

# Parent-Adolescent Agreement About Adolescent's Suicidal Thoughts: A Divergence

Khyati Brahmhatt, MD, Jacqueline Grupp-Phelan, MPH, MD

Suicide is one of the leading causes of death for adolescents.<sup>1-3</sup> Much recent research has been focused on our understanding of risk and protective factors. Central to suicide prevention is recognizing those at the greatest risk and implementing targeted interventions. To help identify risk, we often rely on what parents tell us.<sup>4</sup> How valid are these reports? That is the question that Jones et al<sup>5</sup> address in their study "Parent-Adolescent Agreement About Adolescent's Suicidal Thoughts" in this issue of *Pediatrics*.

Previous studies have identified a lack of parental awareness about youth suicidal ideation<sup>6-10</sup> or knowledge of their overall psychopathology<sup>7,11</sup>; however, small sample numbers limit the generalizability of these earlier studies. In their study, Jones et al<sup>5</sup> help expand these findings in a cohort of 5137 adolescents from 11 to 17 years of age recruited from the Philadelphia Neurodevelopmental Cohort nonclinical sample. Concordance among parent and adolescent responses to questions such as, "Have you ever thought about killing yourself?" and "Have you ever thought a lot about death or dying?" were analyzed.<sup>5</sup> The authors acknowledged limitations of the brevity of suicide-related assessment, the cross-sectional design, and potential for recall bias.<sup>5</sup> They found that half (49.9%) of the parents were unaware of their children's thoughts of killing themselves, and most (75.6%) were unaware of the adolescent's recurrent thoughts of death.<sup>5</sup> These findings

confirm previous reports<sup>6-10</sup> highlighting the limitations of parent reports of adolescents' thoughts of death and suicide.

The authors also found that when parents reported that their children had thoughts of suicide, nearly half (48.4%) of their children denied suicidal thoughts, and many (67.5%) denied thoughts of death.<sup>5</sup> This is in keeping with several previous studies in which authors describe the presence of inconsistencies between self-report and clinical records or interviews for adolescents' endorsements of self-harm, suicidal thoughts, and attempts.<sup>12-14</sup> Increasing chance of incorrect recall of suicidality over time has been shown in the past.<sup>15</sup> Variable interpretation of questions may be an additional consideration,<sup>16</sup> especially when responding to "Have you ever thought a lot about death or dying?" Nevertheless, denial of symptoms by adolescents in self-reports should be considered. Parental awareness of symptoms that adolescents may deny is a noteworthy finding of this study. Including parents and other sources of information in assessments may help capture a larger percentage of adolescents who are at risk.

The overall emphasis of the authors on improving the reliability of information obtained is important. Accurate identification and intervention for suicidal ideation and underlying risk factors are paramount to reducing the risk of suicide. However, strong predictors of suicide ideation (ie,



University of California, San Francisco Benioff Children's Hospitals, San Francisco, California

Opinions expressed in these commentaries are those of the authors and not necessarily those of the American Academy of Pediatrics or its Committees.

**DOI:** <https://doi.org/10.1542/peds.2018-3071>

Accepted for publication Nov 19, 2018

Address correspondence to Jacqueline Grupp-Phelan, MPH, MD, Division of Emergency Medicine, University of California, San Francisco Benioff Children's Hospital, 550 16th St #5152, San Francisco, CA 94158. E-mail: [jacqueline.grupp-phelan@ucsf.edu](mailto:jacqueline.grupp-phelan@ucsf.edu)

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2019 by the American Academy of Pediatrics

**FINANCIAL DISCLOSURE:** The authors have indicated they have no financial relationships relevant to this article to disclose.

**FUNDING:** Funded by the National Institutes of Health (NIH).

**POTENTIAL CONFLICT OF INTEREST:** The authors have indicated they have no potential conflicts of interest to disclose.

**COMPANION PAPER:** A companion to this article can be found online at [www.pediatrics.org/cgi/doi/10.1542/peds.2018-1771](http://www.pediatrics.org/cgi/doi/10.1542/peds.2018-1771).

**To cite:** Brahmhatt K and Grupp-Phelan J. Parent-Adolescent Agreement About Adolescent's Suicidal Thoughts: A Divergence. *Pediatrics*. 2019; 143(2):e20183071

depression) do not always predict suicide attempts.<sup>17–22</sup> A 2017 national survey of adolescents showed that 17.2% had thoughts of suicide, 13.6% had an active plan, and 7.4% attempted suicide.<sup>23</sup> It is critical to recognize that as many as 40% of adolescents who think about suicide act on these thoughts.<sup>19,23</sup> This makes it important to achieve more specificity in identifying those most at risk for attempting among those with suicidal ideation. Interventions that are aimed more broadly at everyone with suicidal ideation and/or underlying risk factors (eg, depression) may not suffice in moving the needle on completed suicides. This is reflected in a nationally representative cohort of 6483 adolescents with suicidal ideation and attempts, in which >80% of those with suicidal ideation received some form of mental health treatment, and these treatments, focused on ideation (versus risk for attempting), did not prevent conversion to attempts in >55% of the cohort studied.<sup>19</sup> Risk factors such as impulsivity, substance abuse, family and/or peer suicide history, and externalizing disorders are associated with suicide attempts.<sup>17,19–21</sup> Those with a plan are at a higher likelihood of acting on their ideation.<sup>19</sup> These risk factors can be used to help identify those most likely to attempt suicide with greater precision and inform treatments that target attempts. Authors of intervention studies have reported group and family therapies as advantageous over individual therapies in reducing suicide attempts versus suicidal ideation,<sup>24</sup> although further research is needed.

Authors of the current study did not report on the psychopathology subtype, the presence of a plan, previous attempts, or therapy modality.<sup>5</sup> The authors suggest their findings have implications for screening in primary care settings, recommending multiple sources of

information and increased training for providers in assessing suicidal ideation.<sup>5</sup> We agree with the recommendation that multi-informant assessments should be used, and disagreements should be carefully explored. Further research to improve our understanding of factors driving the denial of symptoms by adolescents and its relation to the risk for suicide attempts is needed. It may help inform screening as well as interventions and ultimately enhance our ability to effectively address suicide in adolescents.

## REFERENCES

1. World Health Organization. Mental health: suicide data. 2016. Available at: [www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/). Accessed October 19, 2018
2. National Center for Injury Prevention and Control; Centers for Disease Control and Prevention. Leading causes of death reports, 1981–2016. 2016. Available at: <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>. Accessed October 19, 2018
3. Centers for Disease Control and Prevention. QuickStats: death rates for motor vehicle traffic injury, suicide, and homicide among children and adolescents aged 10–14 years — United States, 1999–2014. 2016. Available at: [https://www.cdc.gov/mmwr/volumes/65/wr/mm6543a8.htm?s\\_cid=mm6543a8\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6543a8.htm?s_cid=mm6543a8_w). Accessed October 19, 2018
4. American Academy of Child and Adolescent Psychiatry. Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. American Academy of Child and Adolescent Psychiatry. *J Am Acad Child Adolesc Psychiatry*. 2001;40(suppl 7):24S–51S
5. Jones JD, Boyd RC, Calkins, ME, et al. Parent-adolescent agreement about adolescents' suicidal thoughts. *Pediatrics*. 2019;143(2):e20181771
6. Breton JJ, Tousignant M, Bergeron L, Berthiaume C. Informant-specific correlates of suicidal behavior in a community survey of 12- to 14-year-olds. *J Am Acad Child Adolesc Psychiatry*. 2002;41(6):723–730
7. Ferdinand RF, van der Ende J, Verhulst FC. Parent-adolescent disagreement regarding psychopathology in adolescents from the general population as a risk factor for adverse outcome. *J Abnorm Psychol*. 2004;113(2):198–206
8. Kashani JH, Goddard P, Reid JC. Correlates of suicidal ideation in a community sample of children and adolescents. *J Am Acad Child Adolesc Psychiatry*. 1989;28(6):912–917
9. Klaus NM, Mobilio A, King CA. Parent-adolescent agreement concerning adolescents' suicidal thoughts and behaviors. *J Clin Child Adolesc Psychol*. 2009;38(2):245–255
10. Velez CN, Cohen P. Suicidal behavior and ideation in a community sample of children: maternal and youth reports. *J Am Acad Child Adolesc Psychiatry*. 1988;27(3):349–356
11. Yeh M, Weisz JR. Why are we here at the clinic? Parent-child (dis)agreement on referral problems at outpatient treatment entry. *J Consult Clin Psychol*. 2001;69(6):1018–1025
12. Bjärehed J, Pettersson K, Wångby-Lundh M, Lundh L-G. Examining the acceptability, attractiveness, and effects of a school-based validating interview for adolescents who self-injure. *J Sch Nurs*. 2013;29(3):225–234
13. Christl B, Wittchen HU, Pfister H, Lieb R, Bronisch T. The accuracy of prevalence estimations for suicide attempts. How reliably do adolescents and young adults report their suicide attempts? *Arch Suicide Res*. 2006;10(3):253–263
14. Ougrin D, Boege I. Brief report: the Self Harm Questionnaire: a new tool designed to improve identification of self harm in adolescents. *J Adolesc*. 2013;36(1):221–225
15. Hart SR, Musci RJ, Ialongo N, Ballard ED, Wilcox HC. Demographic and clinical characteristics of consistent and inconsistent longitudinal reporters of lifetime suicide attempts in adolescence through young adulthood. *Depress Anxiety*. 2013;30(10):997–1004
16. Velting DM, Rathus JH, Asnis GM. Asking adolescents to explain discrepancies in

- self-reported suicidality. *Suicide Life Threat Behav.* 1998;28(2):187–196
17. Mars B, Heron J, Klonsky ED, et al. What distinguishes adolescents with suicidal thoughts from those who have attempted suicide? A population-based birth cohort study [published online ahead of print March 1, 2018]. *J Child Psychol Psychiatry.* doi:10.1111/jcpp.12878
  18. May AM, Klonsky ED. What distinguishes suicide attempters from suicide ideators? A meta-analysis of potential factors. *Clin Psychol Sci Pract.* 2016; 23(1):5–20
  19. Nock MK, Green JG, Hwang I, et al. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA Psychiatry.* 2013;70(3):300–310
  20. Nock MK, Hwang I, Sampson N, et al. Cross-national analysis of the associations among mental disorders and suicidal behavior: findings from the WHO World Mental Health Surveys. *PLoS Med.* 2009;6(8):e1000123
  21. O'Connor RC, Rasmussen S, Hawton K. Distinguishing adolescents who think about self-harm from those who engage in self-harm. *Br J Psychiatry.* 2012;200(4):330–335
  22. Taliaferro LA, Muehlenkamp JJ. Risk and protective factors that distinguish adolescents who attempt suicide from those who only consider suicide in the past year. *Suicide Life Threat Behav.* 2014;44(1):6–22
  23. Kann L, McManus T, Harris WA, et al. Youth risk behavior surveillance - United States, 2017. *MMWR Surveill Summ.* 2018;67(8):1–114
  24. Gaele AL, Christensen H, Freeman A, et al. A systematic review of psychosocial suicide prevention interventions for youth. *Eur Child Adolesc Psychiatry.* 2016;25(5): 467–482

## Parent-Adolescent Agreement About Adolescent's Suicidal Thoughts: A Divergence

Khyati Brahmhatt and Jacqueline Grupp-Phelan

*Pediatrics* 2019;143;

DOI: 10.1542/peds.2018-3071 originally published online January 14, 2019;

<b>Updated Information &amp; Services</b>	including high resolution figures, can be found at: <a href="http://pediatrics.aappublications.org/content/143/2/e20183071">http://pediatrics.aappublications.org/content/143/2/e20183071</a>
<b>References</b>	This article cites 21 articles, 2 of which you can access for free at: <a href="http://pediatrics.aappublications.org/content/143/2/e20183071#BIBL">http://pediatrics.aappublications.org/content/143/2/e20183071#BIBL</a>
<b>Subspecialty Collections</b>	This article, along with others on similar topics, appears in the following collection(s): <b>Psychiatry/Psychology</b> <a href="http://www.aappublications.org/cgi/collection/psychiatry_psychology_sub">http://www.aappublications.org/cgi/collection/psychiatry_psychology_sub</a>
<b>Permissions &amp; Licensing</b>	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: <a href="http://www.aappublications.org/site/misc/Permissions.xhtml">http://www.aappublications.org/site/misc/Permissions.xhtml</a>
<b>Reprints</b>	Information about ordering reprints can be found online: <a href="http://www.aappublications.org/site/misc/reprints.xhtml">http://www.aappublications.org/site/misc/reprints.xhtml</a>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

## **Parent-Adolescent Agreement About Adolescent's Suicidal Thoughts: A Divergence**

Khyati Brahmhatt and Jacqueline Grupp-Phelan

*Pediatrics* 2019;143;

DOI: 10.1542/peds.2018-3071 originally published online January 14, 2019;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/143/2/e20183071>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2019 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

