

The Effectiveness of Implementing Tailored Suicide Screening Tools for All Young Adolescents Admitted into the Emergency Department

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Background

A growing number of young adolescents who are admitted into the emergency department show a high risk for suicide, even those who are admitted for non- psychological medical problems⁵. Studies show that current suicide screenings that are commonly used, including the Columbia-Suicide Severity Rating Scale Screener (C-SSRS), are not accurate predictors of suicide attempts after discharge from emergency departments⁷. One study showed that most patients who were released from the ED and died from suicide screened negative for suicidal ideation and did not receive psychiatric services in the ED.⁷ The Computerized Adaptive Screen for Suicidal Youth (CASSY) has a high sensitivity and specificity for detecting future suicide attempts and might allow nurses in the ED to more accurately identify adolescents at risk of future suicide attempts^{2,4}.

PICOT

P: Suicide risk, all adolescents (aged 10-18 years old) presenting to an urban emergency department

I: Tailored web-based suicide screening (i.e., CASSY scale)

C: Other screening types (i.e., Columbia Suicide Severity Rating Scale)

O: More accurate predictor of suicide risk

T: 3-month period

Literature Search

Database: Google scholar, National Library of Medicine (PubMed)

Key Terms: “suicide screening” “suicide risk” “adolescent” “emergency department” “adaptive screening”

Article Selection Criteria

- Published between 2018 and 2023
- Published in English
- Published in a scholarly journal
- Includes all adolescents age range from 12-18 presenting to the emergency department
- Includes interventions related to universal suicide screening in emergency departments



Synthesis of Findings

- The Columbia-Suicide Severity Rating Scale Screener (C-SSRS) has low sensitivity and specificity for predicting suicide attempts in the following month after an emergency department visit, instead being a more general indicator of current suicidal ideation.^{1,7}
- A significant number of adolescents are at risk for suicide attempts.^{3,4,5}
- Universal suicide screening for pediatric populations in the emergency department is an effective way of determining suicide risk of those who did not present to the ED with suicidal ideation or attempts as well as for those who did.^{3,5}
- The advantage that Computerized Adaptive Screen for Suicidal Youth (CASSY) has over other suicide screening tools is that it has a high sensitivity and specificity for the prediction of suicide attempts in the youth population and it is suitable for use in the emergency department.^{2,4}
- Unlike the C-SSRS, the questions in the CASSY screening tool are tailored to the risk level of the adolescent and they may be different upon administration to reduce response bias.^{1,4}



Decision to Change Practice

- All urban emergency departments in Texas will transition to using the Computerized Adaptive Screen for Suicidal Youth (CASSY) to screen adolescents aged 10-18 for suicide risk instead of the Columbia-Suicide Severity Rating Scale Screener as the CASSY tool is a more sensitive and specific screener for suicide risk.^{1,4,7}
- All urban emergency departments in Texas will screen all patients, aged 10 years or older, for suicide risk when presenting to the emergency department due to the population’s increased risk for suicide.^{3,5}
- Studies show that the Computerized Adaptive Screen for Suicidal Youth (CASSY) is a more effective tool for predicting suicide risk in the adolescent population presenting to the emergency room as it has a high sensitivity and specificity value.⁴

Evaluation

- At least 75% of all adolescent patients, aged 10-18, presenting to urban Texas emergency departments will be screened for suicide risk.
- 50% increase in the implementation of the CASSY screening tool to screen adolescents presenting to Texas urban emergency departments.
- 100% of registered nurses in urban Texas emergency departments will be willing to utilize CASSY as an admission screening tool for all adolescent patients aged 10-18.

An excel sheet will be implemented to aid in calculating the percents.

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