



Screening Youth for Suicide Risk in the Emergency Department

A rapid, psychometrically sound 4-item screening tool for all pediatric patients presenting to the emergency department.

BACKGROUND

- In 2010, suicide became the 2nd leading cause of death for youth ages 10-24.
- In the U.S., over 2 million young people attempt suicide each year, resulting in significant morbidity and increased use of emergency departments (EDs) and hospitals.
- Early identification and treatment of patients at elevated risk for suicide is a key suicide prevention strategy, yet high risk patients are often not recognized by healthcare providers.
- Recent studies show that the majority of individuals who die by suicide have had contact with a healthcare provider within three months prior to their death; nearly 40% visited an ED in the year before their death.
- Unfortunately, these patients often present solely with somatic complaints and infrequently discuss suicidal thoughts and plans **unless asked directly**.

Hospital Setting

Suicide in the medical setting is one of the most frequent sentinel events reported to the Joint Commission (JC). In the past 17 years, over 1,000 patient deaths by suicide have been reported to the JC from hospitals nationwide.

- Notably, 25% of these suicides occurred in non-behavioral health settings such as general medical units and the emergency department.
- Root cause analyses reveal that the lack of proper “assessment” of suicide risk was the leading cause for 80% of the reported suicides.

Emergency Department

The ED is a promising venue for identifying young people at risk for suicide.

- For over 1.5 million youth, the ED is their only point of contact with the healthcare system, creating an opportune time to screen for suicide risk.
- **Screening in the ED has been found to be feasible** (non-disruptive to workflow and acceptable to patients and their families).
- Several studies have refuted myths about iatrogenic risk of asking youth questions about suicide, such as the worry about “putting ideas into their heads.”
- Screening positive for suicide risk on validated instruments may not only be predictive of future suicidal behavior, but may also be a proxy for other serious mental health concerns that require attention.
- Non-psychiatric clinicians in medical settings require brief validated instruments to help detect medical patients at risk for suicide.

Screening

- **2007** — The JC issued National Patient Safety Goal 15A, requiring suicide risk screening for all patients being treated for mental health concerns in all healthcare settings.
- **2010** — The JC issued a Sentinel Event Alert, recommending that all non-psychiatric patients in medical settings, including EDs, also be screened for suicide risk.
- **2011** — American Academy of Pediatrics (AAP): *“The ED has increasingly become the safety net for a fragmented mental health infrastructure in which the needs of children and adolescents, among the most vulnerable populations, have been insufficiently addressed...EDs can play a significant role in identifying and referring patients with previously undiagnosed and undetected conditions such as suicidal ideation...”*



Instrument Development Study

- 3 pediatric EDs associated with urban teaching hospitals:
 - Children's National Medical Center, Washington, DC
 - Nationwide Children's Hospital, Columbus, OH
 - Boston Children's Hospital, Boston, MA
- September 2008 to January 2011
- 524 pediatric ED patients
 - 344 medical/surgical, 180 psychiatric
 - 57% female, 50% white, 53% privately insured
 - 10 to 21 years (mean=15.2 years; SD = 2.6y)
- For use by non-psychiatric clinicians
- Takes 2 minutes to screen
- Positive screen: "yes" to any of the 4 items
- **Sound psychometrics**
 - Criterion standard: Suicidal Ideation Questionnaire (SIQ)
 - Sensitivity: 96.9% (95% CI, 91.3-99.4)
 - Specificity: 87.6% (95% CI, 84.0-90.5)
 - Negative predictive values:
 - Medical/surgical patients: 99.7% (95% CI, 98.2-99.9)
 - Psychiatric patients: 96.9% (95% CI, 89.3-99.6)
- **Available in the public domain, free of charge**



Ask **Suicide-Screening** Questions

- | | | | |
|---|-----|----|-------------|
| 1. In the past few weeks, have you wished you were dead? | Yes | No | No response |
| 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? | Yes | No | No response |
| 3. In the past week, have you been having thoughts about killing yourself? | Yes | No | No response |
| 4. Have you ever tried to kill yourself? | Yes | No | No response |

If yes, how? _____

When? _____

Patient Name: _____

Date: _____

Medical Record # (or Patient Label): _____



- **ED patients ages 10-21**
- **4 questions**
- **2 minutes to screen**
- **Positive screen: "Yes" to any question**
- **Public domain tool, free of charge**
- **Available in Spanish**

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Ask **Suicide Screening** Questions

Suicide Screening Questions for the Emergency Department

1. In the past few weeks, have you wished you were dead?

- Yes No No response

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

- Yes No No response

3. In the past week, have you been having thoughts about killing yourself?

- Yes No No response

4. Have you ever tried to kill yourself?

- Yes No No response

If yes, how?

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Patient Name: _____ Date: _____

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National Institute
of Mental Health