S**etting Matters in Suicide Screening for Adolescent Patients Presenting with Non-psychiatric Complaints in the ED**

**Annie Delisio**, BS1, Jarrod Peoples, BA2, Linda Richey, MSW, Nancy Zaraknik, RN2, Joe Luria, MD2, Jackie Grupp-Phelan, MD, MPH2

1University of Cincinnati College of Medicine, 2Department of Emergency Medicine, Cincinnati Children’s Hospital

**Introduction:** Teen suicide is the third-leading cause of death for young people ages 15 to 24. The Emergency Department (ED) is a promising venue for identifying adolescents at risk for suicide, as ED clinicians are often the sole connection with the healthcare system for millions of patients. The current standard one question triage screen for suicidality garners a 1% positive response rate. Epidemiological data indicated 3% positivity as representative of the rate of adolescent suicidality. The purpose of this study is to utilize quality improvement methodology to upgrade the suicide screening process for stable adolescents presenting with non-psychiatric complaints to the emergency department at an academic, tertiary referral center.

**Methods:** As part of a two site, three year study, patients aged 12-17 years presenting to the ED with stable non-psychiatric complaints were screened for suicide in two settings: triage, an open triage area and a private room. As part of a joint mandated suicide screening process, all stable adolescent patients presenting to the ED should be asked the question “Do you want to hurt yourself or others?” A validated four-question suicide screen was then administered via a computer to adolescents in a private room. Subjects that screened positive to any one of the four questions were given the choice to enroll in a treatment-based study, but all received a social work consult and a subsequent referral.

**Results:** Between February and July 2013, 559 patients were screened for suicidal thoughts and behavior in both settings. The validated four-question screen had a positive endorsement rate of 5% (28 subjects). Within the positive screens, 10 (1.8%) subjects reported having tried to commit suicide in the past and 5 (0.90%) subjects admitted to having thoughts about killing themselves in the past week. 40% (222) of subjects reported not being about suicide in the triage area. The 28 subjects that screened positive, 82% (23) reported that they were not asked the one question triage screen.

**Conclusion:** A simple computerized suicide screen performed in the setting of a private patient room is a reliable, fast, and effective way to identify adolescents at risk of suicide while in the ED. Verbal triage based suicide screening is unreliable and does not uncover adolescents at risk for suicide compared to a computer based, private screen. Appropriateness of screening site should be considered when screening for suicidal thoughts and ideation in the ED.

**Acknowledgement:** This study was supported in part by NIH grants T35 DK 60444.