

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 2001 to 2017, the suicide rate has risen sharply, increasing by 31 percent over that 16-year period (NIMH). All demographic groups and all regions have experienced this trend.

The emergency department (ED) is often the place within our health care system that provides care for people with suicide risk factors, such as patients with serious mental illness or substance use disorders. 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 both economic stress and job loss contribute to depression and suicide. The CDC found that suicide rates reached a record high during 1932, in the midst of the Great Depression.

In addition, experts have identified social isolation, resulting in increased levels of loneliness, and diminished access to mental health care, as other factors that could worsen the suicide crisis.

A poll by the Kaiser Family Foundation found that 45 percent of adults say the pandemic has already affected their mental health, with 19 percent saying it has had a major impact.

Based on these findings, as well as the sharp increase in suicide rates, there is clearly a need for both improved identification and assessment of ED patients at risk for suicide and enhanced procedures surrounding their discharge to ensure they obtain appropriate follow-up care.

H.R. 4861/S. 3006 Improves Emergency Department Screening and Care for Patients at High Risk of Suicide

H.R. 4861/S. 3006 creates a grant program, established by the Department of Health and Human Services (HHS), to assist EDs develop 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 and psychologists, 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 grant program.

The bill will be funded at a level of up to \$20 million per year for fiscal years 2020–2024.

In addition to ENA, H.R. 4861/S. 3006 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.

House Request: Cosponsor and Support the Effective Suicide Screening and Assessment in the Emergency Department Act (H.R. 4861).

H.R. 4861 was introduced by Rep. Gus Bilirakis (R-FL) and Rep. Eliot Engel (D-NY) on October 28, 2019. The legislation has been referred to the House Energy and Commerce Committee.

Senate Request: Cosponsor and Support the Effective Suicide Screening and Assessment in the Emergency Department Act (S. 3006).

S. 3006 was introduced by Sens. Lisa Murkowski (R-AK); Doug Jones (D-AL); Cory Gardner (R-CO); and Angus King (I-ME) on December 10, 2019. The legislation has been referred to the Senate Health, Education, Labor and Pensions Committee.