

Suicide risk can be intercepted in the emergency department, study finds

April 1 2016, by Sandra Gray

A new study from UMass Medical School found that universal suicide risk screening in emergency departments nearly doubled the number of patients who were positively identified as thinking about or having attempted suicide. In the study, suicide risk screenings among 236,791 ED visits over five years rose from 26 to 84 percent, increasing detection of suicide risk from 2.9 to 5.7 percent.

"Our study is the first to demonstrate that [suicide risk](#) screening can be done in a busy ED during routine care," said lead author Edwin Boudreaux, PhD. "The public health impact could be tremendous, because identification of risk is the first and necessary step for preventing suicide."

Published in the April issue of the *American Journal of Preventive Medicine* "Improving Suicide Risk Screening and Detection in the Emergency Department" reports findings from the screening implementation component of the \$12 million Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) study. The paper documents the prevalence of screening and detection of patients at risk for suicide.

Nurses at the eight emergency departments that participated in the study were trained to administer a brief patient screener that focuses on three suicide risk factors: depressive symptoms, active suicidal ideation and lifetime suicide attempts. A positive screen is defined as any individual who either confirmed active suicidal ideation, or reported a suicide

attempt within the 6 months prior to the ED visit.

"The patients we identified through screening received additional evaluation and intervention resources they otherwise would not have received," said Dr. Boudreaux, professor of emergency medicine, psychiatry and quantitative health sciences and vice chair of research for the Department of Emergency Medicine. "In fact, with screening we identified a subset of patients whose suicidality was serious enough to warrant psychiatric inpatient treatment. What would have happened to them if they had been discharged? The conventional wisdom is that at least some of those individuals would have tried to kill themselves."

The other 90 percent of patients with positive screens were discharged with resources, including lists of community-based services, a self-help safety plan and a wallet card with local suicide prevention lifeline numbers. Among patients with positive screens in the study's final phase, those who agreed to participate following their ED discharge received a more intensive intervention via a series of structured telephone calls with trained nurses.

"At a minimum, patients received some resources that could help them on an outpatient basis, which they wouldn't have received if we hadn't detected risk," Boudreaux noted.

ED-SAFE is funded by an initiative of the National Institute of Mental Health to develop evidence-based practice guidelines that will optimize the [emergency department](#) as an important setting in which to increase suicide risk detection and suicide prevention. Next steps toward this goal are to refine the sustainability of suicide screening and interventions in the emergency department over time, and to develop and evaluate a face-to-face intervention with the patient in the ED, in addition to the post-discharge telephone intervention used in the screening and intervention phase (outcomes from this phase have not yet been published).

The ultimate goal is to spread what they learn beyond the ED.

"Our next effort is to apply the suicide detection and prevention work we're doing in the ED to the entire health care system, including primary care and inpatient and outpatient settings," Boudreaux said.

More information: Edwin D. Boudreaux et al. Improving Suicide Risk Screening and Detection in the Emergency Department, *American Journal of Preventive Medicine* (2016). [DOI: 10.1016/j.amepre.2015.09.029](https://doi.org/10.1016/j.amepre.2015.09.029)

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