



## Ask *Suicide-Screening* Questions Screening Youth for Suicide Risk in Medical Settings

**A rapid, psychometrically sound 4-item screening tool for all pediatric patients presenting to the emergency department, inpatient units, & primary care facilities.**

### BACKGROUND

- In 2010, suicide became the 2nd leading cause of death for youth ages 10-24.
- In 2014, more than 5,500 American youth killed themselves.
- In the U.S., over 2 million young people attempt suicide each year. 90% of suicide attempts among youth are unknown to parents.
- Early identification and treatment of patients at elevated risk for suicide is a key suicide prevention strategy, yet high risk patients are often not recognized by healthcare providers.
- Recent studies show that the majority of individuals who die by suicide have had contact with a healthcare provider within three months prior to their death
- Unfortunately, these patients often present solely with somatic complaints and infrequently discuss suicidal thoughts and plans unless asked directly.

### Suicide in the Hospital

Suicide in the medical setting is one of the most frequent sentinel events reported to the Joint Commission (JC). In the past 20 years, over 1,300 patient deaths by suicide have been reported to the JC from hospitals nationwide.

- Notably, 25% of these suicides occurred in non-behavioral health settings such as general medical units and the emergency department.
- Root cause analyses reveal that the lack of proper “assessment” of suicide risk was the leading cause for these reported suicides.

*Ask directly about suicidal thoughts –*  
**EVERY HEALTHCARE PROVIDER  
CAN MAKE A DIFFERENCE**

### Screening in Medical Settings

The emergency department, inpatient units, and primary care settings are promising venues for identifying young people at risk for suicide.

- Several studies have refuted myths about iatrogenic risk of asking youth questions about suicide, such as the worry about “putting ideas into their heads.”
- Screening positive for suicide risk on validated instruments may not only be predictive of future suicidal behavior, but may also be a proxy for other serious mental health concerns that require attention.
- Non-psychiatric clinicians in medical settings require brief validated instruments to help detect medical patients at risk for suicide.

### Emergency Department (ED)

- For over 1.5 million youth, the ED is their only point of contact with the healthcare system, creating an opportune time to screen for suicide risk.
- Screening in the ED has been found to be feasible (non-disruptive to workflow and acceptable to patients and their families).

### Inpatient Units

- Research reveals that the majority of medical inpatients have never been asked about suicide before; however, opinion data indicate that most adolescents support screening in inpatient settings.

### Primary Care/Inpatient Clinics'

- Primary Care Physicians (PCPs) are often the de-facto principal mental healthcare providers for children and adolescents.
- Adolescents may be more comfortable discussing risk-taking activities with PCPs than with specialists.

### Suicide Risk Screening Recommendations

- 2007 – The JC issued National Patient Safety Goal 15A, requiring suicide risk screening for all patients being treated for mental health concerns in all healthcare settings
- 2010 & 2016 – The JC issued a Sentinel Event Alert, recommending that all medical patients in hospitals also be screened for suicide risk.



National Institute  
of Mental Health

## asQ Development

- The ASQ was developed in 3 pediatric Emergency Departments (EDs):
  - Children’s National Medical Center, Washington, DC
  - Boston Children’s Hospital, Boston, Massachusetts
  - Nationwide Children’s Hospital, Columbus, Ohio
- For use by non-psychiatric clinicians
- Takes less than 2 minutes to screen
- Positive screen: “yes” to any of the 4 items
- **Sound psychometric properties\***



### Ask **Suicide-Screening** Questions Suicide Risk Screening Questions for Medical Settings

- |   |     |    |
|---|-----|----|
| 1. In the past few weeks, have you wished you were dead?  | Yes | No |
| 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? | Yes | No |
| 3. In the past week, have you been having thoughts about killing yourself?                            | Yes | No |
| 4. Have you ever tried to kill yourself?  | Yes | No |
- If yes, how? \_\_\_\_\_ When? \_\_\_\_\_

**If the patient answers yes to any of the above, ask the following question:**

- |   |     |    |
|---|-----|----|
| 5. Are you having thoughts of killing yourself right now? | Yes | No |
|---|-----|----|



For description of study:

\*Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis K, Cannon E, Joshi P, Pao M. Ask Suicide-Screening Questions (ASQ): A Brief Instrument for the Pediatric Emergency Department. Arch Pediatr Adolesc Med. 2012;166(12):1170-1176.

## Administering the asQ

- If patient answers “Yes” to any of one of the 4 questions, or refuses to answer questions, they are considered a “**positive screen**” and **require a brief safety evaluation by a clinician before they leave** to determine whether or not a full mental health evaluation is necessary.
- **If patient answers “Yes” to one or more questions, proceed to question #5 to assess acuity.**
  - o “No” to question #5 = **non-acute positive screen** (potential risk identified)
    - Alert the physician; and a clinician must also conduct a brief safety evaluation before the patient leaves.
  - o “Yes” to question #5 = **acute positive screen** (imminent risk identified)
    - Keep patient in line of site. Remove all dangerous objects from room. Alert physician. Implement standard of practice for your setting.
    - **Patient requires a STAT safety/mental health evaluation. Patient cannot leave until evaluated for safety.**



- **Patients ages 10-24**
- **Positive screen: “Yes” to any question**
- **Available in multiple languages**



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