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Assessment of suicidal ideation in children: a systematic review

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Abstract: The aim of this study was to investigate the instruments available for measuring suicidal ideation in children. A systematic literature review was performed using Medline (Pubmed), Cochrane Library, VHL Regional Portal, PsycInfo and gray literature databases. The search returned 119 studies, seven of which met the inclusion criteria. Seven different instruments were identified (Child-Adolescent Suicidal Potential Index – CASPI, Risk of Suicide Questionnaire – RSQ, Children Behavior Checklist – CBCL, Mood and Feelings Questionnaire – MFQ, Suicidal Risk Scale for Hong Kong Students – C-SIS, Youth Self Report – YSR and Adolescent Suicide Assessment Protocol – 20 - ASAP-20) whose main characteristics are briefly described. It is considered that knowledge about the validated instruments to measure suicidal ideation in childhood, in addition to being an important way in the identification and prevention of early death, allows expanding the discussion about the need to contemplate the different stages of development when approaching the theme of suicide.

Keywords: Suicidal ideation; Children; assessment.

Avaliação da ideação suicida em crianças: uma revisão sistemática

Resumo: O objetivo deste estudo foi investigar os instrumentos disponíveis para mensuração da ideação suicida em crianças. Foi realizada uma revisão sistemática de literatura a partir das bases de dados Medline (Pubmed), Cochrane Library, Portal Regional da BVS, PsycInfo e literatura cinzenta**.** A busca retornou 119 estudos, sete deles contemplaram os critérios de inclusão. Foram identificados sete diferentes instrumentos (*Child-Adolescent Suicidal Potential Index* – CASPI, *Risk of Suicide Questionnaire* – RSQ, *Children Behavior Checklist* – CBCL, *Mood and Feelings Questionnaire* – MFQ, *Suicidal Risk Scale for Hong Kong Students* – C-SIS, *Youth Self Report* – YSR e *Adolescent Suicide Assessment Protocol* – 20 - *ASAP-20*) cujas principais características são brevemente descritas. Considera-se que o conhecimento sobre instrumentos validados para mensurar a ideação suicida na infância, além de ser uma via importante na identificação e prevenção da morte precoce, permite ampliar a discussão sobre a necessidade de contemplar as diversas fases do desenvolvimento ao abordar a temática do suicídio.

Palavras-chave*:* Ideação suicida; crianças; avaliação.

Introduction

Suicide is a serious public health problem that affects people of different ages, social classes and ethnicities. Although epidemiological data indicate a greater concentration of this phenomenon in late adolescence and early adulthood, in recent years there have been increasing records of deaths of children by suicide in Brazil and worldwide (Batista, Araújo & Figueiredo, 2016; Brasil, 2017; Cha, et al. 2018; Souza, 2010; WHO, 2016).

According to Souza (2010), between 2000 and 2008, 43 deaths by suicide of children under nine years old and 6,574 between 10 and 19 years old were recorded in Brazil. An epidemiological documentary study carried out between 2010 and 2013 in the state of Pará by Batista, Araújo and Figueiredo (2016) found that the majority of suicides (77.8%) occurred in adolescents aged 15 to 19 years, 20.74% occurred in the age group of 10 to 14 years and 1.5% in children under 10 years.

The most recent data published by the Ministry of Health in 2021 reaffirm the lower prevalence of suicide deaths in children aged five to 14 years. However, it is observed that mortality rates in this age group more than doubled from 2010 to 2019, going from 0.31 to 0.67 per 100,000 inhabitants (Brasil, 2021). This increase reveals that, although less frequent compared to other age groups, more and more children are engaging in suicidal acts, and there is an urgent need to target prevention and intervention measures to this population.

Early identification of suicidal ideation is highly effective in preventing suicide mortality (WHO, 2016). Among the possibilities of identification, the American Psychiatric Association (2003) points out that, although it does not replace the complete clinical evaluation, evaluative instruments can be of great value in the recognition of suicidal behavior. Thus, it is essential to survey and characterize the instruments available in the literature for the evaluation of children.

It is known that there are significant challenges involving the assessment of suicidal behavior in childhood. The first of these is the social legitimation of the phenomenon. According to Seminotti (2011), contemporary society still has difficulty in understanding and legitimizing suicidal behavior at this stage of development, either due to taboos and stigmas associated with it, or due to the disbelief that children can experience a level of suffering so intense as to consider suicide, which leads to underreporting of cases.

Another point discussed by Picazo-Zappino (2014) is that evaluating suicidal behavior in childhood also implies evaluating the intentionality of the act and the child's understanding of death. According to the author, younger children may have fantasies that involve suicidal acts, such as throwing themselves out of a window of a tall building to fly like a superhero, without necessarily having the intention of death. On the other hand, slightly older children may face stressful and painful situations, such as bullying, and intentionally decide to end their lives.

Despite the severity of this phenomenon, little is known about suicidal behavior in childhood. The literature is scarce and the tools available for early stage identification are poorly known (Anderson, 2016). Thus, the objective of this study was to investigate, through a systematic review of the literature, the instruments for evaluating suicidal ideation in children, briefly describing its main characteristics, in the expectation of contributing to a more directive management of this phenomenon.

Method

A systematic review of studies that used as methodology instruments to assess suicidal ideation in children under twelve years of age was conducted. For the construction of the article, the PRISMA guidelines (Preferred Reporting Items for Systematic reviews and Meta-Analysis (Page et al., 2021) were followed. An electronic search was performed in the MEDLINE (Pubmed), Cochrane Library, VHL Regional Portal and PsycInfo databases in October 2020.

For each database, a specific strategy was built with MeSH – Entry Terms – and Decs descriptors (See Table 1.). The gray literature was searched in the Capes Thesis Bank and Google Scholar journals.

After the execution of the search strategies, the publications were gathered on a single basis for manual deletion of duplicates. Two reviewers independently selected the studies (SF; RS) in two phases: 1. Reading titles and abstracts, and 2. Reading full text. There was no disagreement among the evaluators.

Table 1

Search Strategies for Electronic Databases

Electronic Base	Search strategy	Studies
Medline (PubMed)	(((((Child OR Children))) AND (((SuicidalIdeation OR Ideation, Suicidal OR Ideations, Suicidal OR SuicidalIdeations)))) AND (((instrumentation [Subheading] OR instruments OR devices OR equipment OR apparatus OR appliance)))) AND (((psychologicaltests OR Test, Psychological OR PsychologicTests OR Psychologic Test OR Test, Psychologic OR Tests, Psychologic OR Psychological Test OR Tests, Psychological)))	44
Cochrane Library	ID Search Hits #1 (Child OR Children) 159873 #2 (SuicidalIdeation OR Ideation, Suicidal OR Ideations, Suicidal OR SuicidalIdeations) 2416 #3 (instrumentationSubheading OR instruments OR devices OR equipment OR apparatus OR appliance) 47714	59

	#4 (psychologicaltests OR Test, Psychological OR PsychologicTests OR Psychologic Test OR Test, Psychologic OR Tests, Psychologic OR Psychological Test OR Tests, Psychological) 17123 #5 #1 AND #2 AND #3 AND #4 59	
VHL regional portal (LILACS)	(tw:((criança OR child OR niño))) AND (tw:((ideação suicida OR Suicidal Ideation OR Ideación Suicida))) AND (tw:((Testes psicológicos OR Psychological Tests OR Pruebas Psicológicas)))	9
PsycInfo	**3** Results for (Any Field: Child OR Any Field: Children) AND (Any Field: Suicidal Ideation OR Any Field: Ideation, Suicidal OR Any Field: Ideations, Suicidal OR Any Field: Suicidal Ideations) AND (Any Field: instrumentation [Subheading] OR Any Field: instruments OR Any Field: devices OR Any Field: equipment OR Any Field: apparatus OR Any Field: appliance) AND (Any Field: psychological tests OR Any Field: Test, Psychological OR Any Field: Psychologic Tests OR Any Field: Psychologic Test OR Any Field: Test, Psychologic OR Any Field: Tests, Psychologic OR Any Field: Psychological Test OR Any Field: Tests, Psychological)	3

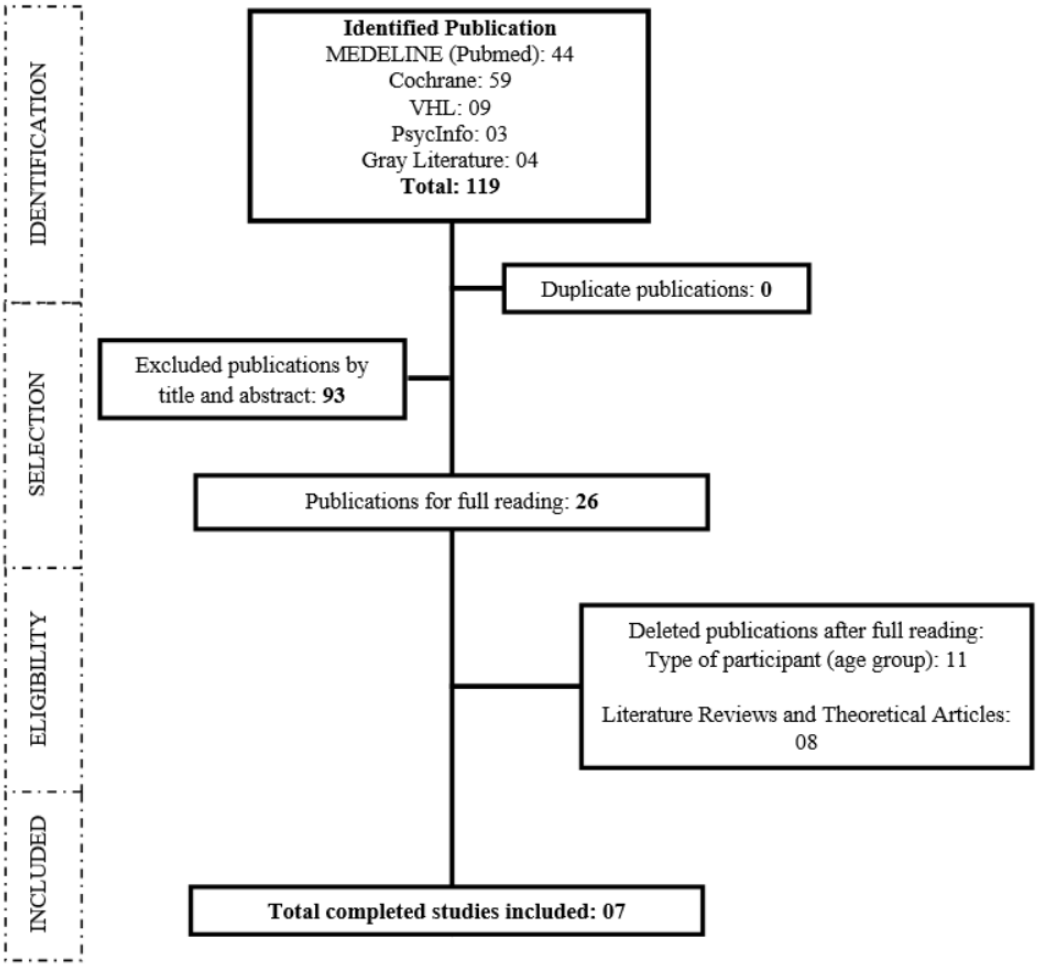
There was no restriction on the date of publication and language for searching for articles. Studies that contained in their methodology instrument(s) for evaluating the presence of suicidal ideation and a sample of children were included. Data collection was carried out in an electronic form, specially prepared for this purpose, containing the main characteristics of the publications inserted such as title, authors, country of origin, type of study, instruments used and age group of the sample.

Results

The review found a total of 115 studies in the databases and 04 in the gray literature, totaling 119 studies. After the evaluation in stages, 07 studies were identified that met the established inclusion criteria. The selection and deletion process is described in Figure 1

Figure 1.

Study Selection Flowchart for Systematic Review



The studies focused on the American (3 studies, all in the USA), European (2 studies) and Asian (2 studies) continents. In Europe, one study was conducted in England and another in Switzerland, while in Asia, China and Sri Lanka each had one study. Publication dates ranged between the years 2000 and 2018, with one study published consecutively each year from 2013 to 2016 (total of four studies). The longest interval without publications was from 2001 to 2013 (total of two studies).

The seven included studies totaled a sample of 2,124 children and adolescents, with a minimum age of four years and a maximum age of 19 years (Mean=12; Median=12). Three instruments addressed children under ten years of age, while the others applied to ages between ten and 19 years. The characteristics of the studies found are presented in Table 2.

Table 2

Characteristics of the Studies

Authors	Year	Country of Origin	Sample No./ Ages	Instruments Used	Method of Collection	Study design
Pfeffer et al.	2000	USA	425/ 6-18 years	Child-Adolescent Suicidal Potential Index - CASPI	Clinical interview/screening	Cross-sectional/Quantitative
Horowitz et al.	2001	USA	144/11-16 years	Risk of Suicide Questionnaire -RSQ	Clinical interview/screening	Cross-sectional/Quantitative
Jones et al.	2013	USA	177 / 4-18 years	Children Behavior Checklist CBCL	Self-report (parents)	Cross-sectional/Quantitative
Hammerton et al.	2014	England	337/ 9-17 years	Mood and Feelings Questionnaire - Suicide Ideation– MFQ-SI	Home interview	Longitudinal/Quantitative
Leung et al.	2015	China	567/11-18 years old	Suicidal Risk Scale for Hong Kong Students– C-SIS (Sub-Scale)	Self-Report	Cross-sectional/Quantitative
Dölitzsch et al.	2016	Switzerland	374 / 10-18 years	Children Behavior Checklist CBCL and Youth Self Report YSR	Self-report (caregiver) Self-report (child)	Longitudinal/Quantitative
Malalagama et al.	2018	Sri Lanka	100/10-19	Adolescent Suicide Assessment Protocol-20 – ASAP 20	Clinical inverview	Cross-sectional/Quantitative

**Note:* NR refers to not reported information

Instruments

Below, a brief description of the instruments used in the studies will be presented in order to provide an overview of aspects that will support the discussion.

Child-Adolescent Suicidal Potential Index - CASPI:

According to Pfeffer, Jiang and Kakuma (2000), the CASPI is a screening instrument designed to identify the risk of suicide in children and adolescents aged six to 18 years. This is a self-report questionnaire with "yes" or "no" answers, composed of 30 items that include the following domains: psychiatric symptoms (anxiety, impulsivity and depression), suicidal ideation or acts and family anxieties.

To answer the questionnaire, the child/adolescent must make an analysis of the items referring to the last six months. Examples of questions that are part of CASPI regarding suicidal ideation or acts include, “Have you ever tried to hurt yourself?", "Have you ever felt like you wanted to die?", "Have you ever thought about killing yourself?", "Have you ever tried to kill yourself?".

Risk of Suicide Questionnaire –RSQ

The RSQ, as pointed out by Horowitz et al. (2001), was developed with the purpose of assisting teams of emergency medical departments in the rapid, practical and economic identification of the risk of suicide in children and adolescents aged between 11 and 16 years. Composed of four items in the form of questions answered by the child/adolescent or guardians (if the minor refuses to answer).

The instrument investigates three factors related to the risk of death by suicide: present and past thoughts of suicide, self-destructive behavior, and current stressors. These are examples of questions that make up the RSQ: “Are you here today because you tried to hurt yourself?”; “In the last week, have you had thoughts of suicide?”; “Have you ever tried to hurt yourself in the past (other than this time)?”; “Has something very stressful happened to you in the last few weeks (a very difficult situation to control)?”

Mood and Feelings Questionnaire - Suicide Ideation – MFQ-SI

This is a scale for screening suicidal ideation in children and adolescents developed by Hammerton et al. (2014) from four items of the Mood and Feelings Questionnaire – MFQ by Angold and Costello (1987). The MFQ-SI has a self-report format and can be completed by

parents and children, covering the age group from 9 to 17 years. Its items consist of affirmations of thoughts related to self-extermination, such as: "I thought life was not worth living", "I thought about death or dying", "I thought my family would be better off without me", "I thought about killing myself".

Hammerton et al. (2014) found good evidence of validity of the MFQ-SI for screening suicidal ideation (reference area under the curve (AUC) (95% CI): 0.92 (0.85-1.00)). The authors highlighted in the study better results on the scale answered by the children compared to that of the parents. Longitudinally, the study demonstrated reasonable predictive validity for future suicidal ideation (AUC (95% CI): 0.73 (0.58-0.88)).

Suicidal Risk Scale for Hong Kong Students – C-SIS (Sub-Scale)

Subscale of the Suicidal Risk Scale for Hong Kong Students developed by Tse and Bagley (2002), the C-SIS has a self-report format and contains 13 items that present statements related to suicidal ideation and the child or adolescent indicates the degree of agreement with it on a 4-point Likert scale, ranging from "strongly agree" to "strongly disagree". The C-SIS was developed to assess the level of suicidal ideation in children and adolescents aged 11-18 years. Leung et al (2015) found good evidence of reliability for the Shanghai (a =0.910) and Hong Kong (a = 0.925) samples.

Children Behavior Checklist – CBCL e Youth Self Report – YSR

The CBCL and YRS are two of the five instruments that make up the ASEBA battery - Achenbach System of Empirically Based Assessment (Achenbach, 1991; Achenbach & Rescorla, 2000, 2001) and assess behavioral and emotional problems, such as withdrawal, anxiety and depression, attention problems, cognitive problems, social problems, delinquent behavior and aggressiveness. Both have the self-report format.

The CBCL is intended for children and adolescents aged four to 18 years and consists of 20 items related to social skills and 118 items on behavioral problems answered by parents. Among its items, it is possible to find references to suicidal behavior and suicide risk factors, such as: "Hurts him/herself on purpose or has already tried to kill him/herself", "Complains of loneliness", "Feels worthless or inferior", "Says he/she will kill him/herself".

Jones et al. (2013) found good results when comparing sensitivity, specificity and area under the curve to identify epileptic children with suicidal behavior using the CBCL (Area under the curve AUC ROC = 0.79; sensitivity = 79.4; specificity = 63.9). The authors

highlighted the importance of a thorough investigation to rule out the presence of suicidal ideation in children with significantly relevant results in CBCL, added to the presence of psychopathological diagnoses.

The YRS, in turn, is a variation of CBCL for children and adolescents aged 11 to 18 years, composed of 112 similar items. In this variation, the child or adolescent responds to the items of the instrument.

In a study conducted in 2016, Dölitzsch et al. found evidence of instrument accuracy to predict, among other factors, suicidal ideation. Comparisons were also made, in which the YRS demonstrated greater predictive capacity in the results of behavioral and emotional problems than the CBCL. A problem hypothesis discussed by the authors is the possible lack of insight of the respondent children and adolescents about their own behavior.

Adolescent Suicide Assessment Protocol-20 – ASAP-20

Developed by Fremouw et al. in 2004, the ASAP-20 aims to assess the risk of suicide among children and adolescents. It is a self-report instrument composed of 20 items divided into four domains: historical, clinical, contextual and protective.

Examples of items that make up the ASAP-20 are: “Currently, how often do you think about committing suicide?”, “Do you currently have plans and methods to commit suicide?”, “Do you intend to commit suicide?”. Although the authors do not mention the specific age group that the instrument covers (Fremouw et al, 2009), in their adaptation and validation study, Malalagama et al. (2018) found evidence of validity of the instrument for use in children and adolescents aged 10 to 19 years in Sri Lanka.

Discussion

The objective of this study was to investigate, through a systematic literature review, the instruments for assessing suicidal ideation in children, briefly describing its main characteristics. The limited number of instruments found shows the researchers' hesitation in addressing the construct. Although there were no criteria regarding the periodicity of the search, only seven studies were identified in a period of almost two decades (2000 to 2018).

The United States was the country in which more studies were produced (Horowitz et al. 2001; Jones et al, 2013; Pfeffer et al. 2000), however there is an apparent stagnation, as since 2013 no such studies have been published in the country. The most recent study was conducted in 2018 in Sri Lanka (Malalagama et al., 2018), with the adaptation of ASAP-20 for children

and adolescents aged between ten and 19 years. That is, considering the date on which the search was carried out, at least three years have passed without new publications.

In the Brazilian context, no study was found, a worrying factor due to the growing rate of deaths by suicide in children observed in the country's epidemiological data (Batista, Araújo & Figueiredo, 2016; Brasil, 2021; Souza, 2010). It should be noted that Brazil also does not have a national suicide prevention plan (Botega, 2015), an indication of "slow steps" in addressing a serious phenomenon.

It was observed that many studies used instruments as indirect measures of suicidal ideation, reinforcing the aforementioned shortage. Only two of the instruments found (MFQ and C-SIS) explicitly defined suicidal ideation as the target construct of their evaluations. Three instruments focused on investigating the risk of suicide, and included suicidal ideation in their domains (CASPI, RSQ and ASAP-20). Items classified as indicative of the presence of suicidal ideation were found in two instruments developed with the purpose of evaluating social, emotional and behavioral problems (CBCL and YRS), both belonging to the ASEBA Battery.

Most of the instruments found presented a self-report format and were intended for children over the age of ten. This exposes a limitation in the evaluation of younger children, and the disregard that they are also susceptible to the phenomenon, albeit in a lower prevalence (Batista, Araújo & Figueiredo, 2016; Brasil, 2021; Cha, et al. 2018; Souza, 2010; WHO, 2016). Another aspect to be considered is that, except for the instruments completed by the parents, the self-report format may run into the difficulty of self-perception of some children and adolescents, as highlighted by one of the studies (Dölitzsch et al. 2016).

The minimum number of items per instrument was four (RSQ and MFQ) and the maximum was 138 (CBCL). This discrepancy and the use of indirect instruments to assess suicidal ideation make it unfeasible to calculate an overall average of items.

In the studies that provided part or all of the items, it was observed that CASPI, CBCL and MFQ-SI chose to use expressions such as "kill yourself", while RSQ and ASAP 20 used the term "suicide" in their questions. Regarding terminological adequacy, a research carried out by Mishara (1999) sought to evaluate the understanding of suicide by children aged five to eleven years. The results indicated that, although some younger children presented semantic difficulty regarding the word "suicide", most were able to understand and discuss what the act of "killing themselves" means, as well as mention at least one means of doing so (Mishara, 1999). It is considered, therefore, that the choice of the terms "kill yourself" for the CASPI, CBCL, and MFQ-SI seems appropriate, especially when evaluating younger children.

A possible hypothesis for the lack of scientific investment and, consequently, the limited collection of instruments to evaluate suicidal ideation in childhood are the taboos and prejudices that surround the theme. There is a widespread denial that children can attempt or die by suicide, which goes against efforts to prevent this phenomenon (Seminotti, 2011).

Another important factor is the complexity of observing suicide-related variables at this stage of development, considering the level of cognitive maturation. Picazo-Zappino (2014) highlights the importance of assessing the intentionality and understanding of death, since to characterize an attempt or death by suicide, there must be a true intention to die and an understanding of what death is and its implications.

On this issue, it is common for researchers to rely on the three basic concepts for understanding death postulated by Speece and Brent in 1984 (Fernández-Alcántara et al., 2021; Picazo-Zappino, 2014; Poltorak & Glazer, 2006; Vendruscolo, 2005), which are: irreversibility (it is not possible to return to life after death), universality (all living beings die) and non-functionality (vital functions cease with death). It is considered that between the ages of five and seven, a period of transition from preoperative to concrete operative thinking, children already have the cognitive capacity to assimilate these concepts (Speece & Brent, 1984).

None of the studies found mentioned the assessment of children's understanding of death or suicide, even those that included younger children. In addition, there was no mention of the use of playfulness in the construction of the instruments or in the evaluation process.

Literary scarcity in relation to the theme and the lack of evidence-based treatments for the management of child suicide (Lemos & Sales, 2015; Anderson, 2016) are added to the data obtained here, evidencing the lack of resources in the face of a problem of high severity and complexity. Although the search resulted in seven instruments, indirect measures of assessment of suicidal ideation in childhood predominate among them.

The scientific environment cannot accommodate to a state of denial in the face of such concrete data. In characterizing suicide as a phenomenon susceptible to different stages of development, it is necessary to consider childhood in the construction of death prevention measures by this means, including the construction of instruments that enable early identification and intervention.

Conclusion

By highlighting the instruments used to assess suicidal ideation in childhood, the present study opens space for dialogue on an often neglected topic. It is considered important to

overcome, first of all, the barriers of common sense, demystifying the belief that children are not involved in suicidal behavior, so that this serious phenomenon receives due attention.

In psychology, this review contributes to the knowledge of professionals of instruments that can support their praxis and favor more directive referrals and interventions for children with suicidal ideation. The importance of these professionals to appropriate the theme is highlighted, not only for management in the clinical context, but also in the social deconstruction of the myths that permeate it and in the development of investigations and scientific productions on the subject.

Preventing suicidal behavior in childhood is also done in the construction of instruments capable of identifying the presence and intensity of suicidal ideation in this public, allowing a more accurate look and the use of early interventions. In this sense, the scarcity of studies found is incompatible with the severity of a phenomenon considered a public health problem.

Among the limitations of this study, it should be noted that the data systematized here may not cover all the particularities of the instruments, since their main focus is to critically broaden the discussion on the subject, and not all studies found provided these particularities. Further studies are needed to investigate its characteristics, norms and psychometric properties.

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