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Suicidal Ideation and Self-injury Prevalence and Impairment in an Urban Integrated Primary Care Clinic

INTRODUCTION

- Suicide is the second leading cause of death for adolescents
- Non-suicidal self-injury (NSSI) is one of the most promising targets for early intervention (Rosenbaum & Ougrin, 2019)
- Pediatric primary care staff are often the first line of intervention for youth presenting with suicidal thoughts and NSSI (Taliaferro et al., 2013)
- The primary aim of the current study was to describe reported suicidal ideation, attempts, and NSSI in youth presenting to an urban integrated primary care setting

METHOD

Procedures

- Patients reporting depressive or anxious symptoms received up to eight 30-minute sessions of behavioral health treatment (predominantly cognitive behavioral therapy) delivered by clinical psychology doctoral students

Participants

- 92 out of 529 patients endorsed a history of either suicidal ideation/attempts or NSSI at intake

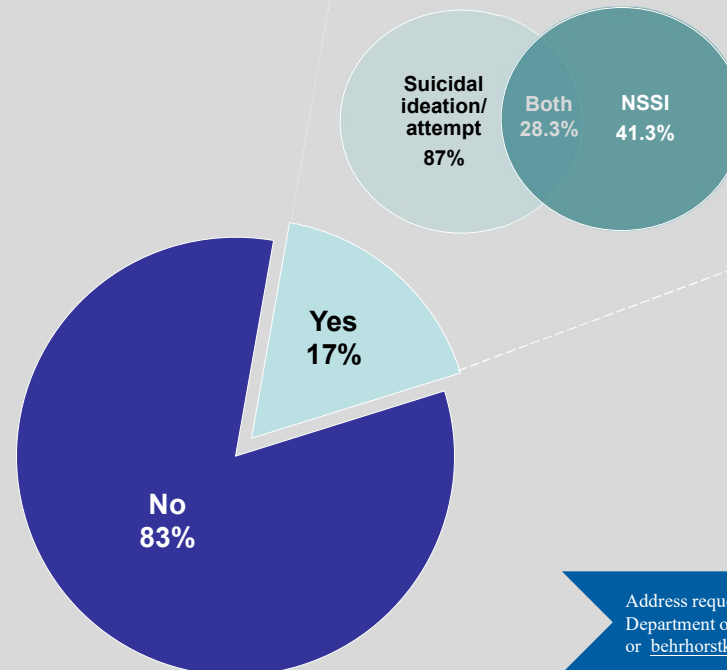
	Percentage
Race/Ethnicity	
Black/African American	66.3%
White/Caucasian	23.8%
Hispanic/Latinx	10.9%
Gender	
Female	66.3%
Male	33.7%
Age	Mean = 12.63; SD = 4.5
Insurance	
Medicaid/Medicare	69.6%
Private	22.8%
Self-pay	5.4%
Other	2.2%

RESULTS

Measures

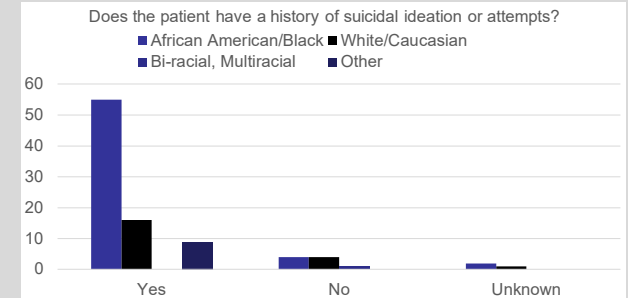
- **Pediatric Symptom Checklist (PSC-17).** A brief diagnostic tool was used to assess for psychosocial problems in children and adolescents ages 4 to 17 years old at intake (PSC-17; Gardner et al., 2007). A total score of 15 or higher indicates a need for further evaluation and subscale scores of seven (for attention and externalizing) or five (for internalizing) are significant.
 - Total Mean = 17.82
 - Attention Mean = 6.18
 - Conduct Mean = 5.51
 - Internalizing Mean = 6.13

- **Youth Top Problems.** An idiographic measure used to track treatment progress. Top Problems reported by patients fit into two main categories: 1) Behavioral (e.g., defiance, temper tantrums, anger outbursts) and 2) Emotional (e.g., sadness, anxiety)



RESULTS

	Chi-square test	
SI * Race	$\chi^2 (6, N = 92) = 13.56$	$p = .035$
SI * Gender	$\chi^2 (2, N = 92) = 1.99$	$p = .370$
NSSI * Race	$\chi^2 (6, N = 92) = 6.32$	$p = .388$
NSSI * Gender	$\chi^2 (2, N = 92) = 0.16$	$p = .924$



CONCLUSIONS

Implications and Future Directions

- Rates of suicidal ideation/attempts in Black youth may be higher than current estimates
- Structured interview assessment of risky behaviors may allow for decreased response bias and increase honest disclosure about suicidal ideation/attempts and NSSI
- Create short-term outpatient primary care clinics where underserved, urban youth can receive short-term problem-focused treatment
- Continue emphasis on screening and referring children and adolescents presenting with depressive or anxious symptoms
- Decrease the stigma of receiving help and provide avenues for receiving care within an established medical setting