

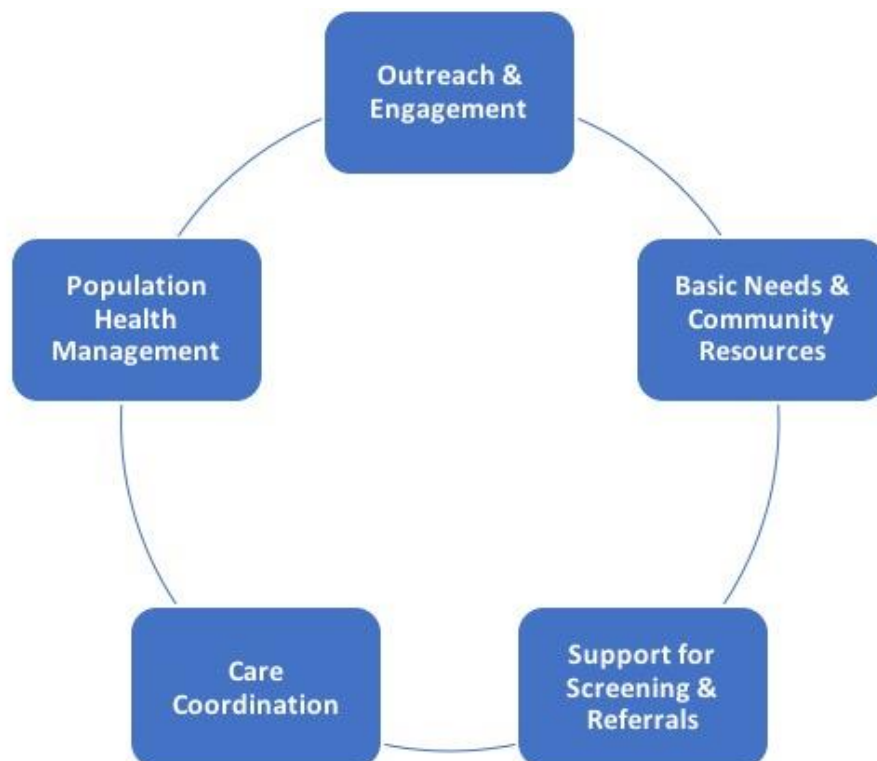
DEPRESSION AND SUICIDE PREVENTION MINI WORKBOOK

TEAM UP FOR CHILDREN COMMUNITY HEALTH WORKERS

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How to use this workbook	
Goals for this workbook	<ul style="list-style-type: none"> • Workbooks are designed to accompany the core framework for CHW work within Team Up with 5 core areas described below • Depending on the site, CHWs may work more in one core area than another • Each site has the flexibility to adapt the CHW role within core areas to best match the needs of families in their sites • CHWs should coordinate with their clinical care teams on all tasks • CHWs should direct work outside of the core areas back to clinical care team • CHWs should use this workbook to guide their work with families • Workbooks accompany the learning community modules (webinars) by topic area
Adapting this workbook	<ul style="list-style-type: none"> • This workbook may be adapted to better match each site's needs and clinical protocols • Core topic areas in this workbook reflect the core framework and should not be changed to ensure similarity across sites using this CHW curriculum • Please maintain all acknowledgements of this work



OVERVIEW

Depression

Core symptoms:

- Lack of interest and enjoyment
- Sadness and hopelessness
- Irritability
- Changes in sleep, appetite or activities
- Black/white thinking
- Social withdrawal
- Somatic complaints (headaches)
- Suicidality
- Impacts and interferes with school, work and relationships
- Associated conditions include anxiety, ADHD, Diabetes, Chronic pain, Asthma

Suicide Protective Factors

Protective Factors

- Strong connections to family and community
- Medical and behavioral health care
- Strong problem-solving skills and conflict resolution skills
- Cultural and religious beliefs that discourage suicide
- School participation
- Strong social friendships
- Positive self-esteem and coping skills

Suicide Risk Factors

Risk Factors

- Hopelessness
- School crisis
- Bullying
- Depression
- Substance use disorders
- History of trauma or abuse
- Major physical illness
- Previous suicide attempts or family history of suicide
- Access to lethal means
- Lack of social support and isolation, relational or social loss
- Barriers to accessing medical care and behavioral health treatment, including stigma of accessing help

Families may:

- Describe feeling frustrated about their child's lack of motivation or withdrawal
- Describe feeling hopeless about things getting better
- Describe sudden crisis or onset of current issues with child

<p>CHW-Role in Depression and Suicide Prevention</p>	<ul style="list-style-type: none"> • Engage families in the process of diagnosis and services for child <ul style="list-style-type: none"> ○ behavioral health services ○ school-based services and support ○ medication treatment • Connect family with integrated behavioral health provider and/or primary care provider to discuss depression symptoms and suicide risk factors • Offer support for parents, encourage family connection, increased social support, problem-solving and positive parenting • Coordinate care and help navigate medical and community-based systems as needed <ul style="list-style-type: none"> ○ Assist with referrals ○ Assist with initiating school-based services
<p>Screener</p>	<ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ-2 or PHQ-9)

<p>ENGAGEMENT</p>	
<p>Logistics</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review the “ask” from providers about working with family <input type="checkbox"/> Review the medical chart <input type="checkbox"/> Gather materials needed to meet with family
<p>Introduce yourself</p>	<p><i>-Hello, my name is ____ and I am a CHW/FP part of your medical team. I help families access resources and services and can offer ongoing support to you as needed. Your child’s provider asked me to talk to you about _____.</i></p> <p><i>-Do you have time now to talk about this?</i></p>
<p>Set an Agenda</p>	<p><i>-I am going to talk about _____. (Getting your child help for how they are feeling.)</i></p> <p><i>-Do you have anything else that you would like to talk about?</i></p>

EDUCATION	
Reason for Referral	<p>-Your child has been referred for _____. (i.e. behavioral health services)</p> <p>-What do you think about the referral?</p> <p>-What are the goals and expectations you may have for your child with this referral?</p>
Depression symptoms	<p>(Explain how referrals can help child and family)</p> <p>-Accessing services for how your child is feeling (unmotivated, feeling hopeless) will help you and your child gain new skills to get to cope with depression symptoms.</p> <p>-Your primary care provider and/or behavioral health provider can explain the details of depression to you as part of these services.</p> <p>-I also have some materials here on depression for you to review.</p> <p>-Do you have any questions or concerns about depression? We can loop back with your child's provider.</p>
Diagnostic Process	<p>-Your child's provider is referring your child for a behavioral health assessment. What do you think about this?</p>
Explain the Process	<p>-We are going to submit a referral to (provider/clinic/hospital).</p> <p>-Typically, the way this will work is you will have to go in for an intake, fill out paperwork and go through a series of questions on how depression is making things difficult for your child at school and at home.</p>
Address barriers or concerns	<p>-What do you think? Is this something you'd be willing to try?</p> <p>-What might make it difficult for you to try this?</p> <p>(Ask about specific barriers: Transportation, childcare for other children, work demands, stigma?)</p>
Create an action plan	<p>-I am going to send this referral over to the _____. They will call you in a week. If they don't call you, you will call them at this number_____.</p> <p>-I will call you on (date) in a week to see when the appointments are scheduled for.</p> <p>-It will be helpful to get signed releases from you as a parent today so that we can communicate directly with your child's school and/or the other medical providers.</p> <p>-You may need to bring paperwork to the appointment. I can help you fill that out or get any documents you might need.</p>

	<p>-You can always reach me at _____.</p>
<p>Services</p> <p>Explain Services</p> <p>Address barriers or concerns</p> <p>Create an action plan</p>	<p>-Your child's provider thinks you and your child might benefit from seeing a _____ for services to help your child with _____.</p> <p>-Children/Youth with depression may benefit from counseling and/or medication treatment.</p> <p>-Parents may also benefit from counseling to help them plan how to manage their child's behavior. Families can also benefit from counseling together.</p> <p>(Explain the type of service. You may have to do some research or ask another team member to help you learn about how these services work.)</p> <p>-What do you think? Is this something you'd be willing to try?</p> <p>-What might make it difficult for you to try this?</p> <p>-Some parents like to talk to other parents. Would you like us to connect you to other parents through support groups?</p> <p>-Some parents like to talk to a counselor to think about parenting strategies. Would you like us to connect you to a counselor?</p> <p>-You will need to call _____ to start the process.</p> <p>-I will make the referral and they will call you.</p> <p>-I will call you on (date) in a week to see when the appointment is.</p> <p>-You can always reach me at _____.</p>

APPLICATION: Care Coordination & Key Tasks	
Engagement	<input type="checkbox"/> Highlight strengths of the child and family <input type="checkbox"/> Bring out hopes for the child and family <input type="checkbox"/> Encourage positive parenting and parent responsiveness <input type="checkbox"/> Encourage family activities that promote connection, mutual enjoyment and increase social support <input type="checkbox"/> Are there psychological or cultural barriers? <input type="checkbox"/> Did you offer any parenting support and resources?
Education and Support	<input type="checkbox"/> Does family understand referral for behavioral health services? <input type="checkbox"/> Does the family understand depression and how its impact? <input type="checkbox"/> Encourage problem-solving skills to manage depression and increase positive coping skills <input type="checkbox"/> Encourage increased communication <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Did you create an action plan? <input type="checkbox"/> Did you loop back with PCP? <input type="checkbox"/> Did you connect to the school/teacher? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?
Diagnostic Process	<input type="checkbox"/> Does family have all necessary information for the diagnostic process? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Does family need help scheduling appointments? <input type="checkbox"/> Does the family need help filling out paperwork or bringing materials? <input type="checkbox"/> Does the family need transportation to the appointments? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?
Services	<input type="checkbox"/> Does family have all necessary information to access services? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Does family need help scheduling or coordinating appointments? <input type="checkbox"/> Does the family need transportation to appointments? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?

NAVIGATION PATHWAYS: Population Health Management	
Pre-diagnosis	<ul style="list-style-type: none"> • Screening and Education on referral process • Referral to behavioral health assessment • Referral to school-based assessment • Signed releases for coordination of care across systems
Diagnostic Stage	<ul style="list-style-type: none"> • Diagnostic Assessment Process: <ul style="list-style-type: none"> ○ Forms, Scheduling appointments ○ Coordination with school • Logistical barriers: <ul style="list-style-type: none"> ○ Transportation, appointment times, childcare • Cultural and Psychological barriers: <ul style="list-style-type: none"> ○ Perceived need and importance of assessment ○ Perception of depression and suicide ○ Stigma associated with help-seeking
Post-Diagnosis	<ul style="list-style-type: none"> • Services <ul style="list-style-type: none"> ○ Recommendation for services: counseling and medication treatment ○ Parent services for depression ○ Patient and Family Rights • School-based services <ul style="list-style-type: none"> ○ IEP process, including 504 Plan

RESOURCES	
<p>Depression</p>	<ul style="list-style-type: none"> • Team Up Learning Community Modules • Substance Abuse and Mental Health Services Administration (SAMSHA) https://www.samhsa.gov/treatment/mental-disorders/depression • Center for Disease Control (CDC) Positive Parenting Tips Handouts https://www.cdc.gov/ncbddd/childdevelopment/freematerials.html • Families for Depression Awareness http://www.familyaware.org/ • National Institute of Mental Health Teen Depression https://www.nimh.nih.gov/health/publications/teen-depression/index.shtml
<p>Suicide</p>	<ul style="list-style-type: none"> • American Foundation for Suicide Prevention https://afsp.org/about-suicide/risk-factors-and-warning-signs/ • MA Suicide Helpline: 877-870-4673 (Call or Text 24/7) • National Suicide Prevention Lifeline: 1-800-273-8255 • Crisis Text Line: Text HOME, HELLO or START to 741-741 https://www.crisistextline.org