

Implementing Resilience and Suicide Prevention Protocol for LGBTQ+ Youth in Pediatric Emergency Departments

Hailey Hawkins-Davis, Jennifer Nguyen, and Kiana Olea
Kelle Phan, DNP, RN, NNP-BC

UNIVERSITY of
HOUSTON

Background

Suicide is the second leading cause of death for adolescents in the U.S. with LGBTQ+ youth being at a proportionately higher risk of suicidality and mental health disorder.¹ Nurses are positioned to play a big role in reducing the risk of suicide in the LGBTQ+ community by facilitating a crisis intervention, yielding improved outcomes for this population. Suicide prevention and implementation of resilience nursing protocol have been shown to decrease the risk of suicide in LGBTQ+ youth aged 10 to 18 years old by providing opportunities for extra assessments, developing better relationships with the LGBTQ+ community, and improving the health trajectory of high-risk individuals.

PICOT Question

P

LGBTQ+ youth ages 10 to 18 in pediatric ERs

I

Resilience and suicide prevention protocol

C

LGBTQ+ youth not taking part in the intervention

O

Decreased incidence and risk of suicide

T

6 months

Literature Search

- **Databases:** CINAHL, Google Scholar, PubMed, EBSO
- **Article selection criteria:**
 - Peer-reviewed
 - Published from 2016 to present
 - Studies included participants ages 10 and up
- **Keywords:** LGBTQ+ youth, mental health, suicide, pediatric nursing

Synthesis of Findings

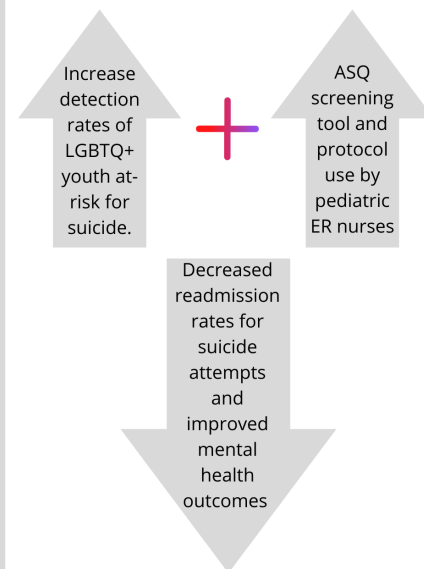
- Factors such as depression, mood disorders, substance use, non-suicidal self-injury, bullying victimization or perpetration, discrimination, minority stress, PTSD, abuse, and violence increase the risk of suicide in LGBTQ+ youth.^{1, 2, 3}
- Studies have found that patients have a higher risk of attempt and death by suicide following discharge related to inadequate screening and interventional care by health care providers during hospitalization.^{1, 4, 5}
- Nurses have been identified as having a key role in suicide prevention due to the significant amount of time in contact with patients, this allows them to have many opportunities to screen, monitor, educate, empower, and support their adolescent patients.^{1, 6, 7}
- When completing a one-on-one assessment without parental presence, the nurse should provide their own pronouns, and ask and record the adolescent's preferred pronouns and name to facilitate building trust and rapport to elicit more accurate information.^{1, 3, 8, 9}
- The use of the Ask Suicide Screening Questions (ASQ), a four-item pediatric suicide risk screening tool, has shown high nursing compliance rates in clinical settings regardless of psychiatric training and time constraints.^{1, 5, 7, 10}



Decision to Change Practice

- Patients who were not asked pronouns were found to have developed less rapport and trust with their nurse, versus the patients who did discuss pronouns with the nurse. Patients who were asked their pronouns were also found to give more accurate and reliable health information.^{1, 3, 8, 9}
- Increased collaboration between the nurse and pediatric patients will reduce suicide risks.^{1, 6, 7}
- The use of the ASQ in clinical settings will increase nurse compliance rates.^{1, 5, 7, 10}

Evaluation



References

- ¹ Sisker, S. M., Schapiro, N. A., Nakaish, M., & Steinbuechel, P. (2020). Suicide assessment and treatment in pediatric primary care settings. *Journal of Child and Adolescent Psychiatric Nursing*, 33(4), 187-200. <https://doi.org/10.1111/jcap.12282>
- ² Fulginiti, A., Rhoades, H., Mamey, M. R., Klemmer, C., Srivastava, A., Weskamp, G., & Goldbach, J. T. (2021). Sexual minority stress, mental health symptoms, and suicidality among LGBTQ youth accessing crisis services. *Journal of Youth and Adolescence*, 50(5), 893-905. <https://doi.org/10.1007/s10964-020-01354-3>
- ³ VanBronkhorst, S. B., Edwards, E. M., Roberts, D. E., Kist, K., Evans, D. L., Mohatt, J., & Blankenship, K. (2021). Suicidality among psychiatrically hospitalized lesbian, gay, bisexual, transgender, queer, and/or questioning youth: Risk and protective factors. *LGBT Health*, 8(6), 395-403. <https://doi.org/10.1089/jglth.2020.0278>
- ⁴ Simões, R. M. P., Santos, J. C. P., & Martinho, M. J. C. M. (2021). Adolescents with suicidal behaviours: A qualitative study about the assessment of inpatient service and transition to community. *Journal of Psychiatric and Mental Health Nursing*, 28(4), 622-631. <https://doi.org/10.1111/jpm.12707>
- ⁵ Brahmabhatt, K., Kurtz, B. P., Afzal, K. I., Giles, L. L., Kowal, E. D., Johnson, K. P., Lanzillo, E., Pao, M., Piliplis, S., & Horowitz, L. M. (2019). Suicide risk screening in pediatric hospitals: Clinical pathways to address a global health crisis. *Psychosomatics (Washington, D.C.)*, 60(1), 1-9. <https://doi.org/10.1016/j.psom.2018.09.003>
- ⁶ Verruchi, D. (2020). Building resilience in gender and sexual minority youth. *Creative Nursing*, 26(2), 109-113. <https://doi.org/10.1891/CNRN-D-19-00047>
- ⁷ Ross, A. M., Wharff, E., & Horowitz, L. (2020). Should nurses screen pediatric medical inpatients for suicide risk? Perspectives from nurses and their patients. *Journal of Applied Research on Children*, 11(1), 1-27. <https://search.proquest.com/docview/2535303667>
- ⁸ Brown, C., Trohard-Dourlent, H., Wood, B. A., Saewyc, E., Eisenberg, M. E., & Porta, C. M. (2020). "It makes such a difference": An examination of how LGBTQ youth talk about personal gender pronouns. *Journal of the American Association of Nurse Practitioners*, 32(1), 70-80. <https://doi.org/10.1097/JAX.0000000000000217>
- ⁹ Goldbach, J. T., Rhoades, H., Green, D., Fulginiti, A., & Marshall, M. P. (2019). Is there a need for LGBTQ-specific suicide crisis services? *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 40(3), 203-208. <https://doi.org/10.1027/0227-5910/a000542>
- ¹⁰ Ballard, E., Cwik, M., Van Eck, K., Goldstein, M., Alfes, C., Wilson, M., Virden, J., Horowitz, L., & Wilcox, H. (2017). Identification of at-risk youth by suicide screening in a pediatric emergency department. *Prevention Science*, 18(2), 174-182. <https://doi.org/10.1007/s11211-016-0717-5>

Acknowledgements

We would like to thank the Hamill Foundation and the University of Houston for academic scholarships. A special thank you to Dr. Kelle Phan, DNP, RN, NNP-BC for her guidance and support throughout the development of this project.