



Suicide ideation or attempt among children and adolescents: integrative review of nursing practice


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Objective: to analyze the practice of nurses in the face of suicidal ideation and attempts by children and adolescents according to information available in the literature.

Methodology: integrative review carried out in the Virtual Health Library, Cumulative Index to Nursing and Allied Health Literature and Web of Science with a time frame from 2013 to 2023. Peer review and double-blind selection resulted in 11 publications. The analysis was thematic. **Results:** the studies point to nurses' difficulties in taking an individualized and humanized approach, recording information in medical records and planning mental health care. Nurses' lack of knowledge and training can lead to inadequate care. Five tools were found for identifying suicide risk that can be used with children and adolescents aged between 7 and 21 years. **Conclusion:** nurses' lack of knowledge makes it difficult to identify suicide ideation and attempts in children and adolescents in a variety of contexts. There is a need for nurses to assess and identify suicidal ideation and risk behaviors during care. In this sense, it is necessary for existing instruments to be translated and validated in Brazil in order to optimize the early identification of suicidal ideation and attempts.

Descriptors: Suicidal Ideation; Attempted Suicide; Child; Adolescent; Nursing Care.

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Ideação ou tentativa de suicídio entre crianças e adolescentes: revisão integrativa da prática do enfermeiro

Objetivo: analisar a prática do enfermeiro frente à ideação e a tentativa de suicídio de crianças e adolescentes segundo informações disponíveis na literatura. **Metodologia:** revisão integrativa realizada na Biblioteca Virtual em Saúde, *Cumulative Index to Nursing and Allied Health Literature* e *Web of Science* com recorte temporal de 2013 a 2023. A avaliação por pares e seleção de duplo cego resultou em 11 publicações. A análise foi temática. **Resultados:** os estudos apontam dificuldade do enfermeiro na abordagem individualizada e humanizada; registro das informações em prontuário e planejamento da assistência voltada para saúde mental. A falta de conhecimento e treinamento dos enfermeiros pode gerar atendimento inadequado. Foram encontradas cinco ferramentas na identificação do risco de suicídio que podem ser utilizadas em crianças e adolescentes entre 7 e 21 anos. **Conclusão:** a falta de conhecimento dos enfermeiros implica na dificuldade de identificação precoce da ideação e tentativa de suicídio nas crianças e adolescentes nos variados contextos. Há necessidade de o enfermeiro avaliar e identificar comportamentos de ideação e risco de suicídio no atendimento, nesse sentido, faz-se necessário que instrumentos já existentes possam ser traduzidos e validados no Brasil a fim de otimizar a identificação precoce da ideação e tentativa de suicídio.

Descritores: Ideação Suicida; Tentativa de Suicídio; Criança; Adolescente; Cuidados de Enfermagem.

Ideación o intento de suicidio en niños y adolescentes: revisión integradora de la práctica de enfermería

Objetivo: analizar la práctica de enfermería frente a la ideación o intento de suicidio de niños y adolescentes de acuerdo con las informaciones disponibles en la literatura. **Metodología:** se trata de una revisión integradora llevada a cabo en la Biblioteca Virtual de Salud, en el *Cumulative Index to Nursing and Allied Health Literature* (CINAHL) y en la *Web of Science*, con marco temporal de 2013 a 2023. La revisión por pares y la selección a doble ciego dieron como resultado 11 publicaciones. El análisis fue temático. **Resultados:** los estudios señalan las dificultades del enfermero en adoptar un trato individualizado y humanizado, registrar la información en las historias clínicas y planificar los cuidados de salud mental. La falta de capacitación puede dar lugar a una atención inadecuada. Se encontraron cinco herramientas que pueden utilizarse con niños y adolescentes entre 7 y 21 años de edad para identificar el riesgo de suicidio. **Conclusión:** la falta de conocimientos del enfermero dificulta la identificación precoz de la ideación e intento de suicidio en niños y adolescentes en contextos diversos durante la labor del cuidado. Por esta razón, es necesario que los instrumentos ya existentes se traduzcan y se validen en Brasil para optimar la identificación precoz de dichos comportamientos.

Descriptor: Ideación Suicida; Intento de Suicidio; Niño; Adolescente; Atención de Enfermería.

Introduction

The use of screens by children and adolescents is increasing, especially during the pandemic, due to social isolation⁽¹⁾, the reduction of spaces and recreational and school activities⁽²⁾, significantly impacting socialization, interaction and daily life between parents and children. Children's brains are still developing and the constant use of screens can have an impact on the neuropsychological functions of attention, memory, language and task execution, as well as social, emotional and behavioral damage⁽³⁾, especially considering the content accessed by this population, whose mental health is compromised and who may be influenced to have suicidal ideation or attempt suicide.

According to data from PAHO (Pan American Health Organization) and WHO (World Health Organization), around 800,000 people die by suicide every year in the world, making it the second leading cause of death among individuals aged 15 to 29. In 2016, 79% of these cases occurred in low- and middle-income countries⁽⁴⁾.

In Brazil, suicide is the fourth leading cause of death among young people aged between 15 and 29, so the importance of studies that deal with the subject and its forms of prevention stands out, given that, according to the WHO, 90% of the causes of suicide are preventable⁽⁴⁾. According to data from DATASUS, between 2010 and 2019, there were 8927 deaths among young people aged between 5 and 19 due to voluntary self-harm⁽⁵⁾.

A literature review carried out in 2017 indicated various reasons for studying this subject, including: little attention on the subject in Brazil and around the world; an increase in suicide rates among children and adolescents; evidence from international studies that children are aware of their desire to die and, finally, a lack of knowledge of the factors that predispose children to suicide, which is motivated differently from adolescents⁽⁶⁾.

Given the epidemiological importance of the subject and the preventive and care work of professional nurses, the aim was to analyze the practice of nurses in the face of suicidal ideation and attempts by children and adolescents, according to information available in the literature.

Methodology

This is an integrative review, which aims to identify, analyze and synthesize the results of independent studies on the same subject, contributing to a possible beneficial impact on the quality of care provided to patients⁽⁷⁾. This study has the following guiding question: what is the practice of nurses when faced with suicidal ideation and

attempted suicide in children and adolescents in various contexts, according to the scientific literature?

The following mnemonics were used: P - Population (children and adolescents); I - Phenomenon of interest (nurse practice in relation to suicidal ideation and attempted suicide); and Co - Context (school, hospital, outpatient clinic).

The search took place between July and December 2023, in the Virtual Health Library (VHL) and in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Web of Science (WoS) - Main Collection (Clarivate Analytics) databases. We used the DeCS descriptors, Medical Subject Headings (MeSH) and the keywords "Suicidal Ideation"; "Suicide Attempted"; "Nursing", "Children" and "Adolescents", using the boolean "AND".

Eligibility criteria included full texts available in Portuguese, English and Spanish and the time frame of the last 10 years (2013-2023) in order to search for the most recent studies, considering the objective of this study. Publications that did not specify the age group studied, studies dealing with mental disorders in general, pharmacological treatment or the mechanism of action of any medication, editorials, clinical case reports and animal studies were excluded. Duplicates were removed.

Firstly, the search was carried out using the combination of the descriptors "Suicidal Ideation" AND "Nursing" AND "Children". Fifty-six results were found in the VHL, 62 in CINAHL and 154 in Web of Science. After applying the "full text" filter and the time cut-off (in addition to the open access filter in the last database), 35 results were obtained from the first database, 12 from the second and 64 from the third, thus excluding 21, 50 and 90 respectively.

The combination "Suicidal Ideation" AND "Nursing" AND "Adolescents" found 139 results in the VHL, 61 in CINAHL and 360 in Web of Science. Of these, 51, 52 and 213 articles were excluded, respectively, after applying the "full text" filter and the time cut-off (in addition to the open access filter in the latter database). A total of 88 were selected from the VHL, 9 from CINAHL and, finally, 147 from the Web of Science.

The third combination was "Suicide Attempted" AND "Nursing" AND "Children". 79 results were found in the VHL, 288 in CINAHL and 165 in Web of Science, of which 57, 184 and 112 were excluded, respectively, after applying the filters already reported, leaving 22, 104 and 53, respectively.

Finally, the fourth combination was "Suicide Attempted" AND "Nursing" AND "Adolescents". In the VHL, 209 results were found, in CINAHL, 642, and in Web of Science, 327. Of these, 164, 488 and 193 articles were excluded, respectively, after applying the filters,

totaling 45 abstracts in the VHL, 154 in CINAHL and 134 in Web of Science.

In total, 867 articles were found (190 from the VHL, 279 from CINAHL and 398 from the Web of Science), according to the combinations of descriptors and after applying the filters, of which 83 were excluded due to duplicates, opting for the database of the search sequence and appearance of the articles: VHL, CINAHL and Web of Science,

leaving 784 articles for analysis. After reading the abstracts and applying the inclusion and exclusion criteria, the final total of 11 eligible articles was established, 1 from the VHL, 6 from CINAHL and 4 from the Web of Science. The complete representation of the research trajectory is described in the flowchart (Figure 1).

The studies were grouped by type of study, as shown in Figure 2.

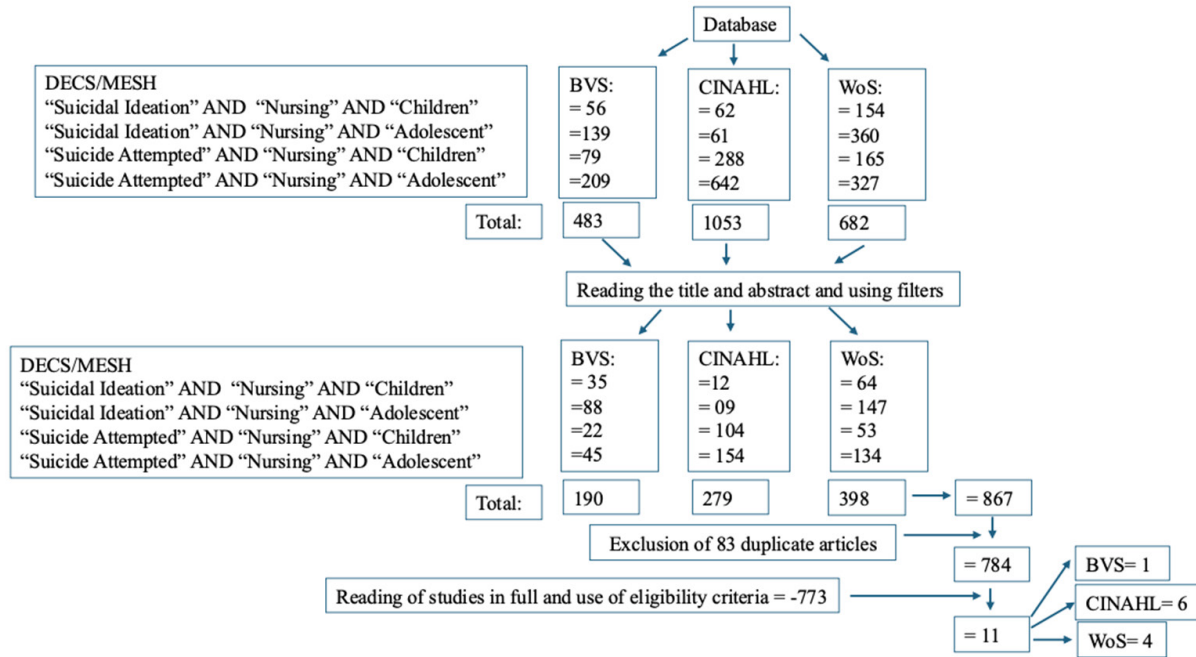


Figure 1 - Flowchart of database searches and articles included in the integrative review

Qualitative studies	
Author(s), year and country	Sample characteristics
Pessoa DMS, Freitas RJM, Melo JAL, Barreto FA, Oliveira e Melo KC, Dias ECS, 2020, Brazil	N = 8 nurses Scenario = 8 Primary Care Center (PCC)
Ramos MM, Greenberg C, Sapien R, Bauer-Creegan J, Hine B, Geary C, 2013, USA	N = 186 nurses Scenario = Secondary schools
O'Reilly M, Kiyimba N, Karim K, 2016, United Kingdom	Conversation analysis Application of questions about self-harm and suicidal ideation to children aged 6 to 17
Briggs S, Slater T, Bowley J, 2017, England	N = 10 professionals including mental health nurses Scenario = Multidisciplinary mental health service for children and adolescents
Alves MAG, Cadete MMM, 2015, Brazil	Documentary research on the medical records of children and adolescents aged 3 to 18 Setting = Emergency room Period = 2008-2010
Matel-Anderson D, Bekhet A, 2016, USA	N = 9 mental health nurses Focus group Setting = Two psychiatric hospitals
Literature reviews	
Heise B, York A, Thatcher B, 2016, USA	Databases = CINAHL, Medline, PsycINFO Time frame = 2010-2015 Search tools = 5
Chamorro Aguado V, 2017, Spain	Databases= Medline, PubMed and CINAHL Time frame = 2012-2017 68 articles found on the presence and intervention of nurses in the school environment

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Quantitative studies	
Inman DD, Matthews J, Butcher L, Swartz C, Meadows AL, 2019, USA	Use of the Ask suicide screening questions (ASQ) form by nurses N = 152 patients over 12 years old Location = Pediatric wards
Hackfeld M, 2020, USA	Applicability of the Ask suicide screening questions (ASQ) form Setting = Emergency department N = 175 nurses who were trained to apply the ASQ
Heinz A, Catunda C, van Duin C, Willems H, 2020, Luxembourg	Applicability of the Health Behavior in School-aged Children (HBSC-SCL), with 5,262 secondary school students aged between 12 and 18.

Figure 2 - Main results of the selected studies by type of study

Thematic analysis⁽⁸⁾ was carried out in three stages: 1. Pre-analysis - as the articles were selected, floating readings were made and the data was extracted according to the research question, with a simple description of the findings and presented in the table in Figure 2; 2. Exploration of the material - The search was made for patterns in the meaning of the data to find the themes; 3. Treatment of the data obtained and its interpretation - The units of context, the core of meaning and the themes were identified and interpreted containing the subjective aspects of the authors.

Results

Of the 11 articles, six were qualitative studies, two were reviews and three were quantitative studies. The selected studies came from the United States (4); Brazil (2); England (1), the United Kingdom (1), Luxembourg (1), Spain (1) and New Mexico (United States) (1). The years of publication were: 2020 (3); 2019 (1); 2017 (2); 2016 (3); 2015 (1); 2013 (1). The participants were nurses or multi-professional mental health teams, including nurses.

Of the articles selected, there was an emphasis on the context of primary and secondary health care institutions, addressing the systematization of nursing care and the application and validation of hospital screening instruments, as well as the school context, highlighting the identification of suicidal ideation and attempts by nurses working in schools.

In the context of health institutions, a study⁽⁹⁾ points to a lack of planning and action in the area of adolescent mental health. Nursing consultations were considered restricted and punctual, focused on family planning, sexuality and teenage pregnancy or sexually transmitted infections (STIs). In addition, there were reports that the adolescent public is not included in the service and the programs are aimed at female adolescents, concluding that nurses have difficulties in identifying and preventing signs of suicidal ideation in children and adolescents, basing their practice on empirical experiences with a biologist approach⁽⁹⁾.

A documentary study of medical records between 2008 and 2010 indicated that children and adolescents aged between 3 and 18 are not valued in terms of

their history of attempted suicide, given that health professionals, especially doctors and nurses, fail to record these cases properly, invalidating information about the problem and possible measures to prevent the risk of suicide⁽¹⁰⁾.

With regard to the problem identification stage, the way in which questions are asked about self-harm and suicide has a significant impact on the effectiveness of the response. It is therefore necessary for nursing professionals to receive help to develop skills in developing screening tools for suicide, which can even increase their confidence in asking questions of this nature⁽¹¹⁾.

A literature review indicated five specific pediatric screening tools for suicide, considered appropriate for the primary care setting: Ask Suicide Screening Questions (ASQ); Risk for Suicide Questionnaire (RSQ); The Mood and Feelings Questionnaire (MFQ); Treatment Emergent Activation and Suicidality Assessment Profile (TEASAP), and Columbia Suicide Severity Rating Scale (C-SSRS)⁽¹²⁾.

The ASQ instrument is used for self-reporting by children and adolescents aged between 10 and 21, and contains 4 questions: In the last few weeks, have you wished you were dead? In the last few weeks, have you felt that you or your family would be better off if you were dead? In the last week, have you had thoughts about killing yourself? Have you ever tried to kill yourself⁽¹²⁾?

As for the RSQ instrument, it differs from the ASQ in terms of the age range, which varies from 8 to 18 years, and the questions contained in the questionnaire are: Are you here today because you tried to hurt yourself? In the last week, have you thought about killing yourself? Have you tried to hurt yourself in the past (apart from this time)? Has anything very stressful happened to you in the last few weeks (a very difficult situation to deal with)⁽¹³⁾?

The MFQ instrument is administered to children and adolescents aged 7 to 17 or 9 to 17 and consists of 13 to 33 short and long questions. As for the TEASAP, it is the result of a parental report for 38 questions, and is suitable for the 7-17 age group. Finally, the C-SSRS is used for the child's self-report, containing six screening

questions and approximately 17 questions in a variety of formats and is suitable for children over the age of 7⁽¹²⁾.

Two studies carried out in the United States showed the results of the applicability of the ASQ as a screening tool for suicide risk in children and adolescents. One of the studies, based on the application of this instrument by nurses in two pediatric units of a children's hospital, revealed that 98.95% of a sample of 152 patients aged 12 and over had a negative screening and 1.05% had a non-acute screening, concluding that this tool can screen for suicidal ideation or behavior in contexts other than mental health. The authors recommend additional training so that nurses can ask questions about suicide risk to adolescents admitted to hospital for other reasons⁽¹⁴⁾.

The other study identified 37% of children and adolescents struggling with sadness/worry or at risk of suicide, allowing for immediate mental health assessments before suicide attempts. Regarding the nurses' safety in applying the ASQ instrument, 30% of them felt inadequately trained in suicide screening; 26% considered the ASQ to be too time-consuming and 40% agreed that there was stigma in relation to mental health, however, after training the nurses in 2017, the use of the ASQ instrument indicated improved competencies by the nurses, resulting in 64% reporting that they were adequately trained, but there was no significant change in the perception of mental health stigma⁽¹⁵⁾.

A study using conversation analysis with children and adolescents in a mental health service indicated that the quality of the questions should enable the process and impersonality of the question, increasing confidence in the professional during the approach, so as not to compromise an appropriate response⁽¹¹⁾. Practices with adolescent groups involve multi-professional participation, with nurses playing a prominent role in therapeutic intervention and the opportunity to work on reducing suicide risks among young people; however, there are uncertainties in assessing risks combined with complex group dynamics to create clinical dilemmas⁽¹⁶⁾.

There is a major challenge in devising appropriate questions geared towards mental health when it comes to issues related to suicidal ideation or attempts among children and adolescents⁽⁹⁾. In addition, nurses' stigmatization of mental health problems hinders the quality of care⁽¹⁵⁾.

The health service needs to be properly prepared to receive these adolescents who are psychologically or psychically affected, either by ideation or by behaviors that supposedly lead to suicide attempts, because an attempt causes significant emotional imbalance and the nursing professional needs to be prepared to provide the patient with adequate care, offering them as much support and safety as possible⁽⁹⁾.

Studies describing nursing practice in the school context show how school nurses identify behaviors that predispose to suicidal ideation or suicide attempts.

In New Mexico, when studying the management of adolescent behavioral health emergencies by nurses working in public high schools, it was found that more than 40% of the professionals interviewed referred the adolescent to the emergency department for suicide, indicating child abuse or neglect, depression and violence at school as causes; despite having received continuing education on violence, the professionals considered that it was not proportional to their clinical responsibilities⁽¹⁷⁾.

Bullying is very common at school, so nurses need to be present in this scenario in order to articulate preventive pedagogical activities with a view to reducing suicide rates⁽¹⁸⁾. It is also necessary to prepare teachers so that they are able to identify the mental health needs of children and adolescents in this context⁽⁹⁾.

A study carried out in Luxembourg, which used the Health Behavior Symptoms Checklist in School Children (HBSC- SCL) instrument on 5,262 students aged between 12 and 18, found that 28% of the students reported lasting sadness, 15.1% had considered suicide and 7.6% had attempted suicide in the last 12 months⁽¹⁹⁾.

A study using focus groups with nine nurses from a psychiatric unit for adolescents sought to explore the components of resilience in adolescents who had survived a suicide attempt. It showed that nurses can help build a protective factor through nursing interventions aimed at increasing resilience in patients at this stage of life⁽²⁰⁾.

Discussion

When dealing with attempted suicide and caring for people with mental health issues, nurses must exercise sensitivity, as well as seeking to develop and implement actions with patients and services, with a view to working towards prevention in order to provide quality care⁽²¹⁻²²⁾.

This lack of knowledge also contributes to the prevalence of a biologicist focus in care, with a dissociation between physical and psychological health. Some of the elements that facilitate this biomedical model of care are: the extensive workload of the nursing professional; the short period of time for each service due to the high demand; insufficient or absent training in mental health; the lack of institutional support for training and continuing education for professionals and the limited physical structure of the emergency sectors, whose objective is essentially the physical stabilization of the patient⁽²²⁾.

The lack of training for nursing professionals in dealing with patients with suicidal ideation or who have attempted suicide, and the stigma attached to these

health professionals, also contribute to these patients not seeking help and abandoning treatment⁽²³⁾.

The use of instruments to screen children and adolescents for suicidal ideation or attempts should be used by nurses to identify these behaviors in a variety of contexts and is indicated because it is one of the measures that enables early detection, serving as a tool for preventing the act⁽²⁴⁾.

To overcome the difficulties of identifying suicidal behavior, various screening instruments have been presented, such as: Ask Suicide Screening Questions (ASQ); Risk for Suicide Questionnaire (RSQ); The Mood and Feelings Questionnaire (MFQ); Treatment Emergent Activation and Suicidality Assessment Profile (TEASAP), and Columbia Suicide Severity Rating Scale (C-SSRS); however, the ASQ was the most widely used as an application and assessment tool.

According to the National Institute of Mental Health (NIMH), the ASQ can be applied to individuals over the age of 8, in a variety of contexts (emergency departments, inpatient units, outpatient clinics and primary care). The instrument is easy to understand and consists of 4 questions. In the case of young patients, it is recommended that parents/guardians be present during the screening. If the test result is positive, the child or adolescent should undergo a brief suicide safety assessment, to be carried out by a trained mental health professional, in order to determine whether a more comprehensive assessment is necessary⁽²⁵⁾.

In addition to the assessment tools, the studies point out that nurses, as members of a multidisciplinary team, must be trained and able to apply these tools in a variety of contexts, in order to work with the prior identification of risk behaviors for suicide, value the records of behaviors presented by this population group, as well as plan nursing care according to the behaviors identified and assessed.

There should be a convergence of efforts in specialized intervention in suicide prevention immediately after hospitalization when there is a reason for hospitalization for this cause, seeking to develop a structured and systematic program implemented by nurses specializing in mental health and psychiatric nursing with training in suicide prevention⁽²⁶⁾.

Nurses, who have closer contact with children and adolescents as patients, both in hospital and in primary care, should be trained to identify the risk factors for suicidal ideation and attempted suicide, in order to take the best course of action in these situations⁽²⁷⁾.

The fact that New Mexico nurses have received continuing education on violence is no guarantee that they will be able to provide effective care in these situations, given that they are involved in other clinical activities.

Although evidence shows that school nurses around the world play a fundamental role in assessing the mental health of all students, there are still heavy workloads, lack of time and discomfort in providing mental health care services⁽²⁸⁾, and these professionals must assist the family of the child or adolescent with suicidal behavior, offering therapeutic listening and communication and appropriate guidance⁽²⁹⁾.

Parental support and accompaniment are therefore extremely necessary, given that young people often express themselves emotionally through actions that are often impulsive⁽³⁰⁾, and attention should also be paid to children's behavior because they are often unable to communicate or express their feelings clearly.

Conclusion

The prevalence of guidelines for preventive actions in relation to intervention measures should be highlighted, as far as nursing care in situations of ideation or attempted suicide among children and adolescents in various contexts is concerned. Suicide in this age group is a complex and multifactorial problem that requires an interdisciplinary and integrated approach by health professionals.

It is assumed that mental health is left in the background when it comes to hospital care and for this reason it is a major challenge for nurses to include mental health assessment when planning their care.

Based on this study, we recommend frequent training for nursing professionals in identifying suicidal ideation, the validation of instruments that can be used with children and adolescents and their families, and further research into the subject of child and adolescent mental health. It is essential that there is greater awareness and training of these professionals to identify and approach these cases effectively, as well as greater attention and investment in public policies to prevent suicide in this age group.

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