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# Screening youth for suicide risk in middle school setting

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Family Medicine Clerkship, April-June 2017

Rutland Community Health Center, Rutland, VT

Preceptor: Richard Baker, MD

# Community need; VT Middle School Youth Risk Behavior Survey [1]

% of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities, past 12 months

		Rutland	Vermont
<b>Grade</b>	6th	21%	17%
	7th	25%	19%
	8th	25%	22%
<b>Sex</b>	Female	35%	27%
	Male	15%	13%
<b>Total</b>		25%	20%

% of students who ever made a suicide plan

		Rutland	Vermont
<b>Grade</b>	6th	6%	9%
	7th	13%	11%
	8th	17%	15%
<b>Sex</b>	Female	22%	16%
	Male	6%	8%
<b>Total</b>		14%	12%

% of students who ever seriously thought about suicide

		Rutland	Vermont
<b>Grade</b>	6th	19%	14%
	7th	19%	16%
	8th	26%	22%
<b>Sex</b>	Female	33%	23%
	Male	12%	12%
<b>Total</b>		22%	18%

% of students who ever attempted suicide

		Rutland	Vermont
<b>Grade</b>	6th	-	5%
	7th	7%	5%
	8th	9%	8%
<b>Sex</b>	Female	12%	8%
	Male	4%	3%
<b>Total</b>		8%	6%

# Public health cost

- ▶ Approximately one third of youth with suicidal ideation go on to develop a suicide plan in adolescence, and about 60% of those with a plan will attempt suicide. [2]
- ▶ The hope is that early intervention will lead to prevention and associated future public health costs
- ▶ The following is from a recent study Suicide and Suicidal Attempts in the United States: Costs and Policy Implications [3]
  - ▶ The average cost of one suicide was \$1,795,379
  - ▶ More than 97% of the above cost was due to lost productivity. The remaining 3% were costs associated with medical treatment.
  - ▶ The total cost of suicides and suicide attempts was \$93.5 billion.
  - ▶ Every \$1.00 spent on psychotherapeutic interventions and interventions that strengthened linkages among different care providers saved \$2.50 in the cost of suicides

# Community perspective

- ▶ “I see around one student a month for depression, last year I sent 5 students to crisis intervention...there is no standardized set of questions I ask when a student comes in...a common theme among these students is substance abuse at home and poverty. Ideally, we should have intervention early on, it’s hard to turn around and improve...” When asked how to approach teens regarding depression and suicidal ideation, “...low-key is better.”
  - ▶ Counselor at Rutland Middle School
- ▶ “I see the counselor every week to talk about my anxiety and ADHD...I go to my counselor and my mom to talk about things...I’ve seen pamphlets on bullying in the office, I think it would be a good idea [to have pamphlets on depression and self-harm.]”
  - ▶ Female student

# Proposed intervention

- ▶ Develop an educational pamphlet on suicide prevention that includes a 4 question suicide risk screening tool
  - ▶ The Ask Suicide-Screening Questions (ASQ) is the first time a screen has been validated for pediatric and young adult patients evaluated in the EDs for medical/surgical reasons. [4] It addresses the following;
    - ▶ In the past few weeks, have you wished you were dead?
    - ▶ In the past few weeks, have you felt that you or your family would be better off if you were dead?
    - ▶ In the past week, have you been having thoughts about killing yourself?
    - ▶ Have you ever tried to kill yourself?
- ▶ Provide copies of pamphlets for student in the counselors office and waiting room.
- ▶ Encourage counselors to use pamphlet as a screening and educational tool for at risk students.

# Result

- ▶ School counselor for Rutland Middle School acknowledged that students do not receive enough guidance on suicide prevention and that there is no standardized suicide risk screening tool currently being used among the counselors
- ▶ Students stated that they would be interested in reading about suicide risk and would share the pamphlet with their friends

## WHAT IS SUICIDE?

Suicide is the act of intentionally ending one's own life. Many people who commit suicide are depressed and feel hopeless in escaping their pain. Not all depressed people consider suicide, but the following warning signs point to someone who may be suicidal...

## WHAT ARE THE DANGER SIGNALS?

- **Hopeless comments**, "nothing really matters," or "I just want to end it all"
- **Sleep problems**, including too little or too much sleep, insomnia, waking up at night multiple times
- **Preoccupation with death**, in music, artwork, or poetry
- **School problems**, having trouble keeping grades up, difficulty concentrating or thinking clearly
- **Loss of interest** in hobbies, social and sports activities
- **Changes in behavior**, such as a normally quiet person suddenly starts picking fights or an outgoing person becomes shy
- **Recent loss of friend or family** through death, separation, or divorce

If you have been experiencing the warning signs mentioned above, please answer the following Ask Suicide-Screening Questions (NIMH) and return this handout to your counselor.

1. In the past few weeks, have you wished you were dead?  Yes  No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
3. In the past week, have you been having thoughts about killing yourself?  Yes  No
4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_

\_\_\_\_\_

## NATIONAL SUICIDE PREVENTION LIFELINE

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**1-800-273-TALK (8255)**

**(En Español: 1-888-628-9454)**

# Effectiveness and limitations

- ▶ In regards to the ASQ Suicide Risk Screening Tool, if the student answered “Yes” to any of the 4 questions, or refuses to answer, they are considered a positive screen and should be referred to crisis intervention. If the student also admits to thoughts of killing him or herself at that moment, then a STAT safety/full mental health evaluation is required and patient should not be left unattended.
- ▶ The efficacy of the intervention can be assessed by the teach back method; counselors can determine the student’s awareness and understanding of suicide risk before versus after reading the pamphlet by having the student explain what they have learned. It would also be important to compare results from youth risk behavior surveys before the intervention to after the intervention, as increased numbers may be a result of increased awareness among students.
- ▶ The intervention is limited by how often counselors remember to use it and how widely the pamphlet is distributed among students
- ▶ Unable to formally assess efficacy of this intervention due to the short duration of this rotation



# Recommendations for future interventions

- ▶ Distribute pamphlet to other schools, health care facilities, and public libraries
- ▶ Develop suicide risk screening questions specific to various age brackets as depression can present differently in children versus teens versus young adults
- ▶ Correlate disturbance in student's home life with student's mental health, using home life as a predictor for future risk
- ▶ Create educational modules on mental health and wellbeing; teaching students strategies for how to cope with stress and how to recognize when they or others need help
- ▶ Student-run social support groups

# References

- ▶ 1. Vermont Department of Health, Division of Health Surveillance. “The 2015 Vermont Youth Risk Behavior Survey.” Survey. 2015
- ▶ 2. Nock MK, Green JG, Hwang I, et al. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA Psychiatry* 2013;70(3):300-10
- ▶ 3. Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A., Jr., & Silverman, M. M. (2015). Suicide and suicidal attempts in the United States; Costs and policy implications. *Suicide and Life-Threatening Behavior*.
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