The Emergency Department

Challenges and Opportunities for Suicide Prevention

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KEYWORDS

• Emergency • Suicide • Self-harm • Pediatric • Adolescent • Guideline • Integrated care • Hospital

KEY POINTS

- Emergency services can offer life-saving suicide prevention care.
- Brief therapeutic interventions initiated in the emergency department (ED) for youths presenting with suicide/self-harm risk can improve continuity of care and connections with outpatient follow-up treatment, a national suicide prevention objective.
- A care process model and clinical guidance are offered based on current scientific evidence.
- Effective treatment strategies for youth suicide/self-harm prevention are emerging from the scientific literature.
- Increasing availability of these treatments in community settings is crucial for advancing suicide prevention goals.

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Abbreviations	
BH	Behavioral health
CPEP	Comprehensive psychiatric emergency program
ED	Emergency department
ED/FISP	Emergency department/Family Intervention for Suicide Prevention
PES	Psychiatric emergency service
RCT	Randomized, controlled trial
TOC	Teen Options for Change
ZS	Zero Suicide

INTRODUCTION

Suicide is the second leading cause of death among United States youths ages 10 to 24, accounting for nearly 5000 deaths annually, more deaths than any single medical illness in this age group. Despite reductions in other causes of mortality, age-adjusted suicide death rates increased 24% from 1999 through 2014 and exceeded those from motor vehicle accidents among youth ages 10 to 14.[1]

Emergency department (ED) visits offer a window of opportunity to deliver life-saving suicide prevention interventions.[2] Estimates suggest that up to 25% of patients who visit EDs after suicide attempts make another attempt, between 5% and 10% later die by suicide, and a substantial proportion of patients who die by suicide have ED visits during the year before death.[2–4]

This article focuses on the ED as a service delivery site for suicide prevention, and improving access to behavioral health (BH) care more generally. The term behavioral health (BH) is used throughout this article and refers broadly to health promotion related to mental health and substance use/addiction. The article proceeds in 6 sections. First, we discuss the ED as a site for suicide prevention. Second, we examine models for emergency services. Third, we review research on ED screening, therapeutic assessments, and brief interventions. Fourth, we turn to current ED practice guidelines and parameters. Fifth, we consider emergency care processes and offer a care process model of emergency services for suicide and self-harm. Finally, we offer conclusions and suggestions for future directions aimed at optimizing emergency care for the prevention of suicide and self-harm.

THE EMERGENCY DEPARTMENT

EDs provide a safety net in the US health system, owing to federal law (the Emergency Medical Treatment and Labor Act) guaranteeing access to ED care regardless of insurance or ability to pay. Roughly 1.5 million US youth, particularly lower income individuals from underserved populations, receive their primary health care in the ED,[3] and the prevalence of ED visits for BH has increased.[5] Given this increased need for BH treatment within EDs, integrating BH within ED services has potential for suicide prevention in particular, and addressing unmet need for BH care more generally.

Despite the clear need and value of delivering effective BH care in EDs, an Institute of Medicine report suggested that ED care for children and adolescents may be substandard, and shortcomings in training and availability of staff with BH expertise contribute to quality of care problems.[6] The ED setting poses challenges. EDs are often crowded, noisy, lack private space, and youths may be hesitant to honestly discuss sensitive issues with staff they just met. There are other medically and psychiatrically ill patients in the ED, which can be scary and uncomfortable.

The limitations of our health system also create challenges, increased costs, frustration, and lost time for youths and families. Shortages of psychiatric/BH staff and