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INITIAL RESULTS OF THE ASQ (ASK SUICIDE QUESTIONS) PATIENT QUESTIONNAIRE IMPLEMENTED AT CHILDREN'S HEALTH

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OBJECTIVE

Our goal was to assess the outcome of recently implemented hospital wide questionnaire ASQ (Ask Suicide Screening Questions) for all patients seen at the Children's Health ER from April 2018 to December 2018.

BACKGROUND

Suicide is the second leading cause of death in youth ages 10-24 and is a significant public health problem. Robust efforts have been mobilized to reduce youth suicide, including the National Institute for Health (NIMH) funding for several Zero suicide studies. Additionally, The Joint Commission (The independent agency that accredits hospitals) had established a National Patient Safety Goal to screen all emergency department patients for suicide risk. Most hospitals limit suicide screening to patients 13 years and older (1). One of the reasons children often go unscreened for suicide is a belief that talking to young children about suicide makes them think about it, although research is strongly refutes this idea. Early identification and treatment are believed to have an impact on the number of youth suicides.

METHOD

Due to demand, a specific workflow was created and implemented hospital wide at Children's Health. The ASQ questionnaire consists of 5 questions. These questions ask if patient has been having suicidal thoughts in the past week. If patient answers "no" to first four questions, the fifth question is not asked. If the answer is "yes" to any of the questions or if the patient refuses to answer, a fifth question is asked regarding current suicidal ideations. A Positive ASQ result is followed by a full mental health and safety assessment, and implementation of suicide precautions.

Parents/guardians answer the questions for youth 6-9 regarding history of suicidal behaviors or concerns they may have for the child's safety. Again, a positive answer to any question triggers further assessment and appropriate referrals.

A follow up call was administered 12-24 months following the initial presentation to determine compliance with treatment recommendations

Authors have done retrospective ASQ data review. The data are secured on the Hospital server and protected by password. The project received IRB approval.

The data was examined by descriptive analysis and simple graphic focusing on demographics, chief complaint (Suicidal Ideations or Attempt), insurance and follow up treatments.

DEMOGRAPHICS

Age	6-9 Yrs Old	10-18 Yrs Old
Total Number	36	458
Males	22 (61.11%)	169 (36.89%)
Females	14 (38.88%)	289 (63.10%)

Age	6-9 Yrs Old	10-18 Yrs Old
White	16 (44.45%)	263 (57.42%)
Black	5 (13.88%)	93 (20.30%)
Hispanic	14 (38.88%)	92 (20.08%)
Other	1 (2.77%)	10 (0.22%)

FOLLOWED UP WITH TREATMENT

Age	6-9 Yrs Old	10-18 Yrs Old
Yes	30 (83.33%)	394 (86.2%)
No	2 (5.55%)	16 (3.49%)
No Answer	4 (11.11%)	48 (10.48%)

TYPE OF TREATMENT

Age	6-9 Yrs Old	10-18 Yrs Old (*)
Inpatient	2 (5.55%)	170 (38.46%)
Intensive Outpatient	2 (5.55%)	34 (7.69%)
Partial Hospitalization	7 (19.44%)	40 (9.04%)
Pediatrician	2 (5.55%)	2 (0.45%)
Psychiatrist	7 (19.44%)	70 (15.83%)
Therapist	12 (33.33%)	78 (17.64%)
No Answer	4 (11.11%)	48 (10.86%)

* 16 Patients responded "No" to Follow Up Treatment

INSURANCE

Age	6-9 Yrs Old	10-18 Yrs Old
Commercial	8 (22.22%)	240 (52.40%)
Government	25 (69.44%)	200 (43.66%)
No Insurance	3 (8.33%)	18 (3.93%)

RESULTS

Number of patients screened in Dallas ER in period between April-December 2018 was 8547; 700 (8.19%) patients answered positive.

Total number of cases reviewed in this study was 494 (70.57%). In the younger age group (6-9 years old), 36 (7.29%) reported suicidal ideations or suicide attempts. In the older age group (ages 10-18), 458(92.7%) patients reported suicidal ideations or have attempted suicide.

In the younger age group, 22 (61%) patients were male, and in older group, 289 (63.10%) were female. 16 (44.45%) in younger group and 263 (57.42%) in older group were white. Number of patients who presented with suicidal ideations in younger group was 30 (91.66%) and in older group 336 (73.36%). Majority of patients in both groups; 30 (83.3%) in younger and 394 (86.02%) in older group; had a follow up treatment. 4 patients (11.11%) in the younger group and 48 (48%) patients in the older group had no response. Majority of patients in younger group - 12 (37.5%) - received treatment by therapist while majority of older patients - 170 (38.46%) - were referred to an inpatient treatment.

CONCLUSION

Implementation of the ASQ questionnaire helps to detect suicidal ideations in patients who present to ER with various presenting problems. The majority of patients seen in both groups received mental health treatment (inpatient or outpatient follow up) following a positive ASQ result.

LITERATURE

1. Preteen Suicides: Rare, Mysterious, and Devastating by Nick Zagorski; Psychiatric News, July 2019
2. Ask direct questions about suicidality to identify at-risk youth by Tara Haelle; Clinical Psychiatric News, January 2020
3. One size does Not Fit All: Making Suicide Prevention and Intervention Equitable for Our Increasingly Diverse Communities; Joel Meza PhD and Erika Bath MD; Journal of American Academy of Child and Adolescent Psychiatry, Vol 60/No 2/February 2021
4. Improving Suicide Prevention Through Evidence-Based Strategies: A Systemic Review; J Mann, MD. Christina A. Michael, M.A., Randy P Auerbach, PhD; Am J Psychiatry 178:July 2021