

# Management of Suicidal Thoughts in Youth

## Draft Key Questions

### Background

Suicide is the second leading cause of death among high school-aged youths. In 2019, 18.8% of high school students reported having seriously considered suicide, and groups at even higher risk included females and lesbian, gay, or bisexual youths.<sup>1</sup> Other risk factors may include having a mental or substance use disorder, history of childhood trauma, bullying, and having dysregulated sleep. Protective factors include exhibiting resilience, problem-solving skills, having access to health care, positive peer relationships, cultural or religious beliefs that discourage suicide, interpersonal and community connectedness, a safe environment, and positive adult relationships.<sup>2</sup>

Suicidal ideation refers to thinking or planning suicide.<sup>2</sup> Over one third of adolescents who experience suicidal ideation attempt suicide at some point.<sup>3</sup> Data from a large longitudinal study in the US from 2000 to 2010 indicated that about 38% of youth up to age 19 sought health services four weeks prior to dying by suicide, and about 17% sought mental health services.<sup>4</sup> Treatment is usually conducted by a licensed mental health professional and occurs over multiple sessions.<sup>2</sup> The systematic review will be used to develop clinical practice guidelines for management of suicidal thoughts and behaviors in children and young adults.

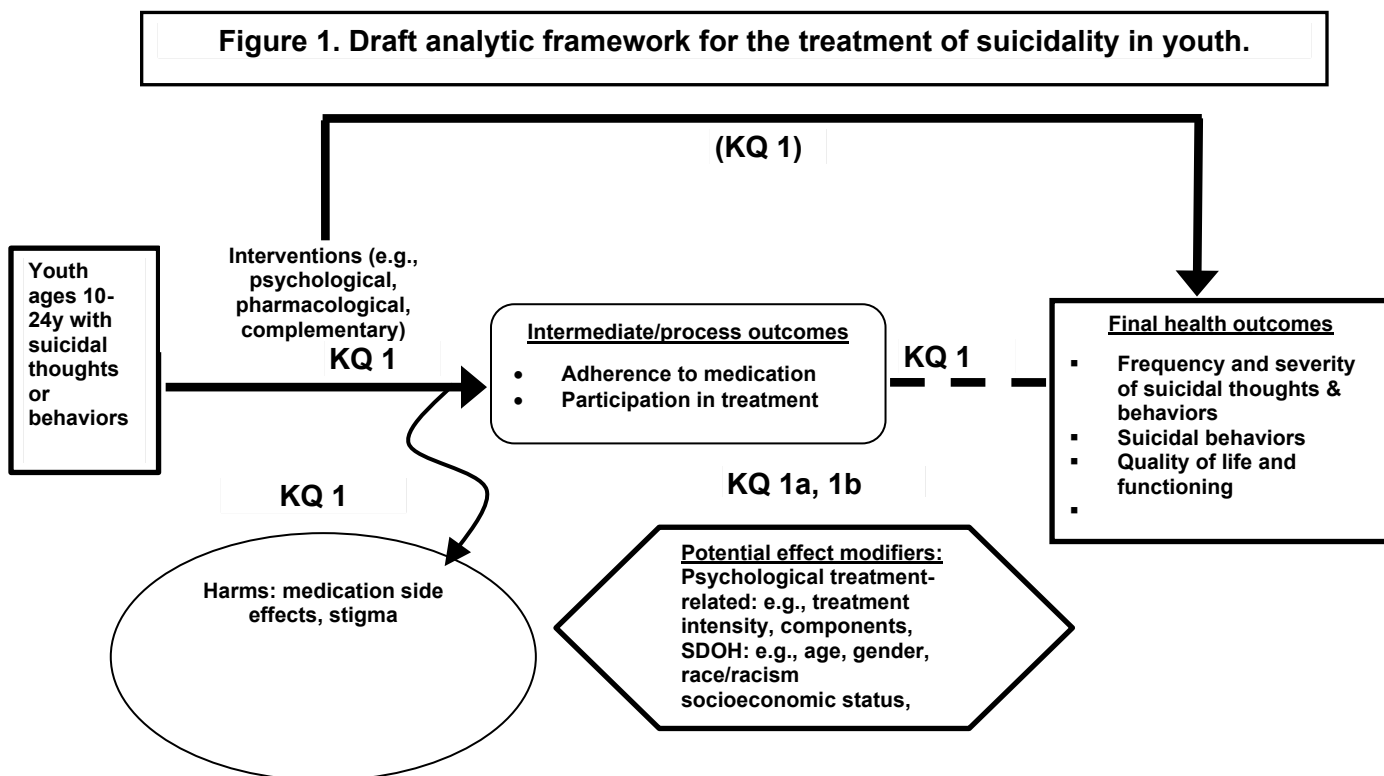
### Draft Key Questions

**Key Question 1: What is the effectiveness, comparative effectiveness, and harms of treatments for suicidal thoughts and behaviors?**

**KQ1a: What are the components of effective psychological treatments (e.g., frequency or intensity of therapy and/or aspects of the therapeutic modality)?**

**KQ1b: How do social determinants of health, racism and disparities affect outcomes?**

## Draft Analytic Framework (AF)



Abbreviations: KQ=key question; SDOH=social determinants of health

<b>Questions</b>	<p><b>Key Question 1:</b> What is the effectiveness, comparative effectiveness, and harms of treatments for suicidal thoughts and behaviors?</p> <p><b>KQ1a:</b> What are the aspects or components of effective psychological treatments (e.g., frequency or intensity of therapy and/or aspects of the therapeutic modality)?</p> <p><b>KQ1b:</b> How do social determinants of health, gender, age, race/racism affect outcomes?</p>
<b>Population</b>	<p>Youth ages 10-24 y. who have engaged in suicidal ideation (thinking about or planning suicide) with or without self-injurious behaviors (i.e., suicide, self-injurious behavior including self-directed deliberate injury or potential for injury), or have made suicide attempts in the absence of known suicidal ideation</p> <p>KQ 1b: Consider socioeconomic status, race, gender, age</p>
<b>Interventions</b>	<p>Psychological, pharmacological, complementary, integrative health (e.g., light therapy, supplements), combination therapies</p> <p>KQ 1a: for psychological treatments, component of treatment, frequency of therapy, intensity of therapy, other intervention factors</p>
<b>Comparators</b>	<p>Other psychological, pharmacological, complementary, integrative health, combination therapies; treatment as usual</p>
<b>Outcomes</b>	<p>Final health outcomes: Measures of psychological functioning (e.g., suicidality/ideation, depression, anxiety) both as reported by child and caregiver, suicidal behaviors (e.g., suicidal attempts, self-harm), quality of life, school outcomes (e.g., functioning in school).</p> <p>Any harms: medication side effects, stigma</p>
<b>Timing</b>	<p>All/any (short term, long term)</p>

<b>Setting</b>	All/any (e.g., outpatient, inpatient, emergency department)
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## Definition of Terms

<b>Term</b>	<b>Definition</b>
AF	Analytic framework
APA	American Psychological Association
KQ	Key question
PICOTS	Population, intervention, comparator, outcome, timing, setting

## References

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3. Daniel SS, Goldston DB. Interventions for suicidal youth: a review of the literature and developmental considerations. *Suicide Life Threat Behav.* 2009 Jun;39(3):252-68. doi: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819305/pdf/nihms172692.pdf>. PMID: 19606918.
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