Abstract

Objective: Suicide is a leading cause of death among youth, yet differences in screening outcomes across demographic groups remain poorly understood. This study examines associations between demographic and clinical characteristics and responses to universal suicide risk and depression screening tools in a pediatric hospital setting.

Primary Aims/Hypothesis: We aim to evaluate for any variation in suicide screening responses based on sociodemographic and clinical characteristics among pediatric patients screened at a single academic medical center. If present, we aim to elucidate whether certain sociodemographic groups are over- or underrepresented in positive screening responses compared to average response rates overall. We hypothesize that there are, in fact, demographic and clinical differences in suicide screening responsiveness characteristics which align with current literature on suicidality and depressive symptom prevalence among various groups.

Method: We conducted a retrospective cohort study of 66,225 patients aged 10–26 years screened with the Ask Suicide-Screening Questions (ASQ) and Patient Health Questionnaire-9 (PHQ-9) across emergency, urgent care, and inpatient settings. Demographic and clinical data were extracted from electronic health records. Response categories to the ASQ and PHQ-9 were analyzed against these factors with frequency and association tests.

Results: Positive ASQ screens occurred in 8.5% of patients (1.9% acute positive), with elevated rates among older youth and those assigned female at birth. Hispanic/Latino ethnicity and private insurance were associated with lower-than-

expected rates of positive screens, while having a military insurance payor and higher Area Deprivation Index scores were associated with increased risk. Depression symptoms were more prevalent than suicidal ideation and showed similar demographic patterns.

Conclusion: Demographic and clinical factors are correlated with suicide and depression screening outcomes. These findings highlight opportunities to improve equity in screening practice.