SUMMARY

Suicidal thoughts and behaviour in children and adolescents: prevention, detection, assessment, management

Non-clinical professionals

Validated by the HAS Board on 9 September 2021

Key points

- Suicidal thoughts in children and adolescents must not be trivialised.
- Talking about suicide does not trigger suicidal thoughts or encourage suicide attempts.
- Any child or adolescent having made a recent suicide attempt should be sent to the emergency department.
- Outside emergency situations, any expression of suicidal thoughts or concern about a suicide risk in children or adolescents warrants referral to a frontline healthcare organisation or professional.

Identification of children or adolescents who are suicidal or present a suicide risk

The expression of suicidal thoughts in children and adolescents must never be trivialised. If a child or adolescent expresses suicidal thoughts to an adult – particularly a professional –, it is essential that they receive a timely and appropriate response from said professional, notably in terms of listening and referral.

Asking children or adolescents if they have suicidal thoughts does not put such thoughts or ideas into their heads and does not encourage suicide attempts. Consequently, be explicit when talking about the issue.

When a *Sentinels* network exists in the environment of the child or adolescent in question, it can be contacted for detection support or advice on the referral to be proposed. *Sentinels* are citizens or non-clinical professionals, identified as resources in their particular environment, supported and accompanied in their capacity to identify psychological distress and refer individuals for care.

Referral

Any person identifying a child or adolescent liable to be in suicidal crisis should refer them as soon as possible to a professional or organisation capable of carrying out an assessment and providing appropriate care:

- In the event of concern about an imminent suicide attempt or following a suicide attempt, referral to an emergency department;
- In all other situations, towards a previously identified “frontline” healthcare organisation or professional (for example, general practitioner, paediatrician, school doctor or nurse).

In all cases, a national suicide prevention helpline is available to answer questions, offer guidance with respect to referrals and, if applicable, provide the appropriate emergency response.

This document presents the main pointsof the publication: **Suicidal thoughts and behaviour in children and adolescents: prevention, detection, assessment, management**, **September 2021**
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