

Suicide Screening Among Adolescents with a History of Mental or Physical Abuse- Evaluating the Effectiveness of Suicide Screening: A Scoping Review

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Purpose

- The purpose of this scoping review is to gather evidence on best practice for the administration of pediatric suicide screening in a variety of healthcare settings.

Background

- Suicide continues to be a public mental health crisis and is the 2nd leading cause of death among individuals ages 10-24 years.
- The majority of individuals that die by suicide have had contact with a medical professional within 3 months of killing themselves.
- Although limited, research focused on the detection of adolescents at risk for suicide supports the use of a validated suicide screening tool across many healthcare settings.
- Implementation of a suicide risk screening tool in every healthcare setting is necessary to identify patients potentially at risk for suicide.
- Suicide prevention is a national patient safety goal and includes screening all patients with a validated screening tool.

Methods

Search Strategy

- October 2020 to November 2021
- Databases queried:
 - Pubmed
 - CINAHL
 - Medline
 - ERIC
- Key search terms:
 - Adolescent
 - Teenage
 - Abuse
 - Maltreatment
 - Suicide attempt
 - Suicide screen
- Reference lists of retrieved articles were searched for further candidate articles.
- Inclusion criteria
 - Written in English within last 5 years
 - Published in peer reviewed psychology, medical or nursing journals
 - Focus on adolescents aged 12 to 18
- No limitation on level of evidence

Articles Included

- 27 articles met basic inclusion criteria for the search
- 15 articles underwent rapid critical appraisal by the team
- 10 articles selected for scoping review

Data Synthesis

Outcomes included

- Decreased risk of suicide attempts
- Identified adolescents at risk for suicide
- Improved non-psychiatric/non-mental health providers confidence in detecting suicide
- Identified patients without chief mental health complaint as at-risk for suicide
- Use of a brief, easy to administer tool
- Provided secondary evaluation process for positive screens
- Increased utilization of mental health services

Outcomes	1	2	3	4	5	6	7	8	9	10
Outcome #1: Decreased risk of suicide attempts	NE	NE	NE	NE	NE	NE	✓	NE	NE	NE
Outcome #2: Identified adolescents at risk for suicide	✓	✓	✓	✓	NE	✓	✓	✓	✓	✓
Outcome #3: Improved non-psychiatric/non-mental health providers confidence in detecting suicide	NE	NE	✓	NE	✓	✓	✓	✓	NE	✓
Outcome #4: Identified patients without chief mental health complaint as at-risk for suicide	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Outcome #5: Brief easy to administer tool	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Outcome #6: Secondary evaluation process provided for positive screens	NE	NE	NE	NE	✓	✓	NE	✓	NE	✓
Outcome #7: Increased utilization of mental health services	NE	✓	NE	NE	✓	✓	NE	NE	NE	NE

SYMBOL KEY: ↑ = Increased, NE = Not Examined, ✓ = applicable or present

LEGEND: 1= DeVlyder et al; 2 = Ballard, et al.; 3 = Azzopardi, et al.; 4 = Lanzillo, et al.; 5 = Brahmhatt et al; 6 = Hackfield ; 7 = Milliman et al.; 8 = Sullivant et al.; 9 = Kemper AR, et al.; 10 = Esposito, J

Results

- Research from this scoping review supports the use of a validated suicide screening tool.
- Research also supports suicide screening for every encounter.
 - Even patients who do not present with a mental health complaint should be screened for suicide
- Suicide screening for pediatrics at every medical encounter could identify suicidal planning and potentially prevent suicide attempts.

Implications for Practice

- Pediatric Suicide Screening tools should be brief, easy to administer, and validated.
 - Ask Suicide-Screening Questions (ASQ)
 - Columbia Suicide Severity Rating Scale (C-SSRS)
- Assess all patients at each medical encounter.
- Referral/Treatment protocol should include an action plan for patients that screen positive for suicide.

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