



ED STOP Suicide: Tackling the Challenges of Children's Mental Health



BY THE NUMBERS

69.5%

Suicide in children
ages 10-19 increased
69.5% between
2007 and 2019.¹

8%

ED utilization for pediatric
mental health visits
increased by 8% annually
between 2015 and 2020.
All other visits increased
1.5% annually.²

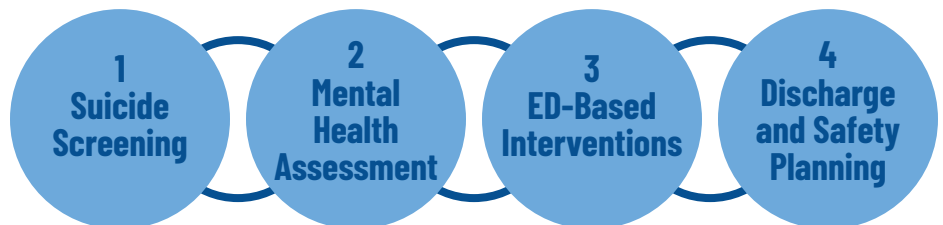


The American Academy of
Pediatrics and 134 other
professional organizations
have declared a youth
mental health emergency.³

Children experiencing mental health crises often end up in emergency departments (EDs), despite EDs being widely considered as suboptimal settings for mental health care. To help improve care for children in crisis presenting to EDs, the Emergency Department (ED) Screening and Treatment Options for Pediatric (STOP) Suicide Quality Improvement (QI) Collaborative launched in 2023.

QI collaboratives bring together multidisciplinary teams to improve care in a specific area through cycles of planning, action, measurement, and learning over a six to 18 month period. The ED STOP Suicide QI Collaborative specifically, brings together professionals from diverse sites and national experts in pediatric mental health emergencies to optimize the care of children and adolescents presenting to EDs with acute suicidality.

The ED STOP Suicide QI Collaborative teams will develop quality improvement projects around the following four focus areas:



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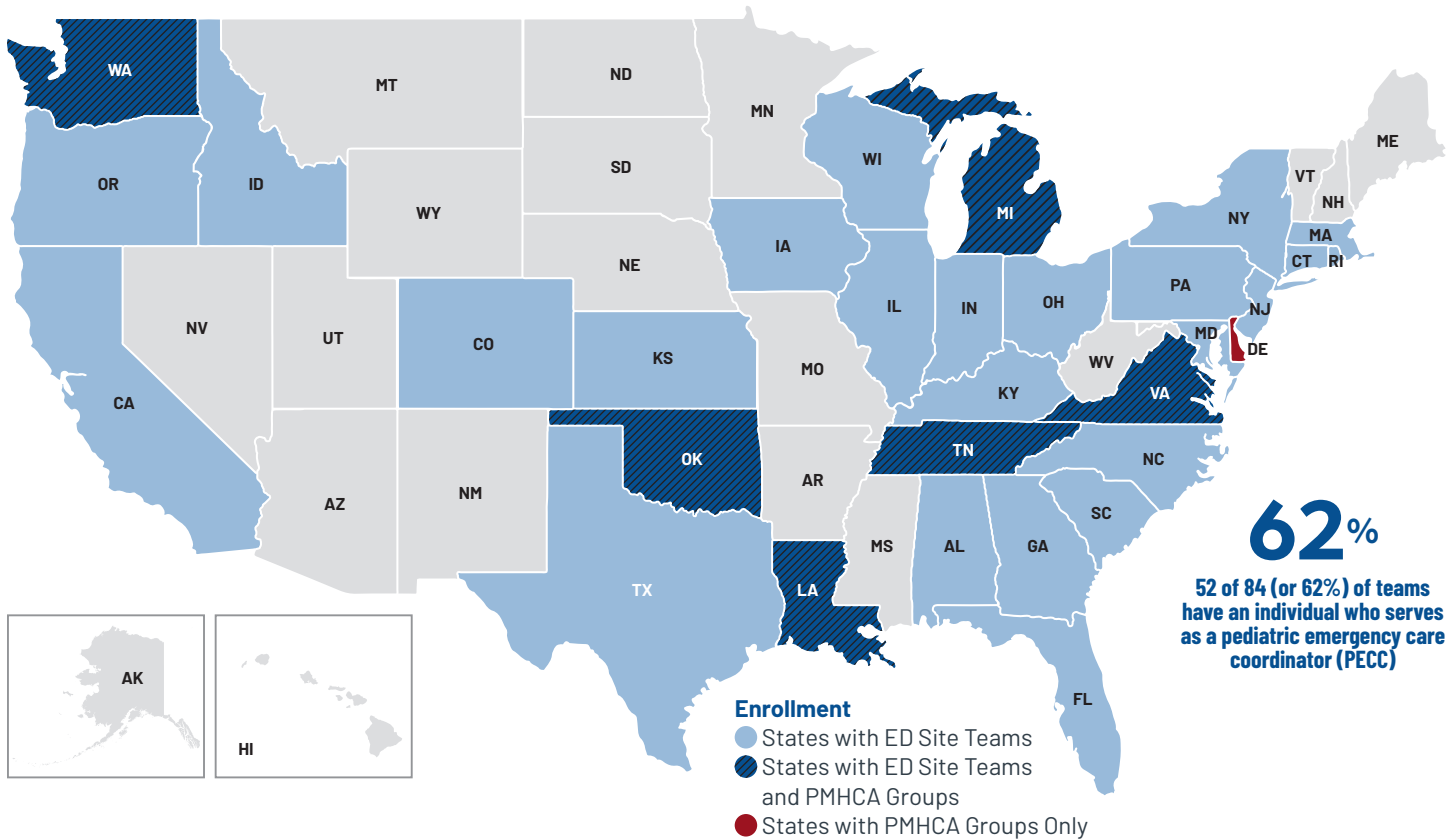
1. <https://jamanetwork.com/journals/jama/fullarticle/2802602>

2. <https://pubmed.ncbi.nlm.nih.gov/36574251/>

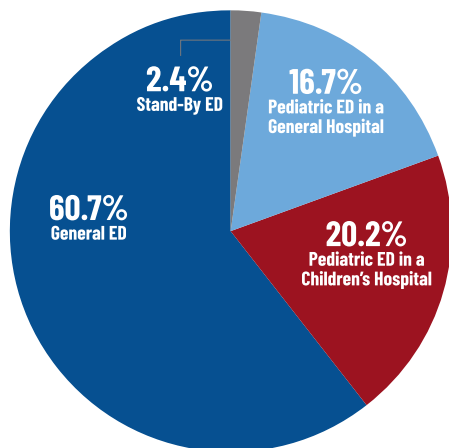
3. <https://publications.aap.org/aapnews/news/22445/AAP-calls-for-renewed-action-on-youth-mental?autologincheck=redirected>

ED STOP SUICIDE QI COLLABORATIVE PARTICIPANT DEMOGRAPHICS

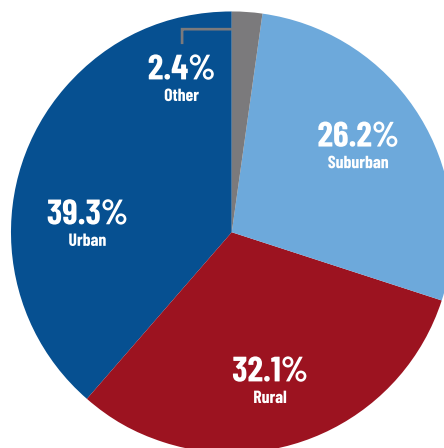
The ED STOP QI Collaborative includes 84 teams representing 335 participants. The collaborative also includes 27 EMSC State Partnership Program managers and 26 Pediatric Mental Health Care Access (PMHCA) representatives in 7 participating states. The PHMCA collaborative will cultivate relationships EDs through the development of a technical assistance (TA) toolkit for both PMHCAs and EDs.



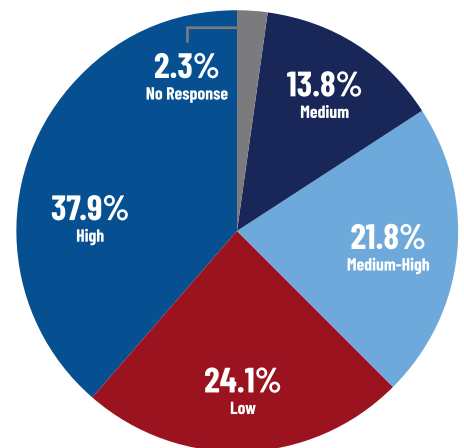
ED CONFIGURATION*



SERVICE AREA



ANNUAL PEDIATRIC VOLUME



* General ED: Pediatric/Adult patients seen in the same area
 Pediatric ED in a Children's Hospital: Hospital cares ONLY for children
 Pediatric ED in a General Hospital: Adults and children within one hospital
 Stand-By ED: Physician on call

PEDIATRIC PATIENTS
 High: >= 10,000
 Medium to High: 5,000 - 9,999
 Medium: 1,800 - 4,999
 Low: < 1,800



LEARN MORE AT
emscimprovement.center/collaboratives/suicide/