Implementing Improved Suicide Risk Assessments for Specific Populations in the Emergency Room

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PURPOSE
The purpose of this evidence-based practice project is to evaluate and make necessary changes to the current Suicide Risk Score used in the UMBWMC Emergency Department.

BACKGROUND
The elderly and adolescents/young adults are at the greatest risk. 1/5 of all successful suicides are above the age of 65.

- Nationally, suicide is the eighth leading cause of all deaths and the third leading cause among 15-24 year olds.
- On average, 5 children 5-14 years old commit suicide each week.
- Suicide is internationally recognized as a major cause of preventable death.
- According to the CDC, one person dies by suicide every fifteen minutes for a total of 38,364 annually.
- Psychological autopsy studies show that 90% of all people who have died by suicide have a diagnosed mental illness.

PICO QUESTION
P: Suicidal patients presenting to the Emergency Room, of all ages
I: Implementation of population specific suicide risk screening tools
C: The current suicide risk score used in the UMBWMC Emergency Room
O: To provide a more accurate screening tool to improve implementation of Mental Health services

SEARCH METHODS
- OVID: Suicide Risk Score OR Assessment AND Emergency Room OR Department; Pediatric Suicide; Geriatric Suicide; "SAD" suicide risk assessment; ED-SAFE assessment
- GOOGLE: Pediatric suicide facts; Geriatric suicide facts

LEVEL OF EVIDENCE SUMMARY
Level I-2 articles
Level II-2 articles
Level V-7 articles

CONCLUSION:
Suicide continues to be a worldwide problem affecting every nationality, race, gender and age. Considering the rate of people who seek care for a problem in the Emergency Department (behavioral or medical) and ultimately take their life in the weeks following, our diligence in screening for the issue is paramount. Furthermore, having age-appropriate suicide risk assessments scales allows the emergency staff to evaluate the accuracy of suicidal ideation. With our proposed scoring tools (above), we intend to better identify and help treat those with suicidal ideation in partnership with Mental Health Clinicians and Emergency Medicine Physicians.

Due to ethical considerations, research on suicide and suicide assessment are limited. However, early assessment and recognition of contributing factors and situational confounds are key to establishing the most responsible implementation of observation and early intervention, including mental health consults. This is consistent with our literature review, which suggests that “the immediate focus of the assessment should be on the safety of the patient and the level of observation necessary to maintain their safety” (Mitchell, Garand, Dean, Panzak & Taylor, 2005).