

Q&A HANDOUT

The 2022 South Southwest Mental Health Technology Transfer Center (MHTTC) First Episode Psychosis (FEP) Conference occurred from June 1st to June 3rd 2022 in a hybrid format, with approximately 150 in-person participants in Austin, TX, and 300 virtual participants. Conference attendee in the virtual format asked questions using the Q&A feature. Although many questions were answered during the time of the event, some questions were saved and answered by speakers after the event. The attached handout includes a list of questions that were answered by speakers in writing after the conference.

SUICIDE ASSESSMENT AND PREVENTION IN EARLY PSYCHOSIS

Dr. Tara Niendam

Q: Can these tools be used for all clients in programs for 16-25 year olds? Are there any exclusion criteria?

A: No exclusion criteria. It was validated in youth, so It can be used with 16-25 year olds

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A: I recommend “regularly,” with a minimum of every 6 months. “Regularly” differs depending on the risk of the client. For clients with high risk, every session makes sense until their risk reduces and they show increased ability to use their coping skills and safety plan. Then you can drop to monthly or even less, depending on their risk level.

Q: Do you think the media contributes to suicide? If so, what kinds of media should be avoided? How can we work with clients around this?

A: We do know that media can contribute to “suicide clusters,” which is where youth hear about a suicide or experience one in their community and then the sharing of details around the death lead other youth to attempt suicide. The media are aware of this and often take a “just the facts” approach to reporting to avoid glorifying the youth who died. This helps to reduce the cluster effect. Honestly, we should avoid any media that glorifies suicide, including social media. This can often happen in suicide chat rooms, on Instagram and Facebook. So, its good to know what your clients are looking at online when they have SI or a history of suicide so they aren’t consuming media that can reinforce unhealthy thoughts.

Q: Which types of assessments - ideation vs aborted attempt vs interrupted attempt - are considered acute?

A: Any type of behavior – especially recent behavior – is very concerning, even if it’s an interrupted or aborted attempt. Steps should be taken to secure the client’s safety. For ideation, increasing severity (as indicated by going down the ideation rating page) leads to increased concern, with level 4 and 5 being the most concerning. I would always complete a safety plan with someone rating 3 or higher on ideation, but its most important with level 4 and 5.



South Southwest MHTTC
**First Episode Psychosis
Conference 2022**

Re-envisioning FEP Services with Youth & Young Adults