

Suicide: Suicide and Suicide Risk in Adolescents (2024)

About the Guideline

- Guideline topics include suicidal behavior, suicide trends, suicide risk, suicide attempts, suicide precautions, suicidal screening, contributing mental health factors, and treatment recommendations.
- The guideline provides a 3-step process for screening, suicide safety assessment for positive screenings, and disposition, with treatment strategies to be implemented by providers and resources for individuals and families.

Key Clinical Considerations

Become familiar with the recommendations and best-practice statements in this guideline, especially if you work in an acute-care, pediatric setting.

Contributing Factors

- Depression is the leading cause associated with suicide attempts in adolescents.
- Other preexisting health disorders include bipolar disorder, anxiety disorders, personality disorders, trauma-related disorders, substance abuse, intellectual or learning disabilities, past suicidal attempts or thoughts, or trauma.
- Exposure to cyberbullying, suicide clusters, racism, and negative culture-related experiences can also increase suicide attempts.

Minimizing Contributing Factors

- Both internal and external protective factors are valuable in decreasing adolescent suicide attempts.
- Providers should be able to screen individuals for protective factors and strengths such as cultural beliefs, religion, coping skills, social support, family connectedness, community involvement, and friends.

Screening

- Screen all individuals 12 years of age and older to help in the early identification of individuals at risk of suicide.
- A comprehensive approach to suicide prevention efforts should include the following:
 - Identification of at-risk youth
 - Interventions to prevent attempts
 - Assessing the access to lethal means
 - Decreasing the lethal means if an attempt is made.
- Healthcare personnel should use a universal approach to screening annually as well as at patient presentation during ED visits, primary care visits, and with any hospitalization.
- Screening should be performed confidentially without the company of caregivers.

Screening Tools

- There is no recommendation for or against a specific screening tool. Common screening tools include the following:

- Patient Health Questionnaire-9 (PHQ-9) is used to screen for depression.
- Ask Suicide Screening Questions (ASQ) is used specifically in identifying suicide risk in multiple healthcare settings.
 - The tool uses 4 yes/no questions.
 - It is a first step in screening for suicide risk and positive screening management.
- Brief Suicide Safety Assessment (BSSA) is used to manage positive suicide screenings.
- Columbia Suicide Severity Rating Scale Risk Assessment (C-SSRS) assesses the severity of suicidal risk and the risk assessment.
- Consistent implementation of the most appropriate tool for individual practice is recommended.

Recommendations

- Safety planning to reduce acute and long-term suicide risk may include the following:
 - Developing coping strategies to reduce the risk of suicide
 - Development of a list of warning signs of suicidal ideations or behaviors
 - Initiation of referrals for support services, as appropriate
- For inpatients with a positive screening:
 - Refer the patient to child/adolescent psychiatry or psychology.
 - Institute one-to-one observation.
 - Remove from the room all objects that patients could use to harm themselves.
 - If suicidal thoughts persist, consider transfer to an inpatient psychiatric unit.
- Recommend outpatient psychiatric care for lower-risk patients.
- Limit access to lethal means.
- Prevent engagement of alcohol or substance use.
- Promote and encourage family engagement. Measures may include the following:
 - The Family Intervention for Suicide Prevention is used as a cognitive behavioral approach to strengthen communication and positive family support.
 - Attachment-Based Family Therapy (ABFT) works with families to repair broken development during the youth's lifespan to support patient and family in managing suicidal thoughts.
- Treat underlying mental health disorders through psychotherapy, psychopharmacotherapy, or a combination of both.
 - Selective serotonin reuptake inhibitors (SSRIs) are recommended as first line treatment of depression and anxiety.
 - Norepinephrine reuptake inhibitors or atypical antidepressants may be used if SSRIs are contraindicated.

Reference

Hua, L. L., Lee, J., Rahmandar, M. H., Sigel, E. J., COMMITTEE ON ADOLESCENCE, & COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION (2024). Suicide and Suicide Risk in Adolescents. *Pediatrics*, 153(1), e2023064800. <https://doi.org/10.1542/peds.2023-064800>. Retrieved September 2024 from <https://doi.org/10.1542/peds.2023-064800>