Preventing Suicide in the Emergency Department

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Emergency departments (EDs) can reduce suicide attempts among high-risk patients by delivering a combination of interventions that includes suicide risk screening, discharge resources, and a brief intervention. A multi-site study found that when compared to treatment as usual, the combined interventions resulted in a five percent decrease in the proportion of patients who attempted suicide in the 52 weeks after their ED visit and a 30 percent drop in the total number of suicide attempts in that period.

The intervention targeted patients who were identified as being at risk through an initial universal screening, and included the following components:

- A secondary screening that allowed ED physicians to better assess suicide risk.
- A self-administered safety plan and information on suicide prevention provided to the patient by ED nursing staff.
- A series of up to seven brief telephone calls to each patient and up to four brief telephone calls to a significant other identified by the patient, if available, in the 52 weeks after the first ED visit. These calls helped patients identify risk factors, clarify values and goals, engage in safety planning, assist with treatment engagement and adherence, and facilitate problem-solving with their significant other.

EDs that only implemented universal screening increased the number of patients identified as being at risk for suicide, but did not reduce the proportion of patients attempting suicide or the number of suicide attempts.


Spark Extras!

Watch our 10-minute video, Patients at Risk of Suicide: What Emergency Departments Need to Know [1].

Take our online course, Preventing Suicide in Emergency Department Patients [2].

Download Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments [3].

Links within this resource
