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Suicide screener is insensitive to after emergency department discharge

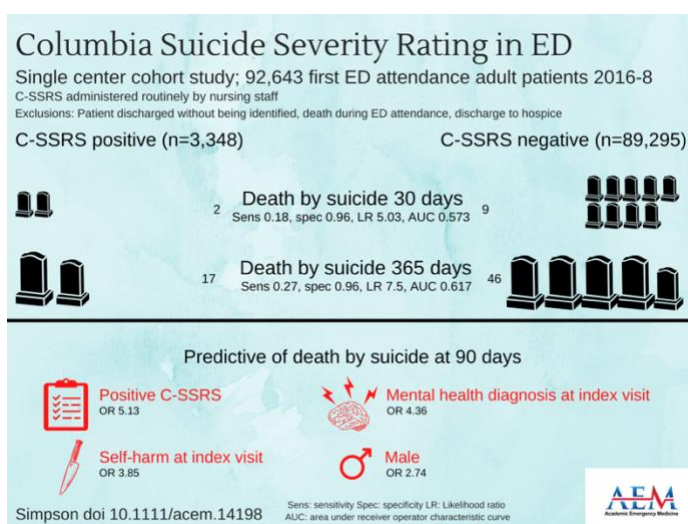
Des Plaines, IL – The Columbia-Suicide Severity Rating Scale (C-SSRS)–Clinical Practice Screener is insensitive to suicide risk after emergency department discharge. This is the conclusion of a study titled [Suicidal ideation is insensitive to suicide risk after emergency department discharge: performance characteristics of the Columbia-Suicide Severity Rating Scale Screener](#), to be published in the June issue of *Academic Emergency Medicine* (AEM) peer-reviewed journal of the Society for Academic Emergency Medicine (SAEM).

Reducing suicide is an urgent public health priority and one to which our available treatments have proven inadequate thus far. This [study](#) found that a key recommended suicide screener based on the presence of suicidal ideation is insensitive to suicide risk among general emergency department patients. Among patients who screen positive, most die by causes other than suicide.

Taken together, these findings lead the authors to reconsider how suicide risk is identified and mitigated in emergency and urgent care settings. Suicidal ideation should not be the sole symptom for triaging psychiatric care in the high-risk patient population seen in emergency departments. There is a need for emergency psychiatric interventions that address other causes of mortality among patients with mental illness.

The lead author of the study is Scott A. Simpson, MD, MPH, medical director of psychiatric emergency services at Denver Health Medical Center and associate professor of psychiatry at the University of Colorado School of Medicine.

Details and results of the study are discussed with Dr. Simpson in a recent AEM [podcast](#).



Credit: Kirsty Challen, BSC, MBCHB, MRES, PhD, Lancashire Teaching Hospitals, United Kingdom

ABOUT ACADEMIC EMERGENCY MEDICINE

Academic Emergency Medicine, the monthly journal of Society for Academic Emergency Medicine, features the best in peer-reviewed, cutting-edge original research relevant to the practice and investigation of emergency care. The above study is published open access and can be downloaded by following the [DOI link: 10.1111/aecm.14198](https://doi.org/10.1111/aecm.14198). Journalists wishing to interview the authors may contact Tami Craig at tcraig@saem.org.

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