Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

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Instructions:

The Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health and Substance Use was designed to enable the development of rapid and timely knowledge syntheses and related knowledge mobilization plans to address evidence gaps and build the evidence base as part of the mental health and substance use response to COVID-19.

As outlined in the decision letters sent to successful applicants, this template is being provided in order to facilitate the rapid sharing of results with relevant knowledge users. Information recorded in this report may be made available to policy makers, healthcare and service providers, partners, and the general public, and will be used to populate a website and inform a variety of CIHR knowledge mobilization products. Responses should be written in plain language, respecting word limits where indicated.

*Email completed report to COVID19MH-COVID19SM@cihr-irsc.gc.ca by **November 23, 2020**.*

Synthesis Title: School-Based Suicide Risk Assessment Using eHealth: A Scoping Review

Nominated Principal Applicant (name and affiliation): Deinera Exner-Cortens, Department of Psychology, Faculty of Arts, University of Calgary

Authors (names and affiliations):

Deinera Exner-Cortens, Department of Psychology, Faculty of Arts, University of Calgary

Elizabeth Baker, Department of Psychology, Faculty of Arts, University of Calgary

Cristina Fernandez Conde, Werklund School of Education, University of Calgary*

Shawna Gray, Werklund School of Education, University of Calgary*

Rocio Ramirez Rivera, Department of Psychology, University of Calgary*

Marisa Van Bavel, Werklund School of Education, University of Calgary*

Elisabeth Vezina, Department of Psychology, Faculty of Arts, University of Calgary*

Aleta Ambrose, Child and Adolescent Addiction, Mental Health and Psychiatry Program, Alberta Health Services

Kelly Schwartz, Werklund School of Education, University of Calgary

Paul Arnold, Department of Psychiatry, Cumming School of Medicine, University of Calgary

*alphabetical order

For more information, please contact: Deinera Exner-Cortens, Department of Psychology, Faculty of Arts, University of Calgary; 403-220-8871; deinera.exner2@ucalgary.ca

Target/priority population(s) in synthesis:

- Service providers (school mental health professionals)

What is the issue?

Given nationwide (and continuing) school closures that occurred due to COVID-19 in March 2020, schools across Canada now need to provide school-based mental health services – including suicide risk assessment – through virtual or remote technologies. However, promising practices for conducting suicide risk assessment with youth via eHealth (i.e., the use of information and communication technologies in healthcare) are not known. To fill this evidence gap, this report explores promising practices for conducting school-based suicide risk assessment with youth via eHealth.

Key messages:

- Peer-reviewed research on specific recommendations for conducting suicide risk assessments with youth via eHealth is extremely limited
- Research that is specific to conducting eHealth suicide risk assessment with youth in the school environment is critically needed
- The majority of specific recommendations for conducting suicide risk assessment with youth via eHealth were found in grey literature documents from key school mental health/suicide prevention websites
- As school mental health professionals are in need of immediate guidance in the face of COVID-19, the specific recommendations detailed by grey literature sources represent the most promising practices for current implementation

How was the synthesis conducted?

This rapid knowledge synthesis was conducted using systematic scoping review methodology, per the PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist. To gather the most up-to-date information, we included both peer-reviewed and grey literature in our review. We also conducted supplemental searches for grey literature with a specific focus on groups of youth at disproportionate risk of suicide (i.e., priority populations – male youth; Indigenous youth; newcomer, immigrant and refugee youth; LGBTQ2SIA+ (lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual) youth; and youth with (dis)abilities). To be included, documents needed to be in English and published between 2000 and 2020. All documents were selected and reviewed by a multi-person team, and summarized using a standardized data charting template.

What did the synthesis find?

In our primary search, we found 12 peer-reviewed studies and 23 grey literature sources that provided relevant recommendations for conducting suicide risk assessments with youth via eHealth. Together, these 35 documents led to 6 categories of promising practices for service providers. First, steps must be taken to ensure **youth engagement** in the process (e.g., building rapport with youth in the virtual environment). Second, grey literature sources highlighted that service providers must consider their own **boundaries** (e.g., letting caregivers/youth know when they are not available). Third, these resources discussed **consent procedures** in the virtual/remote environment. Fourth, a number of **session logistics** need to be considered. Most commonly, these logistics included ensuring the provider was competent with the technology/service delivery using eHealth; reviewing privacy guidelines with the youth at the start of the session; confirming the youth's physical location at the start of the session; having a back-up plan if technology difficulties occurred; having a list of 24/7 resources on hand; ensuring the service provider had up-to-date emergency contact information for at least one

caregiver (preferably more than one); and ensuring the service provider had a plan for how they will stay connected to the youth if they need to contact emergency services. Fifth, these resources made specific recommendations around **safety planning**. Both peer-reviewed and grey literature sources suggested that the overall process was similar in the virtual/remote as in the face-to-face environment, but that some key changes needed to be made, including determining how the service provider would share the plan with youth and caregiver(s) virtually. Both peer-reviewed and grey literature sources also mentioned that check-ins likely need to be more frequent in the virtual/remote environment. Sixth and finally, peer-reviewed sources discussed **internet privacy** recommendations. Findings from our supplemental priority populations search were used to contextualize these general recommendations.

What are the implications of this synthesis?

- A set of six promising practices (with specific recommendations) for school-based suicide risk assessment with youth via eHealth were identified
- While most of the specific recommendations within these six promising practice areas came from grey literature sources, given the need for immediate guidance in the context of COVID-19, they can be considered for current implementation
- Additional research on suicide prevention and intervention – including suicide risk assessment – with youth via eHealth in the school setting is needed. It is critical this research is conducted with diverse youth, and with youth in rural, remote and under-resourced settings.

List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:

(e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- COVID-19
- eHealth
- School mental health
- Scoping review
- Suicide risk assessment
- Youth