**Fact Sheet: Evaluation & Management of Suicide Risk in Pediatric Practice**

Joan R. Asarnow, PhD & Lucas Zullo, PhD
SAMHSA Center for Adolescent Suicide & Self-Harm Treatment & Prevention (ASAP Center) www.asapnctsn.org

**Definition**

- **Suicide:** Suicide is the act of intentionally causing one's own death. Based on the most recent statistics for the United States (U.S.), suicide is the second leading cause of death for children, adolescents, and young adults, ages 10-24 years.
- **Suicide Attempts:** Suicide attempts refer to acts of self-harm done with some intention and expectation of death. A history of prior suicide attempts is a reliable predictor of later suicide attempts and deaths by suicide. A history of suicide attempts or any current or past non-suicidal self-injurious behavior should always be treated seriously even if a youth indicates that this helps to relieve stress.
- **Nonsuicidal Self-Injurious behavior (NSSI):** NSSI refers to self-injurious acts with no intention or expectation of death. While these acts often have a primary function of emotion regulation or distress management, they are associated with increased risk of future suicide attempts and NSSI episodes.
- **Self-Harm:** Self-harm is a general category that refers to acts intended to cause self-injury, including: suicide attempts, NSSI, and self-harm with ambiguous intent. Hospital treated self-harm is a reliable predictor of suicide deaths, deaths due to substance misuse, and deaths due to unnatural causes.
- **Suicidal Ideation:** Suicidal thoughts and urges are indicators of a suicidal state. Current and/or recent suicidal ideation has been shown to be a strong predictor of later suicide attempts in adolescents, and specifically for males over a 3-month follow-up period.

**Scope in Pediatrics**

- **Youth suicide is a serious public health problem, responsible for more deaths among youths ages 10 to 24 years than any single major medical illness.** While rare in children younger than 10 years, suicide death rates increase markedly during adolescence and young adulthood. Pediatric suicide rates have increased significantly in the U.S., nearly tripling between 2007 and 2017 among children ages 10 to 14 years.
- **Non-fatal suicide attempts are more common, particularly in adolescents and young adults where some estimates have suggested there are roughly 100-200 suicide attempts for every suicide death**. National surveillance data suggest that roughly 7-8% of adolescents attempt suicide each year, and roughly 17% endorse serious suicidal ideation. Roughly 157,000 individuals between the ages of 10 and 24 receive emergency medical care for intentional self-inflicted injuries.
- **NSSI, like cutting and burning oneself with no suicidal intent, is more common than suicide attempts, estimated to occur in roughly 17-18% of adolescents**. While NSSI is often described as an effort to relieve distress, NSSI has been found to predict suicide attempts, a predictor of later death by suicide.
- **Even when a patient denies suicidal ideation when engaging in NSSI or self-harm with unclear intent, the patient's risk is considered elevated due to the increased risk of later more dangerous self-harm behavior.**
- **Parents and caregivers have an important role in suicide and self-harm prevention by providing supportive and protective monitoring and supervision and ensuring that youths receive needed care.** Suicide and self-harm behavior and associated stresses can also run in families, underscoring the importance of evaluating and addressing family needs.
- **Traumatic stress is associated with increased risk of suicidal and self-harm behavior, underscoring the importance of a trauma-informed approach.**

**Teaching Points**

- Evaluation and management of suicide and self-harm risk is feasible in pediatric care.
- This process involves 4 steps: 1) **A**ssess risk; 2) **B**uild hope and reasons for living; 3) **C**onnect, strengthen connections with protective adults; 4) **D**evelop safety plan
- Screening tools, risk stratification protocols, and clinical pathways have been developed to support primary care evaluation and management of suicide and self-harm risk.
- Every practice and clinic is different, and your approach will need to be developed to fit your practice and resources.

## Resources[1]

**Physician Resources**

- https://services.aap.org/en/patient-care/mental-health-minute/suicide/
- https://www.asapnctsn.org/
- https://www.sprc.org/
- https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/self-injurious-thoughts-and-behaviors/
- https://www.thereachinstitute.org/services/for-primary-care-practitioners

**Patient/Family Resources**

- https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Ten-Things-Parents-Can-Do-to-Prevent-Suicide.aspx
- https://afsp.org/teens-and-suicide-what-parents-should-know
- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx
- https://www.accreditedschoolsonline.org/resources/suicide-prevention/

[1]Links are provided as a convenience. Listing of a link does not constitute an endorsement or an approval of any of the listed products, or associated services or opinions. Dr. Asarnow, UCLA, and the ASAP Center are not responsible for the accuracy, legality or content of the external site or for that of subsequent links.