

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