

Self-inflicted firearm injuries three times more common in rural youth

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A national study published in the *Journal of Pediatrics* found that Emergency Department (ED) visits by youth for self-harm were nearly 40 percent higher in rural areas compared to urban settings. Strikingly,

ED visits by youth for self-inflicted firearm injuries were three times more common in rural areas. Youth from rural areas presenting to the ED for suicidal ideation or self-harm also were more likely to need to be transferred to another hospital for care, which underscores the insufficient mental health resources in rural hospitals.

"Our study used pre-pandemic data, and we know that increased attention to youth [mental health](#) is even more pressing now everywhere, but especially in rural settings to prevent self-harm in youth," said lead author Jennifer Hoffmann, MD, pediatric emergency medicine physician at Ann & Robert H. Lurie Children's Hospital of Chicago and Assistant Professor of Pediatrics at Northwestern University Feinberg School of Medicine. "We need universal screening for suicidal ideation for all children and adolescents age 10 and up who present in the ED to identify youth at risk and intervene before tragedy occurs."

The study used national data on suicidal ideation or self-harm in youth (ages 5-19 years) from a sample of EDs across the country, including those in general hospitals and children's hospitals. Dr. Hoffmann and colleagues extrapolated the results to reach national estimates.

Dr. Hoffmann explains that a number of factors contribute to higher suicide rates and self-harm in rural youth. Access to mental healthcare is a huge challenge, she says. Shortages of pediatric mental health professionals in rural areas play a significant role, requiring patients to travel long distances for help, which is a barrier for many. Also, lower family income and higher unemployment rates in [rural areas](#) may result in poor insurance coverage, especially for mental health. In [small towns](#), there are also concerns with anonymity, which may cause delays in seeking care until a crisis brings the child to the ED. Rural families are also more likely to own firearms, so increased access to firearms may account for the high degree of disparity in self-inflicted [firearm injuries](#).

"We need to improve mental health training for ED providers, allocate more resources and implement policies in rural hospitals on managing young patients who present with [suicidal ideation](#) or [self-harm](#)," said Dr. Hoffmann. "More widespread use of tele-psychiatry also might help prevent unnecessary transfers to other hospitals. But even more importantly, we need to train primary care providers to help diagnose and treat mental health issues earlier, so we can prevent self-inflicted injuries and death."

More information: Jennifer A. Hoffmann et al, Emergency Department Visits for Suicidal Ideation and Self-Harm in Rural and Urban Youth, *The Journal of Pediatrics* (2021). [DOI: 10.1016/j.jpeds.2021.07.013](#)

Provided by Ann & Robert H. Lurie Children's Hospital of Chicago

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