Suicidal Ideation and Self-injury Prevalence and Impairment in an Urban Integrated Primary Care Clinic

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INTRODUCTION

- Suicide is the second leading cause of death for adolescents.
- Non-suicidal self-injury (NSSI) is one of the most promising targets for early intervention (Rosenbaum & Ougrin, 2019).
- Pediatric primary care staff are often the first line of intervention for youth presenting with suicidal thoughts and NSSI (Taliaferro et al., 2013).
- The primary aim of the current study was to describe reported suicidal ideation, attempts, and NSSI in youth presenting to an urban integrated primary care setting.

METHOD

Procedures
* Patients reporting depressive or anxious symptoms received up to eight 30-minute sessions of behavioral health treatment (predominantly cognitive behavioral therapy) delivered by clinical psychology doctoral students.

Participants
*92 out of 529 patients endorsed a history of either suicidal ideation/attempts or NSSI at intake.

RESULTS

Measures
* Pediatric Symptom Checklist (PSC-17). A brief diagnostic tool was used to assess for psychosocial problems in children and adolescents ages 4 to 17 years old at intake (PSC-17; Gardner et al., 2007). A total score of 15 or higher indicates a need for further evaluation and subscale scores of seven (for attention and externalizing) or five (for internalizing) are significant.
  * Total Mean = 17.82
  * Attention Mean = 6.18
  * Conduct Mean = 5.51
  * Internalizing Mean = 6.13
* Youth Top Problems. An idiographic measure used to track treatment progress. Top Problems reported by patients fit into two main categories: 1) Behavioral (e.g., defiance, temper tantrums, anger outbursts) and 2) Emotional (e.g., sadness, anxiety).

CONCLUSIONS

Implications and Future Directions
* Rates of suicidal ideation/attempts in Black youth may be higher than current estimates.
* Structured interview assessment of risky behaviors may allow for decreased response bias and increase honest disclosure about suicidal ideation/attempts and NSSI.
* Create short-term outpatient primary care clinics where underserved, urban youth can receive short-term problem-focused treatment.
* Continue emphasis on screening and referring children and adolescents presenting with depressive or anxious symptoms.
* Decrease the stigma of receiving help and provide avenues for receiving care within an established medical setting.

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