

Title: Demographic, Socioeconomic and Clinical Determinants of Recurrent Suicide Visits to the Psychiatric Emergency Department at a Community Hospital

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Introduction: In 2017, the U.S. saw 1.5 million Emergency Department (ED) visits for suicide attempts (SA) or ideation, with 65% resulting in hospitalization, contrasting with 19% of other ED visits. Despite the extensive literature about the presentation of SA in the ED, little is known about the characteristics that predict revisits for SA or for self-harm, a risk factor for SA. This study examines demographic and social factors influencing repeated ED visits for SA and intentional self-harm in a community hospital.

Methods: We conducted a single-center retrospective analysis of patients revisiting the ED from 2019 to 2021 for SA or intentional self-harm, assessing social demographics, and frequency of suicide-related ED use. We utilized statistical methods like Mann-Whitney U Test and Chi-square.

Results: The average patient age was 34.7 years, with 39.9% male, 62.3% White, and 70.3% Non-Hispanic/Latino. A majority were covered by Medicaid (55.8%). Income levels ranged from 13.8% low-income to 20.3% high-income. The age group with the most patients was 35-54 years (40.6%). Significant correlations were found between history of SA or self-harm events and those during the study period. The most predominant psychiatric diagnosis was Depressive Disorder (55.8%). Patients with multiple psychiatric diagnoses had more revisits. Hospital admissions occurred in 33.8% of visits, mainly medical (74.4%). The most frequent method was poisoning (53.2%) for SA and cutting (16.5%) for self-harm. In 35.2% of events, substance use was associated. Acute stressors were social (48.6%), psychiatric (26.9%), and substance-related (12.1%), while chronic stressors were psychiatric (76.0%) and social (23.4%). Prior engagements with primary care providers (PCPs) correlated strongly but not significantly with fewer ED events. Only 20.2% of discharged patients had scheduled follow-up visits at discharge, with low attendance.

Conclusion: This study highlights the critical role of various factors in recurrent ED visits for SA and self-harm. There is a need for targeted mental health care, especially for patients with multiple psychiatric diagnoses and Medicaid coverage. Continuous care, including PCP follow-up, is also essential to reduce revisits.