Examining Hospitals' Role in Preventing Youth Suicide

Behavioral Health

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Did you know that nearly one in ten high school students in the United States has attempted suicide and more young people die from suicide than in motor vehicle crashes each year? These facts might seem surprising or shocking, but for those of us on the front lines of pediatric mental health care, they reflect the reality we see in our practices every day. That's why my colleagues and I are focused on finding solutions to protect young people experiencing a potentially deadly mental health crisis.

Youth suicide prevention requires a multi-faceted approach. This means that stakeholders in hospitals and health systems, schools, insurance companies, the government and communities all have a role to play in safeguarding young people. My research aims to help hospitals develop systems to improve mental health and prevent suicide attempts for young people at risk of a mental health crisis.

Children's hospitals play an important role in preventing suicides for young people. One of the strongest risk factors for suicide death is a prior attempt, and many young people with suicide attempts receive treatment in children's hospitals. Emergency department (ED) and inpatient visits for young people at risk of suicide have doubled in the past decade, and 120,000 youth are hospitalized for suicide attempts or thoughts each year. Because many of these young people are discharged to the community, children's hospitals play a key role in ensuring that their patients have a safety plan and access to ongoing mental health care after they leave the hospital.

Ongoing mental health care can prevent or reduce the likelihood of another suicide attempt. In fact, estimates suggest that patients who attend a post-hospitalization mental health follow-up visit have as much as a 75 percent lower risk of a future suicide attempt. Certain discharge processes, including safety planning and after-care planning, appear to improve continuity of mental health care, and they represent promising strategies for suicide prevention and improving mental health and well-being.

All of this has brought me to one crucial question: how can children's hospitals best support young people at risk of suicide, prevent future suicide attempts and support the mental health and well-being of these young people and their families?

To answer this, I'm starting a new four-year project funded through a National Institute's of Health Career Development "K" award. The study aims to identify which suicide prevention practices are effective for young people hospitalized for a suicide attempt, and the project will develop and test strategies for implementing effective suicide prevention practices in children's hospitals. Here is what I aim to accomplish:

Aim 1: Collect information on existing practices and determine best practices for suicide prevention

To determine the best practices in managing the mental health care of youth across the country, I will seek to understand current hospital practices across the country. Using a national sample of Medicaid claims and survey data, I will determine which hospital and community structures, such as the physical infrastructure and personnel embedded in the system, are associated with higher and lower rates of patient attendance at mental health follow-up visits among youth hospitalized for suicide.

Aim 2: Develop a toolkit that hospitals can use to reduce and prevent repeat suicide attempt among hospitalized youth

Along with an extensive literature review and qualitative interviews with hospital staff, I will use the information garnered from the first aim of this study to develop a youth suicide prevention toolkit. This resource is designed to help inpatient medical units select and implement processes for safety planning and ensuring continuity of mental health care for youth at risk of suicide.

Aim 3: Test the toolkit and evaluate its efficacy

Once the toolkit is developed, I will conduct a pilot test in hospital inpatient units to determine how feasible the toolkit is to use and whether the toolkit is effective at improving clinical outcomes for youth. I will also use this study to develop methods for a future fully powered trial of the toolkit, with the ultimate goal of optimizing it for use at hospitals nationwide.

Of course, all of this work is just one piece of the larger effort needed to reduce the alarming rates of suicide attempt we see in our young people. On World Suicide Prevention Day and throughout National Suicide Prevention Awareness Month, we recognize that further research is needed in other areas of suicide prevention to ensure that evidence-based policies and practices are implemented in hospitals, schools, community agencies and other settings. I'm looking forward to sharing more of my work over the course of this study and working together with stakeholders across systems to reduce America's youth suicide crisis.

Stephanie Doupnik
Stephanie Doupnik
MD, MSHP
Faculty Scholar