head, self-harming behaviors, impulsive aggressing, and giving away treasured toys or possessions.

Evidence-Based, Publicly Available, Validated Tools

The following screening tools are recommended by the AAP for youth and adolescent screenings (Screening for Suicide Risk in Clinical Practice, n.d.). Printable versions of each tool are linked after the description.

Ask Suicide-Screening Questions (ASQ) (<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>) The ASQ tool is a set of four brief suicide screening questions that takes 20 seconds to administer.

Access the tool: https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf

Suicide Behavior Questionnaire-Revised (SBQ-R) (<https://pubmed.ncbi.nlm.nih.gov/11785588/>) The SBQ-R is a four item self-report questionnaire that asks about future anticipation of suicidal thoughts or behaviors as well as past and present ones, and includes a question about lifetime suicidal ideation, plans to commit suicide, and actual attempts. **Access the tool here:** <https://youthsuicideprevention.nebraska.edu/wp-content/uploads/2019/09/SBQ-R.pdf>.

Other Publicly Available Tools

Columbia Suicide Severity Rating Scale (C-SSRS) – Triage Version (<https://cssrs.columbia.edu/>) The C-SSRS evidence-supported screening tool was developed by Columbia University, the University of Pennsylvania, and the University of Pittsburgh supported by the National Institute of Mental Health (NIMH). The C-SSRS Triage version features questions that help determine whether an individual is at risk for suicide. **Access the tool:** https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf.

Patient Health Questionnaire – 9 Adolescent Version (PHQ-9A) (https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf) The PHQ-9 is a validated widely used nine-item tool used to diagnose and monitor the severity of depression. Question 9 screens for the presence and duration of suicide ideation. It is available in Spanish and other languages and has also been modified for the adolescent population. **Access the tool:** https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf. **Access the Spanish tool:** https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ9_Spanish%20for%20the%20USA.pdf.

Patient Safety Screener – 3 (PSS-3) (<https://sprc.org/micro-learning/the-patient-safety-screener-a-brief-tool-to-detect-suicide-risk/>) The PSS-3 is a tool for identifying patients in the acute care setting who may be at risk of suicide. The PSS-3 can be administered to all patients who come to the acute care setting, not just those presenting with psychiatric issues. **Access the tool:** <https://sprc.org/wp-content/uploads/2022/11/Patient-Safety-Screener-PSS-3-and-Tip-Sheet.pdf>.

Screening Specifically for Suicide Risk

It is important when screening for depression to also screen for suicide risk. A recent study found that suicide risk screening with the ASQ identified cases which were not identified by depression screening in the PHQ-9A; authors recommend adding suicide risk screening to identify cases not detected by depression screening. (Kemper et al., 2021)

In a study of pediatric medical inpatients, depression screening alone failed to detect nearly a third of youth at risk for suicide. (Horowitz et al., 2021)

The following tools have combined a depression screen with a suicide risk screen:

- **Patient Health Questionnaire-9 Adolescent version + Ask Suicide-Screening Questions** - (https://www.nimh.nih.gov/sites/default/files/documents/PHQ-A_with_depression_questions_and_ASQ_PDF.pdf). PHQ-9A+ASQ Toolkit (<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/phq-9-modified-for-adolescents-phq-a>)
- **Patient Health Questionnaire-9 Adolescent version includes the *Guidelines for Adolescent Depression in Primary Care (GLAD-PC)* suicide risk questions** (created through consensus and not research). <https://thereachinstitute.org/wp-content/uploads/2021/08/glad-pc-toolkit-2018.pdf>

It is recommended to follow up with a brief suicide safety assessment if a patient screens positive on a suicide risk screening tool.

Here are some recommended assessments:

- **Columbia Suicide Severity Rating Scale (C-SSRS)** - https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf
- **Ask Suicide-Screening Questions Brief Suicide Safety Assessment (ASQ BSSA) Youth Outpatient Tool** - https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/youth-outpatient/bssa_worksheet_outpatient_youth_asq_nimh_toolkit.pdf
- **Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)** - <https://store.samhsa.gov/sites/default/files/sma09-4432.pdf>

Safety Planning

Creating a plan to refer to if suicidal thoughts escalate will help the patient become more conscious of their own warning signs indicating a suicidal crisis and encourage them to take action before they are in danger of acting on their suicidal feelings.

According to the AAP, safety plans should:

- Be developed collaboratively with each patient and their loved ones
- Be developmentally, culturally, and linguistically appropriate to the patient
- List specific activities and people to call in the event of suicidal feelings
- Include strategies that can be used at all times, day or night
- Include a backup plan, such as calling the 988 Suicide and Crisis Lifeline or texting the Crisis Text Line

Safety Plan Templates

There are many safety planning templates that you can utilize with your patient and their loved ones. You or a member of your team should begin the safety plan with patients that are exhibiting suicidality before they leave your office.

Digital Plans

- <https://www.mysafetyplan.org/>
- Safety Plan Apps - Access on your mobile device through the link or by scanning the QR code.
 - <https://play.google.com/store/apps/details?id=com.mood-tools.crisis.app>
 - <https://itunes.apple.com/app/id1003891579?mt=8>



Printed Plans

There are templates available on the next several pages of this toolkit. If choosing a printed plan rather than an app with your patient, encourage them to take a picture of the document to have it easily accessible on their phone.



SUICIDAL IDEATION SAFETY PLAN – YOUTH

This safety plan is intended for individuals under 18 years of age.



Instructions for those assisting someone in need of a safety plan:

The person you are concerned about can write the answers to the questions below on a small card for a backpack, pocket or purse, or print out this page (cardstock is recommended) and cut along the dotted line to give them the safety plan to fill out. Once completed, you also might have them take a picture of the safety plan below with their phone to keep digitally.

A similar safety plan app for smart phones is available at my3app.org.

The steps on this safety plan are to be completed in numerical order so that the person has time to work through their thoughts. Practice all steps, including calling to ask for help. Be sure a trusted adult is monitoring suicidality, or if a high level of suicidality is indicated, a clinician must monitor. Also, be sure to remove or lock up means that may be used to attempt suicide.

Re: #5b below: Having the person text someone each day with three things they are grateful for, is proven to help. They may need reminders. Research shows that listing three things we are grateful for each day for 21 days physically changes the brain and teaches us to scan our days for the positive instead of the negative.

Re: #5d below: List names and phone numbers. These contacts must be vetted. Practice calling with the person.

MY SAFETY PLAN

1. Changes in thoughts, feelings and behaviors I notice when I begin to struggle:

2. If I have suicidal thoughts, I can (fill in each space with 2 or more activities):

a. Physical activities as stress relievers such as walk, work out, ride a bike, yoga:

b. Quiet, calming activities such as take a warm bath, write out my thoughts, meditate, pet my dog/cat, listen to calming music:

c. Concentration activities such as watch a funny show, read a book, cook/bake, play a musical instrument:

3. Five things to live for:

4. People and places to distract me:

5. If doing things for myself does not help, I can interact with or reach out to others.

a. Share feelings, thoughts, and activating events that cause my suicidal thoughts with a trusted adult.

b. Write down, tell, or text to a trusted adult, three things that I am grateful for each day.

c. Something I can do to help someone else or a cause I'm passionate about right now: _____

d. Four trusted adults I can call or text to help me make myself feel better (names and phone numbers):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

6. Ways I can keep safe from methods of suicide: _____

7. If the above don't help me, I will call or text 988 or use online chat at idahocrisis.org.

8. If I feel that I am in danger of hurting myself or suicide, I will call 911 to be taken to the emergency room.



SELF-INJURY SAFETY PLAN – YOUTH

This safety plan is intended for individuals under 18 years of age.



Instructions for those assisting someone in need of a safety plan:

The person you are concerned about can write the answers to the questions below on a small card for a backpack, pocket or purse, or print out this page (cardstock is recommended) and cut along the dotted line to give them the safety plan to fill out. Once completed, you also might have them take a picture of the safety plan below with their phone to keep digitally.

The steps on this safety plan are to be completed in numerical order so that the person has time to work through their thoughts. Practice all steps, including calling to ask for help. If the person is challenged by suicidality and non-suicidal self-injury, fill out the relevant safety plan for both. Also, be sure to remove or lock up means that may be used to attempt suicide.

Re: #3b below: Having the person text someone each day with three things they are grateful for, is proven to help. They may need reminders. Research shows that listing three things we are grateful for each day for 21 days physically changes the brain and teaches us to scan our days for the positive instead of the negative.

Re: #3d below: List names and phone numbers. These contacts must be vetted. Practice calling with the person.

MY SAFETY PLAN

1. Changes in thoughts, feelings and behaviors I notice when I begin to feel a desire to self-harm:

2. If I have self-harming thoughts or behaviors like these, I can do things to feel better. (fill in each space with 2 or more activities):

a. Physical activities as stress relievers such as walk, work out, ride a bike, yoga:

b. Quiet, calming activities such as take a warm bath, write out my thoughts, meditate, pet my dog/cat, listen to calming music:

c. Concentration activities such as watch a funny show, read a book, cook/bake, play a musical instrument:

3. If doing things for myself does not help, I can interact with or reach out to others.

a. Share feelings, thoughts, and activating events that cause my self-harm urges with a trusted adult.

b. Write down, tell, or text to a trusted adult, three things that I am grateful for each day.

c. Something I can do to help someone else or a cause I'm passionate about right now: _____

d. Four trusted adults I can call or text to help me make myself feel better (names and phone numbers):

1) _____

2) _____

3) _____

4) _____

4. If I still feel I am in an emotional crisis after trying these things, I will call or text 988 for help.

Safety Plan

A safety plan is designed to guide you through a crisis. As you proceed through the steps, you can help yourself and feel safer. Keep your plan easily accessible in case you have thoughts of hurting yourself.

Step 1: My Warning Signs

A warning sign is something you think, feel, or do as suicidal thoughts are starting to develop.

.....

.....

.....

Ask Yourself: How will you know when to use my safety plan?

Ask Yourself: What is happening when you start to experience suicidal thoughts or feel overwhelmed?

Ask Yourself: How do you feel physically before you begin feeling suicidal or like harming yourself? (e.g., heart racing, not sleeping or eating well)

Step 2: My Coping Strategies

Coping strategies are things you can do on your own to help feel a little better in the moment.

.....

.....

.....

Ask Yourself: What can you do, on your own to help yourself stay safe?

Step 3: My Distractions

Distractions are people or places that may offer comfort in a time of distress.

.....

.....

.....

Ask Yourself: Which people or places help you take your mind off your problems at least for a little while?

Ask Yourself: Who helps you feel better when you socialize with them?

It is not necessary to tell the people on this list what you are going through or feeling.

Step 4: My Supports

Supports are people you feel comfortable talking to about what you're going through, and who can provide some help.

Name	Contact Info
.....
Name	Contact Info
.....
Name	Contact Info
.....

Who do you feel you can talk to about what you're experiencing and who will be supportive?

Among your family or friends, who do you think you could contact for help during a crisis?

Listing multiple people can help if one contact is unreachable. Prioritize the list. In this step, unlike the previous step, you reveal to others that you are in crisis.

Step 5: Professional Supports

Professional contacts are people who can provide professional care and support.

Name	Contact Info
Name	Contact Info
Name	Phone Number

Ask Yourself: Who are the mental health professionals you feel belong on your safety plan?

List other contacts, such as urgent care, mobile crisis team, mental health clinic, or a crisis center.

Step 6: My Safe Environment

Making your environment safer will help to lower or delay the risk of you acting on suicidal thoughts. Are there elements of your plan and/or other dangerous items in your environment that you can disable, secure, remove or otherwise make more difficult to access?

Do you own a firearm, such as a gun or rifle?

What other items do you have access to and may use to attempt to kill or harm yourself?

What would make it harder for you to access and use these items?

Emergency contacts

National:

988 Suicide & Crisis Lifeline: **Call or Text** 988

Chat <https://988lifeline.org/chat/>

Safety Plan Template 2008 created by Barbara Stanley and Gregory K. Brown.
You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

Training for You and Your Team

Staying up-to-date on training and offering continued education to your staff is crucial. Ideally all staff should be trained in suicide prevention, relative to their role in the clinic.

Training opportunities including free videos and CME-based training are available through the following resources.

NAME OF PROGRAM	PROVIDED BY	LINK TO TRAINING
Recognizing & Responding to Suicide Risk: Essential Skills for Clinicians (Estimated time: 10 minutes)	American Association of Suicidology	https://suicidology.org/wp-content/uploads/2019/06/RRSR_Core_Competencies.pdf
SafeSide Primary Care (3 AMA Category 1 Credits) (Estimated time: 3 50-minute virtual group sessions or 3 hours of self-paced learning)	Safe Side Prevention and America Foundation for Suicide Prevention	https://safesideprevention.com/programs/primary-care
Advancing Training in Suicide Prevention Clinical Care (Estimated time: 4 hours 22 minutes)	National Institute of Mental Health	https://www.youtube.com/watch?v=sP-yQeNyR7g
Project 2025 - Raising Awareness for Suicide Treatment (Estimated time: 2 hours)	America Foundation for Suicide Prevention	https://vimeo.com/508007601

Patient Education and Resources

The following pages provide additional tools to educate providers and help increase awareness in patients, families, and communities about suicide.

Idaho Resources

Directory of Hope: <https://crushthecurveidaho.com/mental-health-wellness#directory>

Find a mental health facility near you in Idaho. The Directory of Hope's mission is to provide a comprehensive and reliable directory of mental health resources to the people of Idaho, promoting mental health awareness and reducing stigma, to improve the lives of Idahoans by fostering a culture of compassion and understanding.

The Idaho Lives Project (ILP): <https://www.sde.idaho.gov/student-engagement/ilp/>

ILP provides a variety of resources and opportunities to help support K-12 school communities with youth suicide prevention.

Services include:

- Clinician Training
- Attempt Survivor Support
- Consultations
- Continuity of Care
- Postvention
- And More

More information is available in the brochures below, and on the next few pages:

- [Youth Suicide Prevention - Helping Your Children Brochure \(https://www.sde.idaho.gov/student-engagement/ilp/files/brochures/Youth-Suicide-Helping-Your-Children-Web.pdf\)](https://www.sde.idaho.gov/student-engagement/ilp/files/brochures/Youth-Suicide-Helping-Your-Children-Web.pdf)
- [Youth Suicide Prevention - Helping Your Friends Brochure \(https://www.sde.idaho.gov/student-engagement/ilp/files/brochures/Youth-Suicide-Helping-Your-Friends-Web.pdf\)](https://www.sde.idaho.gov/student-engagement/ilp/files/brochures/Youth-Suicide-Helping-Your-Friends-Web.pdf)
- [Youth Suicide Prevention - Reduce Access to Lethal Means Brochure \(https://www.sde.idaho.gov/student-engagement/ilp/files/brochures/Youth-Suicide-Reduce-Access-to-Lethal-Means-Web.pdf\)](https://www.sde.idaho.gov/student-engagement/ilp/files/brochures/Youth-Suicide-Reduce-Access-to-Lethal-Means-Web.pdf)

Dear Parents and Guardians:

The Idaho Lives Project (ILP) has partnered with BPA Health to provide free case management services to youth and young adults through age 24 who have attempted suicide or have had treatment for serious thoughts of suicide.

Follow Up Support: Case Managers (CM's) are licensed behavioral health clinicians who advocate for and support youth as they rejoin their families, schools, and communities following a suicide attempt or treatment for serious suicidal thoughts. CM's provide connection among the youth, mental health providers, school, and family, and assist parents and guardians in accessing community resources during this time.

Suicide Assessments: CM's also provide suicide assessments in cases where the youth or their families cannot otherwise get services due to lack of insurance, inability to afford services, or other barriers like geographic isolation or long waiting lists.

If you have any questions or would like to be assessed for eligibility, please call the BPA/ILP referral line Monday – Friday from 9 AM to 5 PM at (208) 947-5155. (Note this is not a crisis line).

For an immediate mental health crisis, call the Idaho Crisis and Suicide Hotline at 988.





IDAHO LIVES PROJECT – BPA HEALTH REGIONAL CLINICAL CASE MANAGEMENT SERVICES FOR YOUTH SUICIDE PREVENTION

Regional Case Manager Services

- In partnership with BPA Health, the Idaho Lives Project (ILP) provides statewide Regional Clinical Case Managers to assess, refer, and provide follow up case management for youths under age 18 and young adults from ages 18 to 24 with serious suicidal ideation or attempts, and will assist with best practice postvention support to schools, when needed.

Direct Youth Support

- Case Managers are licensed behavioral health clinicians who advocate for youths through age 24 as they reintegrate back into their families, schools, and communities following a suicide attempt or serious suicidal ideation.
- Case Managers act as a liaison among the youth/young adult, health facility/mental health providers, school, and family to provide continuity of care.

Assessment Services

- Case Managers are also available to provide suicide risk assessments for youths and young adults from ages 18 to 24 who do not have insurance, Medicaid, or the financial resources to see a clinician, or who are located in an isolated rural community with no geographical access to mental health professionals.

Accessing Services

- Referrals may come from school personnel, hospital discharge planners, or other applicable sources, and sources may be asked to assist in obtaining informed consents and releases of information from the parent/guardian and/or youth to enable the provision of case manager services. Parents/Youths/Young Adults may also call directly.
- To refer a youth for ILP Regional Clinical Case Manager services, please call the ILP BPA Health referral line Monday – Friday at **(208) 947-5155**. **This is not a crisis line.**



STRESS OR ANXIETY COPING CARD – YOUTH

This coping card is intended for individuals under 18 years of age.



Instructions for those assisting someone in need of a safety plan:

The person you are concerned about can write the answers to the questions below on a small card for a backpack, pocket or purse, or print out this page (cardstock is recommended) and cut along the dotted line to give them the safety plan to fill out. Once completed, you also might have them take a picture of the safety plan below with their phone to keep digitally.

The steps on this safety plan are to be completed in numerical order so that the person has time to work through their thoughts. Practice all steps, including calling to ask for help.

Re: #3b below: Having the person text someone each day with three things they are grateful for, is proven to help. They may need reminders. Research shows that listing three things we are grateful for each day for 21 days physically changes the brain and teaches us to scan our days for the positive instead of the negative.

Re: #3d below: List names and phone numbers. These contacts must be vetted. Practice calling with the person.

MY COPING CARD

1. Changes in thoughts, feelings and behaviors I notice when I begin to feel stress or anxiety:

2. If I have thoughts, feelings or behaviors like these, I can do things to feel better. (fill in each space with 2 or more activities):

a. Physical activities as stress relievers such as walk, work out, ride a bike, yoga:

b. Quiet, calming activities such as take a warm bath, write out my thoughts, meditate, pet my dog/cat, listen to calming music:

c. Concentration activities such as watch a funny show, read a book, cook/bake, play a musical instrument:

3. If doing things for myself does not help, I can interact with or reach out to others.

a. Share feelings, thoughts, and activating events that cause my stress or anxiety with a trusted adult.

b. Write down, tell, or text to a trusted adult, three things that I am grateful for each day.

c. Something I can do to help someone else or a cause I'm passionate about right now: _____

d. Four trusted adults I can call or text to help me make myself feel better (names and phone numbers):

1) _____

2) _____

3) _____

4) _____

4. If I still feel I am in an emotional crisis after trying these things, I will call or text 988 for help.

Idaho Telehealth in Libraries: <https://libraries.idaho.gov/telehealth/#ParticipatingLibraries>

The Idaho Commission for Libraries is working with various partners across the state to build a foundation for telehealth in libraries to connect patients and doctors and help overcome barriers to medical and mental health care services. If you live in an area where mental health providers are not available in person and have a patient with internet or privacy issues at home, suggesting virtual care options through a Telehealth Library location may be helpful in expanding mental health care service options.

Zero Suicide Peer Support: <https://www.facebook.com/groups/zerosuicidepeers>

This is a private Facebook group for individuals who provide Peer Support within the Zero Suicide Framework to connect, network, share resources, and ask questions.

National Resources

Charlie Health: <https://www.charliehealth.com/>

Charlie Health provides comprehensive mental health treatment from home for adolescent patients. Virtual Intensive Outpatient Program (IOP) / Primary Mental Health / Primary Substance Abuse:

- Ages 11-30
- NO waitlist / Accepts ALL insurance / Medicaid / Tricare
- Primary Trauma Informed Therapist / Curated Groups / Family Therapy
- Medication Management Available
- 24/7 Crisis Clinicians and Admissions
- 350 Licensed Clinicians on Staff
- 90+ Curated Groups for Adolescents 30+ Curated groups for Young Adults
- 40% LBGTQIA + client population / 40%+ LBGTQIA + Clinical Staff
- 11% Recidivism Rate
- Free Community Support Groups
- Discharge Planning

Referral Hyperlink: <https://www.charliehealth.com/referrals/pnw>



charlie health

Personalized mental
healthcare for teens,
young adults, and
families

CH MH Services (CA) LLC is certified by the
State Department of Health Care Services. For
detailed information on our California Facility
Licensure, please visit the California Health and
Human Services Department's website.
License Number: 300414AP
Expiration: 6/30/2023



Our IOP is different

Charlie Health's Intensive Outpatient Program (IOP) is designed for those who need more than one-time-per-week therapy. Our IOP consists of curated and customized groups, individual therapy, and family therapy. With our virtual and accessible platform, healing is possible from home.

Evidence-based care

Our trauma-informed, masters-level clinicians use evidence-based therapy including DBT skills, CBT, ABFT, and others.

Experiential therapies

Our expert, creative arts therapists guide our patients through music, art, dance, movement, and meditation therapies.

Specialized tracks

We offer specialized tracks based on the needs of our patients, including BIPOC, LGBTQIA+, trauma, substance use, and others.

Insurance

We work with all major health plans to ensure that treatment is accessible and affordable.

We can support:

- Depression
- Trauma
- Mood disorders
- Anxiety disorders
- Self-harm
- Substance use disorders
- Gender dysphoria
- Suicidal ideation



Find your group,
grow together.



charlie
health

Call Admissions Today

(866) 491-5196

www.charliehealth.com





Free Parent Support Groups

All groups run on Mondays at 5 PM PT | 6 PM MT | 7 PM CT | 8PM ET

Parents of Teens

For parents, grandparents, or guardians of teens who struggle with mental health issues. Led by skilled and experienced staff to build connection, community, and compassion.

Young Adults

For parents, grandparents, or guardians of young adults who struggle with mental health issues. Led by skilled and experienced staff to build connection, community, and compassion.

LGBTQIA+

For parents, grandparents, or guardians of teens and young adults who identify with the LGBTQIA+ community and struggle with mental health disorders. Led by skilled and experienced staff to build connection, community, and compassion.

Parent Support for Families of Color

For parents, grandparents and guardians of teens and young adults who identify as Black, Indigenous and People of color and struggle with mental health disorders. Led by skilled and experienced staff to build connection, community, and compassion.

*This group is open to both parents and caregivers who identify as BIPOC and to parents and caregivers who have children who identify as BIPOC.

El Grupo de Cuidadores en ESPAÑOL

Para padres, abuelos o tutores que hablan español de adolescentes y adultos jóvenes que luchan con trastornos de salud mental. Dirigido por personal capacitado y experimentado para construir la conexión, la comunidad y la compasión. For Spanish-speaking parents, grandparents, or guardians of teens and young adults who struggle with mental health and substance use disorders. Led by skilled and experienced staff to build connection, community, and compassion.

Neurodivergent Parent Support Group

Join us for a parent and caregiver support group to learn more about how to support and understand your neurodivergent teen or young adult child. Led by neurodivergent-competent therapists at Charlie Health.

Specialized treatment tracks for clients who identify as

LGBTQIA+

Charlie Health's virtual Intensive Outpatient Program (IOP) supports LGBTQIA+ teens and young adults who need additional mental health support. This program is designed to provide a safe, healing, and affirming space to explore how identity shapes experience.

- Curated groups with similar peers
- Affirming, trauma-informed clinicians
- Individual therapy
- Family therapy
- Free parent support group
 - For parents, grandparents, or guardians of teens and young adults who identify with the LGBTQIA+ community and struggle with their mental health. Led by skilled and experienced staff to build connection, community, and compassion.



Find your group.
Grow together.

Reach out for support

www.charliehealth.com

(866) 491-5196

outreach@charliehealth.com

charlie health

988 Suicide & Crisis Lifeline/ Idaho Crisis & Suicide Hotline:

<https://988lifeline.org/>

Press 1 for Veterans Crisis Line, press 2 for Spanish line, and Press 3 for LGBTQ specialized support.

The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.



Call or Text **988** for **24/7**
confidential crisis support
Always Here. Ready to Listen.



American Foundation for Suicide Prevention (AFSP):

<https://afsp.org/about-afsp> – The AFSP is a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death. Find local AFSP events and resources at AFSP Idaho: <https://afsp.org/chapter/idaho>

National Alliance on Mental Illness (NAMI): <https://www.nami.org/>

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

NAMI Idaho – <https://namiidaho.org/>

Youth Specific and Special Populations

AFSP Mental Health Resources for Underrepresented Communities:

<https://afsp.org/mental-health-resources-for-underrepresented-communities>

Indian Health Service (IHS) Suicide Prevention and Care Program:

<https://www.ihs.gov/suicideprevention/> - A national initiative addressing suicide prevention, based on fostering collaborations across Tribes, Tribal organizations, Urban Indian organizations, and the Indian Health Service (IHS).

PFLAG: <https://pflag.org/about-us/>

PFLAG is an organization dedicated to supporting, educating, and advocating for LGBTQ+ people and those who love them. Materials are available in English and Spanish. [Our Children: Questions and answers for parents and families of LGBTQ+ People](https://pflag.org/wp-content/uploads/2016/08/Our-Children_2021.pdf) (https://pflag.org/wp-content/uploads/2016/08/Our-Children_2021.pdf)

Project ChildSafe: <https://projectchildsafe.org/safety/get-a-safety-kit/>

Obtain a free Project ChildSafe Safety Kit, which includes a cable-style gun lock and safety instructions, from a local state partner.

Suicide Prevention Resource Center:

American Indians & Alaska Natives – <https://sprc.org/american-indians-and-alaska-natives/>

LGBTQ Resources – <https://sprc.org/populations/lgbt/>

Youth Empowerment Services (YES): <https://youthempowermentservices.idaho.gov/>

YES is an ongoing collaborative effort to implement a new system of care for Idaho's children and youth with serious emotional disturbance (SED).

[YES 101 PDF \(https://namiidaho.org/wp-content/uploads/sites/238/2020/08/YesBrochure_web.pdf\)](https://namiidaho.org/wp-content/uploads/sites/238/2020/08/YesBrochure_web.pdf)

Zero Suicide – Resources for Child and Youth Populations:

<https://zerosuicide.edc.org/resources/populations/children-and-youth>

The Trevor Project: <https://www.thetrevorproject.org/>

The Trevor Project's mission is to end suicide among LGBTQ young people. They provide LGBTQ youth with 24/7 crisis counseling via phone, text, and chat.

Additional resources for suicide prevention in youth may be found at <https://www.samhsa.gov/childrens-awareness-day/resources-suicide-prevention> and <https://youth.gov/youth-topics/youth-suicide-prevention/preventing-youth-suicide>.

After an Attempt Resources

[After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department \(https://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Your-Family-Member-After-Treatment-in-the-Emergency-Department/sma18-4357eng\)](https://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Your-Family-Member-After-Treatment-in-the-Emergency-Department/sma18-4357eng) - Quick tips for family members of people who have attempted suicide from SAMHSA.

[A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt \(https://store.samhsa.gov/product/A-Journey-Toward-Health-and-Hope-Your-Handbook-for-Recovery-After-a-Suicide-Attempt/SMA15-4419\)](https://store.samhsa.gov/product/A-Journey-Toward-Health-and-Hope-Your-Handbook-for-Recovery-After-a-Suicide-Attempt/SMA15-4419) - This resource guides people through the first steps toward recovery and a hopeful future after a suicide attempt. It includes personal stories from survivors, and strategies for recovery, such as re-establishing connections and finding a counselor.

Lifestyle Medicine

Lifestyle medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity.

Lifestyle medicine certified clinicians are trained to apply evidence-based, whole-person, prescriptive lifestyle change to treat and, when used intensively, often reverse such conditions. Applying the six pillars of lifestyle medicine—a whole-food, plant-predominant eating pattern, physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connections—also provides effective prevention for these conditions.

For more information about Lifestyle Medicine in general, please visit <https://lifestylemedicine.org/overview/>.

In a recent survey of clinicians, clinical leaders, and executives directly involved in health care delivery, 71% of respondents say that their organization prioritizes adjusting patient care plans to incorporate lifestyle medicine practices. (Safeer, 2020)

[Incorporating Lifestyle Medicine into Everyday Family Practice: Implementation Guide and Resources \(https://www.aafp.org/content/dam/AAFP/documents/patient_care/lifestyle-medicine/lifestyle-medicine-guide.pdf\)](https://www.aafp.org/content/dam/AAFP/documents/patient_care/lifestyle-medicine/lifestyle-medicine-guide.pdf) This implementation guide was co-developed by AAFP and the Ardmore Institute of Health which includes an overview of the Lifestyle Medicine Framework.

You can view patient resources and handouts from the American College of Lifestyle medicine by visiting <https://lifestylemedicine.org/project/patient-resources/>.

6 Pillars of Lifestyle Medicine

1. A whole-food, plant-predominant eating pattern
2. Physical activity
3. Restorative sleep
4. Stress management
5. Avoidance of risky substances
6. Positive social connections

Social Connectedness

Social Connectedness is a pillar of Lifestyle Medicine and is a key component for mental and physical health. The seminal article in the science of social connectedness found that people who reported strong social ties were three times less likely to die of any cause than those who were less connected (Berkman & Syme, 1979).

Social isolation can be defined as, “disengaging from social ties, institutional connections, or community participation” (Seeman, 1996). In 2015, researchers demonstrated a relationship between perceived social isolation and immune response resulting from alterations in neuroendocrine processes (Cole, Capitanio, Chun, et al., 2015). Membership in a group can be a significant preventive factor in the development of depression; it can also lessen depression symptoms in individuals who are diagnosed with depression (Martino, Pegg, & Frates, 2017).

“People who reported strong social ties were three times less likely to die of any cause than those who were less connected”

Social connectedness is multifaceted; it includes three key domains:

1. Structural: the existence and interconnections among different social ties and roles
2. Functional: functions provided by or perceived to be available through social relationships
3. Quality: perceptions of positive (e.g., cohesion) and negative aspects (e.g., strain) of social relationships (Holt-Lunstad J, Robles T, Sbarra DA, 2017)

Lifestyle Medicine experts propose “Connection Prescriptions” which follow the same model as exercise prescriptions (FITT):

FITT Items Modified for Social Connectivity (Source: (Martino, Pegg, & Frates, 2017)

1. What is the frequency (F) or quantity of social interaction? (Daily, weekly or monthly)
2. What is the intensity (I) or quality of social interactions? Are these close ties, new connections, family interactions, friends that are positive influences or negative influences, are the conversations deep or superficial, is there shared activity, is there a feeling of closeness or connection?
3. What is the time (T) or duration of the interaction? Are these interactions taking 5 minutes, 1 hour, 6 hours?
4. What type (T) of interaction is this? (Are these volunteer experiences with strangers each week, are these family gatherings, Are these get-togethers with friends, are these group meetings, are these religious services or group exercise classes?)

The Stanford Center for Compassion and Altruism Research and Education (CCARE) identified three ways that a sense of connection can be nurtured and built:

1. Give, share, support and perform acts of service and kindness for others. Compassion and volunteering have significant health benefits.
2. Take care of oneself: implement stress-reducing behaviors. Stress is linked to high self-focus and therefore a lower sense of connection.
3. Ask for help: reach out to friends, family, community, or health practitioners. People are willing to help but if we don't ask, they assume we don't need help.

These actions are highlighted on the Stanford Lifestyle Medicine Program web-page in addition to selections of support research: <https://longevity.stanford.edu/lifestyle/>.

[Lifestyle Medicine Toolkit for Adolescent Mental Health](https://thrive.kaiserpermanente.org/care-near-you/northern-california/san-francisco/wp-content/uploads/sites/11/2021/01/Mental-Health-Toolkit-for-Adoloscens-and-teens.pdf) (<https://thrive.kaiserpermanente.org/care-near-you/northern-california/san-francisco/wp-content/uploads/sites/11/2021/01/Mental-Health-Toolkit-for-Adoloscens-and-teens.pdf>) includes resources developed by Pediatricians and Lifestyle Medicine Experts. It incorporates information about the pillars of lifestyle medicine and how they can support mental well-being.

Two pages from the toolkit on “6 Tips to Manage Depression: For Teens” could be used as a standalone handout in a clinical setting. They are included in this packet as well. There are also crafts the patient can do with their friends or family to create a Calm Kit.



6 Tips to Improve Mood: For Teens

There are many things you can do to lift your mood!

CONNECT

- Make a list of people you can talk to and spend time with.
- Make plans to do things that are enjoyable with your loved ones.
- Let your loved ones help you when you need it. They care about you!
- Don't isolate yourself.
- Limit screen time. Too much social media can worsen your mood.

KEEP MOVING

- Think about activities you enjoy and can maintain (eg. walking, running, team sports, biking).
- Get moving! Start small if you need to - even 10 minutes per day can make a big difference! Work toward exercising 60 minutes each day. Do things you enjoy and can maintain.
- Do moderate (eg. brisk walking) to vigorous activity (eg. jogging, biking) three days a week.
- Exercise or play sports with other people.

SLEEP WELL

- Aim for 8-10 hours of sleep every night.
- Take a nap in the day if you need, but make it less than 30 minutes.
- Create a good night time routine (like listening to music, showering, journaling).
- Make your room dark, quiet and cool.
- Be active during the day.
- Avoid caffeine, especially after noon.
- Turn off devices 60-90 minutes before bed because screens emit a stimulating blue light that will disrupt your sleep pattern.

BE PRESENT

- Avoid using substances like cigarettes, vape, alcohol and marijuana.
- Don't "self-medicate" with substances. They can make your mood worse.

Sometimes life feels too hard and you might feel like not doing anything. Be kind to yourself! Talk to your support persons or healthcare professional for help.



EAT PLANTS

- Don't skip meals!
- Choose more fruits and vegetables, whole grains, legumes.
- Choose less dairy and meats.
- Avoid added sugars, processed foods, soft drinks and fats.
- Drink plenty of water during the day.

KEEP CALM

- Practice your favorite stress management skills regularly.
- Learn new coping skills (like music, drawing, walking, prayer).
- Learn mindfulness.
- Learn relaxation techniques (like breathing, muscle relaxation).
- Be outside in natural light.

6 Tips to Manage Depression: For Teens

Many teens with significant depression reach out for help. You are not alone. Make sure you ask for support when you need it! There are also many things you can do to help manage depression.

CONNECT

- Make a list of people you can talk to and spend time with.
- Make plans to do things that are enjoyable with your loved ones.
- Let your loved ones help you when you need it. They care about you!
- Don't isolate yourself.
- Limit screen time. Too much social media can worsen your mood.

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BE PRESENT

- Avoid using substances like cigarettes, vape, alcohol and marijuana.
- Don't "self-medicate" with substances. They can make your mood worse.

Sometimes life feels too hard and you might feel like not doing anything. Depression can make you unmotivated. Be kind to yourself! Talk to your support persons or mental health professional for help.



EAT PLANTS

- Don't skip meals!
- Choose more fruits and vegetables, whole grains, legumes.
- Choose less dairy and meats.
- Avoid added sugars, processed foods, soft drinks and fats.
- Drink plenty of water during the day.

KEEP CALM

- Practice your favorite stress management skills regularly.
- Learn new coping skills (like music, drawing, walking, prayer).
- Learn mindfulness.
- Learn relaxation techniques (like breathing, muscle relaxation).
- Be outside in natural light.

Conclusion

If you would like to request additional resources or materials, please contact the Idaho Academy of Family Physicians at liz@idahofamilyphysicians.org or by calling (208) 871-4597.

A digital copy of **this toolkit** is available on our website <https://idahofamilyphysicians.org/suicide-prevention>, or by scanning the QR code to the right.



You can also access the **patient and family resource packet** on our website, or by scanning the QR code to the left.



A SPECIAL THANK YOU TO THESE COLLABORATING ORGANIZATIONS:

Idaho Department of Health and Welfare
Idaho Crisis & Suicide Hotline
Idaho Lives Project
The American Academy of Family Physicians
The Ardmore Institute



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