ED Screening and Treatment Options for Pediatric (ED STOP) Suicide Self-Guided Quality Improvement Project

This material will assist clinicians and other professionals who work in an emergency department (ED) to assess and improve clinical care processes for pediatric acute suicidality. Please adapt the proposed framework and strategies to meet the unique needs of your ED and the patients it serves.

Background Information

The burden and scale of mental health disorders among children and adolescents has been steadily increasing over the past decade, reaching a national crisis level.[1] The rising number of children seen in emergency departments (EDs), who experienced a mental health emergency,[2] combined with the steadily uneven capacity of the healthcare systems to provide mental health care[3] recognizing this problem, particularly the care disparities in access to pediatric mental and behavioral health services, led HRSA to draft and produce a comprehensive document, with representation from a large multidisciplinary group of collaborators. This 2019 document, titled "Critical Crossroads: Pediatric Mental Health Care in the Emergency Department" included comprehensive recommendations and resources.[4]

In 2021, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in children and adolescent mental health. In 2022, 134 state and national organizations dedicated to the mental health and well-being of infants, children, adolescents, and young adults, collaborated on a letter to the Biden administration urging the federal government to take action to galvanize existing critical funding and support to help ensure that all children and adolescents can access the full continuum of mental and behavioral health care, from promotion and prevention to early identification and treatment, especially in times of crisis. The AAP and other national organizations produced recommendations[5,6] and suicide prevention resources.[7]

The proportion of mental-health related ED visits among adolescents aged 12-17 years of age and youth psychiatric visits to EDs for depression, anxiety, and behavior challenges continues to increase.[8,9,10,11,12] Suicide and suicidal behavior among children and adolescents is an ongoing problem, and even during the COVID-19 pandemic (when pediatric ED visits decreased by almost 50%), visits for pediatric mental health emergencies continued to rise. As many as 1 in 5 adolescents and children struggle with a mental health related condition, costing approximately $250 billion in annual healthcare spending.[13] Additionally, pediatric mental health ED visits with prolonged lengths-of-stay increased significantly during the pandemic. The overall decrease in pediatric ED visits with an increase in pediatric mental health visits and prolonged lengths-of-stay (greater than 6, 12, and 24 hours) suggests that mental health resources were not able to meet the demand.[14]

Suicidality is one of the most common mental health complaints, and one of the top causes of death in adolescents 10 to 14 years of age, second only to homicide. Suicide is also the third leading cause of death among 15- to 24-year-olds. Alarmingly, suicide is now one of the top 10 causes of death in children between 5 to 9 years of age.[14] Although the ED may be a potential setting for initiating suicide prevention efforts, ED-focused suicide prevention interventions remain underdeveloped.[15] Despite the large volume of patients with a mental health related problem, the very busy ED environment may be a barrier to successful suicide prevention efforts.

The Emergency Medical Services for Children Innovation and Improvement Center (EIIC), committed to focus a quality improvement (QI) collaborative on mental and behavioral health. The EIIC convened experts to review how to address pediatric mental health emergencies with the most immediate need being pediatric suicidality. In February 2023, this led to the launch of ED STOP QI Collaborative.

Quality Improvement (QI) Project

After completing a brief needs assessment (Environmental Scan), teams can implement a basic QI project focused on one or more specific components of the care process: suicide screening, mental health assessment, ED-based interventions, and/or discharge and safety planning. Educational materials referred to as Intervention Bundle Guides can be found here. You may find it helpful to review our foundational QI resources and training here.

Time Commitment

Participants can estimate at least one hour per week to meet with their ED site team, to select an improvement idea, test the change, and reflect on progress. The total commitment can range from 3 to 8 hours per month, depending on the time needed to plan and implement improvement efforts. Even small changes to clinical care processes can result in significant progress and enhance job satisfaction. This comes about as professionals are striving to make a difference – for their patients, colleagues, and themselves.

Participant Expectations

ED Site Team Leader

- Serve as a point of contact to facilitate communications with team participants and others as needed
- Complete the Environmental Scan
- Coordinate and lead team meetings with other team members and/or ED staff as needed
- Work with team members to develop and implement a QI effort focused on enhancing the clinical care process for children with acute suicidality
- Collaborate with team members to present QI project activities to the larger collaborative including successes and barriers during smaller group breakout sessions
- Share progress with ED and/or hospital leadership

ED Site Team Member

- Participate in team meetings
- Help complete Environmental Scan and review results with team
- Offer input on project SMART aim to achieve quality measures (outcomes)
- Work collaboratively on QI project including data collection and presenting on results
- Share progress with ED and/or hospital leadership

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