Phoenix Children's

Suicide Prevention in Primary Care: Practical Strategies for Managing Risk

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Disclosures

- None

Objectives

1

Describe trends in youth suicide

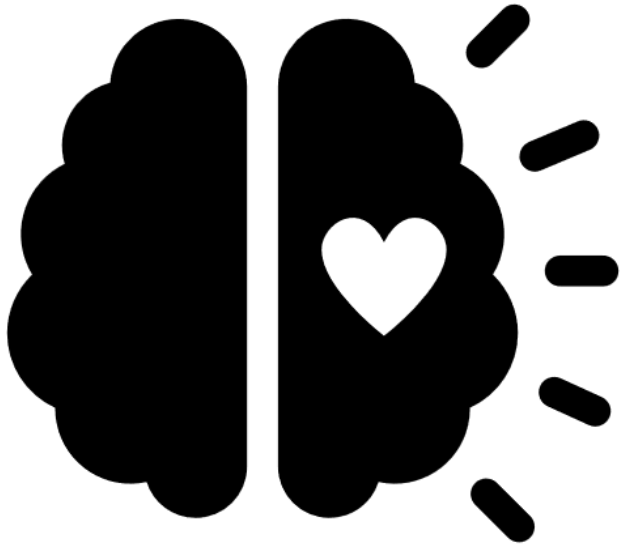
2

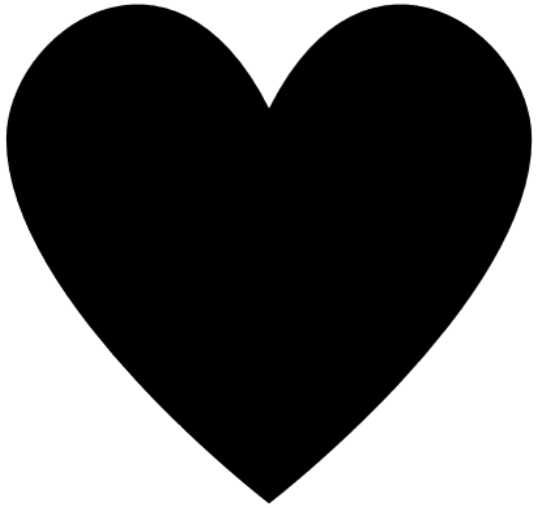
Describe rationale for suicide screening in primary care

3

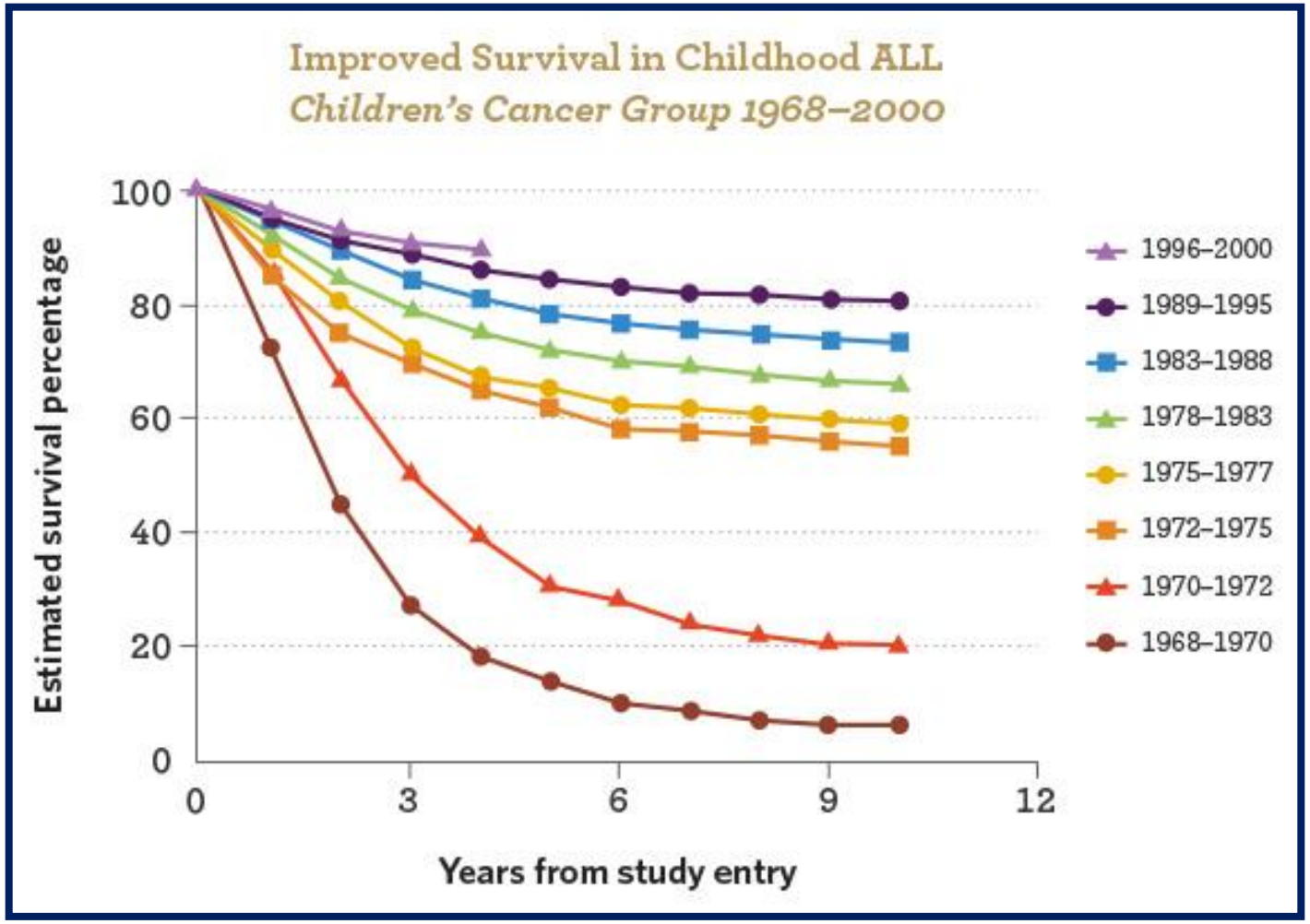
Evaluate risk and summarize elements of safety planning, including means reduction

Please be Kind to Yourself





Hope

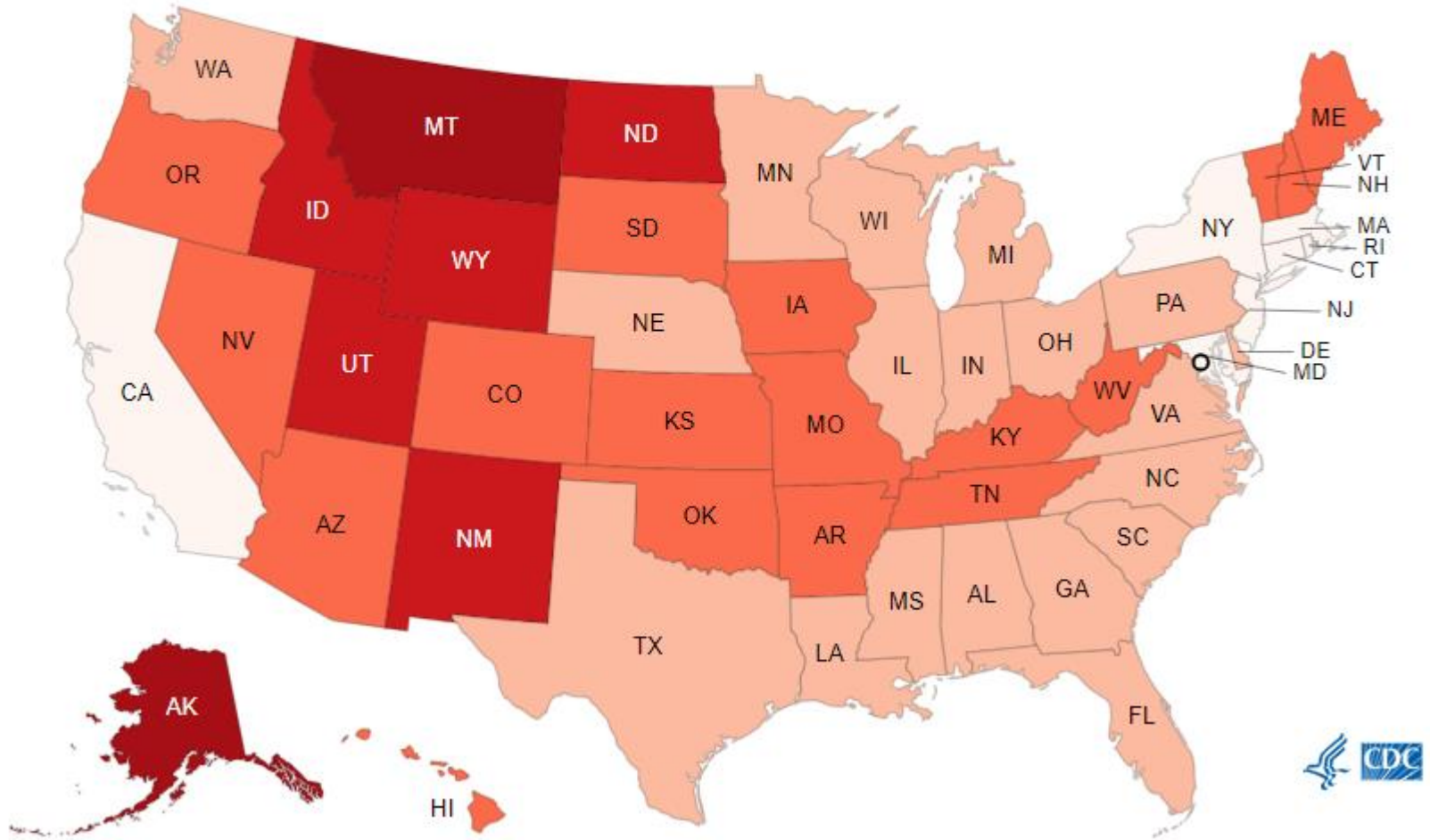

Improved Survival in Childhood ALL
Children's Cancer Group 1968–2000
Estimated survival percentage
100
80
60
40
20
0
0
3
6
9
12
Years from study entry
1996–2000
1989–1995
1983–1988
1978–1983
1975–1977
1972–1975
1970–1972
1968–1970

Suicide Data: National and Arizona Trends

Suicide Mortality by State

Year

2022



10 Leading Causes of Death, United States

2022, All Deaths with drilldown to ICD codes, All Sexes, All Races, All Ethnicities

Unintentional Injury | Homicide | Suicide

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 3,970	Unintentional Injury 1,288	Unintentional Injury 726	Unintentional Injury 926	Unintentional Injury 14,669	Unintentional Injury 33,058	Unintentional Injury 36,972	Malignant Neoplasms 33,363	Malignant Neoplasms 105,133	Heart Disease 567,365	Heart Disease 702,880
2	Short Gestation 2,884	Congenital Anomalies 441	Malignant Neoplasms 393	Suicide 493	Homicide 6,262	Suicide 8,663	Heart Disease 12,258	Heart Disease 32,298	Heart Disease 85,733	Malignant Neoplasms 452,490	Malignant Neoplasms 608,371
3	Sids 1,529	Homicide 343	Congenital Anomalies 241	Malignant Neoplasms 442	Suicide 6,040	Homicide 6,712	Malignant Neoplasms 11,177	Unintentional Injury 31,394	Unintentional Injury 34,017	Covid-19 146,320	Unintentional Injury 227,039
4	Unintentional Injury 1,354	Malignant Neoplasms 266	Homicide 180	Homicide 366	Malignant Neoplasms 1,421	Heart Disease 3,789	Suicide 8,185	Covid-19 9,678	Covid-19 24,252	Cerebrovascular 142,513	Covid-19 186,552
5	Maternal Pregnancy Comp. 1,215	Influenza & Pneumonia 129	Influenza & Pneumonia 77	Congenital Anomalies 205	Heart Disease 848	Malignant Neoplasms 3,641	Liver Disease 5,501	Liver Disease 9,401	Diabetes Mellitus 17,410	Chronic Low. Respiratory Disease 125,803	Cerebrovascular 165,393
6	Placenta Cord Membranes 649	Heart Disease 103	Heart Disease 73	Heart Disease 145	Covid-19 447	Liver Disease 1,786	Homicide 4,765	Suicide 7,781	Chronic Low. Respiratory Disease 17,138	Alzheimer's Disease 118,525	Chronic Low. Respiratory Disease 147,382
7	Bacterial Sepsis 636	Covid-19 101	Covid-19 62	Covid-19 69	Congenital Anomalies 412	Covid-19 1,640	Covid-19 3,841	Diabetes Mellitus 7,364	Liver Disease 16,484	Unintentional Injury 72,616	Alzheimer's Disease 120,122
8	Respiratory Distress 456	Perinatal Period 62	Chronic Low. Respiratory Disease 48	Chronic Low. Respiratory Disease 58	Diabetes Mellitus 324	Diabetes Mellitus 1,188	Diabetes Mellitus 2,879	Cerebrovascular 5,563	Cerebrovascular 14,173	Diabetes Mellitus 71,985	Diabetes Mellitus 101,209
9	Intrauterine Hypoxia 362	Septicemia 60	Cerebrovascular 45	Cerebrovascular 55	Chronic Low. Respiratory Disease 197	Cerebrovascular 599	Cerebrovascular 2,150	Chronic Low. Respiratory Disease 2,987	Suicide 7,864	Nephritis 47,086	Nephritis 57,937
10	Circulatory System Disease 356	Cerebrovascular 49	Septicemia 33	Influenza & Pneumonia 54	Influenza & Pneumonia 168	Complicated Pregnancy 591	Nephritis 1,029	Homicide 2,740	Nephritis 6,668	Parkinson's Disease 38,931	Liver Disease 54,803

Source: Web-based Injury Statistics Query and Reporting System (WISQARS), CDC

Suicide Data: Arizona

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2021 data from the CDC, the most current verified data available at time of publication (January 2024).

10th leading cause of death in Arizona

2nd leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

6th leading
cause of death for ages 35-44

7th leading
cause of death for ages 45-54

9th leading
cause of death for ages 55-64

17th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Arizona	**1,475**	**19.38**	**18**
Nationally	48,183	14.04	

See full list of citations at afsp.org/statistics.

91% of communities did not have enough mental health providers to serve residents in 2023, according to federal guidelines.

Almost **four times** as many people died by suicide than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of **29,733 years** of potential life lost (YPLL) before age 65.

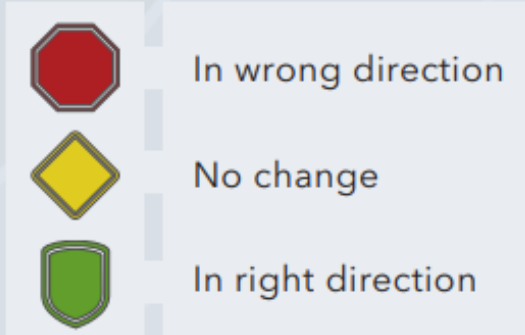
64% of firearm deaths were suicides.

60% of all suicides were by firearms.

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

*For the complete wording of YRBS questions, refer to the appendix.

†Variable introduced in 2021.



Date updated : 04/19/2023 Select Year: 2022 Data is currently selected for : Arizona || 2022 Hover for more information

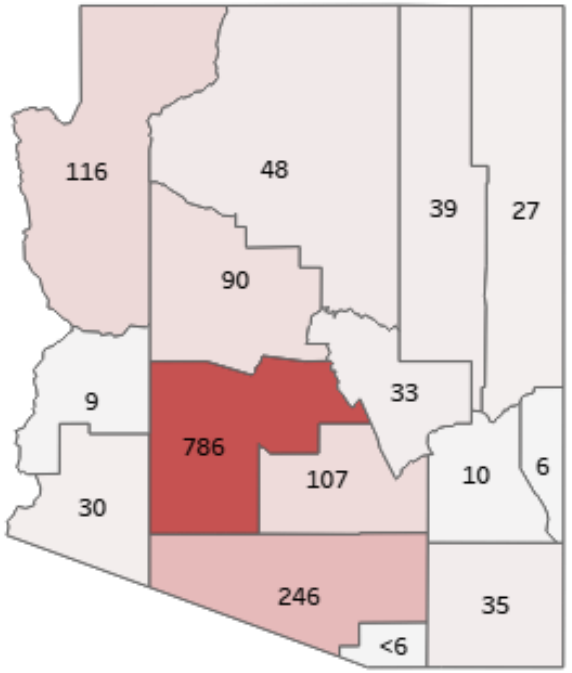
Suicide deaths
1,598

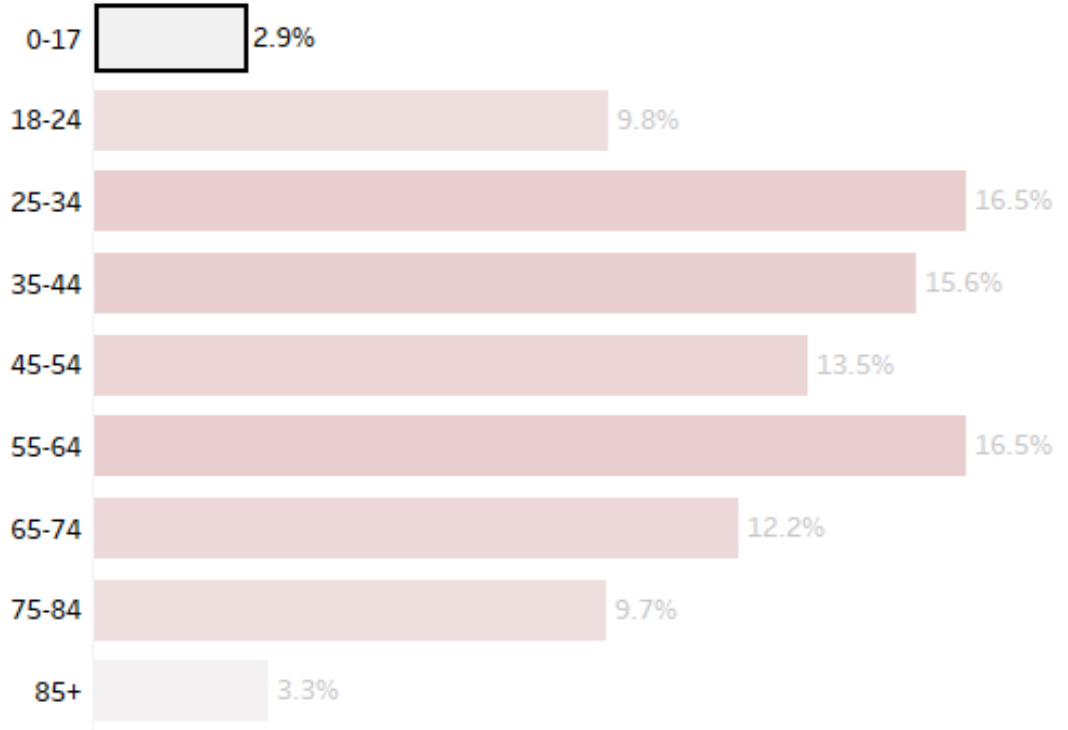
Suicide fatality rate per 100,000 population
21.9

Select number of suicide deaths or rates *(for the county map below)* Suicide deaths counts

Select a demographic for the bar charts below Age Group

County refers to decedent's county of residence





* To prevent the public disclosure of information, data points based on fewer than 6 counts are not displayed, and detailed charts are not shown for counties with fewer than 6 counts.

Date updated: 4/19/2023 | **Data Currently Selected for Arizona || 2023 || Total Visits || All Suicide-Related Events** | Hover for more Information

Visit Year	Visit Type	Suicide-Related Event Type
2023	Total Visits	All Suicide-Related Events

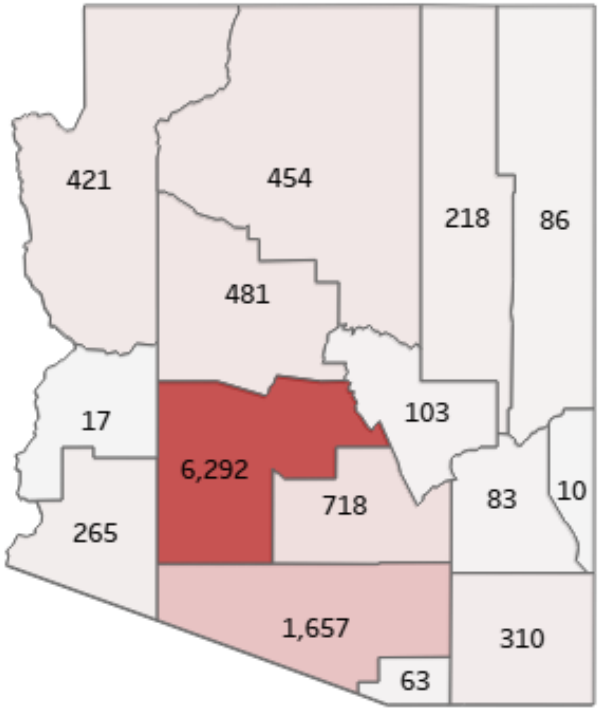
Total Visits Involving **All Suicide-Related Events**
11,178

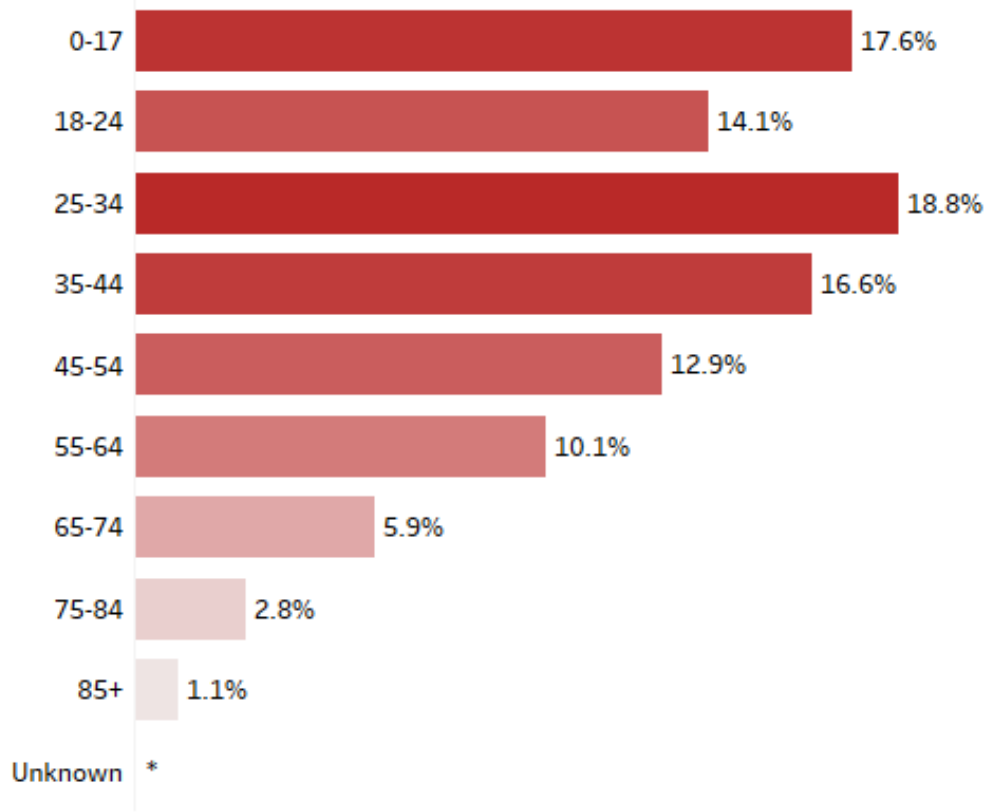
Rate per 100,000 Total Visits for **All Suicide-Related Events**
1,250

Select visit counts or rates *(for the county map below)*: Visit Counts

Select a demographic for the bar charts below: Age Group

County refers to patient's county of residence





* To prevent the public disclosure of information, data points based on fewer than 6 counts are not displayed, and detailed charts are not shown for counties with fewer than 6 counts.

Early identification is critical

Youth firearm suicides increased 60% btw 2007 - 2014; only 18% were receiving mental health treatment at time of death (Fowler et al, 2017)

Lethal suicide attempts occur most often on 1st attempts w/ firearms; 1/3 had no psychiatric dx (McKean et al, 2018)

In Arizona, suicide deaths increased 30.3% for 10-24 y/o btw 2007 - 2018 (Curtin, 2020)

Early identification is critical

During Feb-Mar ‘21, suspected suicide attempt ED visits were 50.6% higher among girls aged 12–17 years than during the same period in 2019; visits among boys increased 3.7%. (Yard et al, 2021)

The gap between male: female suicide deaths is narrowing, w/ younger females using more lethal means (Ruch et al., 2019)

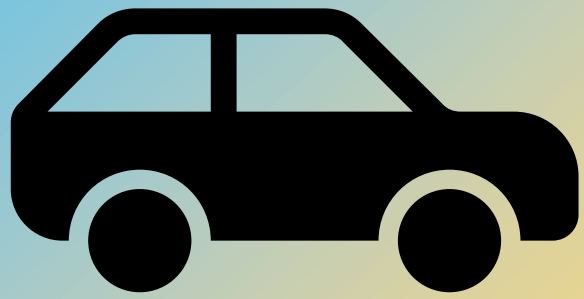
Sharp increases have occurred for Black youth (Lindsey, 2019)

Suicide Screening

Many kids at risk are not receiving mental health care, but they show up for medical care

Universal screening of 90k visits identified 3% positive rate; 0.3% acute (Roaten et al., 2021)

We are missing opportunities to intervene in primary care



The importance of primary care

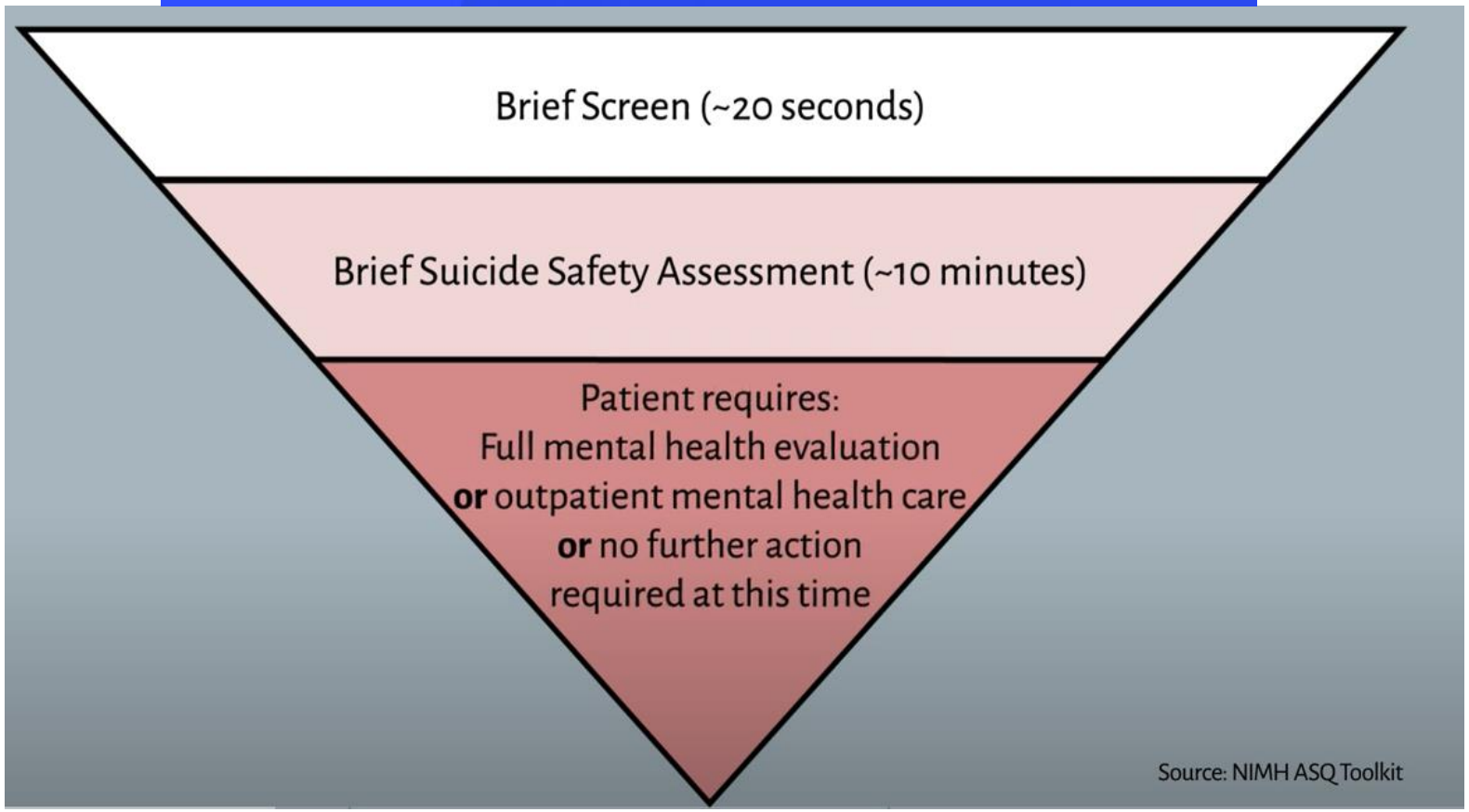
- You have the context
- You have the relationship
- Parents trust you
- Half of kids with mental health disorder are not receiving treatment (Whitney and Peterson, 2019)
- Those that die by suicide are most likely to have seen their PCP in the month preceding their death relative to any other provider (Ahmedani et al., 2014)
- You already know how

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

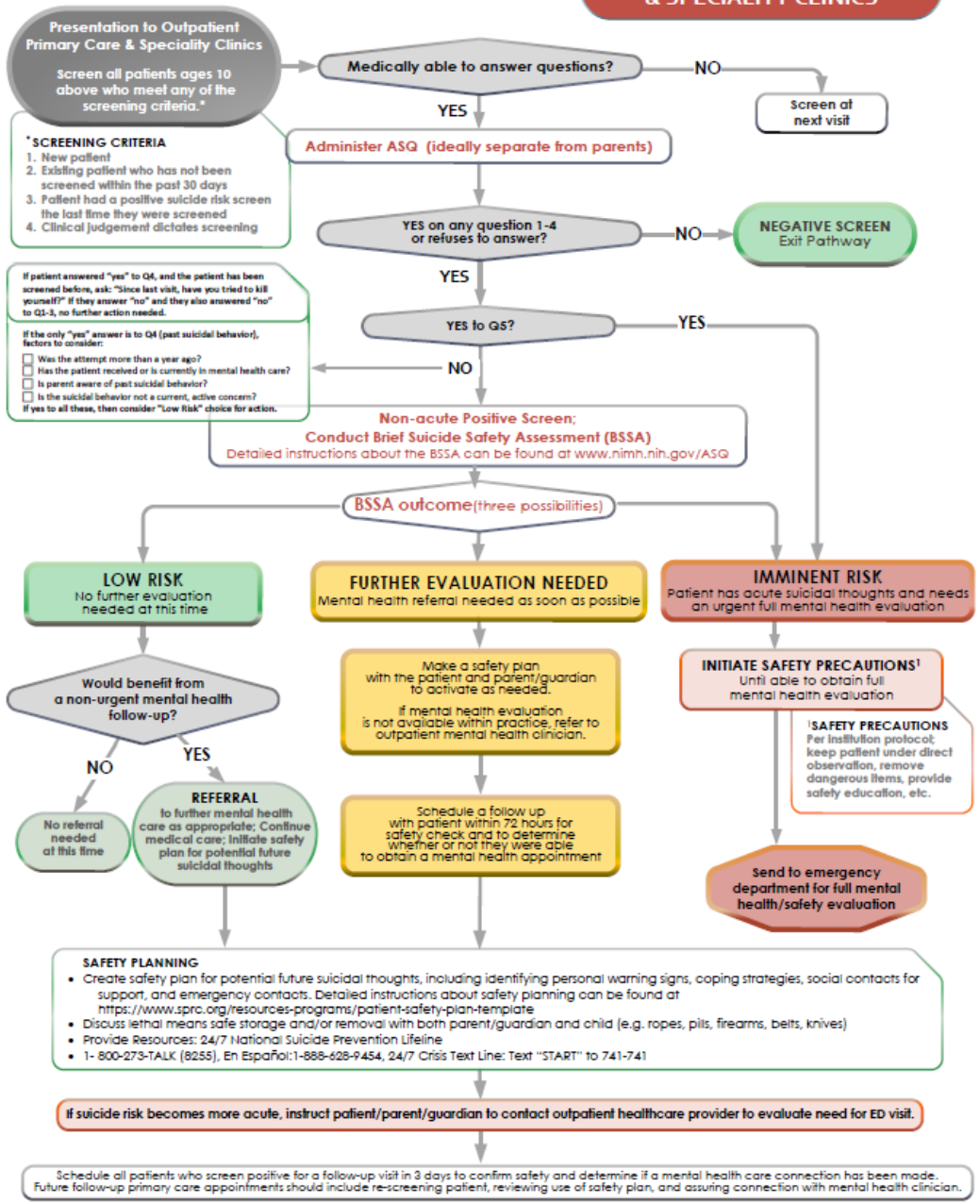
Patient Care

Suicide: Blueprint for Youth Suicide Prevention



SUICIDE RISK SCREENING PATHWAY

OUTPATIENT PRIMARY CARE & SPECIALITY CLINICS



asQ -V- 4/2/2021

AAP’s Blueprint for Youth Suicide Prevention

Screening

- Logistics
  - Well checks and sick visits
  - Develop workflow ***before*** asking questions
  - Use self-report screeners, then clinical interview w/ patient and parents separately
  - Don’t promise confidentiality
  - Take your time
  - Honor/validate disclosures and patient’s perception of stressors
  - Intent matters: Your perception of ***actual*** lethality is not as important
  - Parents may not be best informants or judge of risk
  - Ages 12 and up

Screening

- Use validated measures because:
  - Some youth may be more likely to ‘open up’
  - It’ll help you make sure your assessment is complete
  - It’ll help you effectively communicate risk
- Tools:
  - ASQ: Ask Suicide Screening Questions
  - Columbia Suicide Severity Rating Scale
  - SAFE-T
    - PHQ: Not recommended. Depression screening alone missed 1/3 of kids at risk (Horowitz et al., 2021)
- Zero Suicide offers webinars in how to choose

ASQ: Ask Suicide Screening Questions

ASQ: Suicide Screening Questions

5. If “yes” to any of the above, are you having thoughts of killing yourself right now?

If patient is having acute thoughts (plan, means, intent to act) constant supervision is indicated

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

- Use after a patient (8 - 24 years) screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

What to do when a pediatric patient screens positive for suicide risk:

WORKSHEET

Patient name:_____ DOB: _____

Interviewer name: _____Assessment date:_____

1 Praise patient *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the patient Review patient's responses from the asQ

❑ Frequency of suicidal thoughts

(If possible, assess patient alone depending on developmental considerations and parent willingness.)
Determine if and how often the patient is having suicidal thoughts.
Ask the patient: "In the past few weeks, have you been thinking about killing yourself?"
If yes, ask: "How often?"_____(once or twice a day, several times a day, a couple times a week, etc.)
"When was the last time you had these thoughts?" _____

❑ "Are you having thoughts of killing yourself right now?" **(If "yes," patient requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)**

_____

_____

❑ Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). Ask the patient: "Do you have a plan to kill yourself?" If yes, ask: "What is your plan?" If no plan, ask: "If you were going to kill yourself, how would you do it?"

Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

_____

_____

❑ Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).
Ask the patient: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"
If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?"
"Did you want to die?" (for youth, intent is as important as lethality of method)
Ask: "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

_____

_____

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

WORKSHEET

2 Assess the patient

Review patient's responses from the asQ

❑ Symptoms

Ask the patient about:

- ❑ **Depression:** "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"
- ❑ **Anxiety:** "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?"
- ❑ **Impulsivity/Recklessness:** "Do you often act without thinking?"
- ❑ **Hopelessness:** "In the past few weeks, have you felt hopeless, like things would never get better?"
- ❑ **Anhedonia:** "In the past few weeks, have you felt like you couldn't enjoy the things that usually make you happy?"
- ❑ **Isolation:** "Have you been keeping to yourself more than usual?"
- ❑ **Irritability:** "In the past few weeks, have you been feeling more irritable or grouchier than usual?"
- ❑ **Substance and alcohol use:** "In the past few weeks, have you used drugs or alcohol?" If yes, ask: "What? How much?"
- ❑ **Sleep pattern:** "In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?"
- ❑ **Appetite:** "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?"
- ❑ **Other concerns:** "Recently, have there been any concerning changes in how you are thinking or feeling?"

_____

_____

❑ Social Support & Stressors

(For all questions below, if patient answers yes, ask them to describe.)

- ❑ **Support network:** "Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/counselor?" If yes, ask: "When?"
- ❑ **Family situation:** "Are there any conflicts at home that are hard to handle?"
- ❑ **School functioning:** "Do you ever feel so much pressure at school (academic or social) that you can't take it anymore?"
- ❑ **Bullying:** "Are you being bullied or picked on?"
- ❑ **Suicide contagion:** "Do you know anyone who has killed themselves or tried to kill themselves?"
- ❑ **Reasons for living:** "What are some of the reasons you would NOT kill yourself?"

_____

_____

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

WORKSHEET

3 Interview patient & parent/guardian together

If patient is ≥ 18 years, ask patient's permission for parent/guardian to join. Say to the parent: "After speaking with your child, I have some concerns about his/her safety. We are glad your child spoke up as this can be a difficult topic to talk about. We would now like to get your perspective."

"Your child said… (reference positive responses on the asQ). Is this something he/she shared with you?"

"Does your child have a history of suicidal thoughts or behavior that you're aware of?" **If yes, say:** "Please explain."

"Does your child seem:

- ❑ Sad or depressed?" ❑ Anxious?" ❑ Impulsive? ❑ Reckless?" ❑ Hopeless?" ❑ Irritable?"
- ❑ Unable to enjoy the things that usually bring him/her pleasure?"
- ❑ Withdrawn from friends or to be keeping to him/herself?"

"Have you noticed changes in your child's: ❑ Sleeping pattern?" ❑ Appetite?"

"Does your child use drugs or alcohol?" ❑ Yes ❑ No

"Has anyone in your family/close friend network ever tried to kill themselves?" ❑ Yes ❑ No

"How are potentially dangerous items stored in your home?" (e.g. guns, medications, poisons, etc.)

_____

"Does your child have a trusted adult they can talk to?" (Normalize that youth are often more comfortable talking to adults who are not their parents) ❑ Yes ❑ No

"Are you comfortable keeping your child safe at home?" ❑ Yes ❑ No

_____

_____

At the end of the interview, ask the parent/guardian: "Is there anything you would like to tell me in private?"

_____

_____

4 Make a safety plan with the patient Include the parent/guardian, if possible.

Create a safety plan for managing potential future suicidal thoughts. A safety plan is different than making a "safety contract"; asking the patient to contract for safety is NOT effective and may be dangerous or give a false sense of security. **Say to patient:** "Our first priority is keeping you safe. Let's work together to develop a safety plan for when you are having thoughts of suicide." Examples: "I will tell my mom/coach/teacher." "I will call the hotline." "I will call_____."

- ❑ **Discuss coping strategies** to manage stress (such as journal writing, distraction, exercise, self-soothing techniques).
- ❑ **Discuss means restriction** (securing or removing lethal means): "Research has shown that limiting access to dangerous objects saves lives. How will you secure or remove these potentially dangerous items (guns, medications, ropes, etc.)?"
- ❑ **Ask safety question:** "Do you think you need help to keep yourself safe?" (A "no" response does not indicate that the patient is safe; but a "yes" is a reason to act immediately to ensure safety.)

Comments _____

asQ Ask Suicide-Screening Questions

Brief Suicide Safety Assessment

WORKSHEET

5 Determine disposition

For all positive screens, follow up with patient at next appointment.

After completing the assessment, choose the appropriate disposition plan. *If possible, nurse should follow-up with a check-in phone call (within 48 hours) with all patients who screened positive.*

- ❑ **Emergency psychiatric evaluation:** Patient is at imminent risk for suicide (current suicidal thoughts). Send to emergency department for extensive mental health evaluation (unless contact with a patient's current mental health provider is possible and alternative safety plan for imminent risk is established).
- ❑ **Further evaluation of risk is necessary:** Review the safety plan and send home with a mental health referral as soon as patient can get an appointment (preferably within 72 hours).
- ❑ **Patient might benefit from non-urgent mental health follow-up:** Review the safety plan and send home with a mental health referral.
- ❑ **No further intervention is necessary at this time.**

Comments _____

6 Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

Implementing the Safety Plan: 6 Step Process

Step 1: Warning Signs

- Ask: **"How will you know when the safety plan should be used?"**
- Ask: **"What do you experience when you start to think about suicide or feel extremely depressed?"**
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patient's own words.

Step 2: Internal Coping Strategies

- Ask: **"What can you do, on your own, if you become suidical again, to help yourself not to act on your thoughts or urges?"**
- Assess likelihood of use: Ask: **"How likely do you think you would be able to do this step during a time of crisis?"**
- If doubt about use is expressed, ask: **"What might stand in the way of you thinking of these activities or doing them if you think of them?"**
- Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask: **"Who or what social settings help you take your mind off your problems at least for a little while?" "Who helps you feel better when you socialize with them?"**
- Ask for safe places they can go to be around people (i.e. coffee shop).
- Ask patient to list several people and social settings in case the first option is unavailable.
- Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that patient will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: Family Members or Friends Who May Offer Help

- Instruct patients to use Step 4 if Step 3 does not resolve crisis or lower risk.
- Ask: **"Among your family or friends, who do you think you could contact for help during a crisis?"** or **"Who is supportive of you and who do you feel that you can talk with when you're under stress?"**
- Ask patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

Step 5: Professionals and Agencies to Contact for Help

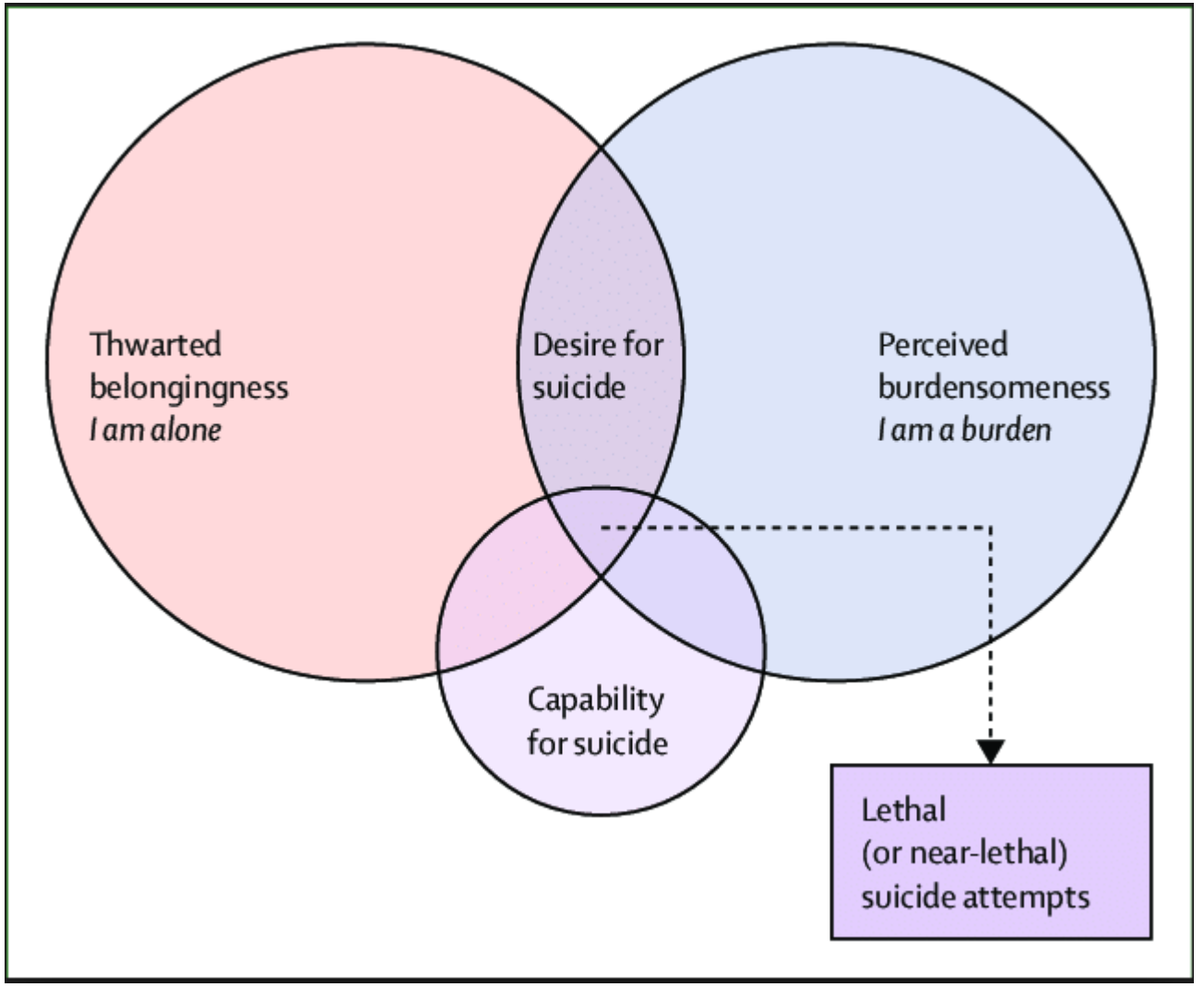
- Instruct the patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask: **"Who are the mental health professionals that we should identify to be on your safety plan?"** and **"Are there other health care providers?"**
- List names, numbers and/or locations of clinicians, local urgent care services.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

Step 6: Making the Environment Safe

- Ask patients which means they would consider using during a suicidal crisis.
- Ask: **"Do you own a firearm, such as a gun or rifle??"** and **"What other means do you have access to and may use to attempt to kill yourself?"**
- Collaboratively identify ways to secure or limit access to lethal means: Ask: **"How can we go about developing a plan to limit your access to these means?"**

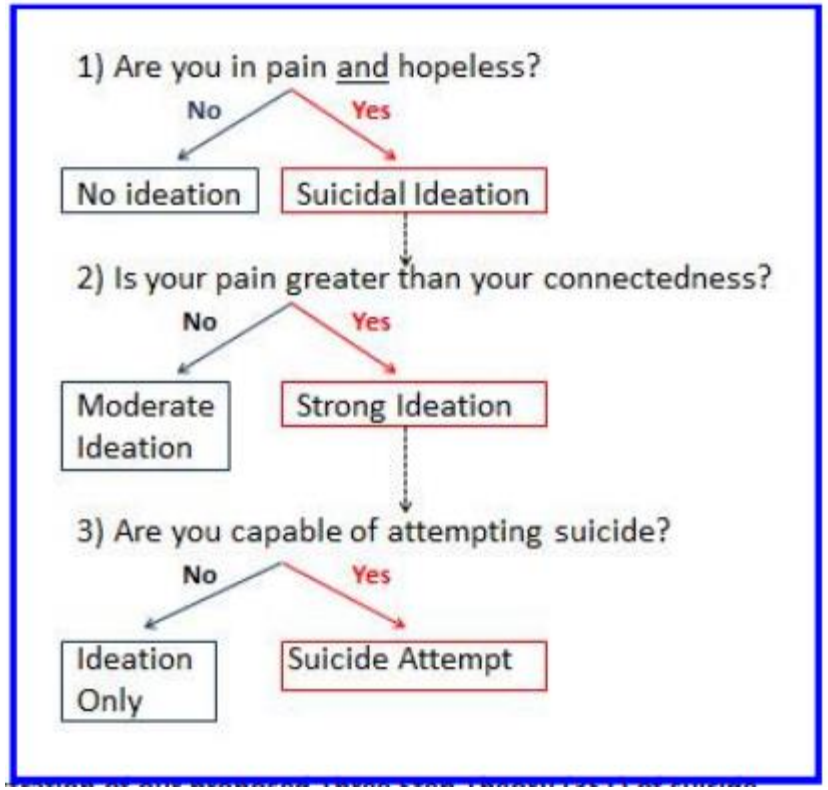
The Power of Caring: Social Connection

Interpersonal Theory of Suicide



Joiner (2005)

Klonsky and May's Three-Step Theory



Klonsky & May (2015)

How to respond

Thank you for telling me

You are not alone

We care about you and the world is better with you in it

I know you don't feel it now, but there is reason for hope

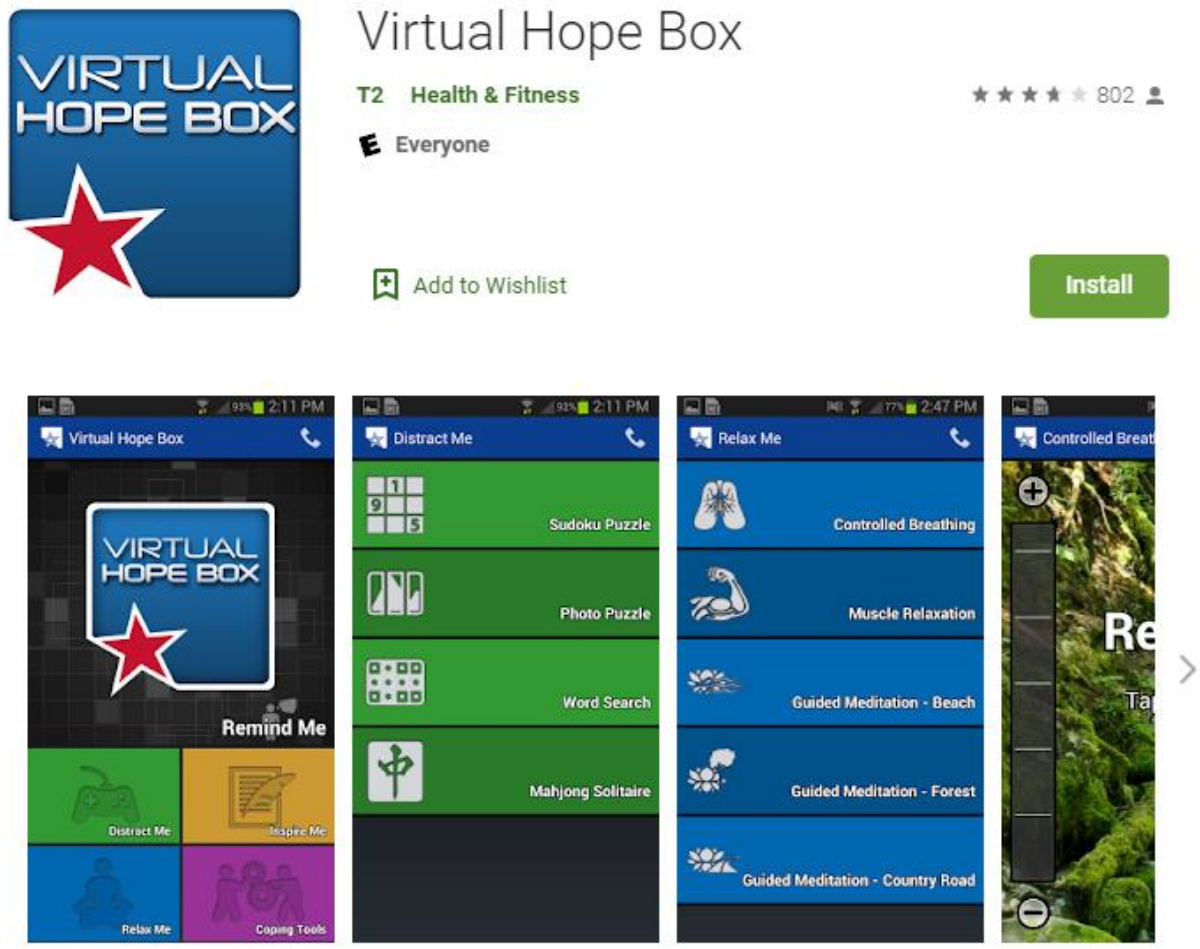
We have effective treatments and we are going to help you

If you know they've been through tough times before, remind them; if not, ask

De-stigmatize mental health problem: it's not a character flaw, it's a medical condition

The power of hope

- Elicit reasons to live
- Consider use of virtual hope box app:



Making the Environment Safer

Means Restriction

Modifying the environment to decrease access to suicidal means:

> *One of the most effective strategies for suicide prevention*
>
> (Yip, PA, Caine E, Yousuf S, Wu K, Chen Y, 2012)

Rationale for Means Restriction

- Many suicidal crises are short lived
  - 47% of those who attempted suicide reported less than 10 minutes passed between making the decision and acting (Deisenhammer et al, 2009)
- Highest death rate associated with methods that are readily available, easy to use and highly lethal

Rationale for Means Restriction

Inability to interrupt an attempt (i.e., firearms, jumping) make means restriction even more important (Barber & Miller, 2014)

Approximately 90% who survive an attempt will not go on to die by suicide (O'Donnel, Arthur, Farmer, 1994)

Mortality Rates by Method

Most lethal

- Firearm: 89.6%
- Drowning: 56.4%
- Suffocation/hanging: 52.7%
- Poison by gas: 30.5%

Least lethal

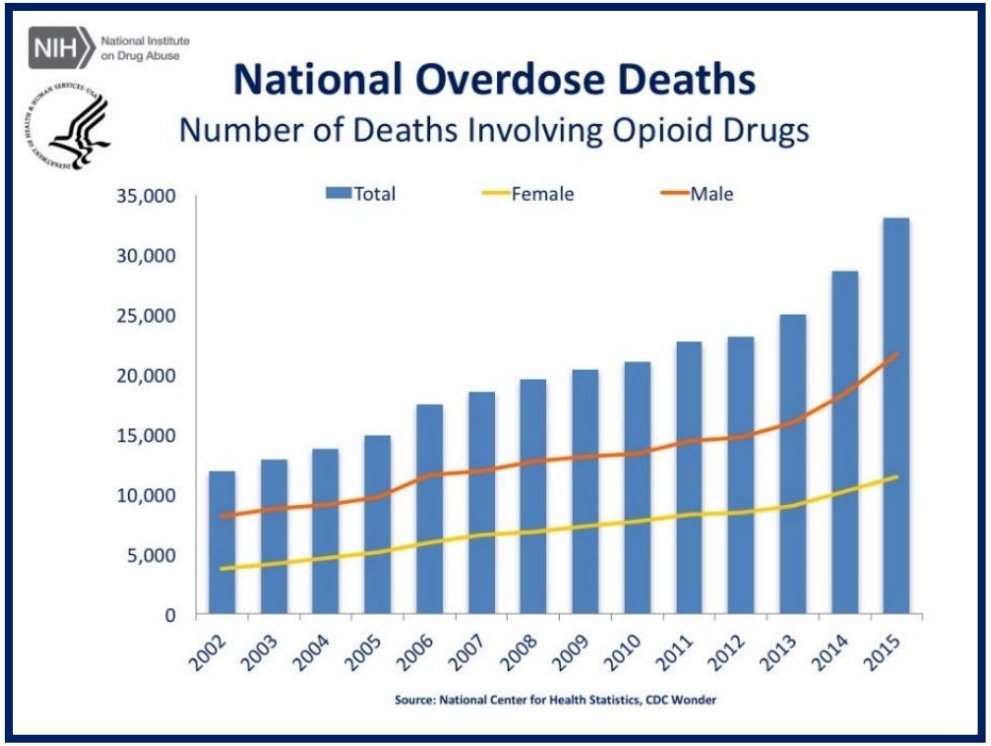
- Jumping: 27.5%
- Drug ingestion: 1.9%
- Non-drug poisoning: 1.1%
- Cut/pierce: 0.7%

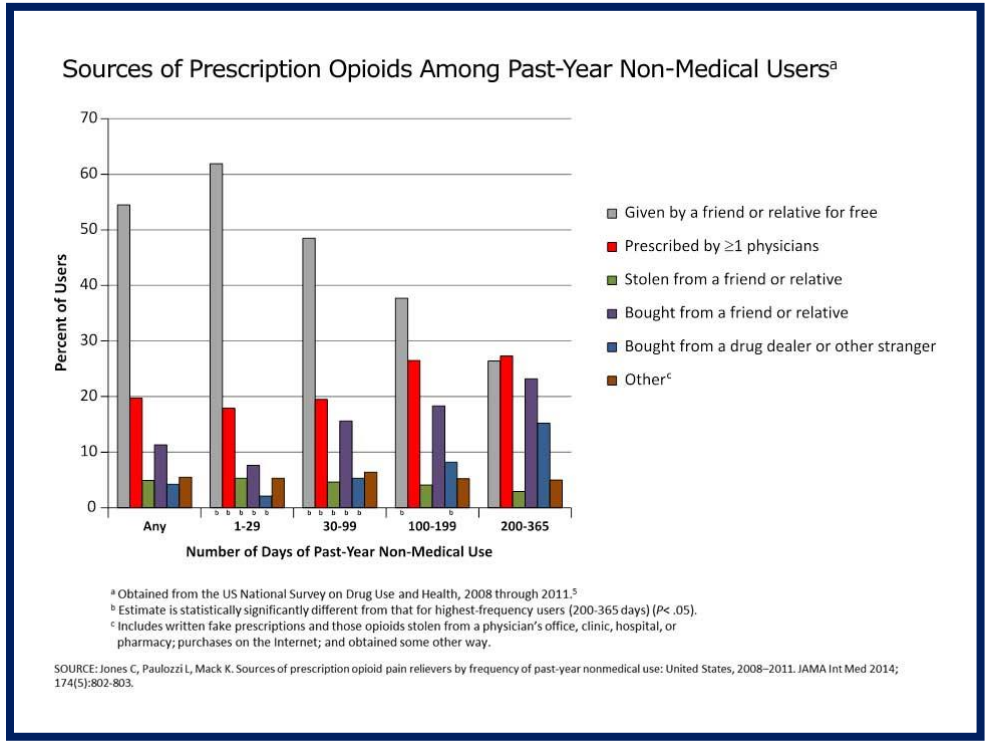
Conner A, Azrael D, Miller M., 2019

Arizona could lead in gun safety

- Storing guns locked, unloaded with ammunition locked up separately reduces unintentional firearm injuries (Grossman, et al 2005)
- 82% of youth who use a firearm in suicide use a gun belonging to a family member (National Violent Death Reporting System, 2016)
- 75% of parents feel pediatricians should advise about safe firearm storage practices, but only 12.8% have had this discussion (Garbut et al, 2016)

Opioids + Suicide





Medication safe storage best practices

- Use pill boxes to limit access for daily medications
- Dispose of old meds. FDA has a helpful website for specific guidance: https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm
- Look for medication take back days
- Dispose of meds in a Ziploc mixed with coffee grounds or kitty litter, sealed, into the trash
- OTC medicines, like Tylenol and Advil, are particularly dangerous. Avoid easy access to Costco-sized bottles
- When you prescribe opioids, discuss what to do with any leftovers

Open Door Policy

After arguments or when emotions run hot, the bedroom door should remain open

Increase monitoring and supervision during times of emotional or social distress

Especially after cell phone or social media restrictions, particularly following a shameful event

Why does this matter?

- The state of the science tells us that:
  - Hospitalization doesn’t treat suicidality
  - Pharmacotherapy doesn’t treat suicidality
  - No suicide contracts don’t work
- Bottom line: we must connect with people and make environment as safe as possible
  - TIP: The first encounter may be the only chance you have to make a difference
  - Consult with peers and document your thought process

Resources

- ASQ Ask Suicide Questions: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials
- AAP: Blueprint for Youth Suicide: https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/?srsltid=AfmBOopmBUYRqkbYIuRDNy1gcyrXaFTWsjAX27sW4MRuLdBAnqHLiv-o
- American Foundation for Suicide Prevention: https://afsp.org/
- CDC Youth Risk Behavior Survey and National Vital Statistics Service
- Suicide Prevention Resource Center: https://www.sprc.org/settings/primary-care
- Suicide lifeline: 988
- Teen Lifeline: 602-248-TEEN or 1-800-248-TEEN
- Youth Suicide Warning Signs: https://www.youthsuicidewarningsigns.org/
- Zero Suicide: http://zerosuicide.sprc.org/webinar/screening-and-assessment-suicide-health-care-settings

Thank you

You have the power to catch kids earlier

You are a lifeline

Please email with any questions:
callan1@phoenixchildrens.com

Phoenix Children's®

Thank you!