

UW Health: Experiences startling number of pediatric suicide-related emergency visits

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MADISON, Wis. – Over the last 10 years, there has been a dramatic increase in the monthly visits to the emergency department at UW Health Kids related to mental health, with a significant jump since 2020.

In 2012, UW Health's pediatric emergency department saw about 15 patients a month who required psychiatric care, but by 2022, that number jumped dramatically to more than 40 per month, with the greatest increase in cases due to suicidal ideation, drug or alcohol intoxication or overdose, according to Dr. Allie Hurst, medical director, pediatric emergency medicine, UW Health Kids, and assistant professor of pediatric emergency medicine, University of Wisconsin School of Medicine and Public Health.

"Children are showing up every day in perilous circumstances," she said.

Children younger than 14 years old had the highest increase in psychiatric visits over the last four years, and while children 14 to 17 years old still present at a high rate, their visit rate has been similar since 2018, Hurst said.

What is taking place at the UW Health Kids pediatric emergency department mirrors what is seen at emergency departments in other parts of the country, according to a recent [article](#) in the journal Pediatrics.

Researchers analyzed emergency departments at 205 Illinois hospitals and saw that hospital emergency visits related to suicide increased 59% from 2016 to 2021.

Additionally, suicide is the second leading cause of death of children ages 10 to 14 years old, according to the Centers for Disease Control and Prevention's most recent publicly available data.

The increase in emergency department visits is set against a backdrop of a decade-long increase in teens and adolescents experiencing higher rates of anxiety and depression, according to Shanda Wells, pediatric behavioral health specialist, UW Health.

While the underlying causes of the increase in suicide-related emergency visits are not firmly known, there are many theories, she said.

"Things like poverty, sexual orientation, gender identity and racism are factors at play," she said. "Other long-standing impacts on youth mental health like loneliness and hopelessness also play big roles in risk for suicide."

It is also possible the COVID-19 pandemic disrupted the relationship-making phase of many young people's lives, which is important for preventing feelings of loneliness and hopelessness, Wells said.

There may be an exposure aspect of this as well, according to Wells.

"When young people are exposed to death by suicide of those close to them, they are at risk to struggle with the same feelings that make them also vulnerable to suicide," she said.

If someone is experiencing suicidal thoughts or knows of someone who is experiencing anxiety or depression, there are resources available to help, like the national 988 hotline, or speaking with a primary care physician who can direct you to the appropriate care professional, she said.

"Perhaps the most important thing we can do to stop these tragedies in our emergency departments is to improve the mental health of our young people from an earlier age," Wells said. "We can all be that support system for them."

Wells and Hurst are available for interviews today, and a recorded interview with Hurst is available.