





Talking about Suicide Risk with Patients and Families

A clinical resource from the American Academy of Pediatrics and the American Foundation for Suicide Prevention

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

	<p>Use an Evidence-Based Clinical Pathway to Guide Screening and Management of Suicide Risk <i>The best way to support a person who is thinking about suicide is to ask them directly and listen to the answer.</i></p> <ul style="list-style-type: none"> • Implement universal suicide risk screening with all patients 12 years and older • Use a Brief Suicide Safety Assessment to determine next steps for patients who screen positive • Identify next steps for care, based on a patient's level of risk • Remember that the majority of positive screens do not need emergency care; identify mental health providers in your area who can evaluate your non-acute positive screens 				
	<p>Provide Trauma-Informed, Patient-Centered Care <i>Many different factors contribute to an individual's risk for suicide. Pediatric health clinicians should center their efforts around the patient's needs and experiences.</i></p> <ul style="list-style-type: none"> • Use a non-judgmental tone when asking questions, emphasizing that this is standard practice for all youth 12 years and older • Use active listening skills, such as eye contact and asking open-ended questions • Use culturally responsive, family-centered language to talk about suicide risk 				
	<p>Language and Stigma <i>Language matters when speaking about suicide. Avoid terms that perpetuate stigma or blame.</i></p> <table border="1" data-bbox="332 1052 1479 1346"> <thead> <tr> <th data-bbox="332 1052 894 1087">Use this language:</th> <th data-bbox="899 1052 1479 1087">Avoid this language:</th> </tr> </thead> <tbody> <tr> <td data-bbox="332 1087 894 1346"> <ul style="list-style-type: none"> • Die or death by suicide • Suicide attempt • Name warning signs or concerning behaviors explicitly • Describing thoughts or behaviors as suicidal: "The 15yo in room 4 is having suicidal thoughts" </td> <td data-bbox="899 1087 1479 1346"> <ul style="list-style-type: none"> • Commit suicide • Failed suicide attempt • Unclear language like "suicidal gesture" or "parasuicidal behavior" • Referring to a young person in crisis as suicidal </td> </tr> </tbody> </table>	Use this language:	Avoid this language:	<ul style="list-style-type: none"> • Die or death by suicide • Suicide attempt • Name warning signs or concerning behaviors explicitly • Describing thoughts or behaviors as suicidal: "The 15yo in room 4 is having suicidal thoughts" 	<ul style="list-style-type: none"> • Commit suicide • Failed suicide attempt • Unclear language like "suicidal gesture" or "parasuicidal behavior" • Referring to a young person in crisis as suicidal
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	<p>Considerations for Confidentiality and Safety <i>Confidential care is a key tenet of adolescent health care and allows an opportunity for youth and clinicians to have an open, honest discussion. This helps prepare the youth to be an active partner in their own health care.</i></p> <p>Make confidentiality the norm:</p> <ul style="list-style-type: none"> • Have the general confidentiality conversation when patients turn 12 (not right before screening) • Start these discussions early, and remind youth and families that this is standard protocol • Explain that anything discussed will remain confidential unless someone's immediate safety is at risk <p>Navigate confidentiality and suicide risk:</p> <ul style="list-style-type: none"> • If suicide risk is detected, it is critical to inform parents or caregivers • Talk with youth about the need to notify their parents or caregivers to help keep them safe • Give them options for how they'd like their parent to be informed: "I'm going to say something like, 'Our screener indicated that Jamie is having thoughts of suicide and that these thoughts scare him.' Does that sound right to you? Is there anything you want me to add? Do you want us to talk with your parents together, or would you prefer that I speak with them alone first?" 				