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Patient consultation in the period preceding suicide

R.F.P. de Winter, S.E.M. Bakker

Correspondence
RFP de Winter MD PhD
Head emergency psychiatry
Parnassia Groep, Avocadostraat 10
2552 LZ The Hague, the Netherlands

r.dewinter@parnassia.nl

References

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Background

Each year, around 1600 patients commit suicide in the Netherlands[1], this number is increasing. Around 40% of these suicides received Mental Health care at the time[2]. Therefore, risk taxation is important for prevention and insight in crisis consultations. To gain this knowledge we investigated recent care and non recent care users before committing suicide.

Aim

Gaining knowledge about final mental health care and crisis consultations before suicide *took place*.

Tabel 1. Characteristics

Patient characteristics		Recent care users N=27	Non-recent care users N=18	*p*-value
Average age (SD)		46,2 (19,5)	47,6 (16,6)	0,694
Gender (%)	Male	15 (55,5)	6 (33,3)	0,143
	Female	12 (44,4)	12 (66,7)	
Relationship N(%)	Yes	11 (40,7)	7 (38,9)	0,901
	no	16 (59,3)	11 (61,1)	
Marital status N(%)	Unmarried	13 (48,10	6 (33,3)	0,272
	Married	7 (25,9)	4 (22,2)	1,000
	Previously Married	6 (22,2)	8 (44,4)	0,135
Living situation N(%)	Alone	13 (48,1)	8 (44,4)	0,625
	Together	12 (44,4)	10 (55,6)	
Occupation status N(%)	Working	9 (33,3)	6 (33,3)	0,885
	Non-working	15 (55,6)	11 (61,1)	
Offspring N (%)	Yes	12 (44,4)	8 (44,4)	0,894
	No	11 (40,7)	8 (44,4)	

Methods

All suicides between 1999 until the 1st of July 2009 (N= 227) committed by patients from the Parnassia Bavogroep (the singular mental Health institute in and around the Hague) were thoroughly investigated by studying "suicide" comprehensive notes sent to the Inspectorate of public Health[6]. Patients were divided into two groups: a) recent mental health care users (contact ≤ 48 hours before suicide), b) non-recent mental health care users (contact > 21 days before suicide). From these patients, records were investigated and clinical and demographic data were compared.

Results (See tables)

Of the 227 patients who committed suicide, 27 patients (11.9%) contacted their counselor within 48 hours before suicide ('recent care users'). 18 patients (7.9%) had no contact for more than 21 days prior to committing suicide ('not recent care users').

When adjusted for attempts & offspring, 'recent care users' were more often male (p = 0.036).

Prior to suicide, 'recent care users' had more contacts with a counselor (p = 0.004).

'Recent care users' were more often assessed as suicidal (P = 0.010).

The context of the last consultation for 'recent care users' was generally a crisis consultation (p = 0.002) and the content was usually concerning suicide (p = 0.002)), but for a third of these contacts suicide ideations were not documented.

Discussion

In other studies, 'recent care users' were more often women[3-5]. The exact overall sex ratio within the mental health care is unknown but seems different from the overall population.

It could be suggested that 'recent care users' better recognize their crisis, while in 'not recent care users' suicide could arise by impulsivity.

From a third of the crisis contacts nothing about suicide ideations was documented. We argue for a compulsory short evaluation about suicide ideations during all contacts.

Because of the low number of suicides included in this study these results should be interpreted with caution.

Tabel 3. Situation during last 3 months

Situation during last 3 months.		Recent care users	Non-recent care users	*p*-value
Total consults M(SD)		12 (10,5)	5,0 (3,8)	0,004
Planned consults M (SD)		8,9 (9,1)	3,7 (3,3)	0,017
Non-planned consults M (SD)		3,2 (4,0)	1,2 (3,0)	0,002
No show M (SD)		0,8 (1,1)	0,5 (0,9)	0,580
Involvement of the system about suicide N (%)	Yes + concern	3 (11,1)	0	0,013
	Yes + no concern	12 (44,4)	3 (16,7)	
	No	11 (40,7)	13 (72,2)	
	Unknown	1 (3,7)	2 (11,1)	
Suicidal N (%)	Yes	16 (59,3)	4 (22,2)	0,010
	No	10 (37,0)	14 (77,8)	
	Unknown	1 (3,7)	0	

Table 2. Clinical Characteristics

Clinical characteristics		Recent care users N=27	Non-recent care users N=18	*p*-value
DSM IV diagnosis N(%)				
Ax. I	Psychotic disorder	9 (33,3)	2 (11,1)	0,156
	Depressive disorder	8 (29,6)	6 (33,3)	1,000
	Bipolar disorder	1 (3,7)	3 (16,7)	0,285
	Substance dependence	3 (11,1)	2 (11,1)	1,000
	Alcohol dependence	2 (7,4)	4 (22,2)	0,199
	Anxiety disorder	3 (7,4)	4 (22,2)	0,412
	Adjustment disorder	2 (7,4)	1 (5,6)	1,000
	Rest	5 (18,5)	7 (38,9)	0,175
	Axis I diagnosis deferred	1 (3,7)	0	1,000
	Non-Axis I	1 (3,7)	2 (11,1)	0,555
Ax. II	Cluster A	0	0	
	Cluster B	4 (14,8)	3 (16,7)	1,000
	Cluster C	1 (3,7)	0	1,000
	Personality disorder NAO	4 (14,8)	3 (16,7)	1,000
	Axis II diagnosis deferred	4 (14,8)	5 (27,8)	0,449
	Axis II diagnosis unknown	8 (29,6)	2 (11,1)	0,272
	Non-axis II diagnosis	6 (22,2)	5 (27,8)	0,732
Co-morbidity N(%)	Yes	12 (44,4)	9 (50,0)	0,714
	No	15 (55,6)	9 (50,0)	
Suicide attempts in history N(%)	Yes	15 (55,5)	10 (55,6)	0,941
	No	11 (40,7)	7 (38,9)	
	Unknown	1 (3,7)	1 (5,6)	
Inpatient admission during past N(%)	Yes	18 (66,7)	15 (83,3)	0,308
	No	9 (33,3)	3 (16,7)	

Conclusion

'Recent care users' and 'non recent care users' differ in:
-the content of the treatment consultation,
-the frequency of contacts before suicide.

During a crisis consultation, taxation of suicide ideations is necessary and should always be evaluated and reported.
Gender seems to be of influence for assessing urgency by the mental health worker .

Tabel 4 Information last consultation

Information last consultation		Recent care users	Non-recent care users	*p*-value
Kind of contact N (%)	Follow-up	9 (33,3)	12 (72,2)	0,011
	Crisis-contacts	9 (33,3)	1 (5,6)	0,034
	different	9 (33,3)	4 (22,2)	
Planned contact N(%)	Yes	14 (51,9)	17 (94,4)	0,002
	No	13 (48,1)	1 (5,6)	
Suicide ideation as subject during consultation N (%)	Yes	17 (63,3)	3 (16,7)	0,002
	Unknown	10 (36,7)	15 (83,3)	
Suicidal N (%)	Yes	8 (29,6)	0	0,228
	No	8 (29,6)	3 (16,7)	
	Unknown	11 (40,7)	15 (83,3)	