

Integrating suicide risk screening with Depression screening and intervention

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16 yr. old male accompanied by his mother for a well child visit. He is in 10th grade and has been active in various extracurricular activities. Mother reports no concerns except that he seems less engaged, staying in his room most of the time. On confidential interview, patient reports feeling sad, spending more time on media use, playing games with his friends, not wanting to do his homework, has passed some deadlines. He has been feeling tired all the time and difficulty falling asleep. You administer PHQ A (adolescents) and [ASQ \(Ask Suicide screening questions\)](#). Patient scores 10 on PHQ A and noted he has thoughts that he be better off dead or hurting in some way for several days, no thoughts of hurting himself in past month or ever tried to kill himself. On ASQ, he marked “yes” to the question 3-“ in the past week, have you been having thoughts about killing yourself and yes to question 5- “Having thoughts of killing yourself right now”.

Adolescent depression is common and studies estimate 1 in 5 teens suffer from depression. Suicidality, however, can occur in the absence of known mental health diagnosis. A [study](#) examining healthcare utilization and mental health diagnosis showed that 49% of youth who died by suicide didn't have recorded mental health diagnosis in the year prior to death and 42% had a healthcare visit a month prior to suicide. Outpatient specialty and primary care visits were the most common visits.

Suicide continues to be second most common cause of death in KY among adolescents and young adults. Data from 2023 child fatality report shows that number of suicide deaths ages ≤10-17 doubled since 2013. According to youth risk behavioral surveillance (2023) report, 1 in 5 high school student and 1 in 4 middle school students have seriously thought about killing themselves. While PHQ A is validated screening tool for depression, it can miss most recent and active suicidal thoughts. A [study](#) comparing PHQ A and ASQ in primary care settings showed that 13.2% of adolescents who responded that they did not have suicidal thoughts in past month, had a positive ASQ. It is thus recommended that suicide screening using ASQ be completed in addition to depression screening using PHQA during well child checks.

When teen are positive on ASQ, providers can further assess the risk and type of intervention needed using [brief suicide safety assessment](#) and follow [youth suicide risk screening pathway](#)