

Bridging the Gap: Pediatric Suicide Prevention

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Background

- Suicide: Major public health problem
- Second leading cause of death for youth ages 10-24 (CDC, 2023)
- Increase in emergency departments visits for suicidal ideation or attempt (Khan et al., 2024)
- Lack of consensus on assessment creates an overreliance on inpatient treatment

Objectives

1. To decrease reliance on the inpatient management of suicidality by providing short-term outpatient therapy
2. To decrease the barriers to mental healthcare by providing care coordination
3. To align best practice standards for intervention and prevention through program development

Methods

- Completed a scoping review
- Completed staff interviews
- Program Development

Outcomes

Literature review

Findings:

1. Primary care providers reported difficulty securing preventative mental health care for patients
2. Most (67%) patients seen in the ED for suicide attempt/ideation did not require inpatient admission (treat and release)
3. Approximately 50% of patients discharged home did not see a mental health professional within 30 days

Outcomes



Interviews with Children's staff

Interview findings:

1. Difficulty with placement decisions when risk is moderate
2. Presenting without any previous or current mental health treatment
3. Lack of outpatient providers
4. Repeated admissions by the same patients

Program Plan

The creation of The Children's Health Bridge Program: Built to "bridge" the identified 30-day gap between discharge from the ED and initiation of outpatient mental healthcare.

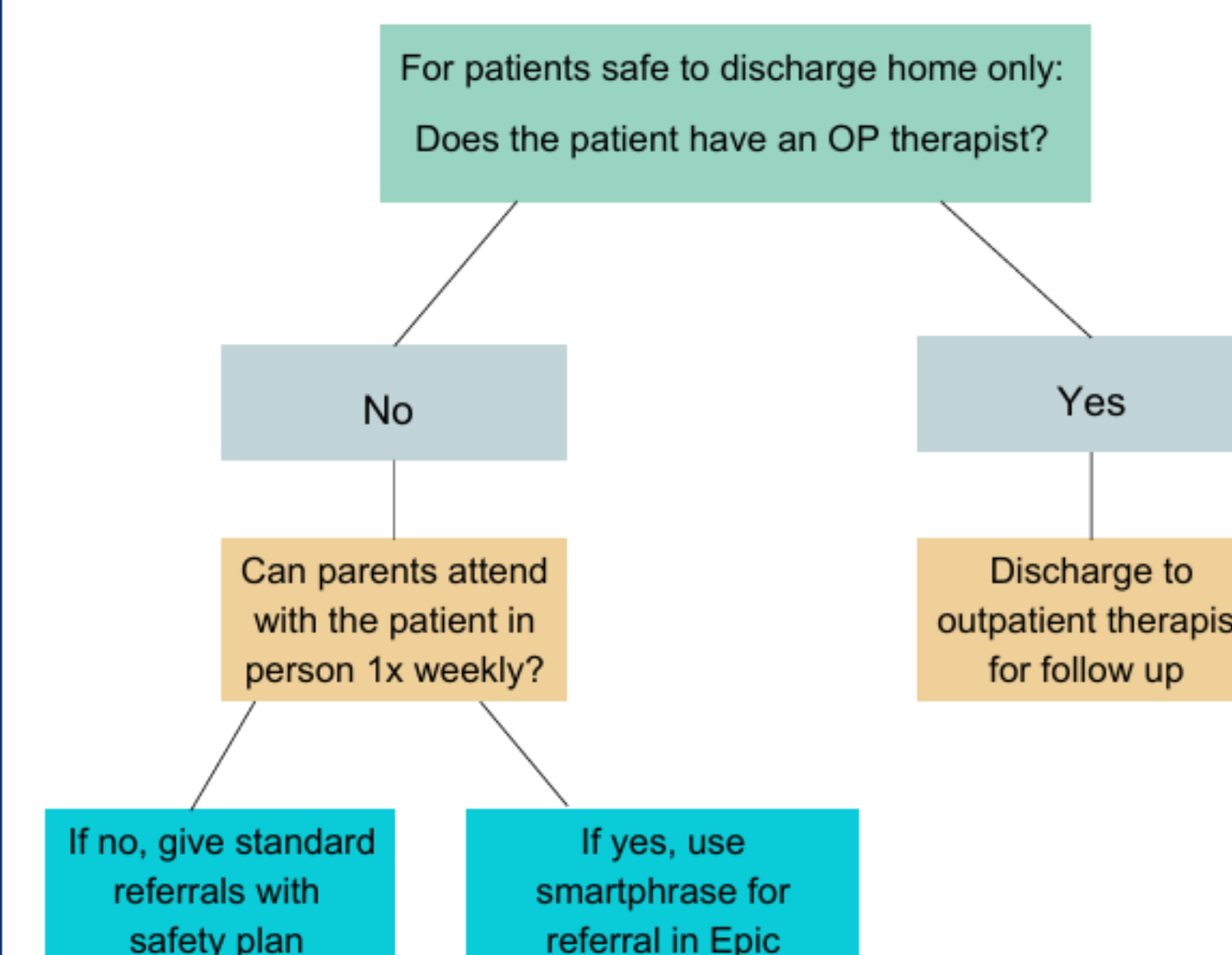
Bridge Program

Purpose: To maintain safety while securing connection to outpatient therapy	Plan: Four family centered therapy sessions at The Children's Health Bridge Program
Commitment: In person therapy with parent education. Caregivers are required to attend with their child.	Connection: A licensed therapist will assess safety weekly and provide evidence based interventions.
Length: A mental health coordinator will help link patients and families to outpatient therapists	Linkage: Help with transitioning to the outpatient team through warm hand off and record sharing

Program Plan

Standard work for internal referral from the Mental Health Assessment Team (MHAT). Schedule building and insurance verification processes with the ASR team. Internal flowsheets were disseminated with Epic smart phrase for clinical information sharing.

Referral Process for CMC Bridge Pilot Program



Future Directions

The Bridge Program is currently accepting patients and collecting data on two outcomes:

1. Since starting the Bridge Program, have you required admission to the ED for suicidal ideation or attempt?
2. Have you been able to secure follow up for regular mental healthcare in the community?

Following a pilot program and evaluation, consideration will be given to expanded services

References

