

Physicians demand action on suicide crisis in teens, young adults

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Sara Berg, MS

Senior News Writer

Youth and young adult suicide rates rose 54.7% from 2007 to 2018. And in 2019, suicide was the second leading cause of death among those 10–24 years of age, according to an AMA Council on Science and Public Health report adopted at the June 2021 AMA Special Meeting. Data recently released by the Centers for Disease Control and Prevention confirms that in 2020 the proportion of mental health-related emergency department visits among adolescents rose 31% compared with the previous year.

“We were deeply concerned by the dramatic increases we were seeing in youth suicide and suicide risk even before the mitigation measures and disruptions caused by the COVID-19 pandemic,” said AMA Trustee Willie Underwood III, MD, MSc, MPH. “As a nation we must do everything we can to prioritize children’s mental, emotional and behavioral health and step up our efforts to prevent suicide and mitigate suicide risk among our nation’s youth.”

“Physicians play a vital role and we must ensure that all physicians who see youth patients, not solely pediatric psychiatrists and addiction medicine physicians, have the ability, capacity and access to the tools needed to identify when a young person is experiencing a period of imminent risk and help prevent suicide attempts,” Dr. Underwood added.

Rising use of digital devices has been accompanied by less sleep and more depression. More screen time can also mean cyberbullying, which has been linked to youth suicide. Additionally, the stress and disruption associated with the pandemic has also worsened mental health for everyone and increased suicidal ideation in some cases. Evidence also shows that when co-occurring mental illness, substance use disorder, adverse childhood experiences (ACEs) or other stressors are present, the risk for suicidal thoughts increases.

“Enhancing physician ability and capacity to screen, identify and respond to risk factors are an

important feature of effective suicide prevention for youth, especially for those physicians who are more likely to encounter these patient populations,” says the AMA council report. “Physicians should have access to the tools to identify acute and imminent risk and respond with appropriate treatments, linkages to appropriate counseling services, collaboration and safety planning.

“Collectively, parents, teachers, peers, physicians, social workers, faith communities, counselors and others are critical in identifying when an individual is experiencing a period of imminent risk and assisting in preventing suicide attempts,” the report adds.

To address youth and young adult suicide in the United States, the AMA House of Delegates modified existing policy to:

- | Recognize youth and young adult suicide as a serious health concern in the U.S.
- | Encourage the development and dissemination of educational resources and tools for physicians, especially those more likely to encounter youth or young adult patients, addressing effective suicide prevention, including screening tools, methods to identify risk factors and acuity, safety planning, and appropriate follow-up care including treatment and linkages to appropriate counseling resources.
- | Support collaboration with federal agencies, relevant state and specialty medical societies, schools, public health agencies, community organizations and other stakeholders to enhance awareness of the increase in youth and young adult suicide and to promote protective factors, raise awareness of risk factors, support evidence-based prevention strategies and interventions, encourage awareness of community mental health resources and improve care for youth and young adults at risk of suicide.
- | Encourage efforts to provide youth and young adults better and more equitable access to treatment and care for depression, substance use disorder, and other disorders that contribute to suicide risk.
- | Encourage continued research to better understand suicide risk and effective prevention efforts in youth and young adults, especially in higher risk subpopulations such as Black, LGBTQ+, Hispanic, Indigenous or Native Alaskan youth and young-adult populations, as well among those with disabilities.
- | Support the development of novel technologies and therapeutics, along with improved use of existing medications to address acute suicidality and underlying risk factors in youth and young adults.
- | Support research to identify evidence-based universal and targeted suicide prevention programs for implementation in middle schools and high schools.
- | Publicly call attention to the escalating crisis in children and adolescent mental health in this country in the wake of the COVID-19 pandemic.
- | Advocate at the state and national level for policies to prioritize children’s mental, emotional and behavioral health.

- | Advocate a comprehensive system of care including prevention, management and crisis care to address mental and behavioral health needs for infants, children and adolescents.

Delegates also amended existing policy on adverse childhood experiences and trauma-informed care to:

- | Increase screening for adverse childhood experiences in medical settings, in recognition of the intersectionality of ACEs with significant increased risk for suicide and negative substance use-related outcomes, including overdose and a multitude of downstream negative health outcomes.
- | Support the inclusion of ACEs and trauma-informed care into undergraduate and graduate medical education curricula.

Read about the other highlights from the June 2021 AMA Special Meeting.