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May 9, 2022

Dr. Carol M. Mangione, MD, MSPH
Chair
United States Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Dear Dr. Mangione:

The Pew Charitable Trusts appreciates the opportunity to provide comments on the United States Preventive Services Task Force (USPSTF) draft recommendation statement published April 12, 2022, regarding suicide risk screening for asymptomatic children and adolescents.ⁱ

Pew applies a rigorous, analytical approach to improve public policy, inform the public, and stimulate civic life. Through our suicide risk reduction project, we seek to fill the gaps between people at risk of suicide and the care they need by empowering health care providers to expand the use of evidence-based screening interventions. Our goal is to help make suicide risk assessment and care part of routine health care in the U.S.

We write today to urge USPSTF to recommend at least annual suicide risk screening for all children and adolescents starting at age 12. Suicide among American youth is an urgent public health crisis. It is the second leading cause of death for individuals ages 10 to 24 in the United States.ⁱⁱ The over 6,500 deaths each year account for 14% of all suicides nationwide.ⁱⁱⁱ The data show that universal suicide risk screening—the practice of screening all patients for suicide risk, not just those who are experiencing suicidality or behavioral health symptoms—is a critical part of suicide prevention and care.^{iv} We were pleased that the recently released *Blueprint for Youth Suicide Prevention* by the American Academy of Pediatrics and the American Foundation for Suicide Prevention calls on pediatric health providers to screen all young people ages 12 and older for suicide risk at least once a year, and children ages 8 to 11 as clinically indicated.^v We encourage USPSTF to adopt the same policy in its final recommendations.

Many young people who die by suicide interact with the health care system in the weeks or months before their death. Universal screening can help clinicians identify individuals at risk who would otherwise pass through the health care system undetected and connect them to appropriate care.^{vi} Data suggests that young people do not always disclose thoughts about suicide or suicidal behavior on their own.^{vii} In one study, 38% of individuals up to age 19 who died by suicide had seen a health care provider within four weeks of their deaths.^{viii} Still, fewer than half the people in that group received a mental health diagnosis at the time of their visit.^{ix}

Further, while youth of all races, ethnicities, ages, gender identities, sexual orientations, and socioeconomic statuses experience suicide risk, research shows inequities in suicidality and suicide attempts.^x Studies indicate that there are cultural and population-level differences in expressing or reporting suicidal thoughts or behavioral health symptoms that can result in under- or misdiagnoses.^{xi} Structural barriers, including poverty and institutional racism and discrimination, can also negatively impact an individual's access to and pursuit of behavioral health services.^{xii}

Adolescence can be a challenging time of social, emotional, and physical development. The stress from the COVID-19 pandemic has exacerbated these challenges for millions of children and young adults nationwide.^{xiii} There has been an increase in emergency department visits for suspected suicide attempts among youth during the pandemic, especially for adolescent girls. Compared with the same time period in 2019, emergency department visits for suspected suicide attempts among 12-to-17-year-old U.S. girls were 51% higher in early 2021.^{xiv} Universal screening should be part of routine, preventive health care to help improve the mental health of American youth.

Thank you for the opportunity to express our comments and concerns. Should you have any questions, or if we can be of assistance, please contact Allison Corr at acorr@pewtrusts.org.

Sincerely,



Kristen Mizzi Angelone
Senior Manager, Suicide Risk Reduction Project
The Pew Charitable Trusts

ⁱ U.S. Preventive Services Task Force, “Draft Recommendation Statement: Screening for Depression and Suicide Risk in Children and Adolescents,” April 12, 2022, <https://www.uspreventiveservicestaskforce.org/uspstf/draft-recommendation/screening-depression-suicide-risk-children-adolescents>.

ⁱⁱ Centers for Disease Control and Prevention, “Disparities in Suicide,” accessed February 18, 2022, <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>.

ⁱⁱⁱ Centers for Disease Control and Prevention, “Disparities in Suicide.”

^{iv} American Academy of Pediatrics and American Foundation for Suicide Prevention, “Pediatric and Suicide Prevention Experts Partner to Create Blueprint for Preventing Youth Suicide,” news release, March 2, 2022, <https://www.aap.org/en/news-room/news-releases/aap/2022/pediatric-and-suicide-prevention-experts-partner-to-create-blueprint-for-preventing-youth-suicide/>.

^v American Academy of Pediatrics and American Foundation for Suicide Prevention, “Pediatric and Suicide Prevention Experts Partner to Create Blueprint for Preventing Youth Suicide.”

^{vi} K. Roaten et al., “Universal Pediatric Suicide Risk Screening in a Health Care System: 90,000 Patient Encounters,” *Journal of the Academy of Consultation-Liaison Psychiatry* 62, no. 4 (2021): 421-29, <https://www.sciencedirect.com/science/article/pii/S2667296020300057>.

^{vii} L. McGillivray et al., “Non-Disclosing Youth: A Cross Sectional Study to Understand Why Young People Do Not Disclose Suicidal Thoughts to Their Mental Health Professional,” *BMC Psychiatry* 22, no. 1 (2022): 3, <https://doi.org/10.1186/s12888-021-03636-x>.

^{viii} B.K. Ahmedani et al., “Health Care Contacts in the Year before Suicide Death,” *Journal of General Internal Medicine* 29, no. 6 (2014): 870-77, <https://doi.org/10.1007/s11606-014-2767-3>.

^{ix} B.K. Ahmedani et al., “Health Care Contacts in the Year before Suicide Death.”

^x P. Baiden et al., “Examining the Intersection of Race/Ethnicity and Sexual Orientation on Suicidal Ideation and Suicide Attempt among Adolescents: Findings from the 2017 Youth Risk Behavior Survey,” *Journal of Psychiatric Research* 125 (2020): 13-20, <https://www.sciencedirect.com/science/article/pii/S0022395619313792>.

^{xi} Emergency Task Force on Black Youth Suicide and Mental Health, “Ring the Alarm: The Crisis of Black Youth Suicide in America” (2019), https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf; P. Baiden et al., “Examining the Intersection of Race/Ethnicity and Sexual Orientation on Suicidal Ideation and Suicide Attempt among Adolescents: Findings from the 2017 Youth Risk Behavior Survey.”

^{xii} Emergency Task Force on Black Youth Suicide and Mental Health, “Ring the Alarm: The Crisis of Black Youth Suicide in America”; S. Hodgkinson et al., “Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting,” *Pediatrics* 139, no. 1 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5192088/>.

^{xiii} E. Yard et al., “Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12–25 Years before and During the Covid-19 Pandemic — United States,” *Morbidity and Mortality Weekly Report* 70, no. 24 (2021): 888-94, <http://dx.doi.org/10.15585/mmwr.mm7024e1external>.

^{xiv} E. Yard et al., “Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12–25 Years before and During the Covid-19 Pandemic — United States.”