Addressing Youth Suicide Prevention: A Factsheet for Primary Care Clinicians

Background:
Suicide is the 2nd leading cause of death among US youth ages 15-24. Pediatricians can take important steps to protect children and families in their practice.

Screening for Suicide Risk:
Choose a validated screening tool:
- Ask Suicide-Screening Questions (asQ)
- PHQ-9 Modified for Adolescents (PHQ-A)
- Columbia Suicide Severity Risk Scale (CSSRS)
Understand how to score and document results
Design a workflow for screening

Managing a Positive Screen:
Assess level of risk and intervene accordingly
- Low Risk: counsel, refer, follow-up
- Moderate Risk: counsel, refer, develop Safety Plan, follow-up
- Severe Risk: counsel, ensure parents/caregivers closely monitor child, remove lethal means, develop Safety Plan, make a crisis referral, follow-up

Counseling about Lethal Means:
Ask about access to lethal means, including firearms, medication, knives, and suffocation devices
Counsel about the importance of restricting access:
- Remove firearms from home
- Lock away medication
- Monitor belts, ropes, other suffocation devices

Ongoing Care and Follow-Up:
Help patient make a Safety Plan
- Share with parents/caregivers
- Store in EHR and send a copy home
- Templates are available
Make appropriate outpatient and/or crisis referrals
Make a “caring contact” phone call to follow-up with child and caregiver

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