Trip
lead author of the study, Gregory Plemmons, MD, associate professor of Pediatrics, Division of Hospital Medicine, Monroe Carell Jr. Children’s Hospital at Vanderbilt, Nashville, Tennessee, this suggests that school may play an important role. “This is generally opposite from the findings seen in adults,” he says, “for which summer appears to be the highest time for suicide ideation and attempts.” In the study, the investigators cite current attention given to how schools and social media influence adolescent behavior and the possible role of social contagion. However, they underscore that the relationship between school and suicide ideation is an area that needs further study.

**Clarion call to pediatricians**

Improving detection of depression and other issues that may make young persons more susceptible to thinking about and attempting suicide is highlighted by the data from the study.

For pediatricians, this means getting more involved in screening for and managing mental health issues in their patients. “Pediatricians have a unique opportunity to screen for depression and suicide, and to talk to children and their families about the importance of mental as well as physical health,” says Plemmons.

Jellinek underscores this by listing a number of things that pediatricians can be doing in the clinic to improve detection of children at risk for depression and suicide (Table 2).

Although emphasizing all these as important steps to identifying adolescents at risk of suicide, Jellinek says that increasing the use of screening instruments (PHQ-9 or Pediatric Symptom Checklist) is the most relevant. For more information on where to find downloadable forms, see “Resource tools for screening emotional and mental health,” page 34.

“These are embedded in electronic medical records and increasingly used as a quality requirement in response to the unrecognized and unmet mental health needs of adolescents in pediatric primary care,” Jellinek says.

Plemmons also emphasizes the need for pediatricians to advocate for mental health support in local communities. “It’s crucial to remove the
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stigma surrounding seeking mental health care and promote wellness,” he says.

Plemmons urges pediatricians to be aware of the increasing influence of many factors, such as social media and cyberbullying, that may be contributing to the rise in suicide ideation and attempts.

All this is not easy, emphasizes Jellinek. “Dealing with adolescent depression and suicide is difficult work,” he says. “Pediatricians will benefit from training and the collaboration of a trusted mental health professional.”

“These patients cause much worry and I would recommend never worrying alone,” Jellinek advises.

Summary
The increase in the number of adolescents thinking about and attempting suicide is a wake-up call for pediatricians and other healthcare providers to take more action, both in the clinic and community, to identify and help children at risk. Pediatricians can implement some steps in the clinical visit to screen for children and adolescents at risk of depression, stress, and other factors that may make them susceptible to suicide. Working with a trusted mental health professional is encouraged to help both the child as well as the pediatrician.

Ms Nierengarten, a medical writer in Minneapolis, Minnesota, has over 25 years of medical writing experience, authoring articles for a number of online and print publications, including various Lancet supplements and Medscape. She has nothing to disclose in regard to affiliations with or financial interests in any organizations that may have an interest in any part of this article.

RESOURCE TOOLS FOR SCREENING EMOTIONAL AND MENTAL HEALTH

Download these valuable resources to help when assessing emotional and mental health in pediatric patients.

American Academy of Pediatrics clinical report on suicide

Patient Health Questionnaire-9 (PHQ-9)
https://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf

Pediatric Symptom Checklist (PSC)
https://brightfutures.aap.org/Bright%20Futures%20Documents/Pediatric%20Systems%20Checklist%20(PSC-35).pdf

For references, go to ContemporaryPediatrics.com/teen-suicide

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protocol progresses every 24 hours so long as symptoms do not occur. If any symptoms of concussion occur, the patient is returned to the previous phase.

Symptoms should be monitored at each phase and athletes should not progress if they begin to experience symptoms. Symptoms indicate the need for additional rest. When the athlete is not experiencing symptoms for a minimum of 24 hours, he or she may begin at the previous step where he/she experienced symptoms. Individual athletes will progress through the phases differently and it may take several weeks to complete all 6 phases. Younger athletes typically will take longer than older adolescents.

When to refer
If symptoms are persistent for more than 1 month in children, the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

At this time when school-aged athletes are returning for fall sports programs, the pediatrician’s understanding of both the pathophysiology and management of concussion will help him or her to correctly address this common pediatric problem when these youngsters ask, “When can I play?”

For references, go to ContemporaryPediatrics.com/return-to-play