



AB 1394 (Irwin) Suicide Screening

SUMMARY

AB 1394 would require general acute care hospitals, which are health facilities that provide 24-hour inpatient care, to adopt universal suicide screening policies by January 1, 2025.

BACKGROUND

According to the CDC, the number of suicides have increased in California by 50% over the past 20 years, and this upward trend is only increasing in severity.¹ Recent data indicates that anxiety, depression, and suicidal ideation has increased due to the pandemic.² Those most at risk are young adults and people of color. To curb the growth of suicide in California, action must be taken.

The first step in reducing suicide rates is identification of risk. Health care settings are critical opportunities for suicide prevention. In a peer-reviewed study, researchers found that 38% of people made some sort of medical visit within a week before attempting suicide.³ This percentage increased to 64% within a month before the attempt and 95% within a year.

Not only have researchers found individuals who have attempted suicide made a recent healthcare visit, researchers have found that screening for and identifying suicidal thoughts in the emergency room feasible and resulted in a roughly double increase in suicide detection.⁴ By determining who is at risk for suicide, our institutions can connect these people to care and reduce suicide rates. Moreover, by having data that demonstrates an accurate and complete picture of who is experiencing suicidal ideation, our healthcare professionals can take appropriate steps to expand care.

Several respected health organizations recognize the importance of suicide screening. The National Institute of

Mental Health (NIMH) advocates for suicide screening in the ER and has developed a screening toolkit that hospitals can utilize. The Joint Commission, which accredits hospitals, also recommends that hospitals adopt universal suicide screening, having approved NIMH's suicide screening tool as well as other screening tools.

THIS BILL

AB 1394 would establish universal suicide screening in general acute care hospitals. Hospitals would be required to establish and adopt procedures for routine screening, designate appropriate staff to provide the screening, document patients that present as suicidal, and provide patients with information regarding resources should they present signs of suicidal ideation by January 1, 2025.

By instituting these policies, Californians who are being treated for more serious conditions that require a hospital setting will be appropriately screened, identified, and provided resources if they present signs of suicidal ideation. This screening will save lives by providing the critical help many are not able to ask for unprompted.

SUPPORT

American Foundation for Suicide Prevention
California Alliance for Child and Family Services
California Council of Community Behavioral Health Agencies
California Hospital Association (if amended)
Didi Hirsch Mental Services
National Center for Youth Law
Sycamores

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¹ Suicide Mortality by State, CDC, <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

² "Mental Health, Substance Abuse, and Suicidal Ideation During the COVID-19 Pandemic," CDC, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

³ Ahmedani, et al., Racial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States, Medical Care, DOI: 10.1097/MLR.0000000000000335

⁴ Boudreau, et al., Improving Suicide Risk Screening and Detection in the Emergency Department, American Journal of Preventative Medicine, [https://www.ajpmonline.org/article/S0749-3797\(15\)00631-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(15)00631-5/fulltext)