Non-Responders for a Suicide Screen are Important

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Introduction
Suicide is the 2nd leading cause of death among adolescents in the United States. Suicidal patients present to the Emergency Department (ED) at higher rates compared to non-suicidal patients, making it an excellent setting to screen for suicidality. The Ask Suicide-Screening Questions (ASQ) is a validated tool for assessing suicide risk; however, little is known about patients who choose “No-Response” during screening.

Hypothesis
We hypothesized that teens who select “No Response” may be at risk for suicidality.

Methods
This study used a pre-existing data set containing records of 3386 patients aged 12-17 who presented to the ED with non-psychiatric complaints and completed the ASQ. Cases were teens who answered “No Response” to at least one question and had no “Yes” responses (n=58). Non-cases were teens who selected “Yes” for any question (n=166). Analysis of notes made by clinical researchers and mental health professionals was used to determine level of suicide risk (not clinically significant, low, moderate, and high) and whether a referral for mental health follow-up had been suggested. A subset of respondents were placed in a Stage of Change (n=148 for non-cases and n=44 for cases); these responses were compared between cases and non-cases. Cases and non-cases were also compared to the negative screen group (n=3162) to analyze socioeconomic characteristics between groups.

Results
Risk for suicidality was substantial among both groups, with some level of risk indicated for 84.5% of cases and 93.4% of non-cases. At the time of screening, mental health professionals suggested mental health follow-up for 50% of cases and 65.1% of non-cases. Cases were more than 1.5 times more likely to be in the pre-contemplation phase compared to non-cases (27.2% and 16.9%, respectively).

Conclusions
Teens who select “No-Response” are at elevated suicidal risk and are similar to those who select “Yes”. A “No-Response” option should be included and considered a positive response in suicide screening tools.

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