Suicide Prevention Programs

Review 10

Newton, A., Hamm, M. P., Bethell, J., Rhodes, A. E., Bryan, C. J., Tjosvold, L., . . . Manion, I. G. (2010). Pediatric suicide-related presentations: A systematic review of mental health care in the emergency department. *Annals of Emergency Medicine, 56*(6), 1–19. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/20381916.

Objectives	Evaluate the effectiveness of interventions initiated at emergency departments (EDs) for pediatric patients with suicide-related ED visits.
Studies Included	Ten U.S. and international studies published between 1986 and 2008
Participants in the Studies	Children and adolescents (≤18 years) with parents or ED personnel with the intention of benefiting the pediatric patient with suicide-related behaviors
Settings	Settings reported included ED, home-based, and outpatient.
Outcomes	▪ Health-related outcomes: rates of self-injurious behavior, death by suicide, suicidal ideation ▪ Parent-related outcome: reporting of means restriction ▪ Care-related outcomes: service delivery, consultation, documentation
Limitations of the Studies	There was lack of blinding or control group in some studies; unclear randomization in some studies; allocation concealment was unclear; and inconsistent accounting of important confounding variables such as comorbid mental illness, substance use, family functioning, and history of suicide-related behaviors. Inclusion of broad age ranges in some studies limited the ability to draw conclusions as to whether the study's treatment approach and patient response would be different if the studies only targeted youth. Geographical representation was limited. The level of behavioral risk and suicide-related terminology varied in meaning across studies.

Results

ED transition intervention studies reported (1) reduced risk of subsequent suicide following brief ED intervention and postdischarge contact; (2) reduced suicide-related hospitalizations when ED visits were followed up with interim, psychiatric care; and (3) increased likelihood of treatment completion when psychiatric evaluation in the ED was followed by attendance at outpatient sessions with a parent. Transition interventions appear most promising for reducing suicide-related outcomes and improving post-ED treatment adherence. Few ED interventions have been shown to reduce subsequent suicide-related behaviors and

related hospitalizations. Interventions that initiate care in the ED and/or extend this care past ED discharge have shown impact on suicide-related outcomes compared to interventions initiated only after ED discharge. Use of similar interventions and outcome measures in future studies would enhance the ability to derive strong recommendations from the clinical evidence in this area.