



Problem Identification

The provider should try to make a distinction between those adolescents who are depressed and those who are at high suicide risk. Clearly, such screening is difficult. A less experienced health provider may want to consult or refer to a mental health professional who has experience and expertise in working with adolescents to help decide what kind of intervention and subsequent treatment is needed.

The provider and adolescent should work together to reach an agreement that a problem exists. The adolescent may deny that depression or suicide ideation are problems or that these feelings interfere with activities of daily living. Because depression may be present in numerous forms, from withdrawal to extreme behavioral changes, providers may have to clearly outline for the adolescent what they believe the problem is, what the risks are, and what needs to be changed. For example, providers might advise an adolescent that it is not a problem to skip a meal once in a while, but a loss of appetite due to depression can be much more serious.

Mild Depression

Mild depression can be caused by several factors, including an interpersonal situation that is causing the adolescent difficulty, a personal loss that the adolescent has experienced, or a stressful or humiliating event. Mild depression is usually transient and not accompanied by feelings of hopelessness, a drop in school grades, loss of friends, or by high-risk behavior, such as drinking and driving, unprotected sexual intercourse, or using drugs. However, a mild depression coupled with substance abuse or a personality disorder can result in suicide.

Moderate to Severe Depression

Moderate to severe depression is typified by prolonged symptoms, accompanied by mild behavioral changes and/or other symptoms, such as spending a lot of time alone or being chronically bored. Evidence of dysfunction or other concerns include an absence of an appropriate response to pleasurable activities, changes in sleep patterns, crying easily, isolation or feeling worthless, drug or alcohol use, and difficulty with family relations. The adolescent should be referred for an evaluation by a psychiatrist skilled in working with adolescents and their families. Parents should be advised to remove firearms and other weapons, as well as

potentially lethal medications, from the home. Ongoing medical follow-up by the primary provider is important to assure that the referral was completed.

Indicators of High Risk Suicide Among Adolescents

Suicide intent along with;

- a plan formulated;
- lack of strong family and/or social support;
- associated comorbidity factors (homosexuality, alcohol or drug use, violent outbursts, accidents);
- access to firearms;
- family or friend with suicide or suicide attempt history;
- previous suicide attempt(s);
- impulsive behavior; and
- trouble with the law.

Most suicidal patients are ambivalent about their intentions and are willing to abandon suicidal behavior. Often, suicidal adolescents seek medical care shortly before their suicide attempts, so the provider is positioned to help prevent suicide by asking about suicidal feelings and intervening accordingly. The adolescent who is at risk for suicide presents a rare exception to the inviolability of patient-provider confidentiality. When the likelihood of a suicide attempt is high and the problem requires immediate and continuous adult supervision to protect the adolescent from harm, the provider must notify parents or guardians of the gravity of the situation, even though the adolescent may not consent. Providers should clearly outline to the adolescent their reasons for stepping outside the confidential relationship and work to devise a management plan that includes both adolescent and parents.

Adapted from Levenberg PB, Elster AB. *Guidelines for Adolescent Preventive Services (GAPS) Clinical Evaluation and Management Handbook*. 1996. Chicago: American Medical Association.