# Patterns in Youth Suicide Risk Identified in Healthcare Encounters in a Safety-Net Hospital System

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## BACKGROUND

Although progress has been made toward addressing stigma related to behavioral health and suicide prevention, many challenges remain, for example:

- the misperception that suicidal behavior is not a common problem among young people persists despite recent CDC data revealing a significant increase in the suicide rate among individuals aged 10-24 [1].
- suicide is disproportionately growing among minority youth.

Screening for suicide risk is standard practice during youth healthcare encounters for psychiatric treatment but far less common during other medical encounters and with preteens and young children. Current American Academy of Pediatrics guidelines recommend universal screening in healthcare encounters with youth ages 12 and older and targeted screening for ages 8 to 11 [2].

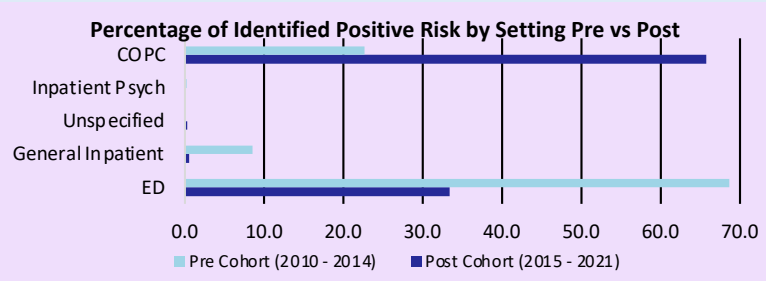
In 2015 Parkland Health & Hospital System implemented universal screening in youth healthcare encounters with patients 12 and older and later expanded to 10 and older.

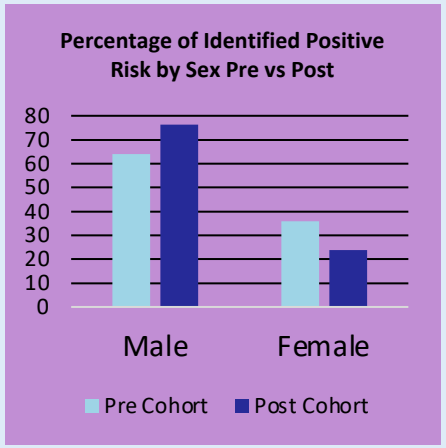
**AIM**: To examine changes in patterns of suicide risk identification across age groups and chief complaints after implementation of universal screening in 2015.

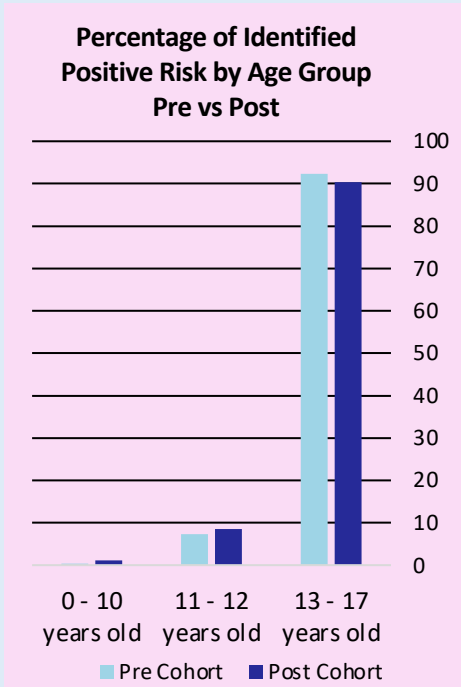
## METHODS

Healthcare encounter data were extracted from the electronic health record for the baseline period of 2010-2014 ("pre") through a period after implementation of universal screening 2015-2021 ("post").

- 150,480 encounters in the *pre* period and 153,317 in the *post* period.
- Encounter data were stratified for analysis by developmental period: adolescents 0-10; pre-teens 10-12; and teenagers 13-17.
- Odds of a positive suicide screen were calculated for the *pre* and *post* cohorts, and odds ratios were used to compare between the cohorts.
- The study was determined to be exempt by the relevant institutional review boards.




## RESULTS

- 2.97% of *pre* period encounters were positive for suicide risk compared to 0.35% *post*.
- In the pre-teen group, the odds of positive screens increased by 24.76 and 16.47 times in male and female encounters, respectively.
- In the teenage group, the odds of positive encounters increased by 4.75 and 8.18 times in male and female encounters, respectively.
- 2.3% of Hispanic patient encounters resulted in a positive screen in the *post* cohort, compared to 0.24% in *pre*.
- Especially high rates of suicide risk identification in the *post* cohort occurred in encounters characterized by patients who were female (3.60%), 13-17 years old (3.29%), white (10.26%), in the ED (8.71%), and primarily English-speaking (3.57%).

## DISCUSSION

These findings underscore potential benefits of enhanced screening practices for suicide risk identification in youth healthcare encounters, even among younger children.

The differences in risk identification between demographic groups and clinical settings suggest that there may be opportunities to use targeted screening and intervention to more effectively improve treatment and safety for diverse youth populations.

## DISCLOSURE & REFERENCES

The authors note no commercial associations that may pose a conflict of interest in relation to this poster.

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