Preventing Youth Suicide: Strategies for Clinical Settings

Suicide is the 2nd leading cause of death in youth and young adults ages 10-24. Suicide is tragic but can be prevented.

Pediatric health clinicians are well-positioned to identify and support youth at risk for suicide in any type of clinical setting. Universal screening, standardized clinical pathways, and leveraging the strengths of all members of the care team can facilitate integration of suicide prevention care into practice.

For full details on integrating suicide prevention protocols into clinical settings, visit the ***Blueprint for Youth Suicide Prevention.***

Clinical Pathway for Suicide Prevention

Pediatric health clinicians can follow a simple, 3-step clinical pathway to address suicide prevention in practice:

1. **Implement universal suicide risk screening with all pediatric patients ages 12 and older**
    a. Use a validated, evidence-based screening tool to identify suicidal ideation or behaviors
    b. It is best to screen youth ages 12+ without their parent/caregiver in the room, to encourage open discussion
    c. Screening tools can be verbal, paper, or electronic and administered by any properly trained staff-person
    d. Be sure to use a screening tool that is specific to suicide risk. Research has shown that depression screeners are insufficient to identify suicide risk
    e. For considerations for screening youth under age 12, see the *Blueprint for Youth Suicide Prevention*

2. **Use a Brief Suicide Safety Assessment (BSSA) to determine next steps for all patients who screen positive**
    a. If a patient screens positive for suicidal ideation, assess immediate risk with a BSSA
    b. Praise the patient for sharing their feelings
    c. Use an evidence-based assessment tool to evaluate frequency of suicidal thoughts, mental health symptoms, history of suicidal ideation/behaviors, means and plans for suicide, and relevant supports or risk factors
    d. It is best to conduct the BSSA without the parent/caregiver in the room, to encourage open discussion
    e. If any level of suicide risk is detected, support the patient in engaging their parents/caregivers in the care plan and next steps. For more about confidentiality and parent/caregiver engagement, see the *Blueprint for Youth Suicide Prevention*

3. **Identify next steps for care, based on patient's level of risk**
    a. Imminent Risk: Patient has acute suicidal thoughts and requires an emergency mental health evaluation
        i. Praise the patient for sharing their feelings
        ii. Take immediate safety precautions and ensure the patient is not left alone
        iii. Connect patient and family with qualified professionals for an extensive mental health evaluation. Options include an on-site mental health professional in the practice, the emergency department (ED), a mobile crisis team, or an acute mental health evaluation center
        iv. Follow-up with a "caring contact" in 24-48 hours
    b. Further Evaluation Needed: This is not an emergency, but patient is at moderate risk and requires further evaluation from a mental health professional as soon as possible
        i. Create a safety plan for the patient and their family/caregivers
        ii. Counsel about the importance of safe storage or removal of lethal means (see below)
        iii. Connect patient and family with an outpatient mental health provider and provide educational information and resources for additional support (National Suicide Lifeline and Crisis Text Line)
        iv. Follow-up with a "caring contact" in 24-48 hours
    c. Low Risk: No further evaluation is needed at this time
        i. Patient may benefit from a non-urgent mental health follow-up
        ii. If indicated, provide patient and family with a mental health referral and provide educational information and resources for additional support (National Suicide Lifeline and Crisis Text Line)

Safety Planning for Youth at Risk for Suicide

Pediatric health clinicians can use safety planning to support youth at risk for suicide.

Safety planning helps the patient think through strategies that they can use to keep themselves safe if they experience suicidal thoughts in the future. Clinicians and patients can develop a personalized written or electronic safety plan that identifies:

- Personal warning signs or triggers for suicidal ideation or behavior
- Coping strategies that can be used at any time of the day or night if a youth is experiencing thoughts of suicide
- Social supports, including a trusted adult, friends, and family to call for help when experiencing thoughts of suicide
- A back-up plan, such as calling the National Suicide Prevention Lifeline or contacting the Crisis Text Line

For more details and tools to support safety planning, see the *Blueprint for Youth Suicide Prevention*

Lethal Means Safety Counseling for Families

Pediatric health clinicians can help families understand that suicidal crises can be hard to predict and can escalate quickly. Reducing access to dangerous items can help prevent youth from dying from a suicide attempt. The goal is to protect youth in a "moment of crisis," by their environment safe before the crisis ensues. Pediatric health clinicians can help families reduce access to dangerous items, including medications, poison, firearms, ropes, belts, knives, or other household items.

Pediatric health clinicians can address lethal means with patients and families by:

- Helping patients and families understand the types of objects in their home that could be used in a suicide attempt
- Identifying ways to restrict their child's access to these items, including:
    - Temporarily removing firearms from the home while the child is experiencing thoughts of suicide
        - If removal is not possible, firearms should be stored unloaded and locked with ammunition locked and stored separately. Children should not have access to the lock codes/keys.
    - Locking up prescription/over-the-counter medications and reducing the quantity of medication in the home
    - Temporarily removing or locking up alcohol, drugs, household cleaners, weapons, or other products

Mental and Behavioral Health Resources

Prior to implementing a suicide prevention protocol in your clinic, it is critical to connect with mental and behavioral health providers that you can refer families to. Identify providers that can assess for suicide risk and are accessible, affordable, culturally, and linguistically appropriate for your patient population, and able to provide developmentally appropriate care to children and adolescents. Health systems with collaborative care models are ideal for developing suicide prevention protocols and workflows, however every primary care setting can reach out to available mental health providers and resources to set up plans for referrals and communication when needed.

Many communities do not have enough mental or behavioral health providers to meet the needs of families in the community. In these areas, clinicians and office staff can think through alternative options for families, such as telehealth services or school-based health services. In addition, consider working with a Pediatric Mental Health Care Access Program, which provides training and support to primary care providers in addressing mental health in practice.

Promoting Equity in Suicide Prevention

Pediatric health clinicians can promote equity in suicide prevention efforts by:

- Promoting compassionate and trauma-informed care
- Understanding the impact of systemic discrimination on health and addressing this topic in practice
- Using universal screening to ensure that all patients may receive mental health care
- Developing relationships with mental health supports that are affordable, accessible, and culturally appropriate
- Using translation services, interpreters, and assistive technology to support accessible communication
- Using inclusive language and imagery in office forms, art, and communications
- Engaging families and community members in program development and evaluation and soliciting feedback
- Recognizing and reflecting on personal/structural biases and working to prevent these biases from impacting care
- Facilitating diversity, equity and inclusion training for all clinic staff