



CARE FOR KIDS



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Guns in the home

Helping patients understand the risks

Mary Larew, M.D.

University of Iowa Children's Hospital

Intentional injuries are a significant cause of mortality in children and youth 10 to 19 years old. In the 10 to 14 year age-range, suicide is the third most common cause of death in the United States and homicide the fourth. Of 15 to 19 year olds, homicide is the second most common cause of death and suicide is the third.

Minority males bear a disproportionate burden of intentional injury: homicide is the leading cause of death in African-American male teens and young adults.

Firearms are the most successful agent used in suicide and homicide.

Children and youth are particularly vulnerable to the devasta-

tion of firearms. They sustained 41 percent of all firearm deaths and injuries in 2005.

The United States has the unenviable position of having the



highest rate of firearm deaths compared to 25 other industrialized nations. In fact, the rate for U.S. children younger than 15 was almost 12 times higher than for the same aged children in the other 25 countries *combined*. Estimates suggest there are approximately 90 guns for every 100 people in the United States and one-third to one-half of U.S. homes contain firearms.

Although some use firearms for hunting, the primary reason given for gun ownership is protection of self and family. Paradoxically, these guns are many times more likely to cause injury or death to those living in the home—up to 43 times more

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Guns in the home: Helping patients understand the risks

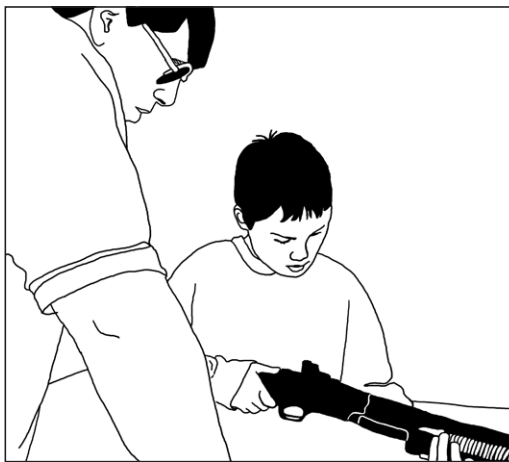
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likely in some reports. A recent study by the Harvard Injury Control Research Center states, "The opportunity for a law-abiding gun owner to use a gun in a socially desirable manner—against a criminal during the commission of a crime—will occur...perhaps once or never in a lifetime. It is a rare event."

The risk of homicide increases by 40 to 170 percent and suicide by 90 to 460 percent in a home containing guns. Over three-fourths of guns used in suicide attempts and unintentional injuries of 0 to 19 year-olds were stored in the residence of the victim, a relative, or a friend. Nearly two-thirds of 37 school shootings in 26 states were committed by an attacker who got the gun from his or her own home or the home of a relative.

Parents often think that young children don't know the location of guns in the home or can't use them. However, children as young as three can fire handguns. In fact, 8 percent of unintentional shooting deaths result from shots fired by children under the age of six.

In addition, parents believe teaching children not to touch guns protects them from harming themselves or others. In one study, groups of boys ages 8 to 12 were put in a room with a hidden gun. Many found the gun, handled it, and over half



pulled the trigger. Of those that handled the gun or pulled the trigger, more than 90 percent previously had gun safety instruction.

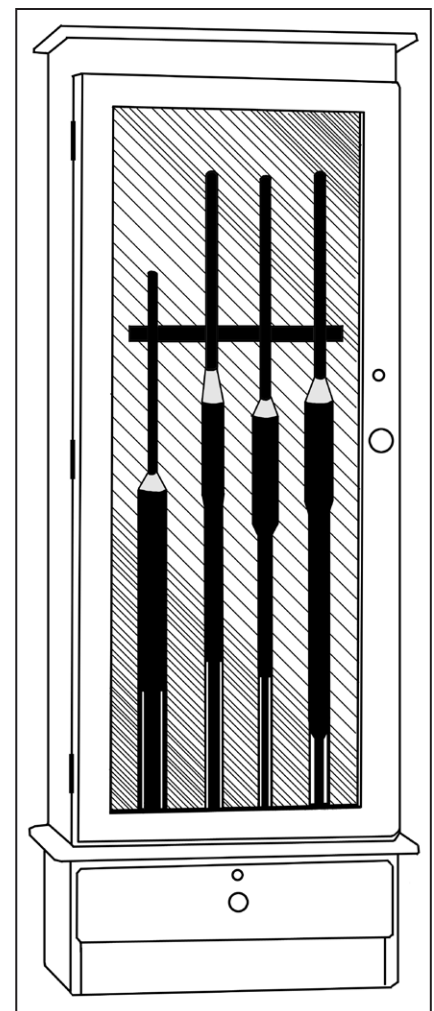
Many consider non-powder firearms, such as BB guns, air guns, pellet guns, and paintball guns, much less dangerous than handguns, rifles, etc. However, non-powder firearms have become more powerful and accurate, increasingly able to inflict serious injuries and even death. Non-powder guns injured more than 25,000 people in 2006, most of them 19 years old or younger.

These alarming statistics emphasize the need for U.S. health care providers to address the substantial danger that guns pose to patients. The American Academy of Pediatrics (AAP) advises parents not to own a gun. For those who chose to have a gun in the home, here are some suggestions for ensuring a safe environment.

- Take the ammunition out of the gun.
- Lock the gun and keep it out of reach of kids.

- Lock the ammunition and store it apart from the gun.
- Store the keys for the gun and the ammunition in a different area from where you store household keys. Keep the keys out of reach of children.
- Lock up gun-cleaning supplies, which are often poisonous.
- Discuss gun safety with other family members or the parents of friends if your child spends time in their homes.

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Youth Suicide Prevention

through Mental Health Screening

by Dale Chell, MS, Youth Suicide Prevention Coordinator
Iowa Department of Public Health

Screening for depression in primary care settings

The reality of suicide is devastating. Each year since 2000, an average of 57 Iowans between the ages of 10 and 24 have killed themselves. Thousands more have tried to end their lives and many required hospitalization for their injuries.

In addition to the tragedy of a life cut short, suicide takes a toll on those left behind. It can devastate family members and friends and often results in isolation, strong feelings of guilt, struggles with substance abuse, and mental health problems. Suicide is second only to unintentional injuries as the leading cause of death.

Suicide is a major public health problem, complicated by many contributing risk factors including mental illness, primarily depression. The “prevalence of depression is as high as 20 percent in 12- to 18-year-olds and many of these adolescents are undiagnosed,” according to Thomas G. DeWitt, MD, FAAP, chair of methodology for the U.S. Preventive Services Task Force (USPSTF) panel and director of General and Community Pediatrics at Cincinnati Children’s Hos-

pital Medical Center. Because of the stigma attached to mental illness and mental health treatment, many young people are reluctant to come forward with problems. Often, those having difficulty will keep it hidden and not seek help.

Mental health screening programs can help detect those who are suffering in silence. They can remove the burden from youth to come forward on their own. Recently, the Institute of Medicine (IOM) and the USPSTF recommended that as part of routine medical care all teenagers receive a mental health screen for the detection of depression and other mental health disorders. By identifying and addressing these underlying causes, injury and death can be avoided and quality of life improved.

The IOM’s *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* report and the USPSTF’s Recommendation Statement on Screening for Major Depressive Disorders in Children and Adolescents recommend that primary care settings take the lead in the early detection of mental illness and prevention of suicide.



Some medical clinics are considering administering a mental health screen as part of an annual well-child check-up for older youth, or including the screen as a part of an annual sports physical examination. By making screenings available to families during regular physicals, physicians can underscore the importance of mental health care as a part of overall health.

For more information about implementing mental health screening services in primary care settings, see www.teen-screen.org/checkups-in-primary-care. Materials are provided at no cost.

Screening for depression in schools

In 2007, the Iowa Department of Public Health (IDPH) received a grant from the Substance Abuse and Mental Health Services Administration to address youth suicide through mental health

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Youth suicide prevention through mental health screening
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screening in schools. Screening can identify youth who suffer silently from mental health problems and link them and their families with professionals who can determine available and appropriate services.

The Columbia University-based TeenScreen program, already widely used in Iowa, was selected for use because of its stringent implementation criteria. Its step-by-step process enables those administering the screen to educate families and youth about making an informed choice to participate in screening and about the program's benefits. Parents or guardians must provide active consent and no youth is screened without prior written consent of both parents and youth.

The 10 to 20 minute screen typically is administered using a computer and headphones and asks questions about the participant's feelings and behavior. After scoring, a screening team member meets with each student to answer questions. Students with positive scores meet with a mental health professional who assesses the need for a mental health evaluation referral. Parents are contacted regarding concerns, recommendations, and evaluation options. Information is confidential, kept separate from school records and not shared with administrators or teachers.

The TeenScreen program was developed for youth 12 to 18 years of age. Because this age group spends many hours at school, it is a primary site for administering the screen, although it can be given in numerous settings (foster homes, detention centers, community agencies, etc). School screening also meshes with other initiatives that remove barriers to learning and assist students in achieving their best academic performance. For more detailed information about TeenScreen, see www.teenscreen.org.



IDPH funding enabled TeenScreen programs to expand screening at existing school sites and at other schools in their service areas. Programs last year screened nearly 2,000 youth in more than 25 schools. IDPH-funded TeenScreen programs include:

- Southeast Polk Community School District
- Great Prairie Area Education Agency (AEA)
- Des Moines Public School District

- Mercy Medical Mobile Screening Program (Cedar Rapids)
- United Way of North Central Iowa

Each program has 2 to 10 sites and last year screened approximately 400 students.

Two additional programs—Grant Wood AEA and the Siouxland Health Investment Partnership in Sioux City—will offer screening services for the first time this academic year.

Though suicide is devastating, it can be prevented. Mental health screening programs identify youth who are suffering, provide referrals to mental health services, and ultimately can increase the quality of life for young people and their loved ones.

For more information about suicide prevention or TeenScreen programs in Iowa, contact Dale Chell at 515-242-5122 or dchell@idph.state.ia.us.

Resources:

TeenScreen National Center for Mental Health Checkups at Columbia University: www.teenscreen.org/

Pearson Beck Developmental Inventory®—II: a screen widely used in primary care settings in Iowa. For more information, visit <http://pearsonassess.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-370&Mode=summary>

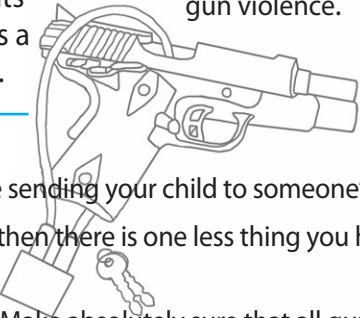
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Are There Guns Where Your Children Play?

Intentional injuries are a significant cause of mortality in children and youth and firearms are the most successful agent used in suicide and homicide. Educating families about gun violence, both accidental and intentional, can help them make more informed decisions about the implications of gun-ownership and storing guns in the home.

Although parents may not have a gun in their home, it's possible their child plays at the home of a friend or relative who does. The following suggestions, from the ASK: Asking Saves Kids campaign, can help parents determine whether there's a gun at a playmate's home.



- ▼ Ask about guns before sending your child to someone's house
- ▼ If the answer is NO ... then there is one less thing you have to worry about.
- ▼ If the answer is YES ... Make absolutely sure that all guns are stored unloaded and locked—ideally in a gun safe—with ammunition locked separately.
- ▼ Ask with other questions. Include the question along with other things you might normally discuss before sending your child to someone's house, such as seat belts, animals, or allergies.
- ▼ Use the facts. Over 40% of homes with children have a gun and many of those guns are left unlocked and loaded. That's why you're asking the question—you just want to make sure that your child is safe.
- ▼ Work through groups. Introduce the ASK concept through a group or community effort, such as your religious organization or PTA.
- ▼ Don't be confrontational. Present your concerns in a respectful manner. You are simply trying to make sure your child is playing in a safe environment.

For more information on gun violence and safety, visit these sources:

www.paxusa.org/index.html: PAX is a non-profit organization working in partnership with the AAP to end gun violence against children and families and sponsors the ASK: Asking Saves Kids campaign, www.paxusa.org/ask/index.html.

www.lcav.org/resources/index.asp#3: Excellent summary of gun violence statistics.

www.pledge.org: The Student Pledge Against Gun Violence is a national program that honors the role that young people, through their own decisions, can play in reducing gun violence.

www.vpc.org: The Violence Policy Center (VPC) approaches gun violence as a public health issue and works to stop deaths and injuries from guns through research, advocacy, and education.

www.millionmommarch.com: The Million Mom March chapters constitute a national network of 75 chapters around the U.S. that work locally, yet stand together, in their fight against gun violence and the devastation it causes.

www.nrahq.org/education/guide.asp: National Rifle Association education site. NRA Training Counselors recruit and train instructors to teach NRA's basic firearm courses. Hunter Services offers hunters a wide range of programs addressing all aspects of hunting, including youth hunter skills. Youth Programs helps America's adult leaders and national youth serving organizations set up shooting programs.

SPEAK UP campaign, call 866-SPEAK-UP (866-773-2587) to report a weapon threat at school. It's anonymous and free.

National Resource Center on Domestic Violence, 800-537-2238

National Youth Violence Prevention Resource Center, 866-SAFEYOUTH (723-3968)

Things You Should Know

About Preventing Teen Suicide

It is important to take the subject of suicide seriously. While it may not seem right that a teen would choose to die, adolescents who can't get over their depression sometimes do kill themselves.



Boys commit suicide more often than girls, but no one is immune. In one recent survey of high school students, 60 percent said they had thought about killing themselves. About 9 percent said they had tried at least once.

Why has the youth suicide rate gone so high in recent years?

- It's easier to get the tools for suicide—boys often use firearms to kill themselves while girls usually use pills;
- the pressures of modern life are greater;
- competition for good grades and college admission is stiff; and
- there's more violence in the newspapers and on television.

In addition, lack of parental interest may be a problem: growing up in a divorced household or a home where both

parents work may limit family time. Young people reported that when they tried to tell their parents about their feelings of unhappiness or failure, their mother and father denied or ignored their point of view.

If you suspect your teen is depressed and/or thinking about suicide, do not remain silent.

- Ask your teen about it. Don't be afraid to say the word "suicide." Getting the word out in the open may help your teen think someone has heard his or her cries for help.



- Reassure him or her that you love them. Remind him that no matter how awful his problems seem, they can be worked out and you are willing to help.
- Ask her to talk about her feelings. Listen carefully. Do not dismiss her problems or get angry with her.
- Remove all lethal weapons from your home, including guns, pills, kitchen utensils, and ropes.

- Seek professional help. Screening programs in schools and as part of regular physicals are a safe and effective way to uncover mental health problems that may lead to suicide. Ask your teen's primary care provider to guide you in assessing depression and suicide risk, and in finding appropriate treatment programs.

Your child's mental health is an important part of their overall health. Identifying a mental health problem early gives teens a better chance to lead a happy and productive life. For a list of signs that your teen may be considering suicide, visit www.aap.org/advocacy/childhealthmonth/preventeensuicide.htm.



Adapted from *Some Things You Should Know About Preventing Teen Suicide*, American Academy of Pediatrics, www.aap.org/advocacy/childhealthmonth/preventeensuicide.htm.

Guns in the home: Helping patients understand the risks

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The AAP also understands the importance of addressing the underlying causes of violence and recently released a policy statement. ("Role of the Pediatrician in Youth Violence Prevention." *Pediatrics* Vol. 124 No. 1 July 2009, 393-402, available at www.pediatrics.org/cgi/content/full/124/1/393.) This statement refers to Connected Kids: Safe, Strong, Secure, the AAP's primary care violence prevention protocol, which incorporates risk screening and strength-based anticipatory guidance during routine well visits, from birth to adulthood. It also encourages those caring for children to advocate at the community and national level to promote adequate mental health services, protect children

from exposure to violent media and guns, and decrease bullying.

Through all these efforts, there is hope for a less violent and healthier future for our children and youth.

Resources

CDC, National Center for Injury Prevention and Control, Office of Statistics and Programming. Web-based Injury Statistics Query and Reporting System (WISQARS). www.cdc.gov/ncipc/wisqars/

Legal Community Against Violence, Gun Violence Statistics. www.lcav.org/resources/index.asp#3

Violence Policy Center, www.vpc.org/

Youth suicide prevention through mental health screening

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The Suicide Prevention Resource Center (SPRC) provides prevention support, training, and materials to strengthen suicide prevention efforts. (www.sprc.org/). SPRC offers a Suicide Prevention Toolkit for Rural Primary Care. This web-based toolkit contains information and tools to implement state-of-the-art suicide prevention practices and overcome the significant hurdles by primary care practices in implementing this life-saving work. For more information, visit www.sprc.org/pctoolkit/index.asp.

Coming Your Way

The next issue will focus on car safety for infants through teenagers.

New recommendations for booster seats and rear-facing infant car seats will be discussed.

Discussion will also focus on teenagers, who contribute to and suffer from the consequences of motor vehicle collisions at a disproportionate rate:

- Motor vehicle crashes are the leading cause of death for 15 to 20 year olds.

- In 2006, 3,490 drivers ages 15 to 20 were killed and an additional 272,000 were injured in motor vehicle crashes.
- Drivers between the ages 15 to 20 constitute 6.4 percent of all licensed drivers in the U.S., but are involved in 12.9 percent of all fatal crashes.

The newsletter will focus on ways health care providers can help families reduce the number of motor-vehicle-related injuries involving teens.





University of Iowa Children's Hospital
 Center for Disabilities and Development
University Center for Excellence on Disabilities
 100 Hawkins Drive
 Iowa City IA 52242-1011

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Please send correspondence concerning **content** to:

Ellen Link, MD
 Family Care Center – Pediatrics
 University of Iowa Children's Hospital
 01212 PFP
 200 Hawkins Drive
 Iowa City, IA 52242-1083

Please send **change of address** information to:

Brenda Noshish
 University of Iowa Children's Hospital Center for Disabilities and Development
 S263 CDD
 100 Hawkins Drive
 Iowa City, IA 52242-1011