

# **Suicide in Children: The Role of Educators and Health Providers in Decreasing Youth Suicides**

---

Morgan Buerke

# Objectives

1.

Recognize and dispel myths surrounding suicide.

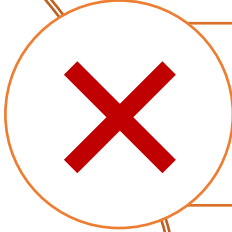
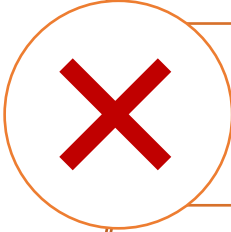

2.

Identify legal and ethical issues surrounding suicide risk assessment.

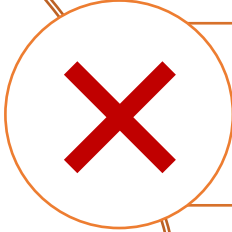

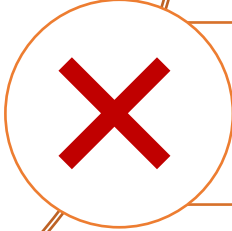
3.

Increase awareness of key risk factors for suicide and what plans to make when someone is at risk.

# True or False?

-  Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.
-  All young people with thoughts of suicide are depressed.
-  If a person attempts suicide, they are at higher risk for attempting again.

# True or False?

-  Suicide attempts or deaths happen without warning.
-  You don't need to be a licensed professional to help someone in a suicidal crisis.
-  Once a person is intent on suicide, there is no way of stopping them.

# “They’re only doing it for attention”

---

Attention



80% for attention  
Method: Jumping  
Dead: Yes

Want to die



80% wanted to die  
Method: Overdose  
Dead: No

# Suicide Rates in High School Students

---

**22.2%** Seriously considered attempting suicide

---

**17.6%** Made a plan for attempting suicide

---

**10.2%** Made a suicide attempt

---

# Importance of Health Care providers

---

Of those who die by suicide **83%** used health care services within a year of their death

**45%** received a mental health diagnosis

Of suicide deaths in ages 0-19 **38%** used health care services within a year of their death

**16%** only saw a mental health clinician

# Screening





# American Academy of Pediatrics (AAP) Screening recommendations

12+

- Universal screening

8-11

- When Clinically indicated

<8

- Screening not indicated  
Full assessment if warning signs are present

# Tools for Screening



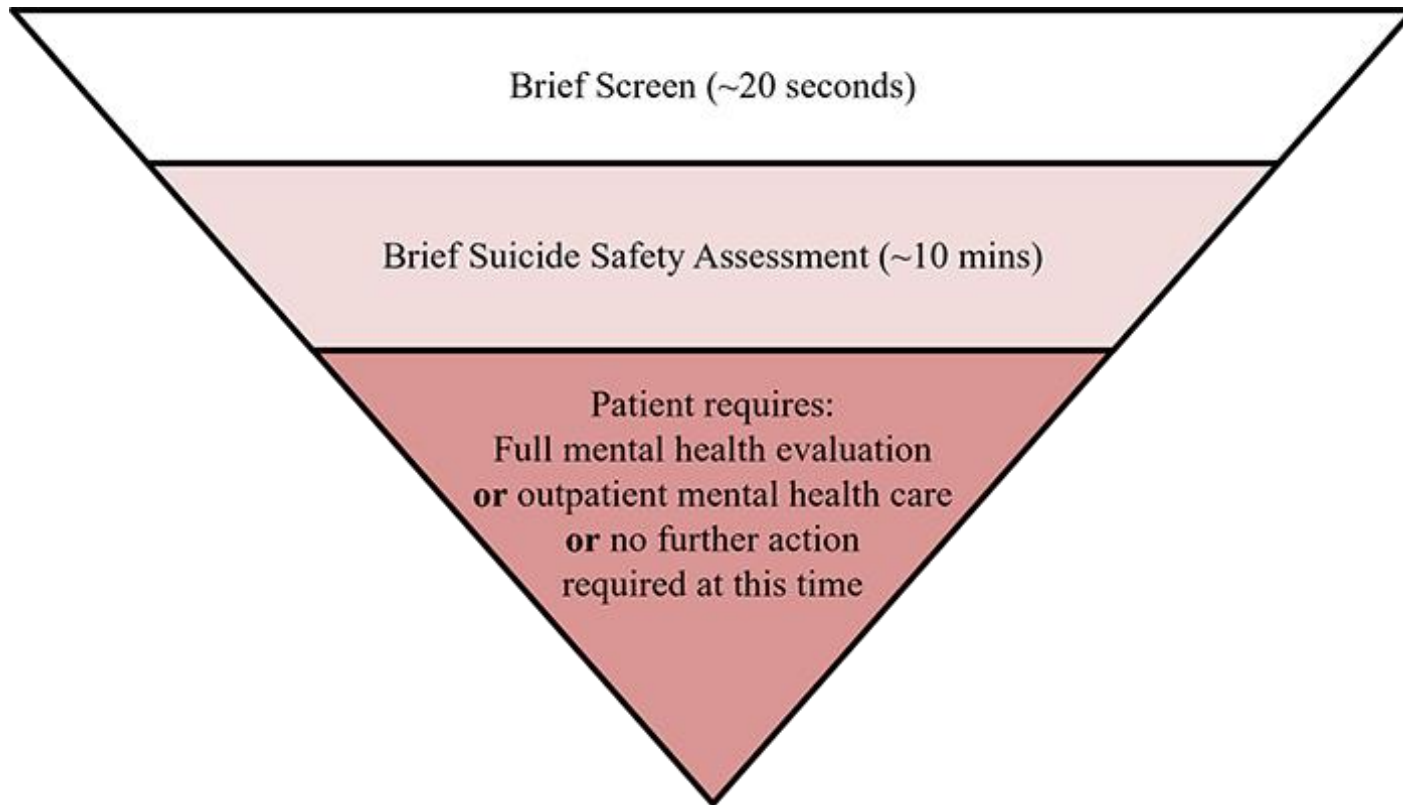
# Screening Tools

- Ask Suicide-Screening Questions (ASQ)
- Suicidal Behavior Questionnaire Revised (SBQR)

---

- Columbia Suicide Severity Rating Scale (CSSRS)
- Patient Health Questionnaire for Adolescents (PHQ-9)
- Patient Safety Screener (PSS)

# Ask Suicide-Screening Questions (ASQ)\*



Ask Suicide-Screening Questions (ASQ) Toolkit

Screen:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

\*Valid for anyone 8 years+

# Suicidal Behaviors Questionnaire - Revised (SBQR)

---

Osman et al. (2001)

- 4-item questionnaire
- Cutoff score of 8 for clinical samples, 7 for non-clinical

1. Have you ever thought about or attempted to kill yourself?
2. How often have you thought about killing yourself in the past year?
3. Have you ever told someone that you were going to commit suicide, or that you might do it?
4. How likely is it that you will attempt suicide someday?

# Patient Health Questionnaire (PHQ-9)

- Mostly depression screener with one suicide question:
  - “Thoughts that you would be better off dead, or of hurting yourself”
- Missed risk:
  - Almost 40% of those at risk for suicide were not depressed according to the PHQ-9
  - >50% of people at risk did not endorse Item 9
- AAP recommends adding the ASQ screener to the PHQ-9 if assessing for suicide risk

# Columbia Suicide Severity Rating Scale (C-SSRS) – Triage Version

	Past month	
	YES	NO
1) <b><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></b>		
2) <b><i>Have you actually had any thoughts of killing yourself?</i></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
3) <b><i>Have you been thinking about how you might do this?</i></b>  E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <b><i>Have you had these thoughts and had some intention of acting on them?</i></b>  As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <b><i>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</i></b>		
6) <b><i>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</i></b>  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  <b>If YES, ask: <i>Was this within the past three months?</i></b>	YES	NO

■ High Risk    ■ Moderate Risk    ■ Low Risk

# Patient Safety Screener – 3 (PSS-3)

---

1. Over the past 2 week, have you felt down, depressed, or hopeless?

---

2. Over the past 2 weeks, have you had thoughts of killing yourself?

---

3. In your lifetime, have you ever attempted to kill yourself?

---

4. When did this happen?



# HOW to screen

Can be verbal, paper-pencil, or electronic

Without caregiver in room if possible

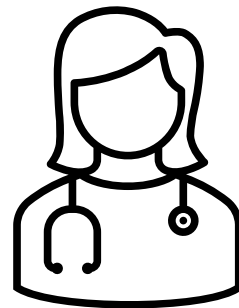
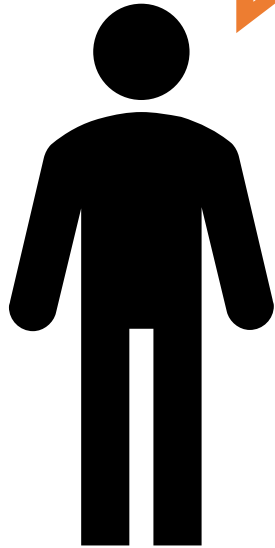
Ask questions non-judgmentally

If you ask expecting a no, you will get a no

# Positive Screen



I want to  
kill myself



# Stress and decision-making

---

Endorse suicidal ideation



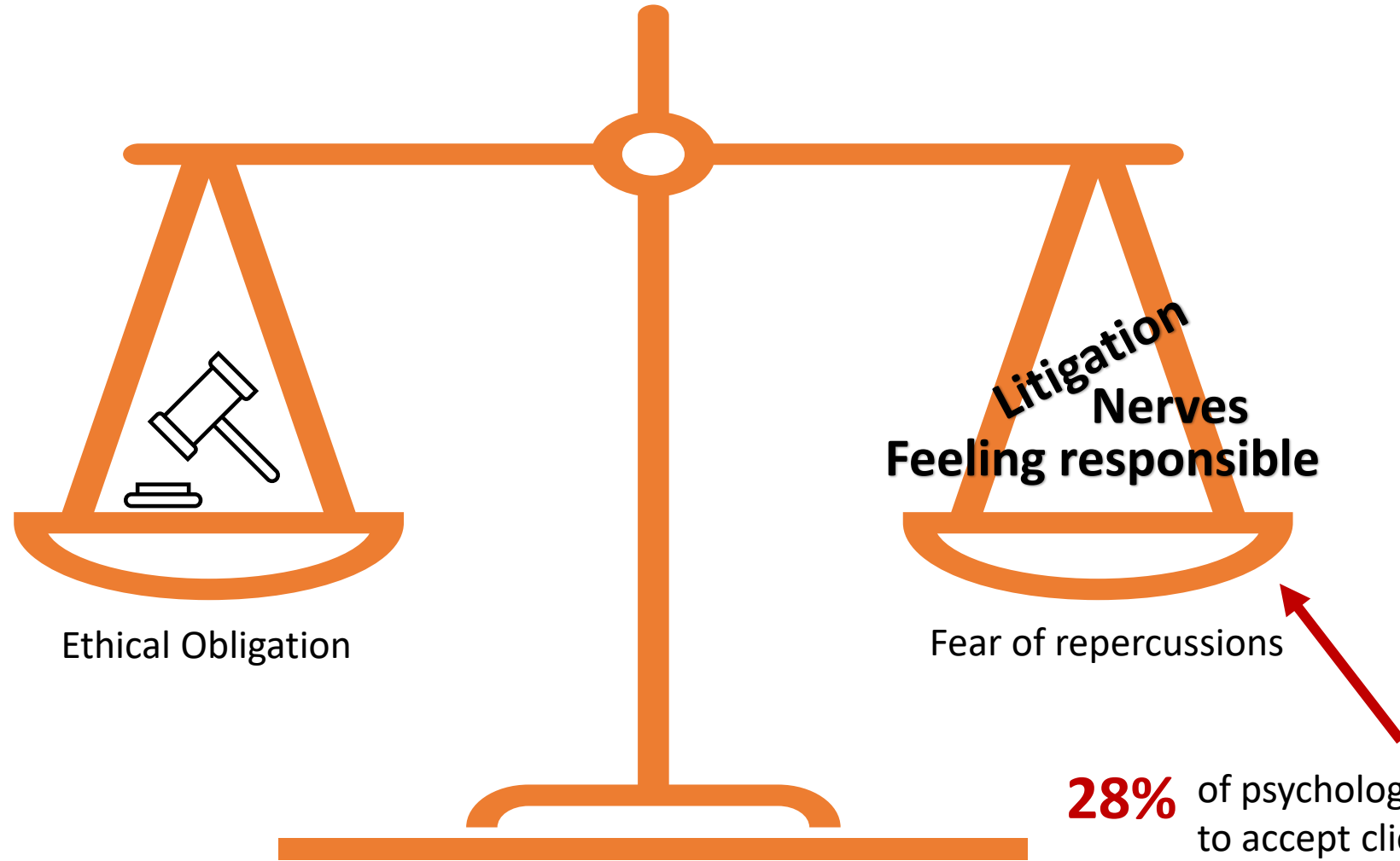
Hospitalization

# Hospitalization

- Risk for suicide greatest post-hospitalization
- Hospitalization can...
  - Be traumatizing
  - Lead to hopelessness
  - Stifle self-autonomy
  - Lead to stigma post-hospitalization
  - Damage therapeutic relationship
- Hospitalization also can...
  - Decrease alienation and hopelessness
  - Keep someone safe until a crisis passes



**We lack sufficient evidence that hospitalization decreases suicides**



Ethical Obligation

Litigation  
Nerves  
Feeling responsible

Fear of repercussions

**28%** of psychologists are unwilling to accept clients with suicidal ideation

**Balancing**

# Prevention of Lawsuits



Assess frequently and  
thoroughly



Document document  
document



Seek consultation







How to help



# Education

---

## Teach clients

- ...life can be stressful
- ...how to take care of themselves (mentally and physically)
- ...how to recognize warning signs for worsening mental health

## Teach parents

- ...how to recognize warning signs
- ...risk of child being alone in high-stress periods
- ...how to store materials safely in their home

# Safety planning

Effective for: decreasing ideation, suicide attempts, depression, hopelessness, and hospitalization



## Key components:

Ongoing  
review

Coping  
strategies

Use of  
friends/family

Means  
restriction

Emergency  
services



# Example Safety Plan

**CAMS Suicide Status Form (SSF-IV-R) STABILIZATION PLAN**

**Ways to reduce access to lethal means:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Things I can do to cope differently when I am in a suicide crisis (consider crisis card):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. Life or death emergency contact number: \_\_\_\_\_

**People I can call for help or to decrease my isolation:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Attending treatment as scheduled:**

- | Potential Barrier: | Solutions I will try: |
|--------------------|-----------------------|
| 1. _____           | _____                 |
| 2. _____           | _____                 |

# Providing resources

---

**988**

**1-877-Vet2Vet**

**1-800-SUICIDA**

**1-877-YOUTHLINE**

**1-800-GRADHLP**

**1-800-PPD-MOMS**

**1-866-488-7386**

**1-800-799-4889**

National Suicide Prevention Lifeline (Text or Call)

Veterans Peer Support Line

Spanish Speaking Suicide Hotline

Teen to Teen Peer Counseling Hotline

Grad Student Hotline

Post-partum depression hotline

The Trevor Project for LGBTQ

Options for Deaf and hard of hearing

# Follow-up assessment

---

How is the  
safety plan  
working for  
them?

Do they use  
the safety  
plan?

Should any  
modifications  
be made?

Have any  
factors  
changed that  
could be  
relevant to  
risk?



Questions

---



# References

- Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., Lynch, F., Owen-Smith, A., Hunkeler, E. M., Whiteside, U., Operskalski, B. H., Coffey, M. J., & Solberg, L. I. (2014). Health Care Contacts in the Year Before Suicide Death. *Journal of General Internal Medicine*, 29(6), 870–877. <https://doi.org/10.1007/s11606-014-2767-3>
- *Ask Suicide-Screening Questions (ASQ) Toolkit*. (n.d.). National Institute of Mental Health (NIMH). Retrieved October 18, 2023, from <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>
- Ferguson, M., Rhodes, K., Loughhead, M., McIntyre, H., & Procter, N. (2022). The Effectiveness of the Safety Planning Intervention for Adults Experiencing Suicide-Related Distress: A Systematic Review. *Archives of Suicide Research*, 26(3), 1022–1045. <https://doi.org/10.1080/13811118.2021.1915217>
- Groth, T., & Boccio, D. E. (2019). Psychologists' Willingness to Provide Services to Individuals at Risk of Suicide. *Suicide and Life-Threatening Behavior*, 49(5), 1241–1254. <https://doi.org/10.1111/sltb.12501>
- Horowitz, L. M., Mournet, A. M., Lanzillo, E., He, J.-P., Powell, D. S., Ross, A. M., Wharff, E. A., Bridge, J. A., & Pao, M. (2021). Screening Pediatric Medical Patients for Suicide Risk: Is Depression Screening Enough? *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 68(6), 1183–1188. <https://doi.org/10.1016/j.jadohealth.2021.01.028>
- Jobes, D. A. (2012). The Collaborative Assessment and Management of Suicidality (CAMS): An Evolving Evidence-Based Clinical Approach to Suicidal Risk. *Suicide and Life-Threatening Behavior*, 42(6), 640–653. <https://doi.org/10.1111/j.1943-278X.2012.00119.x>
- Jobes, D. (2019). Mental Health Providers: Top 5 Ways to Limit Malpractice Exposure. *CAMS-Care*. <https://cams-care.com/resources/educational-content/mental-health-providers-top-5-ways-to-limit-malpractice-exposure/>

# References cont.

- Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *The American Journal of Psychiatry*, 159(6), 909–916. <https://doi.org/10.1176/appi.ajp.159.6.909>
- Nelson, P. A., & Adams, S. M. (2020). Role of Primary Care in Suicide Prevention During the COVID-19 Pandemic. *The Journal for Nurse Practitioners*, 16(9), 654–659. <https://doi.org/10.1016/j.nurpra.2020.07.015>
- Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire-Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 8(4), 443–454. <https://doi.org/10.1177/107319110100800409>
- Simpson, S., Berman, L., & Stefan, S. (2015). *Legal and Liability Issues in Suicide Care*. <https://zerosuicide.edc.org/sites/default/files/Legal%20and%20Liability%20Issues%20in%20Suicide%20Care%205.27.16%20PPT%20Transcript.pdf>
- Suicide Prevention Resource Center, SAMHSA (n.d.). PATIENT SAFETY SCREENER (PSS-3) AND TIP SHEET. <https://sprc.org/wp-content/uploads/2022/11/Patient-Safety-Screener-PSS-3-and-Tip-Sheet.pdf>
- The Lighthouse Project The Columbia Lighthouse Project. (n.d.). The Columbia Lighthouse Project. Retrieved from <https://cssrs.columbia.edu/>