

Suicidal Behavior in Children and Adolescents: Introduction to Themed Section of RIMJ

ANNE S. WALTERS, PhD; JENNIFER C. WOLFF, PhD
GUEST EDITORS

One in five. This is an oft-quoted statistic for healthcare professionals working with children and families and refers to the number of children and adolescents with a diagnosable psychiatric disorder. For these five children in every classroom, or the 20 out of 100 students on the playground at recess, access to mental health treatment is challenging during the best of circumstances. During the past two years, stressors related to the pandemic have led to a sharp increase in anxiety and depression in our youth. Rates of suicidal thinking and behavior in emergency departments (EDs) have increased by 25% or more,¹ and rates of children and adolescents “boarding” in the ED while waiting to gain access to a mental health hospital bed have also increased by an estimated 25–31%.¹ Emergency-service utilization for suicide and self-injury has nearly doubled in the past 15 years.¹ This crisis among our nation’s youth has been steadily building. Last fall, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP) and Children’s Hospital Association (CHA) declared a national emergency in children’s mental health, citing the serious toll of the COVID-19 pandemic and the struggle for racial justice.³ In the first half of 2021, children’s hospitals reported a 45% spike in reported cases of self-injury and suicide among youth aged 5 to 17 compared to 2019, according to the CHA. The crisis is not limited to the United States; global estimates are that pediatric anxiety and depression have doubled during the past year. Further, suicidal behavior among youth of color has trended upward at greater rates than among White youth, and recent estimates among LGBTQ+ youth indicate that almost half have considered death by suicide.²

These estimates are not likely to be a surprise to those working with children and adolescents during this particularly challenging time frame. We have watched with dismay as the level of need has steadily increased to crisis proportions, after months of concern about the effects of isolation, loss, and stress on children during the pandemic. This means that physicians and other healthcare professionals must be attuned to the presence of elevated levels of distress among the youth they are working with, and points to the need for additional information about identifying suicidal thoughts and behaviors (STBs) and resources for effective treatment.

In this special edition of the *Rhode Island Medical Journal* (RIMJ), we have gathered articles from mental health

professionals sharing the results of their work with children and adolescents at risk for STBs. Authors from Brown University’s Alpert Medical School and their colleagues in other settings have contributed to this edition of RIMJ. Our hope is that these articles will draw attention to STBs in children and adolescents and strategies to help them and their families.

To start off, in the article, “A Comparison of Acute Mental Health Presentations to Emergency Services Before and During the COVID-19 Pandemic,” **MARY KATHRYN CANCELLIERE, PhD**, and **KATHLEEN DONISE, MD**, outline how the pandemic affected youth presentations to the ED’s psychiatric service and how many warranted an inpatient/acute residential admission. Their study noted an increase in acuity among patients evaluated by the emergency service, where 11% more children and 12% more adolescents met criteria for inpatient/acute residential admission from before to during the pandemic. This increase was observed despite fewer overall emergency service evaluations.

Moving on to the role of screening youth that present with STBs, in the contribution, “Single- vs. Multi-Item Assessment of Suicidal Ideation Among Adolescents,” authors **ILANA GRATCH, BA**; **KATHERINE M. TEZANOS, MS**; **SARA N. FERNADES, MA**; **KERRI-ANNE BELL, MA**; **OLIVIA H. POLLAK, BS**, and **CHRISTINE B. CHA, PhD**, point out the barriers to assessment of suicidal ideation (SI) in adolescents. They compare single- and multi-item assessments of SI and factors associated with different responses. Their work provides support for the notion that multi-item assessments provide a more accurate and nuanced picture of SI among adolescents and may be a vital component of routine screening.

Moving on to treatment considerations, “Assessing the Quality of Patient Responses to a Psychosocial Intervention Implemented on an Adolescent Psychiatric Inpatient Unit: Devising the Safety Plan Quality Metric,” authors **PAULINE H. L. BAGATELAS, MD’22, ScM’22**; **JEFFREY I. HUNT, MD**, and **JENNIFER C. WOLFF, PhD**, offer a quality assessment of the Safety Planning Intervention (SPI) that helps individuals identify what they can do to stay safe when they have suicidal thoughts. This intervention is used widely in Rhode Island for addressing suicidality in children, and their project examined whether the quality of the intervention impacted the likelihood of readmission to a psychiatric hospital.

ELIZABETH C. THOMPSON, PhD; MARGARET NAIL, BS, and **SHIRLEY YEN, PhD**, in their article, “Suicide Risk and Psychotic Experiences: Considerations for Safety Planning with Adolescents,” focus on discussion of individuals with psychosis-spectrum conditions who tend to have high rates of STBs. The authors provide suggestions for conducting safety planning with this difficult-to-treat population and their family members.

Consideration of cultural approaches to treatment is the focus of the article by **GISELA JIMENEZ-COLON, PhD**, and **YOVANSKA DUARTE-VELEZ, PhD**. In “Raising Children in Different Cultures: Working with Latinx Youth with Suicidal Behaviors and Their Families,” they discuss working with the families of Latinx/Hispanic youth who have a history of STB, given that suicide is the third-leading cause of death among Latinx/Hispanic youth aged 10 to 14, and the second-leading cause for those aged 15 to 24 in the United States. They present a case to illustrate the application of the Socio-Cognitive Behavioral Therapy for Suicidal Behaviors (SCBT-SB) approach with a Latinx/Hispanic family.

In “Recognizing Suicidal Risk in Very Young Children,” **ELIZABETH WAGNER, MD, MPH; ANJALI GOTTIPATY, BA; JEFFREY I. HUNT, MD**, and **JOHN R. BOEKAMP, PhD**, focus on their work with very young (e.g., preschool age) children who present with self-injurious or suicidal behavior. They outline de-identified cases of young children who were admitted to a local psychiatric hospital. Their aim is to provide information about common risk factors and to reduce the likelihood that these concerns will be under-identified in very young children.

We hope that RIMJ readers find this issue both illuminating and helpful as they navigate their response to the current mental health crisis and needs of youth at risk for suicide.

References

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Guest Editors

Anne S. Walters, PhD, Clinical Professor, Department of Psychiatry and Human Behavior, The Warren Alpert Medical School of Brown University; Clinical Director of the Children’s Partial Hospital Program, Emma Pendleton Bradley Hospital, East Providence, RI.

Jennifer C. Wolff, PhD, Associate Professor, Clinician Educator, Department of Psychiatry and Human Behavior, The Warren Alpert Medical School of Brown University; Director of the Adolescent Mental Health Collaborative and Director of the Pediatric Biopsychology Core at Emma Pendleton Bradley Hospital, East Providence, RI.

Correspondence

Anne S. Walters, PhD
Bradley Hospital
1011 Veteran’s Memorial Parkway
East Providence, RI 02915
anne_walters@brown.edu