

Researchers urge primary healthcare providers to screen for depression and suicide risk in teens

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A new paper from nursing researchers with The University of Texas at Arlington and Texas Woman's University finds that depression and suicide risk screening can assist healthcare providers in preventing suicides in teens.

Sharolyn K. Dihigo, a pediatric nurse practitioner and clinical associate professor in the UTA College of Nursing and Health Innovation, and Barbara Gray, an associate professor of nursing at TWU, recently examined available research to determine what screening tools nurse practitioners and others in primary care settings should access during well visits with teenage patients.

The paper appears in the September issue of *The Nurse Practitioner* journal as part of a continuing education series, and it comes as the nation observes Suicide Prevention Awareness month.

The World Health Organization announced the number one reason for illness and disability among teens and preteens is depression, and suicide is ranked as number three, Dihigo said.

"Our article could not have come at a better time. We are trying to get the word out and educate other [healthcare providers](#) to recognize the signs of depression and intervene to prevent these suicides."

It's estimated that 80 percent of all 13 to 18 year olds are seen in a primary care setting each year, however, often-busy healthcare providers fail to correctly identify those teenagers with a mental health condition. That's because symptoms of depression in teens, such as moodiness, increased sadness or changes in appetite or school attendance, can be easily overlooked as a normal part of puberty.

Gray said completion of psychosocial assessment and mental health screening of adolescents during routine health care visits "is an important component in the detection of risk factors that contribute to suicidal thoughts and behaviors."

To complete their piece, Dihigo and Gray reviewed numerous articles, fact sheets, national recommendation statements and 23 studies done by other researchers.

The team concluded that advanced planning and preparation can lead to a systematic, effective way to manage patients at risk for suicide, whether it is immediate referral for hospitalization or referral to a therapist and initiation of a safety plan. Suicide risk screening tools are available and can be administered in a time-efficient manner.

Most tools are free of charge and require little training to administer. Some tools screen for several disorders, while others focus on specific screening questions for one type of mental illness. For example, the Patient Health Questionnaire for Adolescents (PHQ-A) assesses for potential problems, such as anxiety, substance abuse, mood or eating disorders. The Pediatric Symptom Checklist (PSC), or Pediatric Symptom Checklist – Youth Report (Y-PSQ), screens broadly for emotional and behavioral psychosocial concerns.

Read Dihigo and Gray's paper, "Suicide Risk Assessment in High-Risk Adolescents," at [journals.lww.com/tnpj/Fulltext ... k_adolescents.6.aspx](http://journals.lww.com/tnpj/Fulltext/.../k_adolescents.6.aspx)

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