

## Adolescent Emergency Patients: Suicide Risk Detection and Services Facilitation

**Presentation by Cheryl King, Ph.D.**

**NIMH Outreach Partnership Program 2011 Annual Meeting**

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At the National Institute of Mental Health's (NIMH) 2011 Outreach Partnership Program meeting, Cheryl King, Ph.D., Professor of Psychology, and Director, Center of Human Adjustment, University of Michigan presented findings from exploratory research of an emergency department-based intervention to identify suicidal adolescents.

### Highlights

- Suicide is the third leading cause of death in thirteen- to nineteen-year-olds<sup>1</sup>. Fifty-four percent of youths who died by suicide never obtained any prior mental health services<sup>2</sup>. Research suggests that this hard-to-reach group may be effectively reached in the emergency department (ED), where teens engaging in high risk behaviors are often seen for medical problems due to alcohol poisoning or car accidents.
- A pilot study screened 295 adolescents for suicide risk during visits to the ED. Nineteen percent were identified as at-risk for suicide that might not have been identified otherwise. Most of these reported current alcohol abuse or depression.
- A subsequent exploratory study of an intervention called Teen Options for Change (TOC) used motivational interviewing techniques with at-risk youths at an ED in Flint, Michigan. Findings include:
  - While 64 percent of the at-risk youths had previously received some form of mental health treatment, there were several reported barriers to seeking care, such as the shame of exposing family problems, lack of knowledge about where to go for services, the perception that services were too expensive and would not help, and the sense that they could handle their problems on their own.
  - Many of the youths reported that the personalized feedback they received from the suicide screening helped them to identify problem areas that they needed to work on.

### Presentation

Dr. King, who is also the Director of the Youth Depression and Suicide Prevention Research Program, shared preliminary results from an exploratory project called Teen Options for Change (TOC).

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<sup>1</sup> Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). Available at: <http://www.cdc.gov/injury/wisqars/index.html>. Accessed Jul 14, 2011.

<sup>2</sup> Shaffer D, Gould MS, Fisher P, et al Psychiatric diagnosis in child and adolescent suicide. Archives of General Psychiatry. 1996; 53:339-8. <http://www.ncbi.nlm.nih.gov/pubmed/8634012>

As a researcher interested in suicide prevention efforts, Dr. King wondered how researchers might best identify at-risk youths. “We know from psychological autopsy studies that about half the youths who die from suicide have never obtained any mental health services,<sup>3</sup>” said Dr. King.

Given this lack of support seeking, Dr. King and colleagues hypothesized the local emergency department (ED) might be a good place to identify those at highest risk, particularly adolescent males. Teens come in to the ED with all manner of ailments, and those who use the ED as a primary source of care have a higher incidence of depression and alcohol abuse<sup>4</sup>. Furthermore, 39 percent of those who die by suicide appear in the ED in the preceding year<sup>5</sup>.

In a pilot study, the Adolescent Suicide Risk Screening in the Emergency Department, 295 adolescents were screened in the ED for suicide risk. Sixteen percent of screened adolescents met the criteria for elevated suicide risk, of which, nineteen percent presented for non-psychiatric purposes and might not have been identified otherwise. Subsequently, Dr. King and colleagues went forward with TOC, an exploratory intervention development project in an ED in Flint, Michigan. “It’s an ideal place to screen because adolescents generally have a bit of a wait in the medical emergency department,” said King.

As Flint, Michigan is a disadvantaged urban area, King and colleagues used focus groups to “culturally tailor” screening items. “It uses some of the teens’ language and the teens’ look,” said Dr. King. They also worked closely with a community advisory group and developed a local services directory that included mental health and substance abuse services in the community. Interventions at the ED were conducted using motivational interviewing techniques.

Dr. King reported preliminary findings from the TOC intervention. They screened 828 individuals between the ages of 14 – 19; approximately 80 percent (n = 527) of eligible youths agreed to be in the study. Fifteen percent (n = 81) of the youths who participated in the study screened as being at elevated risk for suicide; 69 percent of the elevated-risk teens may have been missed because they did not present for psychiatric symptoms. Teens that screened positive for elevated suicide risk were more likely to be depressed, and more likely to use alcohol or other substances. While several of the high-risk youths had previously received some form of mental health services (e.g., outpatient mental health treatment, psychiatric hospitalization), many youths cited concerns about bringing shame to their family, lack of knowledge about services, and wanting to solve their problems on their own as barriers to treatment seeking. Many of the youths felt very positive about receiving personalized feedback about

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<sup>3</sup> Marttunen MJ, Aro HM, et al. Adolescent suicide: endpoint of long-term difficulties. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1992; 31:649-54. <http://www.ncbi.nlm.nih.gov/pubmed/1644727>

<sup>4</sup> Wilson KM, Klein JD. Adolescents who use the emergency department as their usual source of care. *Archives of Pediatric and Adolescent Medicine*. 2000; 154:361-5. <http://www.ncbi.nlm.nih.gov/pubmed/10768673>

<sup>5</sup> Gairin I, House A, Owens D. Attendance at the accident and emergency department in the year before suicide: retrospective study. *British Journal of Psychiatry*. 2003; 183:28-33. <http://www.ncbi.nlm.nih.gov/pubmed/12835240>

their suicide screening. Many reported that the screening helped them to identify problem areas that they needed to work on and also expressed gratitude that staff members in the study actually cared about them.

Dr. King and her colleagues were able to use the findings from the TOC study to develop a community intervention that is being funded by the Center for Disease Control and Prevention. The findings from the TOC study led King's team to look beyond traditional mental health services to help at-risk teens. "Maybe what it's going to take is the impact and influence of the faith community, the families and kin to get them the help they need," she said.