

ONLINE SUPPLEMENT

Supplemental Table 1: Comparison of Survey Respondents and Non-Respondents

Characteristics of North American Pediatric Emergency Departments	Responders No. (%)	Non-Responders No. (%)	Fisher's Exact P
Total North American Pediatric Emergency Departments	46	90	
<i>Total ED visits</i>			
Mean (SD)	44,747 (24,970)*	NA	
Median	37,000	NA	
<i>Catchment Area</i>			
Rural	11 (23.9)	2 (2.2)	.0001
Suburban	19 (41.3)	3 (3.3)	<.0001
Urban	40 (87.0)	85 (94.4)	.183
<i>Type of Hospital</i>			
City/public hospital	10 (21.7)	14 (15.6)	.476
Medical school affiliated	30 (65.2)	84 (93.3)	<.0001
Private non-profit	21 (45.7)	34 (37.8)	.461
Private for-profit	4 (8.7)	2 (2.2)	.179
<i>Pediatric Emergency Service</i>			
Hospital within a hospital	25 (54.3)	26 (28.9)	.005
Free-standing Pediatric hospital	21 (45.7)	64 (71.1)	
Hospital has a separate Pediatric ED	44 (95.7)	80 (88.9)	.337
Hospital has a separate Child and Adolescent Psychiatry ED	2 (4.3)	18 (20.0)	.019

*There are missing data for total ED visits for two of the 46 responder hospitals.

Supplemental Table 2: Personnel completing evaluations of suicidal patients

ED personnel	Perform Evaluation of Suicidal Patients (%) N=46	Mean Percentage of all Evaluations completed
Social Worker	24 (52.2)	42.2
Pediatric Emergency Medicine MD	18 (39.1)	29.3
Crisis Psychiatric Evaluation Team	15 (32.6)	24.8
Psychiatrist	12 (26.1)	11.3
Child and Adolescent Psychiatry Resident	8 (17.4)	10.4
Child and Adolescent Psychiatry Attending	7 (15.2)	8.2
Other	6 (13.0)	6.3
Psychiatric Nurse	5 (10.9)	6.5
Psychologist	2 (4.3)	1.2

Appendix 1

A Pediatric Emergency Department Survey

[All questions in this survey pertain to pediatric patients presenting to an emergency setting with suicidal ideation or suicide attempt, unless otherwise specified.]

Survey of Pediatric Emergency Department (Peds ED) Directors about the available resources and current practices for the treatment of patients with suicidal ideation or attempts in Peds EDs throughout the United States.

The purpose of this research survey is to determine the psychiatric resources available and current practices for the treatment of pediatric patients with suicidal ideation or attempts in Pediatric EDs throughout the United States. Suicide is the second leading cause of death in adolescents (CDC, 2014) and the 10th leading cause of death overall (CDC, 2014). Emergency physicians are often the first providers of health care for individuals in determining the resources available and common ED practices for the treatment of suicidal pediatric patients in Pediatric EDs. Your participation is voluntary; however, we would appreciate your completing this online survey. Results of this survey will be pooled for presentation. There will be no identifying data collected. The Institutional Review Board of New York State Psychiatric Institute/Columbia University Department of Psychiatry considers this research not to be Human Subjects because no information about you is being collected. Any questions should be directed to the P.I. Megan Mroczkowski, M.D. at mmm2323@cumc.columbia.edu or (212) 305-5516.

Click on the link for survey: *(will include link to survey in REDCap)*

For this survey, we use the following definitions:

Suicide attempt refers to a behavior with a nonfatal outcome, for which there is evidence (either explicit or implicit) that the person intended at some time to kill himself/herself. A suicide attempt may or may not result in injuries and for the purpose of this survey includes means that may not be judged to be potentially lethal.

Suicidal ideation refers to any self-reported thoughts of engaging in suicide-related behavior (World Health Organization, 1977). It does not need to include a specific potentially lethal plan.

1a. Hospital:

1b. How would you describe the catchment area (the area your patients reside) your hospital serves? [Check all that apply]

- Rural
- Suburban
- Urban

2. How would you describe your ED [Check all that apply]?

- city/public hospital
- medical school affiliated
- private non-profit hospital
- other (specify)

3. How would you describe your Pediatric Emergency service?

- hospital within a hospital
- free-standing Pediatric hospital

4. Which of the following Emergency Department clinical settings exist in your main institution? [Check all that apply]

- Pediatric Emergency Department (Pediatric ED):
- Child and Adolescent Psychiatric Emergency Department (Child Psych ED):

*5. What is the upper age limit for pediatric patients in your ED settings?

- Pediatric Emergency Department (Pediatric ED):
- Child and Adolescent Psychiatric Emergency Department (Child Psych ED):

*6. On average, how many total pediatric patients, regardless of chief complaint, are treated in your ED per year in the following services?

- Pediatric Emergency Department (Pediatric ED):
- Child and Adolescent Psychiatric Emergency Department (Child Psych ED):

*7. Where is the initial psychiatric evaluation completed for pediatric patients who present with psychiatric chief complaints?

[Check all that apply]

- Pediatric Emergency Department (Pediatric ED):

- Child and Adolescent Psychiatric Emergency Department (Child Psych ED):

*8. On average, how many pediatric patients with suicidality (suicidal ideation or suicide attempt) do you treat in your ED per year?

- Pediatric Emergency Department (Pediatric ED):

- Child and Adolescent Psychiatric Emergency Department (Child Psych ED):

(*only those settings which the respondent has at his/her hospital will appear in the choices*)

9. Which personnel complete psychiatric evaluations on pediatric patients with suicidal ideation or attempts in your Pediatric ED settings? [Check all that apply and indicate approximate percentage of evaluations]?

- Pediatric Emergency Medicine Physician

- Psychiatrist

- Child and Adolescent Psychiatry resident

- Child and Adolescent Psychiatry attending

- Psychologist

- Psychiatric Nurse

- Social Worker

- Crisis Psychiatric evaluation team

- Other (specify)

10. How often do physicians in your Pediatric ED settings order a toxicology screen on pediatric patients presenting with suicidal ideation?

- Order toxicology screen >90% of the time.

- Order toxicology screen 51-90% of the time

- Order toxicology screen 10-50% of the time

- Rarely order a toxicology screen 0-10% of the time

11. How often do physicians in your Pediatric ED settings order a toxicology screen on pediatric patients presenting with a suicide attempt?

- Order toxicology screen >90% of the time.

- Order toxicology screen 51-90% of the time

- Order toxicology screen 10-50% of the time

- Rarely order a toxicology screen 0-10% of the time

12. Who makes the psychiatric disposition decision for pediatric patients with suicidal ideation or suicide attempts? [Check all that apply and indicate the one who most often makes the decision]

- Psychiatrist

- Social Worker

- ED physician

- Other (please describe)

13. Is there a clinical pathway for the psychiatric dispositional decision-making for pediatric patients presenting with suicidal ideation or suicide attempts?

- Yes

- No

14. Are pediatric patients presenting with suicidal ideation or attempts ever discharged without a psychiatric evaluation by a mental health professional (psychiatrist, social worker) in the Pediatric ED setting?

- Yes

- No

15. If yes, what proportion of the time? ____%

16. If yes, which of the following criteria are used at your hospital to discharge a pediatric patient presenting with suicidal ideation or suicidal attempts without a psychiatric evaluation [Check all that apply]?

- No specific criteria, or

- Not actively suicidal (no intent or plan to commit suicide)

- No recent history of suicide attempt

- No recent history of psychiatric disorder

- No recent history of substance abuse

- A no-suicide contract (verbal or written)

- Follow-up appointment scheduled with mental health professional within 48 hours.

- Another adult who agrees to maintain close monitoring of the patient until scheduled follow-up appointment.

- Another adult agrees to remove or secure all firearms, potentially lethal means, alcohol, and drugs.

- Other (please specify):

17. If a medically stable pediatric patient with suicidal ideation or attempts requires psychiatric admission, which of the following options are available? [Check all that apply]

- Admission to a psychiatric service at your hospital

- Admission to medical service at your hospital

- Transfer to another psychiatric facility

- Other:

18. If a pediatric patient with suicidality (suicidal ideation or suicide attempt) requires psychiatric admission, what is your estimate of the mean time the patients spend in your Pediatric ED settings? _____ hours

19. If a pediatric patient with suicidality (suicidal ideation or suicide attempt) is discharged home, what is your estimate of the mean time the patients spend in your Pediatric ED settings? _____ hours

20. Where do you refer pediatric patients with suicidal ideation or attempts for outpatient psychiatric follow-up? [Check all that apply]

- your hospital child and adolescent psychiatry clinic

- community child and adolescent psychiatry clinic

- home-based crisis intervention
- mobile-crisis team
- Pediatrician
- other (specify)

21. Does anyone routinely follow-up with the patient to ensure that an appointment was made with one of the referrals?

- Yes
- No

22. Is a resource list (i.e. list of mental health clinics) available for ED physicians to give to pediatric psychiatric patients with suicidal ideation or attempts?

- Yes
- No

23. To what extent do you think your community has adequate resources to refer pediatric patients with suicidal ideation or attempts requiring psychiatric outpatient care?

- 1 – No resources
- 2 – Severely lacking resources
- 3 – Somewhat lacking resources
- 4 – Adequate resources
- 5 – More than adequate resources

24. What changes would you like in your Pediatric ED care of patients with suicidal ideation or suicide attempts? [Check all that apply]

- Improved access to mental health personnel for patient evaluation.
- Improved access to mental health personnel for dispositional planning.
- Additional ED physician training in treatment of suicidal patients.
- Additional ED staff training in treatment of suicidal patients.
- Have emergency medicine personnel take primary responsibility for evaluation and treatment of patients with suicidal ideation or attempt.
- Have mental health personnel take primary responsibility for evaluation and treatment of patients with suicidal ideation or suicide attempt.
- don't know
- other (specify)

25. What are the top two changes you would like in your Pediatric ED care of patients with suicidal ideation or suicide attempts? [Check all that apply]

- Improved access to mental health personnel for patient evaluation.
- Improved access to mental health personnel for dispositional planning.
- Additional ED physician training in treatment of suicidal patients.
- Additional ED staff training in treatment of suicidal patients.
- Have emergency medicine personnel take primary responsibility for evaluation and treatment of patients with suicidal ideation or attempt.
- Have mental health personnel take primary responsibility for evaluation and treatment of patients with suicidal ideation or suicide attempt.

- don't know
- other (specify)