CENTRO
HOSPITALAR
VILA NOVA DE GAIA/ESPINHO

Suicide in children: Where do we stand?

Lídia Sousa¹; Ana Costa²; Sofia Pires²; Sara Melo²

¹ Centro Hospitalar de Vila Nova de Gaia/Espinho – Department of Psychiatry and Mental Health

² Centro Hospitalar de Vila Nova de Gaia/Espinho – Department Child and Adolescent Psychiatry

BACKGROUND AND AIMS

Suicide is a global phenomenon and occurs throughout the lifespan. The age range with the greatest risk of suicidal behaviour is adolescence and early adulthood. While reported suicides in children are rare, numerous studies suggest that the number of children who die by suicide is higher than the reported figures. Suicide and self-harm in this particular age group remains a delicate topic, but research interest on this field seems to be growing fast. It is therefore essential for clinicians to keep up to date with new findings. We aim at summarizing the recent developments in children suicide risk assessment, highlighting a possibly underrated phenomenon.

METHODS

A scoping review has been conducted through electronic searches in the following databases (MedLine; PshychInfo and EMBASE) using the keywords “infant” or “child”; “suicide”, “suicidality” or “self-harm”; and “risk assessment”. Articles written in English and published in the last five years were reviewed.

RESULTS

Suicide mortality rate (per 100 000 population) - WHO data for 2016

Risk Evaluation: Suicide is a complex behaviour with many interrelated elements. While there is no single algorithm able to accurately predict it, there are a few standardized instruments that can be used (**Suicidal Ideation Questionnaire Junior**; **Suicidal Behaviours Questionnaire-Revised**; **Sheehan Suicidality Tracking Scale**; **Beck Suicide Ideation Scale**). The recently developed STOP Suicidality Assessment Scale (**STOP-SAS**) is a comprehensive, web-based platform, co-designed for use by adolescents, children, parents and clinicians, reported to have a good reliability and validity.

Psychosocial Risk Factors

Psychological Factors

- **Depression:** considered a major factor in the aetiology of suicidality in children and adolescents; fivefold higher risk for suicide attempts.
- **Previous Suicide Attempt:** increases the risk of suicide more than threefold.
- **Drug and Alcohol Consumption:** may trigger suicidal ideation even in the absence of high levels of depressive symptoms; simultaneous use increases the risk even more.
- **Psychiatric Comorbidity and Re-hospitalization:** anxiety disorders, eating disorders, bipolar disorder, psychotic disorders, affective dysregulation, sleep disturbances and autism spectrum disorders.

Low Instrumental and Social Competence

Stressful Life Events

- **Family Conflicts:** Family conflict has been associated with suicidal behaviour, even after controlling for gender, age, and psychiatric disorders.
- **Other Negative Family Situations:** parental suicidal behaviour, early death, mental illness in a relative, unemployment, low income, neglect, parental divorce, other parent loss, and family violence.
- **Academic Stressors:** students who perceive their academic performance as failing seem to be more likely to report suicidal thoughts, plans, threats, and attempts or deliberate self-injury.
- **Trauma and Other Adverse Life Events:** Childhood sexual abuse is associated with a 10.9-fold increase in the odds of a suicide attempt between the ages of 4 and 12 years; Victims of bullying have higher rates of suicidal behaviour/ideation; peer conflict, legal problems, concerns about sexual orientation, romantic breakups and change of residency have all been associated with suicidal behaviour.

Personality traits

- **Neuroticism, Interpersonal Dependency, Novelty-seeking, Pessimism, Low self-esteem and Self-criticism** have been implicated as risk factors for suicidality in paediatric population.
- **Maladaptive Coping Styles** have been described as a risk factor for both depression and suicidal ideation.
- **Impulsivity** has emerged as an important issue in suicidality, but mostly in adolescents.
- **Perfectionism:** recent studies suggest that the association between perfectionism and suicidality in children is mediated by stressful life events or other psychological features such as learned helplessness.

CONCLUSION

Three main factors are consistently reported as cornerstones for the evaluation of suicide intention in children: psychological factors, stressful life events and personality traits. Specific risk factors among these broad categories have complex interactions with each other. Overall, the application of standardized instruments to access risk of self-harm seems of limited use in clinical practice. The evaluation of suicide intention in children, their capacity to understand the irreversibility of death and to act on suicide thoughts is far from being a well-established topic. Well designed and powered prospective studies are lacking.

REFERENCES

Carballo JJ, Llorente C, Kehrmann L, Flamarique I, Zuddas A, Purper-Ouakil D, Hoekstra PJ, Coghill D, Schulze UME, Dittmann RW, Buitelaar JK, Castro-Fornieles J, Lievesley K, Santosh P, Arango C; STOP Consortium. Psychosocial risk factors for suicidality in children and adolescents. Eur Child Adolesc Psychiatry. 2019 Jan 25; Flamarique I, Santosh P, Zuddas A, et al. Development and psychometric properties of the Suicidality: Treatment Occurring in Paediatrics (STOP) Suicidality Assessment Scale (STOP-SAS) in children and adolescents. BMC Pediatr. 2016;16(1):213. Published 2016 Dec 13. doi:10.1186/s12887-016-0751-2; World Health Organization official website: https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/ accessed 21/02/2019.