Mental Health Service Use Before and After a Suicidal Crisis Among Children and Adolescents in a U.S. National Medicaid Sample

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Mental health follow-up after an emergency department (ED) visit for suicide ideation/attempt is a critical component of suicide prevention for young people. We analyzed 2009-2012 Medicaid Analytic Extract for 62,139 treat-and-release ED visits and 30,312 ED-to-hospital admissions for suicide ideation/attempt among patients ages 6- to 17-years. We used mixed-effects logistic regression models to examine associations between patients' healthcare utilization prior to the ED visit and likelihood of completing a 30-day mental health follow-up visit. Overall, for treat-and-release ED visits, 49% had a 30-day follow-up mental health visit, and for ED-to-hospital admissions, 67% had a 30-day follow-up mental health visit. Having a mental health visit in the 30-days preceding the ED visit was the strongest predictor of completing a mental health follow-up visit (ED treat-and-release: adjusted odds ratio [AOR] 11.01; 95% Confidence interval [CI] 9.82-12.35; ED-to-hospital AOR 4.60; 95%CI 3.16-6.68). Among those with no mental health visit in the 30-days preceding the ED visit, only 25% had an ambulatory mental health follow-up visit. Having a general healthcare visit in the 30-days preceding the ED visit had a much smaller association with completing a mental health follow-up visit (ED treat-and-release: AOR 1.17; 95%CI 1.09-1.24; ED-to-hospital AOR 1.25; 95%CI 1.17-1.34). Young people without an existing source of ambulatory mental health care have low rates of mental health follow up after an ED visit for suicide ideation or attempt, and opportunities exist to improve mental health follow up for youth with recent general healthcare visits.

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