Connecticut Children's **HEALTH BRIEF**
JAN 2021

Universal Suicide Risk Screening: a strategy to save children's lives

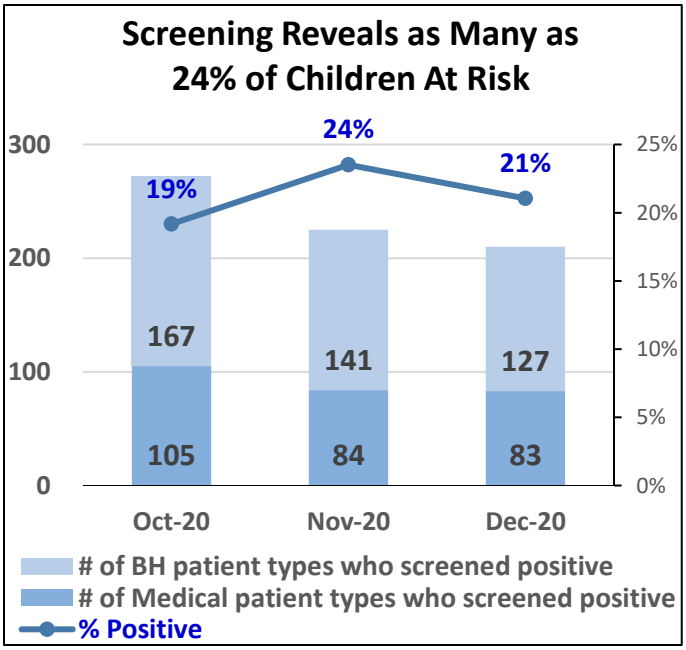
Summary

Pediatric emergency departments nationwide have seen a **significant increase** in children presenting with **behavioral health concerns**. Screening for **suicide risk** has emerged as a vital tool in identifying youth at-risk of suicide and connecting them with appropriate support. Connecticut Children's **screened more than 17,000 children** from 2019-2020, demonstrating that **universal screening is feasible** in a busy pediatric emergency department. Based on our experience **up to a quarter of all children screen positive**, including children who come to the emergency department with a medical concern and no stated behavioral health concern. We recommend that **universal suicide risk screening** be **implemented in all emergency departments** and considered for implementation in select other clinical encounters, such as well-child visits.

The Suicide Crisis Among Children

Suicide is the second leading cause of death among young people ages 10 to 34 in the U.S.[1] From 2000 to 2017, the suicide rate in adolescents increased to 11.8 per 100,000 representing a 10% increase in suicide rates.[2] Nationwide, the fastest growing reason for a pediatric emergency department visit is to seek care for a behavioral health concern.[3] In Connecticut, 6.7% of high school-aged adolescents report having attempted suicide.[4] Furthermore, a prior attempt is one of the strongest risk factors for suicide.[5] Other risk factors include prior behavioral health diagnoses, adverse childhood events, family history of suicide attempts, firearms within the home, and substance use.[5]

A key component of suicide prevention is to identify and support people at risk. Healthcare settings are an ideal place to conduct behavioral health screenings because they serve a large number of people and frequently address confidential health concerns.[6] The Ask Suicide Screening Questions (ASQ) toolkit is a validated screening resource for use in medical settings. The toolkit provides a reliable method for early identification and assessment of patients as young as 8 who are at risk for suicide. The ASQ consists of four screening questions on current and past suicidal ideation and attempts.[7] The Joint Commission, the national accreditation body for hospitals, recently updated their National Patient Safety Goal for suicide prevention to include certain requirements for training of providers, screening, and monitoring of patients at risk for suicide.[8] The ASQ is one of the tools on the Joint Commission's list of validated screening tools to be used with both children and adults in identifying those who are at risk.



Universal Suicide Risk Screening in Practice

In response to this critical contemporary issue, Connecticut Children's has implemented multiple policies and practices to optimize the identification and support of those who are at risk of suicide. Most significantly, Connecticut Children's began universal suicide risk screening for all emergency department patients 10 years of age or older in August of 2019. In twelve months, the emergency department screened over 17,000 patients. In line with national figures, 16% of patients screened positive for at risk on the ASQ in

the last year. Nearly a third of those screening as at risk (5% of all screened patients) presented to the emergency department with medical chief complaint (e.g., cough, fever, abdominal pain), rather than a behavioral complaint. Recently, positive screening rates have been as high as 24%. Families are highly compliant with screening protocols, with fewer than 20 parents having refused to have their child screened. Despite concerns about screening children under 12 years old, 135 10-year old children screened positive for suicide risk. In this screening effort, Connecticut Children's has consistently implemented the screen on over 85% of the children seeking care.

A key component to achieving such a high rate of screening has been the preparation of emergency department staff through training on the impact and prevalence of suicide and how to talk about suicide. Connecticut Children's adopted the Question-Persuade-Refer (QPR) tool for staff training. QPR teaches individuals about the magnitude of the health risk, how to recognize the risk, and how to talk to those affected to reduce the immediate risk of suicide.[9] QPR training has served to normalize the conversation about suicide and provided a framework for understanding how to help. After completion of screening, youth who are identified as at risk are connected to appropriate behavioral health supports. This linkage to supportive services is maintained by an informed medical and nursing team, social work intervention, and a specialized Behavioral Health Transitions Clinic with the ability to provide next day behavioral health care appointments.

Recommendations for Action

Recognizing that suicide screening and early intervention are crucial to promote the behavioral health and safety of children, we recommend the following actions be undertaken:

1. **Universal suicide risk screening** for all pediatric patients in emergency departments.
2. Consideration of suicide risk screening as a universal practice **across all clinical locations** serving pediatric patients, including primary care.
3. **Training on suicide** risk screening and on normalizing the conversation about suicide within professional organizations, medical schools, and healthcare organizations.
4. Additional **screening that incorporates the primary risk factors** of future suicidal ideation and attempt, including behavioral health diagnoses, substance use, adverse childhood events, access to firearms, and exposure to family/friends with suicide attempts.
5. **Funding for research and evaluation activities** that assess the care provided to children with positive screening results.

REFERENCES

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2021 Jan 11]. Available from URL: www.cdc.gov/injury/wisqars
2. Miron, O., Yu, K.-H., Wilf-Miron, R., & Kohane, I. S. (2019). Suicide Rates Among Adolescents and Young Adults in the United States, 2000-2017. *Jama*, *321*(23), 2362. doi: 10.1001/jama.2019.5054
3. Rogers, S. C., Mulvey, C. H., Divietro, S., & Sturm, J. (2017). Escalating mental health care in pediatric emergency departments. *Clinical pediatrics*, *56*(5), 488-491.
4. Connecticut Department of Public Health. "YBC Question Results 2019." Connecticut School Health Survey, 2019. https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Hisrhome/Connecticut-School-Health-Survey. *Accessed, 12/18/2020.*
5. Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: risks and protectors. *Pediatrics*, *107*(3), 485-493.
6. King, C. A., Horwitz, A., Czyz, E., & Lindsay, R. (2017). Suicide risk screening in healthcare settings: Identifying males and females at risk. *Journal of clinical psychology in medical settings*, *24*(1), 8-20.
7. National Institutes of Mental Health (NIMH). Ask Suicide-Screening Questions (ASQ) Toolkit https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml. *Accessed, 12/18/2020.*
8. The Joint Commission. *R³ Report: National Patient Safety Goal for suicide prevention*. Updated Nov. 20, 2019. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_18_suicide_prevention_hap_bhc_cah_11_4_19_final1.pdf
9. Quinnett, P. (2013). QPR gatekeeper training for suicide prevention: The model, theory, and research. *Unpublished manuscript*.

The Connecticut Children's Health Brief series represents evidence-based recommendations that are intended to impact practices that support the optimal health and welfare of children and families. Questions regarding this Health Brief can be directed to Kevin Borrup, DrPH, JD, MPA, Editorial Board Chair, Connecticut Children's Office for Community Child Health, at HealthBrief@connecticutchildrens.org.