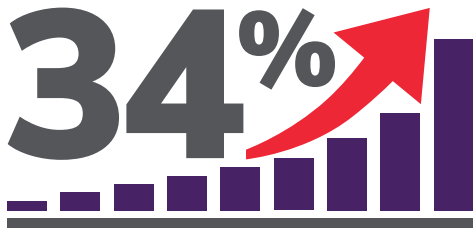


The Suicide Crisis in the U.S. and the Role of the ED in Screening and Treatment

The prevalence of suicides in the U.S. is now a national health care crisis. Suicide is the tenth leading cause of death, claiming more than 47,000 American lives each year. From 2000 to 2019, the suicide rate has risen sharply, increasing by 34 percent over that period (NIMH). All demographic groups and all regions have experienced this trend.

The hospital emergency department (ED) is often the place within our health care system that provides care for people with suicide risk factors. A study from 2016 estimated that 11 percent of ED patients present with suicide ideation. However, only three percent were identified by screening. Further, up to 70 percent of patients who leave the ED after a suicide attempt never attend their first outpatient appointment.

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The COVID-19 Pandemic Will Only Worsen this Crisis

It is well known that economic stress contributes to depression and suicide. In addition, experts have identified social isolation and diminished access to mental health care, as other factors that could worsen the suicide crisis.

A January 2021 Kaiser Family Foundation study found that approximately 40 percent of adults in the U.S. reported symptoms of anxiety or depressive disorder, up from about 10 percent from January to June 2019, before the pandemic.

The suicide and mental health crisis has been particularly devastating for young people in the U.S.:

- An August 2020 CDC report found that one quarter of young adults between the ages of 18 and 24 had “seriously considered” suicide in the previous 30 days.
- A June 2021 CDC report found a 39 percent increase in visits to EDs for suspected suicide attempts among all 12- to 17-year-olds during February-March 2021 as compared to the same period in 2019. Among 12- to 17-year-old girls, the increase was 51 percent.

Based on these findings, there is clearly a need for improved suicide screening and treatment of ED patients.

H.R. 1324/S. 467 Improves Emergency Department Screening and Care for Patients at High Risk of Suicide

H.R. 1324/S. 467 creates a grant program, established by the Department of Health and Human Services (HHS), to assist EDs in developing protocols for identifying, assessing and treating individuals who are at risk for suicide.

Grants could also be used for any of the following purposes:

- Provide training to ED health care providers on identifying and treating high-risk patients
- Establish policies and procedures and develop best practices with respect to coordination of care, integrated care models or referral to evidence-based treatment upon discharge of individuals at risk for suicide
- Hire health care professionals, including psychiatrists specializing in the treatment of high-risk patients
- Improve access to care for persons at risk of suicide, including the use of telehealth services and strategies to reduce boarding of patients in the ED

In the granting of awards, the Secretary of HHS can give preference to either critical access hospitals, sole community hospitals, hospitals operated by the Indian Health Service or Indian tribal organizations, or hospitals located in a geographic area with a suicide risk that is higher than the national rate.

Each grant is for a period of at least two years. Grantees must submit a report annually that sets forth their efforts to improve the identification and assessment policies for individuals who are at risk for suicide. Within one year of completion of the program, the Secretary of HHS must submit a report to Congress on the results of the program.

The bill will be funded at a level of up to \$20 million per year for fiscal years 2022-2026.

In addition to ENA, H.R. 1324/S. 467 is supported by a variety of leading organizations, including: National Alliance on Mental Illness, American Association of Suicidology, American College of Emergency Physicians, American Foundation for Suicide Prevention, American Psychiatric Association, and Mental Health America.

Senate Request: Cosponsor and Support the Effective Suicide Screening and Assessment in the Emergency Department Act (S. 467). S. 467 was introduced by Sens. Lisa Murkowski (R-AK); and Angus King (I-ME) on February 25, 2021. The legislation has been referred to the Senate Health, Education, Labor and Pensions Committee.

House Status: The Effective Suicide Screening and Assessment in the Emergency Department Act (H.R. 1324) was introduced by Rep. Gus Bilirakis (R-FL) and Rep. Darren Soto (D-FL). The legislation passed in the House by an overwhelming bipartisan margin on May 12, 2021.