

Preventing Pediatric Suicide Through Systems-Level Collaboration

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How primary care, schools and communities are working together to address pediatric suicide rates through early intervention and collaborative care.

Suicide is the second leading cause of death for youth aged 10 to 24 in the United States, and rates have been steadily rising across the country since 2007. Since the COVID-19 pandemic, the issue has received more attention nationally. Now, a regional collaborative in central Ohio is working to reduce pediatric suicide rates by 25% by 2030.

“If we really care about the kids we treat, we need to care about all the things that cause morbidity and mortality,” says Meredith R. Chapman, MD, medical director of the Center for Suicide Prevention and Research at Nationwide Children’s Hospital and associate professor of psychiatry at The Ohio State University School of Medicine. “However, we are challenged by a lack of real-time data on the causes of suicide or the effectiveness of our interventions.”

To address this, Dr. Chapman spearheaded a multi-year, systems-based quality improvement initiative across health care, school and community settings. A recent article in *Pediatrics* outlines the initiative’s structure and early outcomes.

The initiative began by identifying key drivers, the conditions that could either strengthen protective factors or reduce suicide vulnerability among youth. A review of deaths in Franklin County from 2015 to 2017 found that 68% of youth who died by suicide had received care at Nationwide Children's, and 82% had seen a provider in the 12 months prior, often in primary care or behavioral health.

"This shows us that we were already touching the lives of these kids," says Dr. Chapman. "We realized we needed to intervene in the settings where they were already showing up, not just in mental health clinics."

Dr. Chapman's quality improvement approach aligns with the Zero Suicide framework, which shifts responsibility from individual mental health providers to entire systems of care. Key drivers expanded the initiative to include primary care providers, specialty clinics, schools and community partners. The model focuses on leadership engagement, evidence-based care, safety planning and follow-up procedures.

"Zero should be the only acceptable number of suicide deaths. This is not about blame. It is about improving how systems support at-risk youth," explains Dr. Chapman.

The team packaged several interventions into the Suicide Safer Care Bundle, a standardized approach that includes screening, risk assessment, safety planning, lethal means counseling and transitions of care that can be implemented in any clinical setting. In Nationwide Children's Big Lots Behavioral Health Services, screening compliance increased from 44% to nearly 90%. "We have expanded these interventions beyond behavioral health into areas such as primary care, school health, and adolescent medicine.," says Dr. Chapman. Similar improvements are being documented in other pediatric and community-based settings.

To strengthen follow-up, the Caring Contacts program sends encouraging text messages to at-risk youth for one year following a crisis. "Young patients tell us these messages help them feel supported and more hopeful," Dr. Chapman notes. "Their parents have asked for a version of their own. We are developing that program now."

Meanwhile, more than 275 Ohio schools have implemented the Signs of Suicide curriculum. This program teaches students to recognize warning signs and take action using the "Acknowledge, Care, Tell" model. About 85,000 students have participated, with only a small percentage requiring urgent care.

"This demonstrates that early awareness and evidence-based support can be highly impactful in community settings," says Dr. Chapman. "Schools play a critical role because they are on the front lines."

Community outreach has been another key driver. The Behavioral Health Learning Library and Kids Mental Health Foundation offer families, educator, and providers free access to Nationwide Children's training and resources. These materials help normalize conversations

around mental health and promote suicide prevention strategies.

“It is so important for disparate systems to work together to address this challenging problem,” Dr. Chapman explains. “No single solution will reverse the rising suicide rate, but together, we can make an impact.”

References:

Chapman MR, Ackerman J, Thomas G. Decreasing Pediatric Suicide Through Collaboration. *Pediatrics*. 2025;155(Suppl 1):e2024069159E. doi:10.1542/peds.2024-069159E.

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