Developing Concerns: Suicide Prevention - Saving Lives

by Renee Wachtel, MD, FAAP

As pediatricians are well aware, many teens present with physical manifestations of emotional distress, such as headaches, chest pain and abdominal pain. Yet many pediatricians do not know how to initiate the process of uncovering the underlying mental health issues that precipitate the physical symptoms. For this reason, **the AAP recommends using validated screening tools** which allow the teen to disclose their concerns more easily, and serve as a way of starting the conversation. This is especially important since suicidal ideation is increasingly more common among teens, and death by suicide is the second leading cause of mortality among youth ages 10-19.

One place where suicide screening is especially beneficial is the Pediatric Emergency Room (ER), and not only when the presenting issues are behavioral and psychiatric problems. In a New York City Pediatric ER (DeVylder et al JAMA Open 2019) study of 15,003 youths, they compared **selectively screening for suicidal risk** only in teens with behavioral and psychiatric problems to universal screening of all teens attending the ER. They found that positive results in both **selective and universal screening for suicide risk were associated with subsequent suicidal behavior, and that universal screening uncovered more teens with high risk scores**. They used the free ASQ screening tool, which nurses administered and took only 2 minutes to administer. Pediatricians who work in ERs especially, and all pediatricians when seeing teens, should consider using this free screening tool.

JOIN US!!

If you are interested in suicide prevention, please join our team. We are planning a SUICIDE PREVENTION SUMMIT in March and would welcome your participation. Contact Dr. Renee Wachtel at drrwachtel@aol.com.

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