

Updated Review of Youth Suicide Risk Assessments, 2016 to 2021

Kyle Ahonen DO, MBA^{1,2}, Aram Derbedrossian MS-3², Taylor Bashara MS-3², Carol Janney, PhD^{1,2}, and Heide Rollings, MD^{1,2}
¹Pine Rest Christian Mental Health Services, Grand Rapids, MI; ²Michigan State University College of Human Medicine, Grand Rapids, MI

Introduction/Background

- Suicide remains a leading cause of death in youth^[Heron 2019, SPRC 2021]
- Many decedents were seen by healthcare workers in the month or year prior to their death^[Ahmedani, 2019]
- Universal screening identifies youth at risk for suicide, including those with primary medical complaints^[Milliman 2020, Dagar 2020]
- There is limited data on the validity of suicide risk assessments in this population^[Carter 2019, Newton 2017]
- Assessments need to be valid, reliable, and usable by non-mental health clinicians^[Horowitz, 2020]
- There is lack of consensus regarding the choice of a suicide risk assessment for youth in medical settings^[Carter 2019, Newton 2017, Pettit 2018]
- The Joint Commission recommends using a validated suicide screening assessment when evaluating for suicide risk^[Horowitz, 2020]
- A recent scoping review by Carter et al identified twenty-two suicide risk assessments^[Carter, 2019]
- This poster extends the previous literature review to include articles published from 2016 to present

Methods

- PubMed search conducted December, 2020 to February, 2021
 - Search terms: “assessment name” AND (validity OR reliability)
 - Search was restricted to the years: 2016 to present
- Newly identified assessments were included in the search
- 112 articles were identified
- Articles were screened by title and abstract
 - **Inclusion criteria:**
 - Validity and/or reliability testing in youth (up to 18 years old), the assessment measured suicidal ideation and/or behavior, full text was available, and peer reviewed publication
 - **Exclusion criteria:**
 - Testing in adults only, articles published prior to 2016, and no English version available

Results

- Only 12% of articles (n=13) met inclusion criteria
 - Vast majority excluded for validation in adult population only

Results (continued)

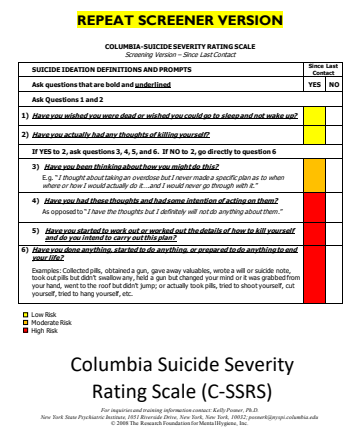
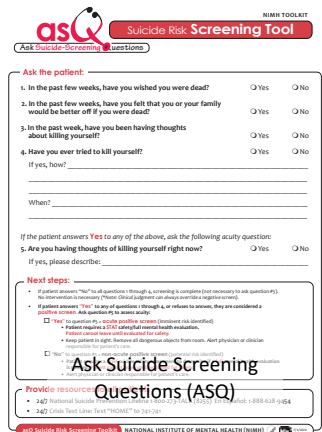
- **Columbia-Suicide Severity Rating Scale (C-SSRS)**
 - Forty-two total articles identified; only four validation studies in youth
 - *Conway et al(2017)*: suicidal ideation severity, intensity, frequency, duration, and deterrents are predictive of suicidal behavior in a short-term follow-up (average follow-up of 80 days; p<0.05)
 - *Hill et al(2017)*: interrupted and aborted suicide attempts predict future suicide attempts independent of suicidal ideation and depression (p<0.05)
 - *Kilincaslan et al(2019)*: valid and reliable in Turkish adolescents
 - *Chahine et al(2020)*: valid and reliable in Lebanese adolescents
- **Ask Suicide Screening Questions (ASQ)**
 - Twelve total articles identified; only three validation studies in youth
 - *DeVylder et al(2019)*: positive association with suicide related outcomes when used for universal and selective screening
 - *Horowitz et al(2020)*: high sensitivity, specificity, and negative predictive value in inpatient medical/surgical units
 - *Aguinaldo et al(2021)*: high sensitivity, specificity, and negative predictive value in primary care and specialty clinics

Table 1: Assessments with zero or one validation study since 2016

One validation study in youth	Zero validation studies in youth
Reasons For Living Inventory ^[Ventosa Brás] Suicidal Behaviors Questionnaire-revised ^[Adjorloto, 2020] Suicidal Ideation Questionnaire (and SIQ-Jr) ^[Hill, 2020] Computerized Adaptive Screen for Suicidal Youth ^[King, 2021] Suicidality Treatment Occurring in Paediatrics Suicidality Assessment Scale ^[Rodríguez-Quiroga, 2020] Suicide Status Form ^[Bausch, 2020]	Suicide Risk Scale, Suicide Intent Scale, Child-Adolescent Suicide Potential Index, Child Suicide Risk Assessment, Columbia Suicide Screen, Self-injurious Thoughts and Behaviors Interview-revised, Computerized Adaptive Test- Suicide Scale, Adolescent Suicide Questionnaire, Fairy Tales Test, Life Orientation Inventory, Multi-Attitude Suicide Tendency Scale, Modified Scale for Suicidal Ideation, Risk of Suicide Questionnaire, Self-harm Risk Assessment for Children, Suicide Behavior Interview, Suicide Screening Inventory

Discussion

- ASQ was validated in youth medical/surgical inpatients, outpatient primary care, and outpatient specialty clinics^[DeVylder 2019, Horowitz 2020, Aguinaldo 2021]
- Validation studies for the C-SSRS showed unique predictive validity for certain items and was shown to be valid in non-Western populations^[Conway 2017, Hill 2017, Kilincaslan 2019, Chahine 2020]
- Only the ASQ and the C-SSRS were tested for universal implementation^[DeVylder 2019, Latif 2020]
- The Computerized Adaptive Screen for Suicidal Youth (CASSY) is a new type of assessment using a large question bank (including suicidal ideation and behavior), but only asking the necessary questions to determine level of risk

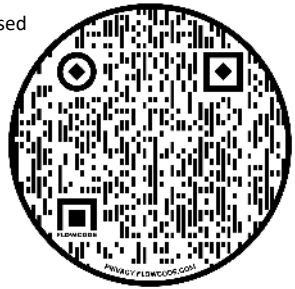


The ASQ and C-SSRS are brief, easy to administer screening assessments

Conclusion

- Valid and reliable youth suicide risk assessments are needed
- Few suicide risk assessments have been validated in youth
- ASQ and C-SSRS were validated in youth more than other assessments from 2016 to present
- ASQ and C-SSRS were used by non-mental health clinicians with universal screening^[DeVylder 2019, Latif 2020]
- Approaches for validation were not uniform, making comparisons between assessments difficult
- More research is needed to validate suicide risk assessments in youth
- Limitations of this updated review include
 - Narrow search terms could have led to articles being missed

References (QR code):



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