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Factors Associated with Suicide Screenings for an Autism Spectrum Disorder Population in a Pediatric Medical Setting

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Factors Associated with Suicide Screenings for an Autism Spectrum Disorder Population in a Pediatric Medical Setting

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IRB Number: 00000893

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

We (the trainee authors) narrowed our research questions and wrote the abstract with the guidance of our mentor. We cleaned the dataset and ran descriptive analyses independently.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:

Individuals with autism spectrum disorder (ASD) are at least 3 times more likely to attempt suicide than those without ASD (Kolves et al., 2021; Richa et al., 2014). Core features of ASD (e.g., deficits in communicating emotions, difficulty with change) are associated with known suicide attempt antecedent events, and rates of co-occurring mental health concerns (e.g., depression) that increase suicide risk are higher than in the general population (Richa et al., 2014). However, mental health clinicians perceive patients with ASD to be at lower risk for suicide, and report lower self-efficacy in screening in this population (Jager-Hyman et al., 2020). Universal screening is recommended to identify individuals at increased risk for suicidal ideation or attempt (Boudreaux et al., 2016), but the impact of universal screening for individuals with ASD is unknown.

Objectives/Goal:

The primary goal of the present study is to examine the factors associated with suicide screening being completed or not completed by mental health and medical providers for patients with ASD and/or Intellectual/Developmental Disability (IDD) in a pediatric hospital setting. A secondary goal is to examine factors associated with positive screenings for the ASD and/or IDD population.

Methods/Design: Eligible patient encounters for youth ages 12.0 and older include a standardized screening for suicidal ideation, plan or attempt; providers can also opt-out of screening for a variety of reasons, including intellectual/developmental disability. De-identified suicide screening data for all patient encounters between 1/01/2018 and 3/01/2020 for individuals with a documented ASD and/or IDD diagnosis were extracted from the electronic health record.

Results: Extraction yielded 9,703 patients (Median age = 15.5 years, standard deviation = 2.62; see Table 1), representing a total of 25,291 eligible hospital encounters. For these patients, 10,004 encounters (39.6%) included completed screening, 7,942 (31.4%) had a documented justification for not screening, and 7,345 (29.0%) had missing data. IDD was the most common documented reason for not screening in both medical clinics (47.4%) and mental health clinics (88.2%). Of the completed screenings, 18.9% were positive for suicidal ideation or attempts in the patient's lifetime, and 3.4% were positive for suicidal ideation or attempts since the last visit. Planned analyses will investigate how demographic factors (e.g., age, gender, race) and clinical presentation (ASD vs. IDD; severity) predict completion of screening (vs. documented opt-out based on IDD or missing data) as well as likelihood of lifetime and current increased suicide risk.

Conclusions:

The clinical utility of universal suicide risk screening for youth with developmental disabilities is unknown. The planned analyses will explore how hospital staff practices are influenced by patient presentation and how patient profiles may predict risk, setting the stage for both clinical refinement of the screening program for youth with ASD/IDD as well as prospective research on identifying and mitigating risk for this population.