

Study shows promise for teen suicide prevention

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Roughly one million people die by suicide each year. In the U.S., where nearly 36,000 people take their own lives annually, more than 4,600 victims are between the ages of 10 and 24, making suicide the third leading cause of death in this age group.

Youths treated at [hospital emergency rooms](#) for [suicidal behavior](#) remain at very high risk for future [suicide attempts](#). But despite the urgent need to provide them with mental health follow-up care, many don't receive any such care after their discharge. Consequently, a major goal of the U.S. Department of Health and Human Service's National Strategy for Suicide Prevention has been to increase rates of follow-up care after discharge for patients who come to the [emergency department](#) (ED) due to suicidal behavior.

Now, a new study by UCLA researchers shows that a specialized mental health intervention for suicidal youth can help. Reporting in the November issue of the journal [Psychiatric Services](#), Joan Asarnow, a professor of psychiatry at the Semel Institute for Neuroscience and Human Behavior at UCLA, and colleagues show that a family-based intervention conducted while troubled youths were still being treated in the ED led to dramatic improvements in linking these youths to outpatient treatment following their discharge.

"Youths who are treated for suicidal behavior in emergency departments are at very [high risk](#) for future attempts," said Asarnow, the study's first author. "Because a large proportion of youths seen in the ED for suicide

don't receive outpatient treatment after discharge, the United States National Strategy for Suicide Prevention identifies the ED as an important [suicide prevention](#) site. So, a national objective is to increase the rates of mental health follow-up treatment for suicidal patients coming out of EDs."

But how to encourage this with youths when they are at their most vulnerable? The study involved 181 suicidal youths at two EDs in Los Angeles County, with a mean age of 15. Sixty-nine percent were female, and 67 percent were from racial or ethnic minority groups. For 53 percent of the participants, their emergency department visit was due to a suicide attempt. The remainder were seen because they had thoughts of suicide.

The youths were randomly assigned to either the usual ED treatment or an enhanced mental health intervention that involved a family-based crisis-therapy session designed to increase motivation for outpatient follow-up treatment and improve the youths' safety, supplemented by telephone contacts aimed at supporting families in linking to further outpatient treatment.

The results of the study show that the enhanced [mental health](#) intervention was associated with higher rates of follow-up treatment. Of the participants in the enhanced intervention, 92 percent received follow-up treatment after discharge, compared with 76 percent in the standard ED treatment arm - a clinically significant difference.

While the results are positive, the study is only a first step, according to Asarnow, who also directs UCLA's Youth Stress and Mood Program.

"The results underscore the urgent need for improved community outpatient treatment for suicidal youths," she said. "Unfortunately, the follow-up data collected at about two months after discharge did not

indicate clinical or functioning differences among youths who received community outpatient treatment and those who did not."

Still, Asarnow said, the data from the new study underscores the critical importance of this work. To address the need for effective follow-up treatment for troubled youths, the UCLA [Youth](#) Stress and Mood Program has major research trials in progress aimed at evaluating outpatient treatments for preventing suicide and [suicide](#) attempts.

Provided by University of California - Los Angeles

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