Assessment of suicide risk on closed acute psychiatric wards

Leonardo conference 24th January 2012

Remco de Winter, Jacomien Krijger, Narda Miedema & Mirjam Hazewinkel

www.geslotenpsychiatrie.nl

Parnassia Bavo Groep: Clinical Centre for Acute Psychiatry (KCAP)

Assessment of suicide risk on closed acute psychiatric wards

- Concentration of suicidal patients on a closed (acute) psychiatric ward
- Heightened suicide risk (>50 x (?))
- No clear guidelines for treatment
- Specific Dutch setting problem
- Personally: highest stress level
  - Consensus among colleagues

Clinical Centre for Acute Psychiatry (KCAP)

- 2007: 2 in-patient suicides
  (along with 2 out-patient suicides)
- > STAATSTOEZICHT OP DE VOLKSGEZONDHEID
  INSPECTIE VOOR DE GEZONDHEIDSZORG

  (state supervision of public health)
  (inspection for health care)
- Merge of 2 clinics → single bedrooms
- Development of safety levels of observation

Suicidal tendencies

- Reason for admission among 368 patients = 28.7%
- Among everyone assessment and decision setting within the clinic (=safety levels of observation)
- Daily registration and adjustment (workdays)
- Setting is tied to the designated level of observation
- Everyone on the same page
  - Consensus and clarity

Safety levels of observation

Level 5	(red)	Seclusion	Severely suicidal
Level 4	(orange)	Supervision	
Level 3	(yellow)	No liberties outside the clinic	
Level 2	(green)	Liberties outside the clinic	
Level 1	(blue)	Preparation for discharge	Not suicidal

Design

- General characteristics ‘safety levels of observation’ during 2009
- 1281 patients (97%)
  - Not excluding re-admissions
- Characteristics ’ high risk’ group
- General profile for suicide risk and safety level determination
  - Difference general risk profile?
- Staff experience

Safety levels – spread

Level	Number of patients N (%)
Level 5	45 (3.5)
Level 4	92 (7.1)
Level 3	760 (59.5)
Level 2	359 (28.0)
Level 1	25 (1.9)

Suicidal tendencies

	All patients N=1281 (100%)	'High risk' group N=137 (11%)
Suicide N (%)	4 (0.3)	1 (0.7)
Attempt (potentially lethal) N (%)	41 (3.2)	25 (18.2) [a]
Attempt (non-lethal) N (%)	78 (6.1)	33 (24.1) [a]
Suicide intentions N (%)	82 (6.4)	21 (15.3) [a]
Suicide thoughts N (%)	213 (16.6)	28 (20.4)

[a] = $p < 0.001$

Patient characteristics

	Level 1-3 N= 1144	Level 4-5 N=137	Significance
GAF (Global Assessment of Functioning)	5.2	5.7	p <.001
CGI (Clinical Global Impression)	30.2	23.4	p <.001
Female	42.6%	60.6%	p <.001
Age	39.8	34.8	p <.001
Married/Living together	30%	39%	ns
Children	34.6%	36.5%	ns
Voluntary admission	63.2%	49.6%	p = .007
First admission CCAP (<5jr)	42%	68%	p < .001
Secluded	17.8%	40.8%	p < .001
Unemployed	70.5%	56%	p < .001
ECT-treatment	0.7%	8.7%	p < .001

Wake

up!!

Symptoms during admission

	Level 1-3 N = 1144	Level 4-5 N= 137	Significance
Suicidal N(%)	(23.8)	(81.0)	p < .001
Self harming behavior N(%)	(5.7)	(20.0)	p < .001
Manic mood N(%)	(22.2)	(10.2)	p = .001
Depressed mood N(%)	(27.2)	(50.4)	p < .001
Psychotic symptoms N(%)	(53.3)	(56.2)	ns
Use/abuse of alcohol N(%)	(15.5)	(3.6)	p < .001

DSM IV cluster

	Level 1-3 N = 618	Level 4-5 N = 63	Significance
Depression N(%)	(8.0)	(32.0)	p < .001
Manic mood N(%)	(11.0)	(2.0)	p = .019
Psychotic symptoms N(%)	(30.0)	(21.0)	ns
Drug related N(%)	(15.0)	(12.5)	ns
Personality disorder N(%)	(19.4)	(8.5)	ns

NB. data until and including June 2009

Employee of the Month

awarded to

_____

_____

for outstanding work ethic

_____ _____

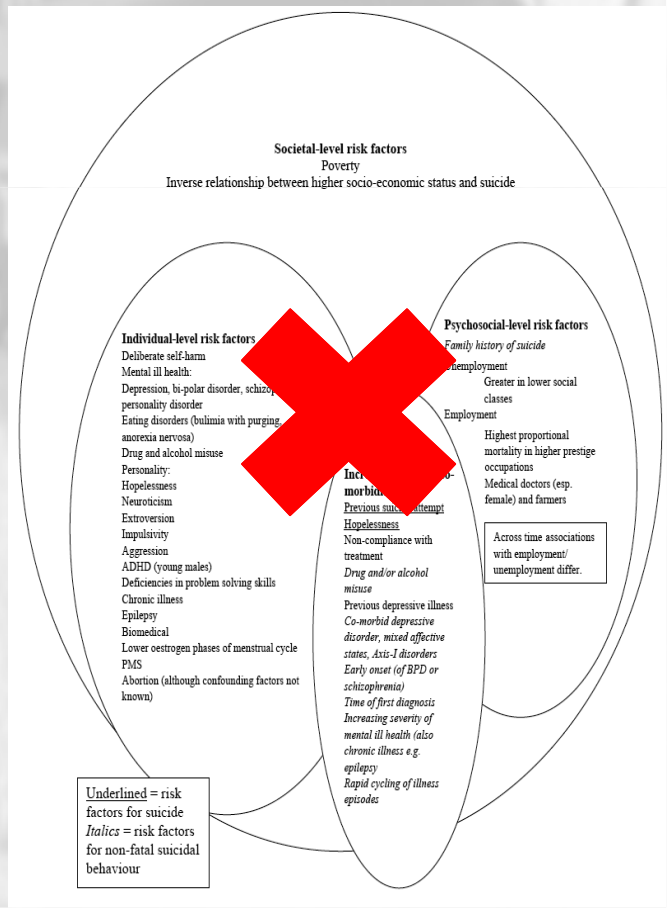
GRANTED BY ON THE DAY OF

Staff Questionnaire (N=36)

Question	Answer	N (%)
Aware of the safety levels of observation (level 1 to 5)?	No Yes	0 (0) 36 (100)
Has the introduction of this method made you more aware of suicide risk?	Always Often Sometimes Not	10 (28) 15 (41) 7 (19) 4 (11)
Does the determining of safety levels take place in good collaboration with treating physicians, is it a team decision?	Always Often Sometimes Not	5 (14) 15 (42) 15 (42) 1 (3)
Do you think prevention of suicide has improved because of the introduction of the safety levels of observation?	Always Often Sometimes Not	0 (0) 6 (17) 21(58) 9 (25)
Is it useful to continue working with the 'safety levels of observation'?	No Yes	7 (19) 29 (81)

Conclusion I

- Differences in general characteristics
  - More often female
  - Younger
  - Less often unemployed
  - ↓ alcohol use/-abuse
  - More often someone's debut
  - More often relationship



Conclusion II

- Depression
- Level 3 overrepresented (defense)
- Knowledge of risk factors
  - Other type of risk assessment?
  - Other valuation of risk factors?
  - Clinical population another selection?
- Suicides
  - 2008: 0 suicides
  - 2009: 4 suicides (2 inside and 2 outside the ward)
    - Preventing?
    - Methodological limitations

Conclusion III

- Can't prevent suicide
- No suicide during high estimated risk
  - Correct assessment?
- Experience
  - Generally content
  - But also realistic

Discussion

‘High risk’ on closed acute admission wards

- Not a lot of specific knowledge about the ‘high risk’ group
- Little consensus concerning treatment
- Practical implementation of questionnaires?
  - Diagnostic structure
- Further research on ‘high risk’ group
  - Differentiation
  - Letters
  - Within acute setting


THANK YOU
FOR YOUR ATTENTION!