



Pediatric Academic Societies Meeting

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Children's Hospitals Admissions for Suicidal Thoughts or Actions Double During Past Decade

Study at the 2017 Pediatric Academic Societies Meeting also finds seasonal variations in cases, with most occurring during spring and fall.

SAN FRANCISCO – The number of children and adolescents admitted to children’s hospitals for thoughts of suicide or self-harm more than doubled during the last decade, according to new research being presented at the 2017 Pediatric Academic Societies Meeting in San Francisco.

Researchers will present the study abstract, “Trends in Suicidality and Serious Self-Harm for Children 5-17 Years at 32 U.S. Children’s Hospitals, 2008-2015,” on Sunday, May 7, at the Moscone West Convention Center.

The study included administrative data from 32 children’s hospitals across the U.S. and identified all emergency department and inpatient encounters between 2008 and 2015 for children between 5 and 17 years old with a discharge diagnosis of suicidality or serious self-harm.

The researchers found a total of 118,363 such encounters at the children’s hospitals during the period studied. Further analysis showed the annual percentage of all encounters identified as suicidality or self-harm more than doubled over the study period, increasing from 0.67 percent in 2008 to 1.79 percent in 2015.

Slightly more than half the patients with suicidal thoughts or actions (totaling 59,631) were with 15- to 17-year-olds, while 36.9 percent (43,682) were with 12- to 14-year-olds. An additional 12.7 percent (15,050) of the encounters were with children between ages 5 and 11.

Significant increases were noted in all age groups but were higher among the older children, said lead author Gregory Plemmons, MD, an associate professor of pediatrics at Monroe Carell Jr. Children's Hospital at Vanderbilt. Teens between ages 15 and 17 had an average annual increase of 0.27 percentage points, and 12- to 14-year-olds an average of 0.25 percent each year. This compares to 0.02 percent for 5- to 11-year-olds.

The study also revealed seasonal variations in the suicidality and self-harm cases, with the lowest percentage occurring during summer (June through August) and the highest during spring (March through May) and fall (September through November).

Plemmons said the study's finding echo trends identified in recent data from the U.S. Centers for Disease Control and Prevention.

"Research to understand factors contributing to these alarming trends is urgently needed," Dr. Plemmons said, adding that awareness of these trends is also critical for staff preparedness at children's hospitals.

Dr. Plemmons will present the abstract, "Trends in Suicidality and Serious Self-Harm for Children 5-17 Years at 32 U.S. Children's Hospitals, 2008-2015," beginning at 4:15 p.m.

Please note: only the abstract is being presented at the meeting. In some cases, the researcher may have more data available to share with media, or may be preparing a longer article for submission to a journal. Contact the researcher for more information.

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The Pediatric Academic Societies (PAS) Meeting brings together thousands of individuals united by a common mission: to improve child health and wellbeing worldwide. This international gathering includes pediatric researchers, leaders in academic pediatrics, experts in child health, and practitioners. The PAS Meeting is produced through a partnership of four organizations leading the advancement of pediatric research and child advocacy: Academic Pediatric Association, American Academy of Pediatrics, American Pediatric Society, and Society for Pediatric Research. For more information, visit the PAS Meeting online at www.pas-meeting.org, follow us on Twitter @PASMeeting and #pasm17, or like us on Facebook.

ABSTRACT

TITLE: Trends in Suicidality and Serious Self-Harm for Children 5-17 Years at 32 U.S. Children's Hospitals, 2008-2015

Background: Suicidality is common in children and adolescents and has increased in recent years. Access to effective outpatient mental health care services for these children is often

lacking. How this has impacted encounters for suicidality at U.S. children's hospitals is poorly understood.

Objective: To examine recent trends in suicidality and serious self-harm encounters among children and adolescents presenting to U.S. children's hospitals.

Design/Methods: We used administrative data from 32 US children's hospitals to identify all emergency department and inpatient encounters between Jan. 1, 2008-Dec. 31, 2015 for children 5-17 years with a discharge diagnosis of suicidality and/or serious self-harm. Monthly trends in encounters for suicidality/self-harm, expressed as a percentage of total (all-cause) monthly encounters, overall and by age (5-11 years, 12-14, 15-17), were assessed using linear regression. Suicidality/self-harm encounters by month, expressed as a percentage of annual suicidality/self-harm encounters, were also calculated.

Results: From 2008 to 2015, there were 118,363 encounters for suicidality/self-harm, including 59,631 (50.4%) encounters for 15-17 year olds, 43,682 (36.9%) for 12-14 year olds, and 15,050 (12.7%) for 5-11 year olds. The annual percentage of all encounters identified as suicidality/self-harm more than doubled over the study period, increasing from 0.67% in 2008 to 1.79% in 2015 (average annual increase 0.18 percentage points, [95% CIs 0.15, 0.20])(Figure 1A). Significant increases were noted in all age groups, but were higher in 15-17 year olds (average annual increase 0.27 percentage points, [95% CIs 0.22, 0.30]) and 12-14 year olds (0.25 [0.21, 0.28]) compared to 5-11 year olds (0.02 [0.001, 0.02], $p < .001$ for both comparisons)(Figure 1B). Seasonal variation in suicidality/self-harm encounters was also observed, with the lowest percentage of cases occurring during the Summer (Jun-Aug) and the highest during Spring (Mar-May) and Fall (Sep-Nov)(Figure 2).

Conclusion(s): Encounters for suicidality and serious self-harm at 32 U.S. children's hospitals increased steadily from 2008 to 2015 and accounted for an increasing percentage of all encounters during this period. Increases were noted in all age groups. A consistent seasonal pattern was also observed. Research to understand factors contributing to these trends is urgently needed. Awareness of these trends is also critical for hospital preparedness.