A Systems of Care Approach to Suicide
Screening At-Risk Youth Involved with Child Welfare

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INTRODUCTION

Suicide is the 2nd leading cause of death among individuals age 10-34 and the rates have been rising over the past decade.

About 17% of all adolescents admit to having had thought about suicide.

Almost 9% of high-schoolers have attempted suicide within the past 12 months.

Risk factors for suicide include presence of male sex, adolescence, psychiatric illness, previous suicide attempt, family history of psychiatric illness, family factors, substance abuse, sexual and physical abuse, disorders in gender identity, bullying, social isolation/school absenteeism, hopelessness, impulsivity, and poverty.

Having multiple adverse childhood experiences increases lifetime suicide risk and those within the child welfare system have had a disproportionate amount of ACEs compared to the general population.

Noted while working with Child Protective Services that despite having increased suicide risk, children were not routinely being screened.

METHODS

A literature review was performed using the PubMed database. Results were filtered to those available in English. Results were sorted by best match and the first 20 results for each search term were reviewed.

Search terms included: “child welfare + suicide”, “social services + suicide”, “child welfare + mental health”, “social services + mental health”, “child protective services + suicide”, “child protective services + mental health”.

RESULTS

The literature review did not yield any articles addressing suicide screening within the child welfare system or rates of suicide attempts within the youth involved with the child welfare system.

An article was found discussing the relationship between child protection contact and mental health outcomes among Canadian adults with a child abuse history. This article suggests that among people with a history of childhood abuse, those that had contact with CPS were more likely to report lifetime suicide attempts.

Another article examined health risks for adolescents in protective custody. This article examined records of 351 youth ages 15 and older in child welfare custody and found that 41.6% had a mental health diagnoses with depression and behavior disorders being most common and 39.6% with substance abuse.

There is a large body of research suggesting that child maltreatment is associated with adolescent suicidal ideation and attempts.

The results of a systematic review suggests that childhood sexual abuse, physical abuse, emotional abuse, and neglect are associated with adolescent suicidal ideation and attempts across community, clinical and high-risk samples using cross-sectional and longitudinal research designs.

In most studies, the associations remained significant when covariates such as youth demographics, mental health, family, and peer related variables were controlled for.

The systematic review concludes that there is a need for careful, detailed screening of child maltreatment, past suicidal behavior, current suicidal ideation, as well as the need for integrated treatment approaches that effectively address childhood maltreatment, suicidal ideation, and suicide attempts.

DISCUSSION

The lack of data resulting from the literature review suggests that there has been little research into suicide prevention in the at-risk youth seen by Child Protective Services. I was not able to find data comparing suicidal ideation, attempts, or completed suicide in youth with CPS involvement versus the national average which indicates a need for further research.

The research that was found highlights the many risk factors associated with pediatric suicide which clearly overlap with many of the reasons CPS becomes involved with a family (ex: abuse, neglect, poverty/dependency, substance abuse).

When looking at suicide from a systems of care perspective, given the overlap between risk factors for suicide and risk factors that are had by children involved with CPS, it would make sense to consider routinely screening this population to identify children with a history of suicidal ideation and connect them with mental health resources.

Future directions include further researching youth suicide, the efficacy of various screening tools, and presenting this information to the local child welfare system with the hope of implementing routine suicide screening during their CPS assessments. Points that need to be clarified include who gets screened, when and how often screening occurs, and which screening tool is used.

REFERENCES


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