

Screening for Suicide Risk in Adolescents, Adults, and Older Adults in Primary Care

The U.S. Preventive Services Task Force (Task Force) has issued a **final** recommendation statement on *Screening for Suicide Risk in Adolescents, Adults, and Older Adults in Primary Care*.

This final recommendation statement applies to teens, adults, and older adults who do not have a diagnosed mental illness and who are not showing signs or symptoms of mental health concerns.

The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of suicide screening by primary care clinicians: There is not enough evidence to weigh the benefits and harms of screening the general population for suicide risk.

This fact sheet explains this recommendation and what it might mean for you.

What is suicide?

Suicide is when people harm themselves with the intention to end their lives and they die as a result. When someone tries to die by suicide but survives, it is called an attempted suicide. Suicidal ideation means thinking about or planning for suicide.

Facts About Suicide and Screening for Suicide Risk

Too many people, both young and old, including those that have served our country in the military, have had their lives cut short by suicide. In 2010, suicide was the 10th leading cause of death among all ages in the United States, and each year about 37,000 people die from suicide.

The number of people who attempt suicide and who die from suicide varies by gender, age, race, and ethnicity. Certain groups are at greater risk for suicide, including American Indian/Alaskan Natives and military veterans. Suicide is the third leading cause of death among youth between the ages of 10 and 24.

The greatest risk factor for suicide is having a mental health disorder, such as depression, schizophrenia, post-traumatic stress disorder (PTSD), or drug or alcohol abuse. Other risk factors for suicide include: childhood trauma; a family history of suicide; being discriminated against because of being lesbian, gay, bisexual, or transgender; and having access to the means of killing oneself. A history of being bullied or having a chronic health condition also may increase the chances of a person dying from suicide. For older people, loneliness or physical illness can increase the risk for suicide. For veterans, risk factors include traumatic brain injury, PTSD, and other mental health conditions.

As a regular part of care, doctors or nurses should talk about suicide with people who are diagnosed with depression or other mental illnesses, who have a history of self-harm or suicide attempts, or those who are experiencing severe emotional distress. In these conversations, they will ask whether the person is having thoughts about suicide and provide appropriate care and intervention.

Potential Benefits and Harms of Screening for Suicide Risk

Many people who die from suicide have seen a health care professional in the month before their death. If clinicians could identify people at risk for suicide during that visit and refer them to treatments that worked, deaths by suicide could be prevented.

The Task Force examined studies to see whether screening can identify those at increased risk so that they can be referred for treatment. The Task Force also looked at whether effective treatments exist. Unfortunately, the Task Force found that it is not clear how primary care clinicians can effectively identify and help people who are not already known to be at increased risk for suicide.

Almost all of the suicide prevention studies the Task Force reviewed were done among people with recognized mental illnesses or earlier suicide attempts, not people in the general population.

Because little evidence is available on how to identify those at risk and on how to treat them to prevent suicide, it is vital that more research be done on this important issue. It is critical that better methods be developed to find those at risk for suicide, and that treatments are developed that can help prevent people from dying by suicide. Knowledge gained from such research will help create effective support and treatment programs.

The Final Recommendation on Screening for Suicide Risk: What Does It Mean?

Here is the Task Force's final recommendation on screening for suicide risk. Task Force recommendation grades are based on the quality and strength of the evidence about the potential benefits and harms of screening. They also are based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Visit the Task Force Web site to read the full **final recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence document** provides more detail about the studies the Task Force reviewed.

1 The Task Force concludes that the current *evidence is insufficient* to assess the balance of benefits and harms of *screening* for suicide risk in *adolescents*, adults, and older adults in *primary care*. **I Statement**

Notes

1 *evidence is insufficient*
The Task Force did not find enough evidence on screening for suicide risk in the general population to determine potential benefits and harms. As a result, the Task Force could not make a recommendation for or against screening.

screening

Talking with your health care professional about whether you are thinking about suicide, or filling out a questionnaire.

adolescents

Youth ages 12 to 18.

primary care

The office or clinic where your doctor, nurse, physician assistant, or nurse practitioner sees you for general health care and prevention.

Getting Help

If you have thoughts about suicide or know someone who does, it's important to get help from a health care professional. Visit your doctor or the emergency room, or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). It is available 24/7. Use this information and the links below to learn more.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

| USPSTF Recommendation Grades | |
|------------------------------|--|
| Grade | Definition |
| A | Recommended. |
| B | Recommended. |
| C | Recommendation depends on the patient's situation. |
| D | Not recommended. |
| I statement | There is not enough evidence to make a recommendation. |

Click Here to Learn More About Suicide Prevention

-  **National Suicide Prevention Lifeline** (Substance Abuse and Mental Health Services Administration)
-  **Suicide Prevention** (healthfinder.gov)
-  **Suicide Prevention** (Centers for Disease Control and Prevention)
-  **Suicide in the U.S.: Statistics and Prevention** (National Institute of Mental Health)
-  **Frequently Asked Questions: Real Warriors Campaign** (Department of Defense)