



A Few Simple Questions Can Help Prevent Suicide

Universal screening is fast, effective, and reimbursable

Overview

Each year, thousands of people in the United States see a health care professional weeks or days before they take their own lives.¹ Signs and symptoms of suicidal thoughts or behaviors are often subtle and not immediately apparent to health care providers, so many patients experiencing these symptoms are not screened. These interactions are missed opportunities to connect people to life-saving care.

Health care providers should ask all patients, whether they exhibit signs of risk or not, if they are considering suicide. Initial screening takes less than a minute, is covered by public and private insurers, and can effectively help identify individuals experiencing suicidal thoughts or behaviors.

Suicide in the U.S., By the Numbers

- In 2020, nearly 46,000 people living in the United States died by suicide.²
- About half of people who die by suicide visit a health care provider within four weeks of their death.³
- More than half of people who die by suicide have no known mental health diagnosis.⁴
- A study of eight emergency departments showed that universal suicide risk screening helped identify twice as many people who were at risk for suicide compared with the usual approach of screening patients presenting with psychiatric symptoms.⁵ The researchers also found that universal screening followed by evidence-based interventions reduced total suicide attempts by 30% for the year in which the study was conducted.⁶

Patients who are at risk for suicide don't always show it

- *Suicide is rarely caused by a single factor.* Most current screening practices focus on mental health conditions as a primary indicator of suicide risk, yet more than half of people who die by suicide do not have a prior mental health diagnosis.⁷ A wide range of factors can contribute to suicide risk, many of which are not evident in health records or may not be voluntarily disclosed by patients. These factors may include individual and family history; socioeconomic circumstances; access to lethal means, including firearms and medications; and barriers to accessible and affordable mental health care, including inadequate insurance coverage for services and a lack of mental health care professionals.⁸
- *Individuals exhibit suicidality—which includes suicidal thoughts, plans, deliberate self-harm, and suicide attempts—differently.* Not all individuals self-disclose that they are experiencing suicidal thoughts or behaviors.⁹ People may also express symptoms of suicidality or mental health conditions differently, depending on their cultural background, gender, or even personality.¹⁰ Understanding the complex constellation of suicide risk factors and warning signs is challenging. Providers can misinterpret symptoms—or lack thereof—and underdiagnose or misdiagnose patients.¹¹

Universal screening is more effective than current practices

- *Universal screening identifies more people experiencing suicidality; connecting them to care reduces suicide attempts and deaths.* Asking a few direct questions can help ensure that all individuals experiencing suicidal thoughts are identified and connected to care. In fact, a study of universal screening in emergency departments found that health care providers identified nearly twice as many patients for suicide risk than they would have if they did not screen everyone.¹² Another study of emergency departments found 30% fewer total suicide attempts over a year among patients who received universal screening and evidence-based follow-up care than among patients who were not identified through universal screening.¹³
- *Talking about suicide does not increase risk.* Some health care providers avoid asking about suicide out of a belief that talking about suicide may trigger suicidal thoughts or behavior. However, studies show that suicide risk screening is safe and is not associated with increased suicidality.¹⁴ Further, directly communicating with patients about suicide is critical to identifying individuals experiencing suicide risk and increasing the likelihood that they will receive treatment.¹⁵

Universal screening in practice

Parkland Health & Hospital System in Dallas is one of the country's largest public hospital systems, treating more than 1 million patients annually.¹⁶ In 2015, Parkland was the first health system in the U.S. to implement a universal suicide screening program in its facilities. Among the adult and pediatric populations screened that year, 96% did not report symptoms that would suggest they were at risk for suicide and 97% warranted no further action from their health care provider.¹⁷ However, the screening protocols did identify elevated suicide risk in about 2.3% of patients seeking nonpsychiatric care who would not have been recognized if universal screening had not been implemented.¹⁸ These findings reinforce other research suggesting that a significant number of people experiencing suicide risk move through our hospitals and health systems undetected.¹⁹

Call to action

Health systems, hospitals, urgent care centers, doctors' offices, and other providers should implement universal screening as part of routine health exams to quickly and effectively identify more people who are thinking about suicide. Universal screening should be part of broader comprehensive suicide prevention and intervention efforts to ensure that people experiencing suicidality are identified, appropriately assessed, and connected to follow-up care and treatment.

If you or someone you know needs help, please dial [988](tel:988), call the [National Suicide Prevention Lifeline at 800-273-8255](tel:800-273-8255), or text [HOME to 741741](tel:741741) to reach a [Crisis Text Line counselor](#).

Endnotes

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For further information, please visit:
pewtrusts.org

Contact: Erin Davis, communications manager
Email: edavis@pewtrusts.org
Project website: pewtrusts.org/en/projects/suicide-risk-reduction-project

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