ROWE
Rural Occupations Workforce Expansion

Practice Brief #1

Suicide Risk Assessment and Ethical Considerations: Youth Ages 10-24 in Rural and Medically Underserved Areas in SC

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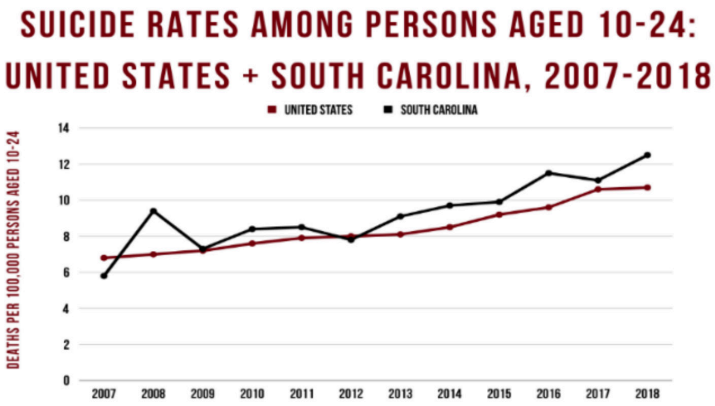
Background

This practice brief focuses on the critical public health issue of youth suicide in rural and medically underserved areas of South Carolina, focusing specifically on youth who are ages 10-24. In this brief, the prevalence of youth suicide and the importance of universal screening for youth suicide is discussed. In addition, this brief highlights several potential tools that rural behavioral health professionals can use to assess youth suicide risk. Implications for rural behavioral health practitioners are also shared.

Youth Suicide in South Carolina

Suicide is defined as the self-inflicted act of taking one's life.[1-23] Nationally, youth suicide rates have increased 56% since 2007, making it the second leading cause of death among adolescents in the United States.[7,9,18,21]South Carolina currently has the 15th highest suicide rate in the country for youth and teen suicides, with South Carolina experiencing a 37% increase in youth suicide since 2007.[1] South Carolina being a predominantly rural state, coupled with the closure of rural hospitals, amplifies the complexity of addressing youth suicide. Access to mental health services often is limited, leading to emergency departments grappling with the surge in diagnoses and treatment of mental health disorders.[12, 14]

The demographic patterns of youth suicide in South Carolina also are important for rural behavioral health practitioners to be aware of. Male youth account for a significant majority (80.8%) of suicide deaths.
Female youths suicide attempts are often less lethal. and as a result, youth females have a higher risk of ending up in emergency rooms and subsequently being hospitalized after attempting suicide.[1, 8, 11, 21] A striking racial disparity also is evident, with white youths being twice as likely to die by suicide compared to youths from other racial backgrounds combined.[1, 21] Nearly half of all youth suicide victims commit the act within the confines of their own homes.[21]The means by which these youths take their lives also present challenges. In South Carolina, firearms, primarily handguns are used in over 56% of youth suicides deaths, while hanging accounts for over 32% of youth suicide deaths.[11, 21] Substance use or exposure is confirmed in nearly half of youth suicide victims (43%).[9, 21] Almost 20% of youth who take their own lives had previously attempted suicide,[21] and a little over 20% of youth contemplating suicide had disclosed their suicidal intentions to someone.[4] lntimate relationship problems represent the primary circumstance leading to youth suicide.[21]



Universal Screening for Suicide

Universal screening se1ves as a pivotal strategy to identify and support youth at risk of suicidal ideation.[11, 20, 22] The core principle underlying universal screening is that the early detection of suicidal ideation and behaviors can facilitate timely inte1vention and supports.[4, 8, 11-20, 22] Universal screening for suicide is a proactive and systematic process aimed at identifying individuals at risk of suicide within a specific population or setting. It involves assessing all individuals for signs and risk factors associated with suicidal thoughts or behaviors, regardless of whether they have disclosed such concerns. By routinely assessing every individual for suicide, universal screening ensures that no one at risk of suicide is overlooked.

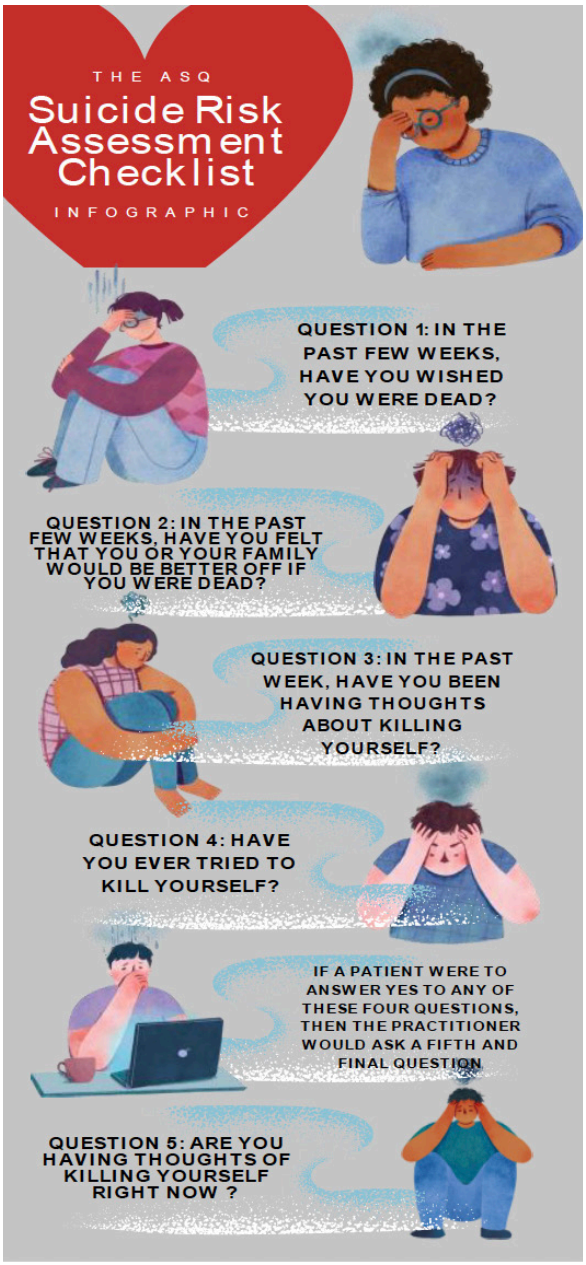
This proactive and systematic approach can be implemented across various clinical and non-clinical settings, including emergency departments (ED), inpatient units, schools, and primary care facilities.[4, 11, 20, 22]

The process of universal screening typically involves the administration of validated tools, such as the Ask Suicide-Screening Questions ASQl, to assess suicidal risk.[4, 15, 17]

The Ask Suicide Screening Questions (ASQ)

The ASQ is a psychometrically sound screening tool designed for healthcare professionals to use in health care settings to screen individuals for mental health challenges, such as suicide.[4, 15, 17] The ASQ was originally created in 1995 as a Parent- Completed, Child-Monitoring System. In the last 28 years, the ASQ has adapted from a child only screening, to now being approved for all ages by the Joint Commission.[15] The ASQ consists of 4 questions and can be administered in as little as 20 seconds. [3, 15, 17]

The four questions are:



If all 5 questions are asked, then the ASQwould indicate a "non-acute positive screen", suggesting potential risk and that further assessments are necessary.

The ASQ is designed to be answered by youth without needing the presence of their parent(s) or caregiver(s) in the room. However, if the youth wishes for their parent or caregiver to be in the room, then the screening should be completed with all present, ensuring that the questions are asked privately and confidentially.[7, 10, 17]

An affirmative response to any of the four ASQ questions indicates a "positive screen," suggesting the need for further assessment.[4, 17] Research has shown that a positive screen to one or more of these questions accurately identifies 97% of youth aged 10-24 years at risk for suicide.10 This underscores the significance of the ASQjn universal screening for early detection and prevention. Importantly, there is no evidence to suggest that asking these questions increases the risk of youth suicide or causes psychological distress.[4, 8, 11, 17]

Brief Suicide Safety Assesment (BSSA)

When youth screen positive for suicide risk through the ASQ..another important tool to consider utilizing is the Brief Suicide Safety Assessment (ESSA).[11, 13, 16] This assessment is typically administered by trained clinicians, often social workers, who possess the expertise required to navigate the sensitive topic of suicide.[11, 13, 16, 20] The primary objective of the ESSA is to determine whether a more comprehensive mental health evaluation is warranted.

The ESSA tool is a structured assessment that is comprised of five essential steps and can be administered in as little as a 10-minute conversation.[16] These five steps include:

1) Praise - Make sure to build rapport and praise the patient/client for discussing their thoughts on suicide.

2) Assess - If possible, assess the patient alone if they are willing and able, and review the patient/client's response.

3) Interview - If the youth is under the age of 18, ask patient/client's permission for parent/guardian to join a discussion to gain perspective as to what their child is experiencing.

4) Safety Plan - Create a safety plan for managing potential future suicidal thoughts.

5) Disposition - After completing the assessment, choose the appropriate disposition plan.[16]

"After having gone through this 5-step process, it is essential to provide the patient/client, as well as their parent/guardian resources to help them navigate these mental health challenges (National Institute of Mental Health, 2023)."

Key Considerations for South Carolina Rural Behavioral Health Practitioners

Behavioral health practitioners serve a pivotal role in universal screening for youth suicide, particularly in rural areas where resources may be more limited. Some key considerations for rural behavioral health practitioners to consider as part of their practice include:

1) Universal Screening with Validated Screening Tools

Consider whether the agency or setting you work within engages in youth suicide screening. Universal screening with validated tools like the ASQ provide a systematic and comprehensive approach to identify youth who may be in distress or at risk of suicide.4, 10, 11, 15 By employing validated screening measures, rural behavioral health practitioners can make more informed decisions about the level of care required, from immediate intervention to long-term mental health treatment. The use of validated tools also enhances the consistency and accuracy of suicide risk assessments, reducing the potential for misjudgment and ensuring that those youth who need help the most receive it promptly.

2) Collaboration

To address the multifaceted issue of youth suicide effectively in rural South Carolina, it is essential to foster collaboration between rural healthcare providers, schools, community organizations, mental health professionals, and others.[6, 8, 11, 13, 18, 21] Practitioners should actively engage in joint initiatives, including the development of coordinated prevention programs, sharing of data and best practices, hosting community awareness campaigns, and establishing support networks to ensure a comprehensive and integrated approach to youth suicide prevention.[12, 14, 22]

3) Telehealth and Telemedicine

Given the rural nature of South Carolina and the oftentimes limited access to mental health services in these areas, it is of paramount importance for rural behavioral practitioners to embrace the use of telehealth and telemedicine services.[5, 8, 12, 14, 21-22] These digital platforms serve as critical tools to bridge the geographical and healthcare accessibility gap by providing the ability to conduct remote mental health assessments, counseling, and support [5, 8, 12, 14, 21-22]

4) Training and Education

As the landscape of the behavioral health crisis continues to change, continuous training and education is important. Rural behavioral practitioners should stay up to date with the latest research and best practices in suicide prevention, particularly tailored to the unique challenges of rural and/or underserved communities.

Some helpful resources on the national level include:

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  https://www.samhsa.gov/suicide-prevention
- National Institute of Mental Health (NIMH)
  https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml
- American Foundation for Suicide Prevention (AFSP)
  https://afsp.org/rural
- Rural Health Information Hub
  https://www.ruralhealthinfo.org/
- National Rural Health Association (NRHA)
  https://www.ruralhealthweb.org/

Some helpful resources specifically for rural behavioral health practitioners in South Carolina include:

- South Carolina Department of Mental Health (SCDMH)
  https://scdmh.net/
- South Carolina Youth Suicide Prevention Initiative (SCYSPI)
  https://scyspi.org/
- South Carolina Chapter of the American Foundation for Suicide Prevention (AFSP)
  https://afsp.org/southcarolina/

5) Developing Rural Support Networks for Youth

Encourage the development of local support networks for rural youth.[5-6, 8, 11, 13, 18, 21] Universal screening is an initial step in identifying individuals at risk for suicide. Once at-risk individuals are identified, they need support systems in place. Rural support networks, involving peers, mentors, or community groups, can play a crucial role in providing emotional support to those identified as at risk. This is important as it ensures that individuals have access to additional support.[4-5, 8-9, 12-14, 22]

Conclusion

In summary, this practice brief provides an overview of youth suicide and discusses the importance of engaging in universal screening for youth suicide with validated tools, such as the ASQ and BSSA. Implications for behavioral health practitioners regarding screening are shared in the hopes to help address the youth suicide crisis in SC and beyond.

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