

# Screening for suicide risk among urban children vitally important

July 21 2016, by Neil Schoenherr

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Screening for suicide risk among publicly insured urban children who are experiencing psychological distress is vitally important, finds a new study from the Brown School at Washington University in St. Louis.

"Clinicians need to pay special attention when working with young people in this population who are going through psychiatric crisis," said lead author Sean Joe, the Benjamin E. Youngdahl Professor of Social Development and noted expert on suicidal behavior among African Americans.

The study, "Suicide Risk Among Urban Children," will be published in the September issue of the journal *Children and Youth Services Review*.

"This study is one of the few that examines suicidal thoughts and behaviors in a large clinical sample of [urban children](#)," Joe said.

"Our findings indicate that ethnic group identity is not a good indicator of suicide risk, or any health status, without careful consideration for what is actually being captured by the ethnic categorization of human beings, individually and contextually," he said.

The study examines how socio-demographic and clinical characteristics influence suicide risk among a large, urban sample of children, age 12 and younger, who were receiving psychiatric emergency services.

Approximately 17.2 percent of patients presented had a history of

suicidal thought and behavior. Despite the larger number of black children presenting for psychiatric emergency services, the study found no significant difference in [suicide risk](#) across ethnic group, though the prevalence rates were increasingly higher in whites, Latinos and blacks, respectively.

Of those presenting with suicidality, 65.1 percent were diagnosed with a behavioral disorder; 26.3 percent were diagnosed with a mood disorder; 3.8 percent with a psychotic disorder; and 4.8 percent with another disorder.

About 1 in 10 suicidal cases admitted to prior child abuse.

"We found that patients admitted to the hospital for suicidality were more likely to be female, to have a mood disorder and to be appropriately discharged to an inpatient setting following initial hospital care," Joe said.

"Suicide risk should be considered in the context of psychiatric health and gender for more accurate assessment," he said. "Regardless of ethnic group membership, urban children expressing intentions to self-harm or exhibiting [mood disorder](#) symptoms should be examined for the potential to suicide. Such clinical consideration is a sharp departure from conventional practice wisdom.

"These findings suggest that all children, regardless of ethnic group, should be examined for suicidality when presenting at psychiatric emergency service with known risk factors, and that more study is warranted on this topic," Joe said.

**More information:** Sean Joe et al, Suicide risk among urban children, *Children and Youth Services Review* (2016). [DOI: 10.1016/j.chidyouth.2016.07.002](#)

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