Suicide Screening in Emergency Departments

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A pilot project on suicide screening found that a substantial proportion of people treated for medical issues in emergency departments (EDs) screened positive for risk factors for suicide. More than a third of the patients screened positive for depression. Seven and a half percent screened positive for suicidal ideation. Almost 13 percent reported that they had attempted suicide at some point in their lives. More than three percent of the patients who reported suicidal ideation within the past two weeks had attempted suicide at some point in their lives. The authors cite this finding as “perhaps the strongest argument to date for screening in EDs” since a combination of ideation with a prior attempt is a critical indicator of suicide risk which would have not been discovered if the patients had not been screened.

The authors pointed out that the population served by EDs includes a relatively high proportion of people at risk for suicide. This is especially true of EDs that serve a large number of people on Medicaid, since the Medicaid population has “psychiatric-related visits at twice the rate of the uninsured and almost eight times the rate of the privately insured.” This research found that one screening question about depression could identify 85 percent of the patients experiencing suicidal ideation. Thus, the authors suggest that EDs represent an important strategic opportunity for identifying people at risk for suicide, as well as people suffering from related treatable conditions such as depression and suicidal ideation.

Patients who were in the ED because of a mental health problem or who were intoxicated were excluded from the study, as were patients who were unconscious, in severe pain, or under the age of 18.


SPRC Commentary
This research illustrates the value of screening for suicide risk in emergency departments, particularly when the hospitals provide further risk assessment to patients who screen positive. For further discussion of screening in emergency departments, we recommend pages 33-36 of the Continuity of Care for Suicide Prevention and Research Report: Suicide Attempts and Suicide Deaths Subsequent to Discharge from an Emergency Department or an Inpatient Psychiatry Unit [2].

Links within this resource
