



## BACKGROUND/SIGNIFICANCE

The Center for Disease Control and Prevention reported a 30% increase in suicides from 2000 to 2016, making it the second leading cause of death in children (Knopf, 2019). Suicide is the second leading cause of death among high school youth aged 14-18 years, after unintentional injuries (Ivey, 2020). If the problem of adolescent suicide is not addressed, suicide attempts and successes will continue to rise. According to Ivey (2020) many health care professionals are not comfortable screening young children for suicidal ideation for various reasons. It is necessary for each health care professional to be familiar with any history of neglect, bullying, and physical, mental, and sexual abuse. For those exposed to early neglect, interventions should target depressive/anxious symptoms often expressed to prevent suicidal ideation (Paul & Ortin, 2019). Prevention of suicide in children requires knowledge and screening about the events that precede suicidal ideations and attempts. For school aged children ages 10 to 18 years of age (P), does proper mental health screening for suicide ideation (I), compared to no screening (C), influence early diagnosis, treatment, and prevention of suicide (O)?

## METHODS

This review examined if purposeful mental health screening of school aged children for suicidal ideations would influence early diagnosis. Research terms included adolescents and suicide, suicidal ideation, suicide attempts, mental health screening, suicide successes utilizing the CINAHL database through Cumberland University Vise Library. For the purpose of this review, five studies were found in peer reviewed journals, were written in English, and were published within the past five years to be appropriate to answer the proposed PICO question. Peplau's Theory of Interpersonal Relationships guided this literature review. This theory focuses on relationships between the nurse and the patient. This theory also has two goals; survival of the patient, the patient's understanding of his or her health problems and learning from these problems as he or she develops new behaviors (Black, 2019). Development of a stronger nurse patient relationship can help the nurse and other health care providers effectively monitor and address the signs and symptoms of mental health alterations in school-aged children.



## RESULTS

- Ramchand and colleagues (2017) interviewed next of kin or significant others of completed suicide victims. The authors found warning signs of suicide in all interviewees within 7 days of the event that included communication of thoughts of suicide, feelings of purposelessness and hopelessness, inability to sleep, anger, recklessness, and mood changes. The researchers concluded with proper health screening and a solid nurse-patient therapeutic relationship, healthcare providers would have noticed these signs and could have contributed to suicide prevention. Authors did recognize limitations in reliability of family members and significant others and generalizability of results.
- In a review of the literature, Sisler et al. (2020) examined screening tools for depression and suicidal ideation in primary care and school-based clinics to provide evidence-based screening assessments. This study examined the need to have timely and effective consultations for youth in great need and with acute presentations. Past studies have shown that many who have died by suicide saw their primary care provider within 30 days of their deaths, which supports the need for better suicide screening and assessment tools. The conclusion of this study suggested that nurses in primary care and school-based clinics develop setting-based protocols for screening, monitoring, referring, supporting, and follow-up with adolescents at risk of suicide.
- Van Meter et al. (2018) assessed for suicidal behavior in youth (n=117) aged 5 to 12 years of age using the Achenbach System of Empirically Based Assessment. Specifically, the investigators investigated how well the Total Problem scores and the sum of two suicide-related items, "deliberately harms self or attempts suicide" and "talks about killing self" were able to distinguish youth with a history of suicidal behavior. The authors found that the sum of these two questions can offer important and relevant information about a youth's risk for suicidal behavior. The authors concluded that wide-spread use of this screening tool could facilitate screening in at-risk populations.
- Ivey (2020) conducted a review of the literature to assess suicide screening in children and adolescents. Ivey (2020) recommended, consistent with the American Academy of Pediatrics, that screening for mental health problems be conducted at each annual visit but found some pediatricians completing residencies in recent years have expressed discomfort with managing mental health issues and have requested additional training. The author further recommended the nursing profession meet the challenge and recognize mental health needs so that early interventions can be accomplished.
- Howe et al. (2020) conducted a systematic review to examine commonly used tools to assess suicide risk and clinical practice among youth with and without autism spectrum disorder. The authors found a lack of studies determining the validity of measures used in autistic youth and highlights the need to develop assessment tools that can distinguish between self-injury that can be perceived as self-stimulating behavior in this population. The authors further recommended more research on the use of specific assessment tools in this population as current tools developed for use in general population children and youth provided limited adaptation to the population of autistic spectrum disorder. Ongoing research is needed.

## PRACTICE IMPLICATIONS

By utilizing Peplau's Therapeutic Relationship Model, nurses will be able to effectively screen school-aged children and adolescents, ages 10-18, for depression and anxiety, with the goal to prevent suicide attempts and successes. Therapeutic relationships can be beneficial to the patient by building a trusting relationship with the child and helping create a comfortable environment. This allows for the patient to be more likely to give honest feedback during mental health screenings. If a child mentions, on their self-reporting screening, feelings of hopelessness or purposelessness, they should be interviewed alone (Sisler et al., 2020). The nurse's ability to use a therapeutic relationship and the assessment tools in place is vital to preventing successful suicides and attempts. The assessment needs to be done at every visit and not just at their annual physical.

## CONCLUSIONS

It is no surprise that suicide rates are increasing in children, but there are several screening tools available to address these alarming rates of suicide in the pediatric population. Screening for suicidal ideations and attempts should be implemented at every visit. Studies have shown that many individuals who committed suicide had been seen by their primary care provider within 30 days before their deaths (Sisler et al., 2020). Literature shows that children are more likely to tell the truth during a self-reporting questionnaire. Using Peplau's Theory of Interpersonal Relationships can aid the nurse in forming strong nurse-patient relationships that allow nurses to successfully screen children and adolescents for mental health issues for early intervention and lower the suicide rate. Ongoing research is necessary to develop evidence-based assessment tools that prove effective in identifying those youth with suicide ideation and other mental health issues in all populations.

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