

Assessment suicidal patients by emergency psychiatry

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Parnassia Groep



**UNIVERSITY
AMSTERDAM**

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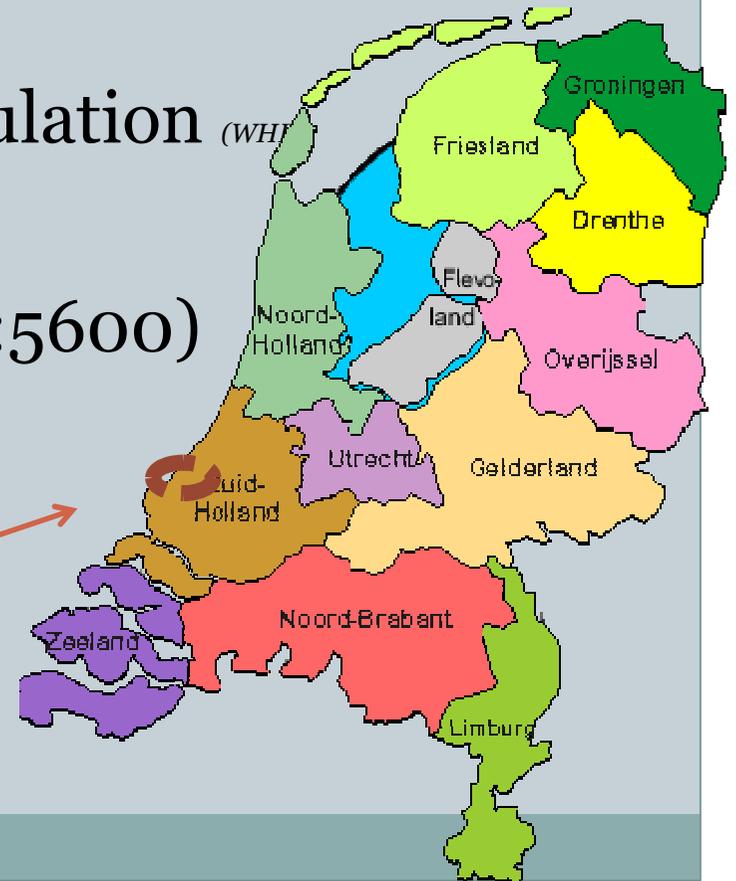
- Description Netherlands and The Hague
- Suicidal behaviour in the Netherlands
- Emergency psychiatry the Hague
- Database the Hague
- Questions

- Characteristics suicidal behaviour mental health The Hague
 - Gender/age
 - Primary diagnosis/ method of attempt
 - Admission

- Limitations
- Conclusions

Neth ands

- Within top 10 richest countries
- Top 30 safest places
- 4 th place happiness among population (WHI
- 16.75 million inhabitants
- Highest density psychiatrists? (1:5600)
- Suicide rate 1:10.5 overall (2012)



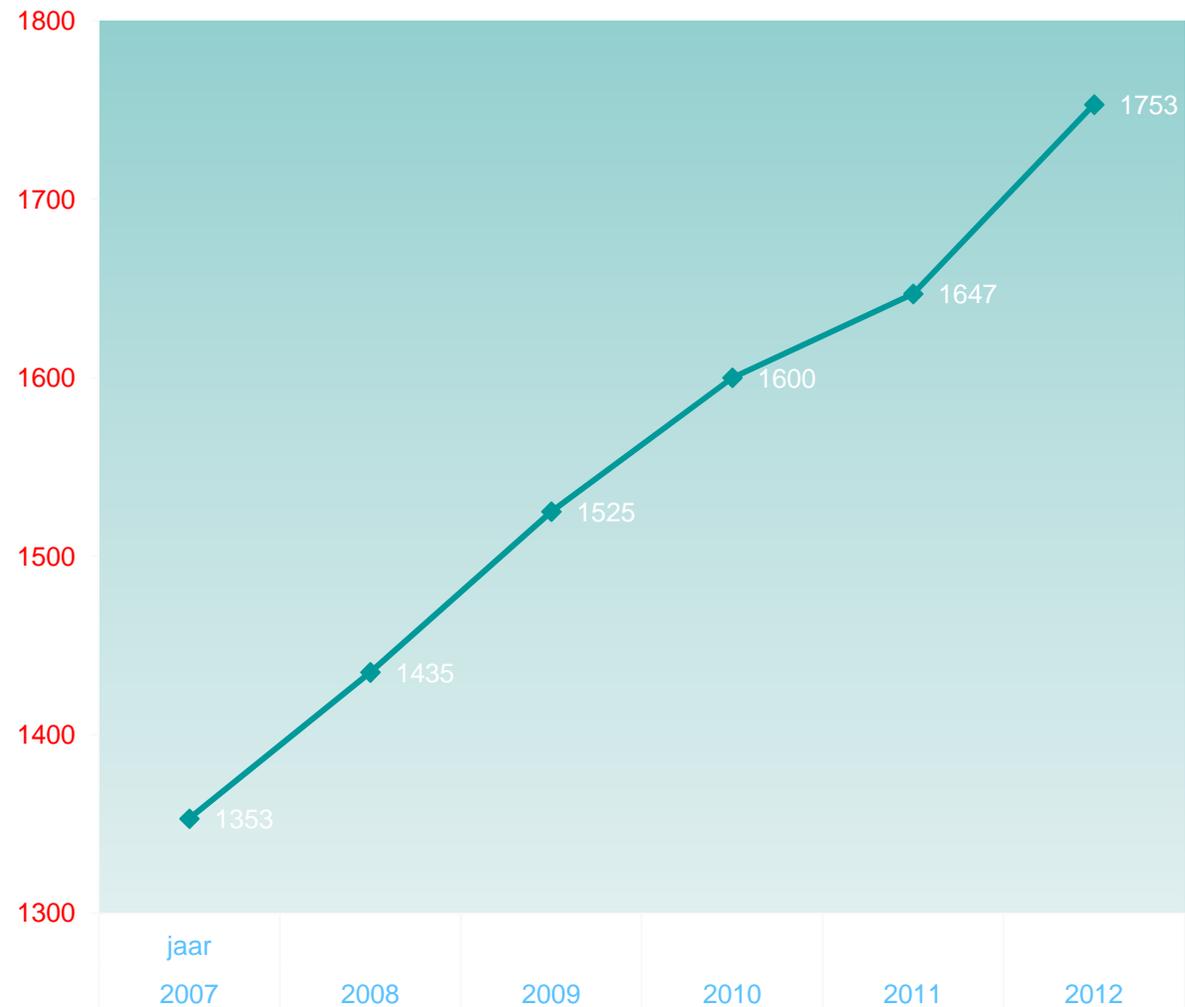
Facts & Figures

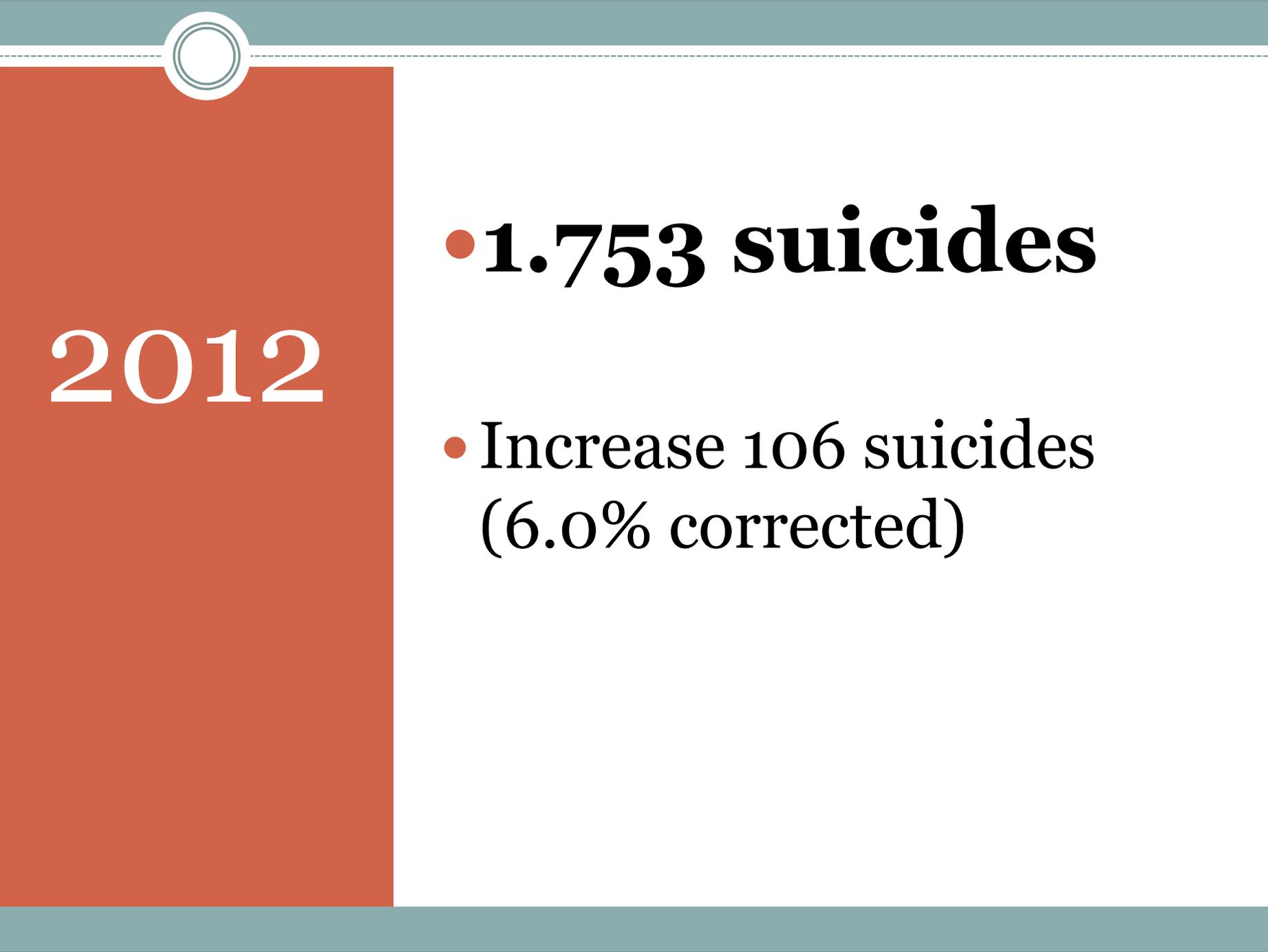
Suicide rate in Netherlands

between 2007-2012
(male: female = 2.2:1)

2012 : 16.754.961)
citizens

2007 : peak economy,
lowest suiciderate
since 1970





2012

- **1.753 suicides**
- Increase 106 suicides
(6.0% corrected)

Facts & figures ...2010



Not natural causes

Methods of suicide (2010)

	Total	percentage
Total	5845	100%
Falling	2420	41.4%
Suicide	1647	28.2%
traffic	696	11.9%
Suffocation	119	2,0%
Murder	143	2,4%
Drowning	70	1.2%
poisoning	128	2.1%
Work related	59	1,0%
Burning	27	0,5%
By an object	21	0,5%
Private situation	208	3,6%
Unknown	307	5.3%

Methods of suicide	Number all	%
Total	1600	100%
Hanging	744	46.5%
Medication/alcohol	258	16.1%
Jumping in front of a train/subway	182	11.4%
Jumping from height	139	8.7%
Drowning	103	6.4%
Rest	168	10.5%
Unknown	6	0.4%

Figures netherlands



- ~ 94.000 SUICIDE ATTEMPTS (ESTIMATION)
- ~ 15.000 EMERGENCY ROOM
- > ~ 9.400 ADMISSIONS
- ~ 410.000 PEOPLE WITH SUICIDAL IDEAS
- OF SUICIDES 40% KNOWN IN MENTAL HEALTH



The Hague



- Third city in netherlands
- International Criminal Court
- Catchment area 700.000 citizins
- Seat of government, not capital city!
- No University!
- **One mental health institute**





The Hague



- Four of 10 poorest city areas of the country
- 49% immigrants
- **One mental health institute**



The Hague Emergency Psychiatry



Parnassia Groep



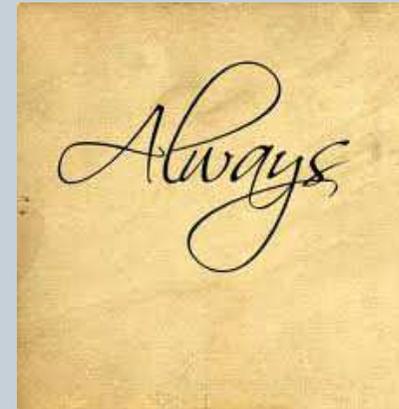
- Around 5.500 consultations each year
- 4 teams a day: couple MD and nurse



Questions



- Unique situation:
 - High estimated risk by any counselor
 - ✦ Consultation by emergency psychiatry!
 - ✦ One catchment area



- Characteristics of suicidal patients
- Gender characteristics
- Symptoms and suicidal behaviour
- Predictors for admission (voluntary/unvoluntary)

The Hague Emergency Psychiatry



- During 2009-2012: **16.383** cases in database
- Assessment of suicidal behaviour: **4.168** patients (25.4%)
- Attempts in **1.338** patients (31.9% of suicidal patients, 8.2% for all)
- Known method for **1.289** patients (95%)
- Within a year after consultation **12** suicides (not good estimated, not complete!)

Attempts and methods



Face it pal - life simply ain't worth living and you know it. This guide will help you to end the misery permanently. Ha - as if someone is going to miss you anyway, you worthless imbecil!

Suicide FOR DUMMIES®

A Reference
for no one
except you

Written by:
Oh, it's not important...

...well, you see, my wife ran off with our lawyer. Took the kids and all. I lost the car, and the house. Now I'm broke, homeless and unemployed. What am I going to do????!!!!



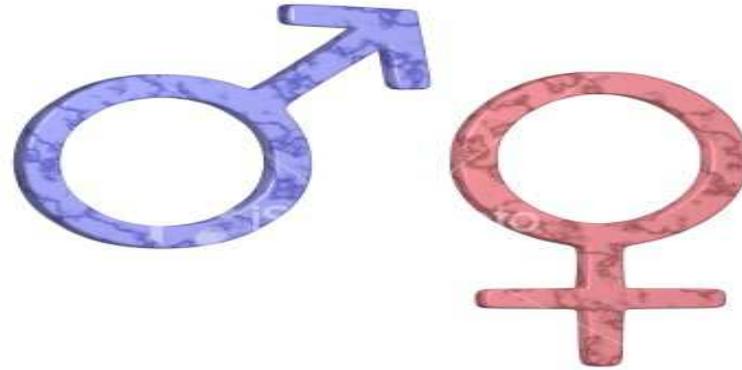
The Hague Emergency Psychiatry



Methods

Medication	702	52.5%
Cutting	155	11.6%
Otherwise	133	9.9%
Hanging	95	7.1%
Rail vehicle	60	4.5%
Jumping from height	54	4.0%
Other poisoning	46	3.4%
drowning	22	1.6%
Unknown/filling in error	71	5.3%

Gender and suicidal behaviour



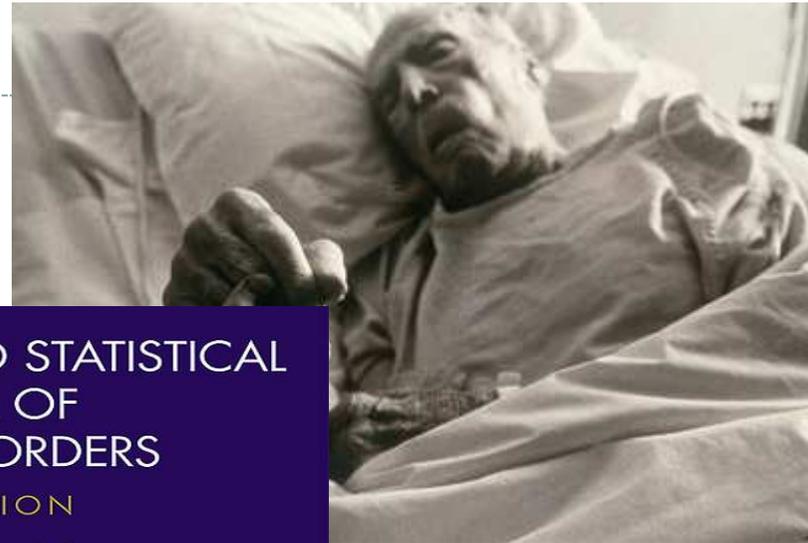
	Suicidal behaviour	p	Suicidal attempts	P
male	23.0%		6.7%	
female	27.6%	<.0001	9.8%	<.0001

Age and suicidal behaviour



	Suicidal behaviour	p	Suicidal attempts	P
Yes	41.7 years		39.5 years	
no	44.7 years	<.0001	44.4 years	<.0001

Symptoms and suicidal behaviour



DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5



dreamstime.com

<u>Primary Diagnosis</u>	<i>Suicidal</i>	<i>p</i>	<i>Suicide attempt</i>	<i>p</i>
Mood disorder	↑	<.001	↑	<.001
Axis II	↑	<.001	↑	<.001
Anxious disorder	↑	<.001	=	ns
Adjustment disorder	=	ns	↑	<.001
neurological	=	ns	=	ns
Deferred	↓	<.001	=	ns
Drugs/alcohol	=	ns	↓	<.001
Organic	↓	<.001	↓	<.001
Psychotic disord.	↓	<.001	↓	<.001

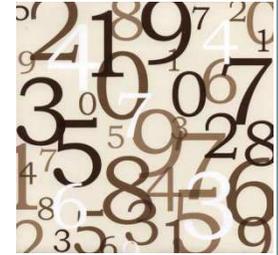
Admission voluntary or not.....



**TIME
TO
WAKE
UP!**



All patients Emergency psychiatry 2009–2012
Voluntary admission– compulsory/coercive



	Admission	Vol/Comp-coerc	N
No suicidal behaviour	24.1%	11.9/12.3%	12.215
Suicidal thoughts	37.3%	25.4/11.9%	2.830
Suicide attempt	43.7%	24.7/19.0%	1.338

Voluntary admission and suicidal behaviour



Voluntary admission	significance	Exp(B)	CI
Age	0.06	0.99	0.98 – 0.99
Gender (female)	0.001	0.78	0.67 – 0.90
Drugs/alcohol	<0.0001	2.23	1.78 – 2.78
Mood disorder	<0.0001	2.01	1.64 – 2.48
Psychotic symptoms	<0.0001	1.80	1.37 – 2.36
Axis II	<0.0001	1.63	1.26 – 2.10
Hanging	0.011	1.88	1.15 – 3.08

Involuntary Admission and suicidal behaviour



Involuntary admission	significance	Exp(B)	CI
Gender (female)	0.019	0.79	0.64 – 0.960
Mood disorder	<0.0001	1.97	1.56 – 2.47
Organic	<0.0001	9.36	4.95 – 19.09
Psychotic symptoms	<0.0001	7.71	5.93 – 10.02
Jumping	0.001	3.68	1.70 – 7.99
Rails	0.001	3.16	1.58 – 6.34
Hanging	<0.0001	6.87	4.11 – 11.47
Cutting	<0.0001	3.05	1.88 – 4.95
Otherwise	<0.0001	3.39	2.14 – 5.38

Conclusions

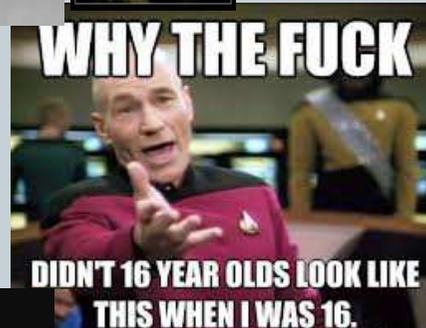


- Suicidal behaviour “common” in emergency psychiatry
- For all patients > suicidal behaviour:
 - ↓ **Deferred, Drugs/alcohol, Organic, Psychotic disord.**
 - ↑ **Mood disorder, Axis II, Anxious disorder, Adjustment disorder**

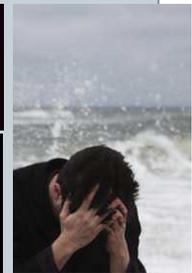
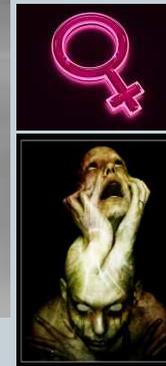
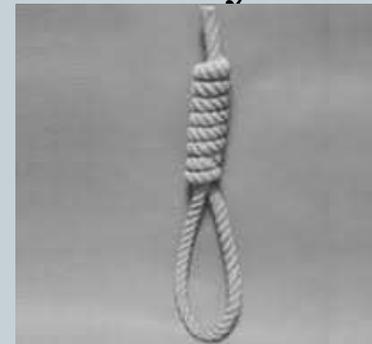
Conclusions 2



- voluntary



- involuntary



Limitations & strength



- Not detailed, no questionnaires, underestimation
- Manuscript in preparation
- Absence of differentiation unique/consultation
- Abstract rubbish



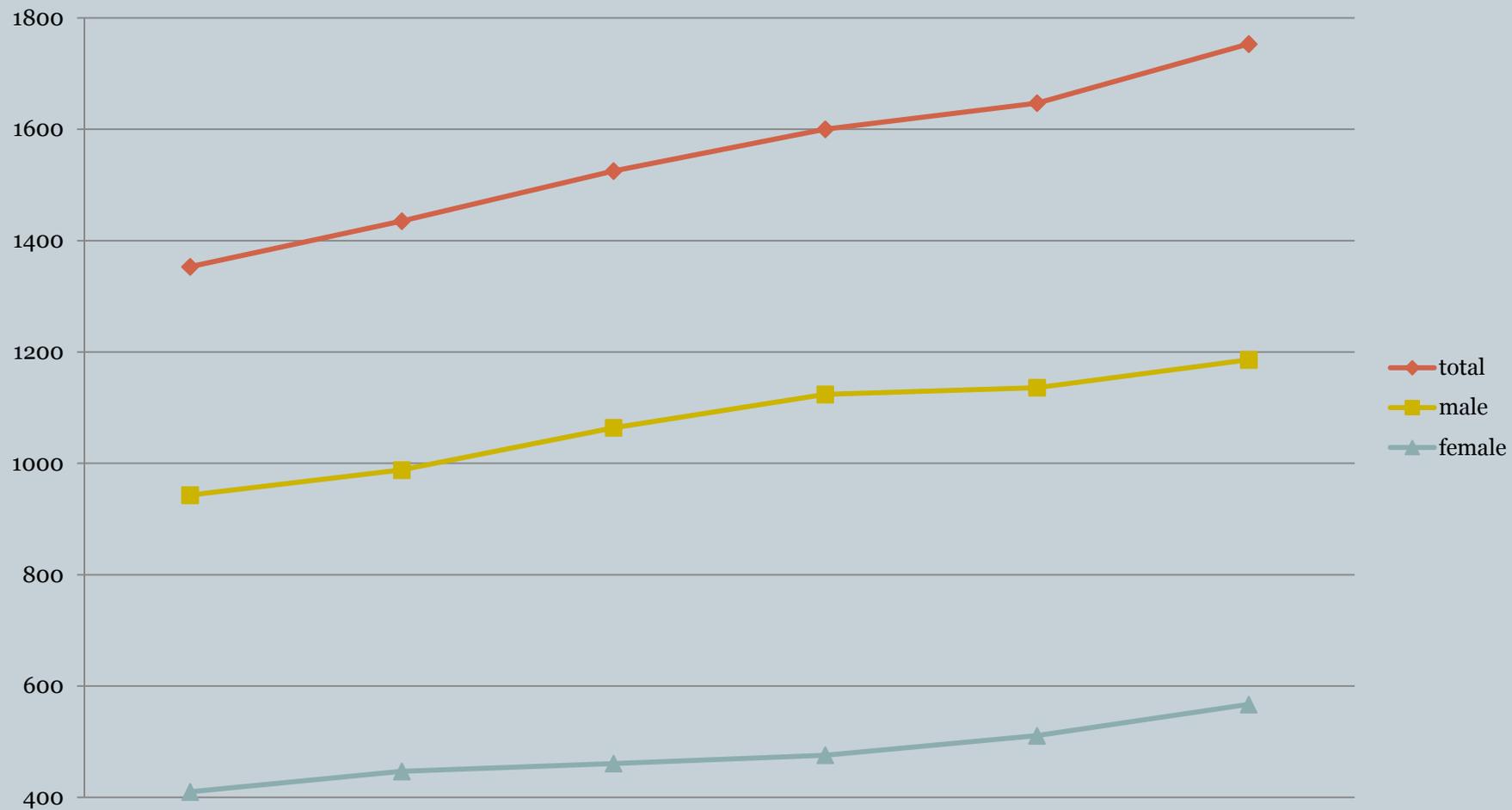
- Size
- Control of Area
- Concordance in consultation
- “all” serious suicidal behaviour > consultation

Thank you audience!!!!!!!



- And also
- Marieke de Groot, Ph.D
- Marina Dassen M.Sc
- Mathijs Deen M.Sc
- Rineke van Zuthem-Soerel
- Drs. Karina Somers M.Sc
- Jolien Bueno de Mesquita MD, Ph.D
- Bert van Hemert MD, Ph.D

Male/female rate since 2007



<u>Primary Diagnosis</u>	<i>Suicidal</i>	<i>p</i>	<i>Suicide attempt</i>	<i>p</i>
Mood disorder	↑ 30.3/15.1	<.001	↑ 29.5/18.1	<.001
Axis II	↑ 13.7/7.2	<.001	↑ 13.6/8.4	<.001
Anxious disorder	↑ 5.6/3.9	<.001	= 3.7/4.4	ns
Adjustment disorder	= 4.2/2	Ns	↑ 6.5/2.2	<.001
neurological	= 4.5/4.3	Ns	= 4.3/4.4	ns
Deferred	↓ 4.1/8	<.001	= 7.3/7	ns
Drugs/alcohol	= 20.3/21.2	Ns	↓ 17/21.2	<.001
Organic	↓ 0.84/4	<.001	↓ 0.4/3.8	<.001
Psychotic disord.	↓ 10.1/27.2	<.001	↓ 8.4/24	<.001