Gender differences and characteristics in mental health care patients in The Hague: 1999 to 2013

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WWW.SUICIDALITEIT.NL

15TH EUROPEAN SYMPOSIUM ON SUICIDE AND SUICIDAL BEHAVIOUR (ESSSB15) AUGUST 28 2014 IN TALLINN, ESTONIA.

Parnassia Groep

VU UNIVERSITY AMSTERDAM

Who

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Suïcide rate in Netherlands

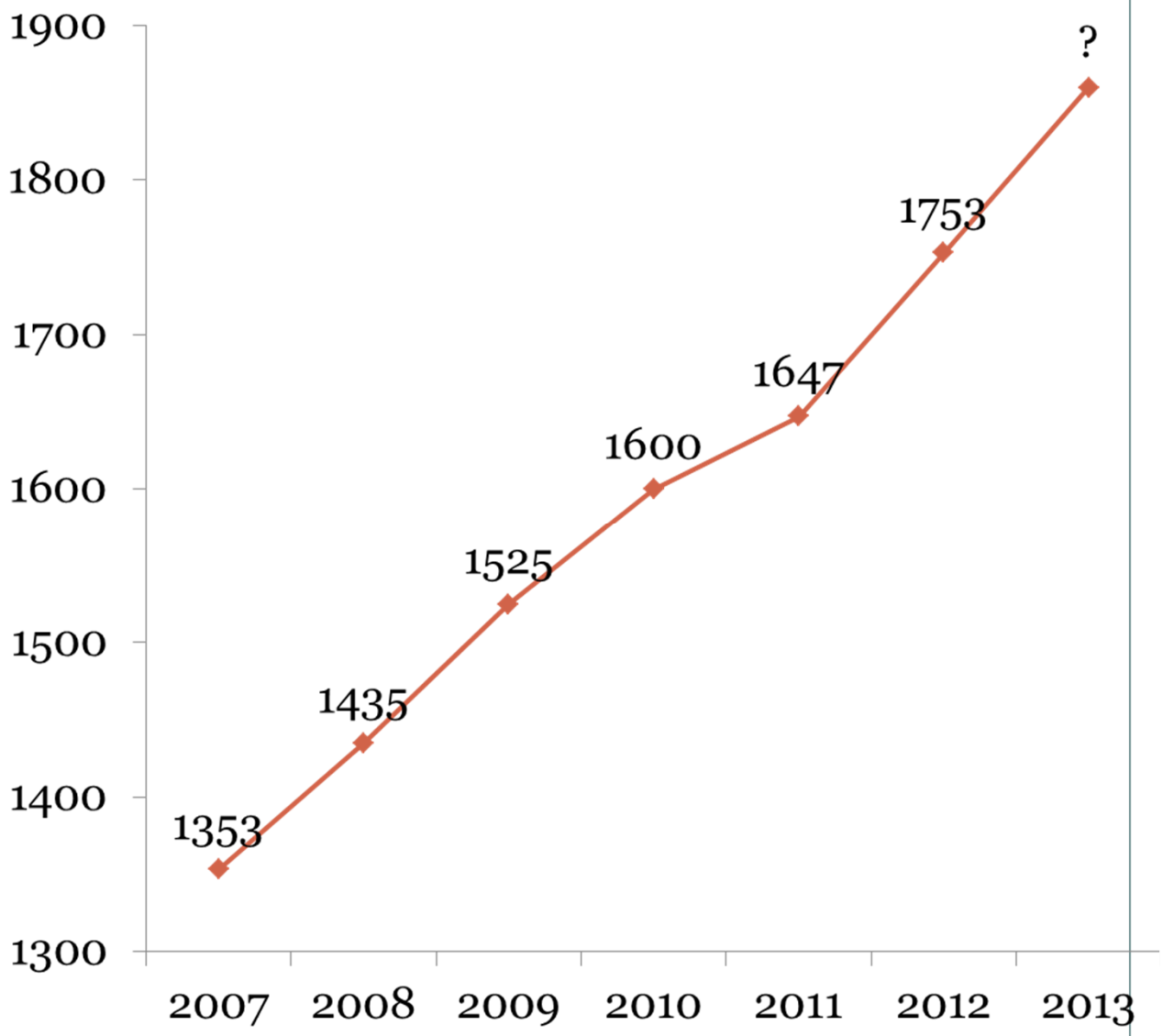
Suïcide rate in Netherlands

between 2007-2012

(male: female = 2.2:1)

2012 :
16.754.961)citizins

2007 : peak economy, lowest suiciderate since 1970

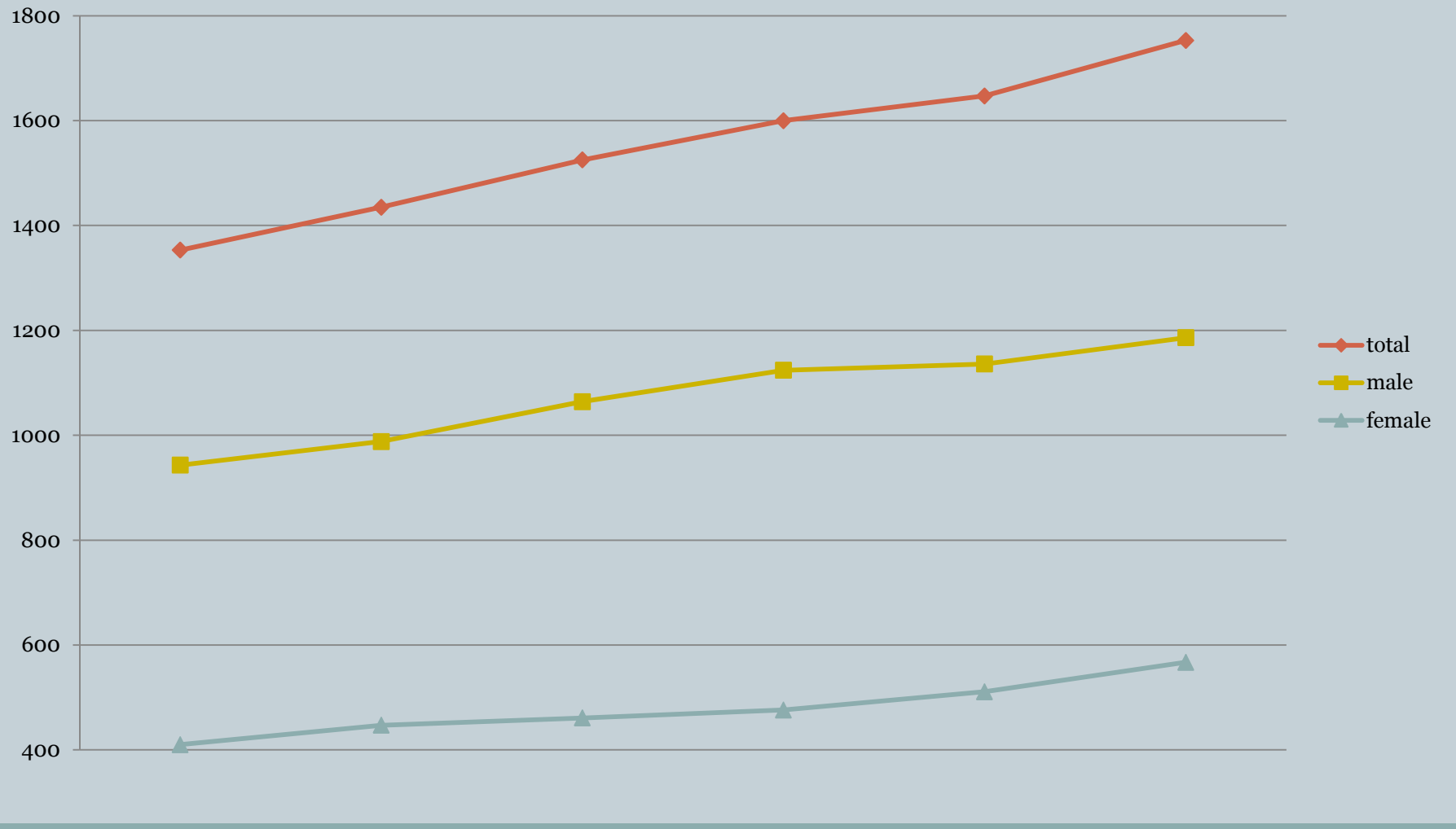


Centraal Bureau Statistiek (CBS), 2013

2012

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

Dutch men/female ratio since 2007



Suicides in the Netherlands

- Total population: 10.5/100.000
- Exclusive MH patients: ≈6-7/100.000
- MH Patients: ≈80-90/100.000

Background I

Mental health population

- Of all dutch suicides 40-44% in mental health
- High risk group
- Information is detailed described (inspectorate)
- Selection of a subgroup of suicides?
- General population male: female = 2.2:1
- male: female more equal (49:51% in treatment)
- Taxation 20% “fail” in mental health

Andrés (2010) *Eur. J. Public Health*
Ping Qin (2003) *Am. J. Psychiatry*
Huisman (2009) *Psychiatric Services*
Gilissen (2013) *Epidemiologisch bulletin*

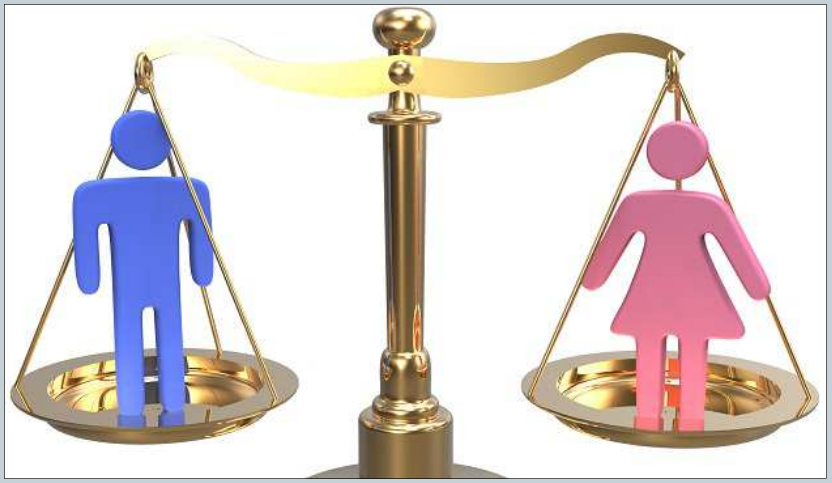
Background II

Suicides in general population:

- Men more often single
- Men with job: protective.
- Unemployment en low income: increased risk for men
- Having (young) children protective for women vrouwen
- Female with “important job” and high income seem to have an increased risk
- Psychiatric illnes by female: increased risk

Aim

- Gaining insight about suicides in mental
- Gaining insight about a high risk group
- Description general characteristics
- Developing a gender risk profile



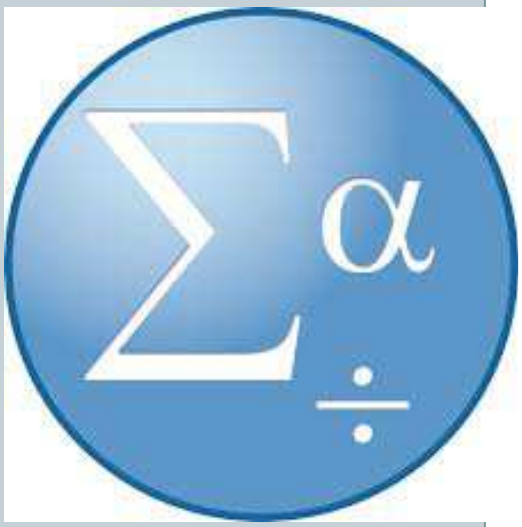
Methods I

- In treatment Parnassia Groep region The Hague
- “Monopolist” in region
- january 1999 - january 2013
- Retrospective patient records and inspectorate reports (n = 314)
- Extensive database

Inspectie voor de Gezondheidszorg
Ministerie van Volksgezondheid, Welzijn en Sport

Methode II statistics

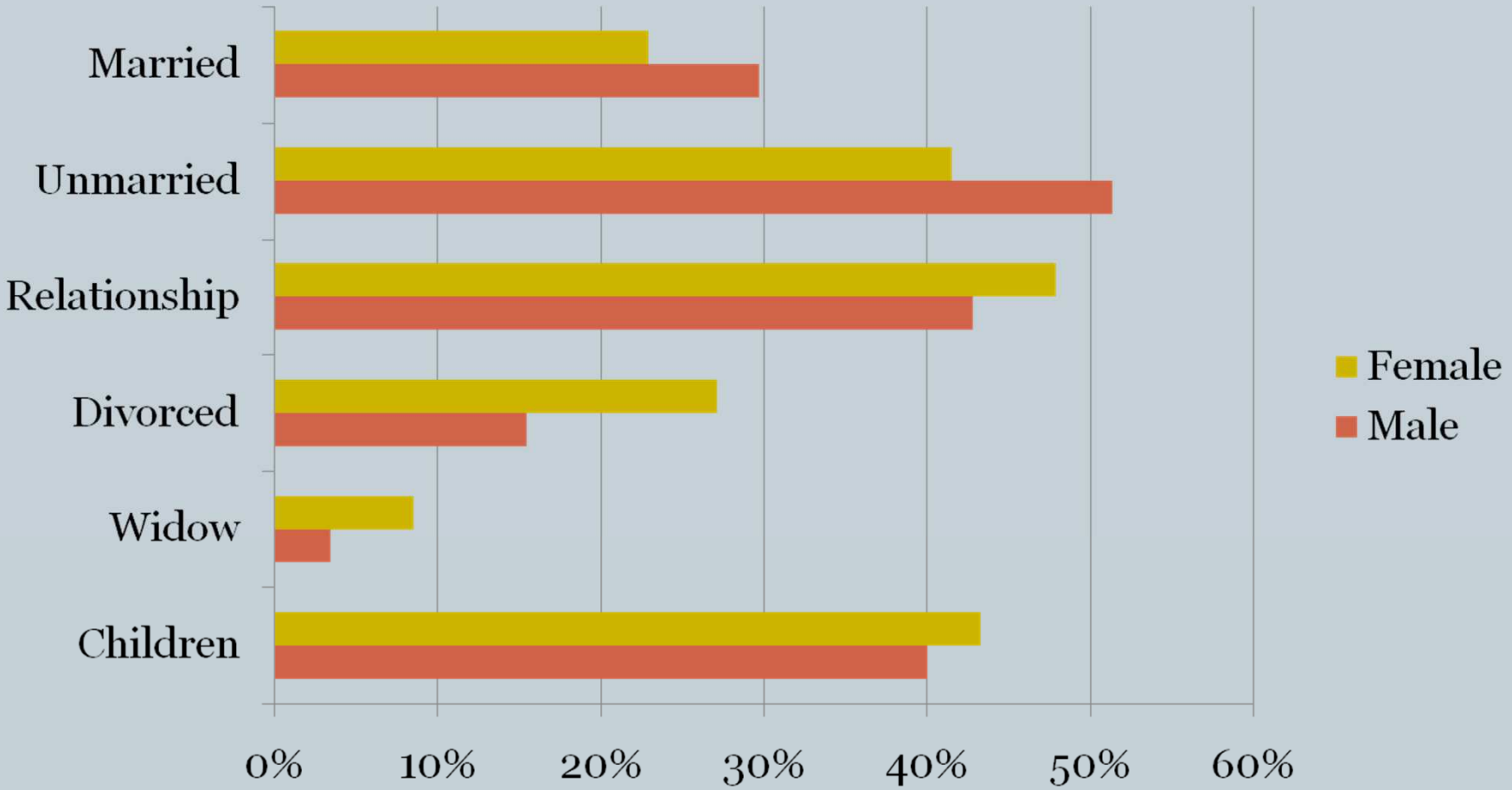
- SPSS 20
- Chi-Square Test: categorical variabels
- T-tests: continues variabels.
- In case of small samples or poor distribution the Fishers's Exact test



Results I

			P
Ratio	1.5	1	
Number	189	125	**<0.001**
Average age	48.4	45.8	0.149
Relationship	42.8%	47.9%	0.731
Married	29,7%	22,9%	0.196
Unmarried	51.4%	41.5%	0.096
Divorced	15.4%	27.1%	**0.014**
Widow(er)	3.4 %	8.5%	0.062
Children	40.0%	43.3%	0.590

Results I

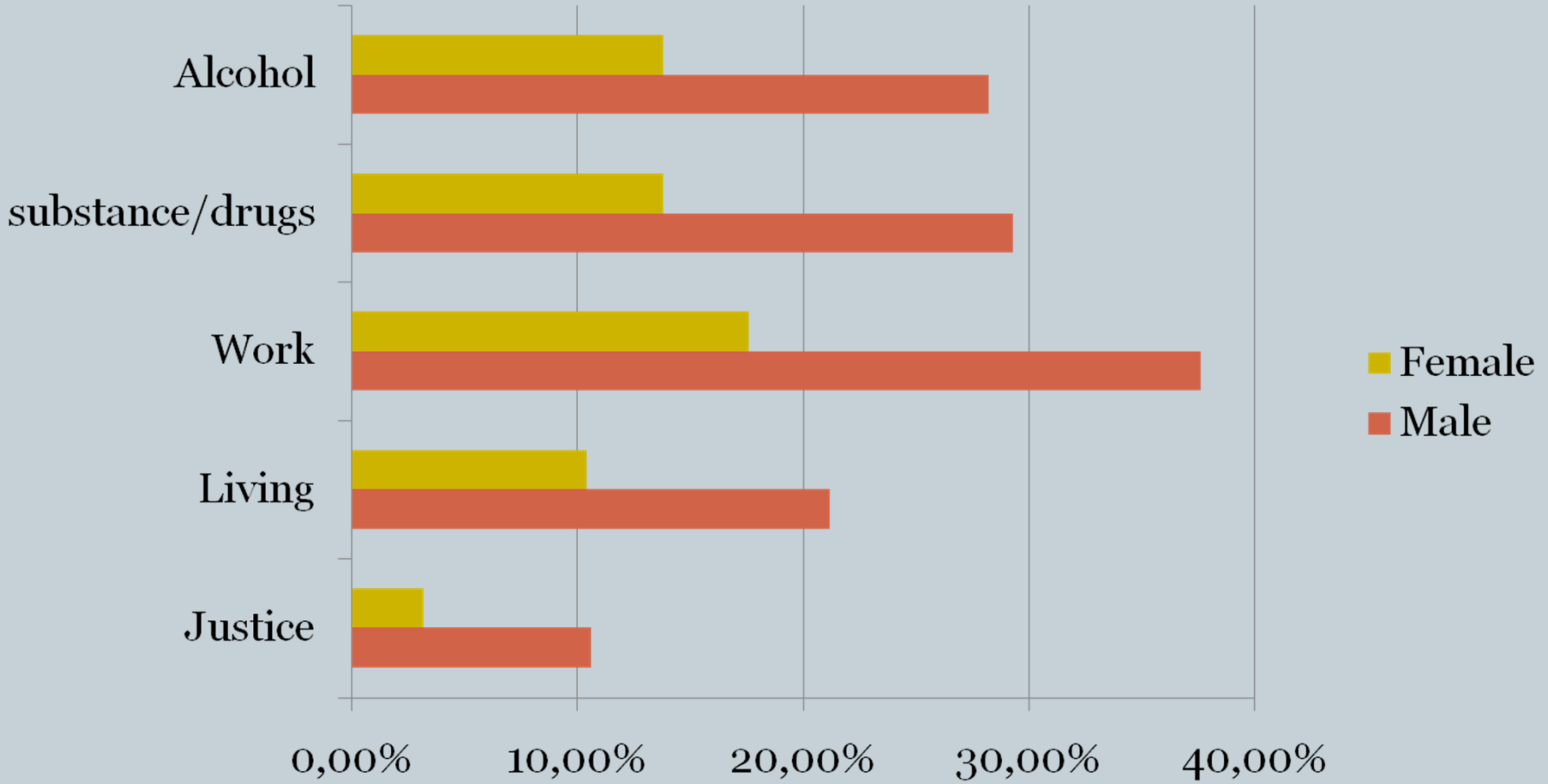

Married
Unmarried
Relationship
Divorced
Widow
Children
0%
10%
20%
30%
40%
50%
60%
Female
Male

Results II

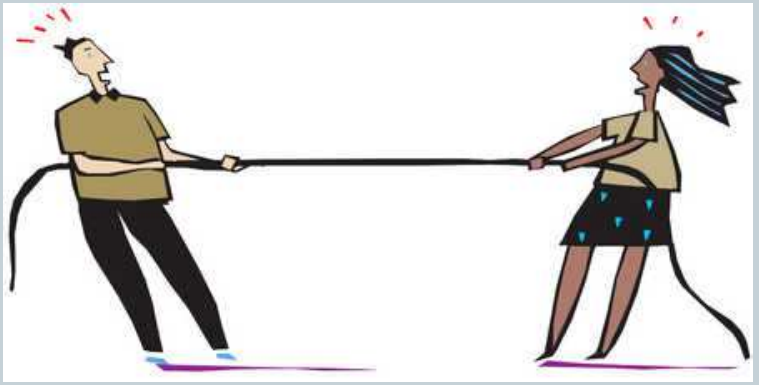
Male

- 2 times ↑ alcohol problem (p=0.002)
- 2 times ↑ drug problem (p=0.003)
- 2 times ↑ work-related problems (p< 0.001)
- 2 times ↑ living-related problems (p=0.030)
- 3 times ↑ problems with justice (p=0.038)

Results II


Alcohol
substance/drugs
Work
Living
Justice
0,00%
10,00%
20,00%
30,00%
40,00%
Female
Male

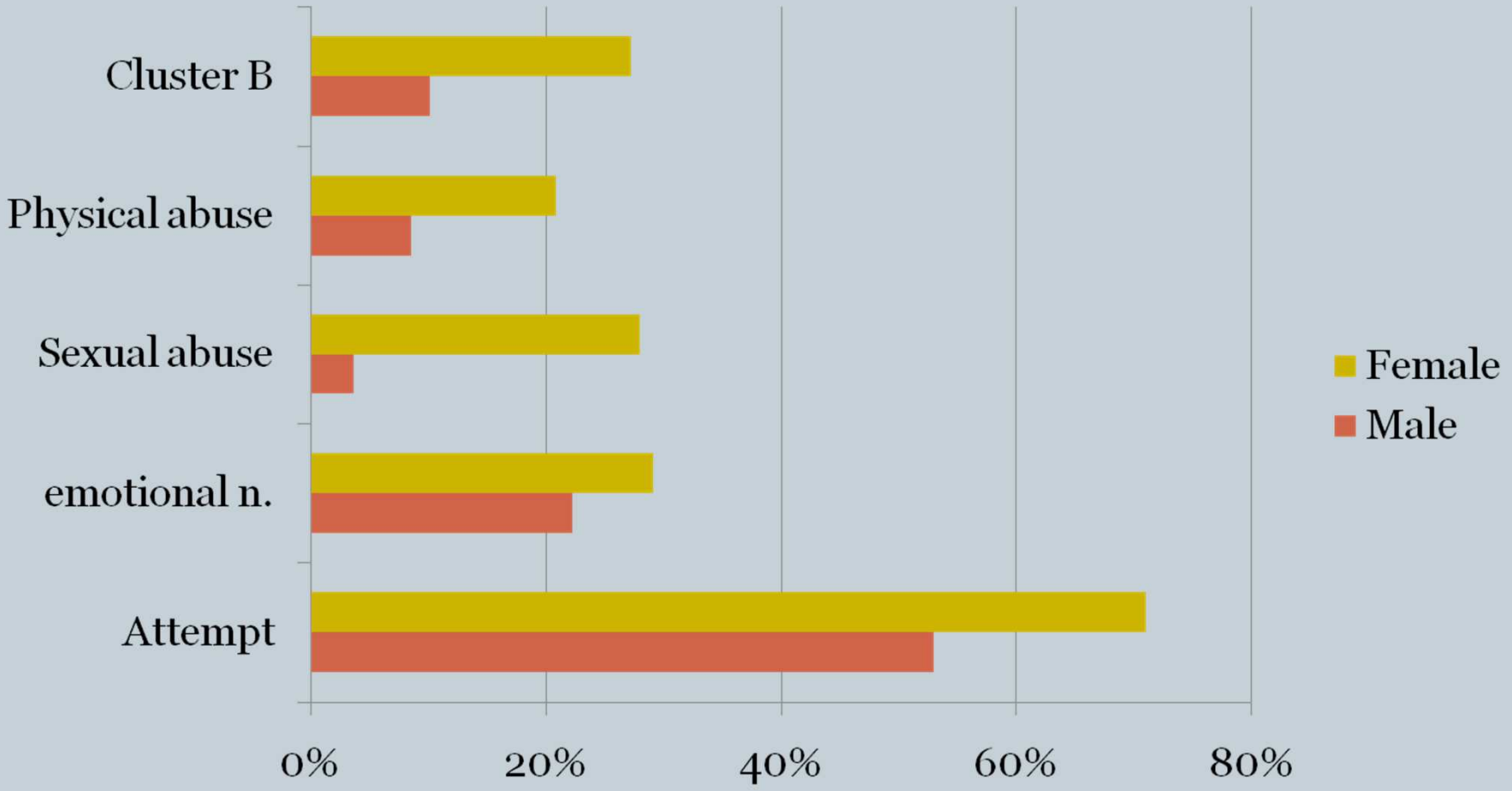
Results III



Female

- 3 times ↑ cluster B ($p < 0.001$)
- 2 times ↑ physical abuse ($p=0.004$)
- 7 times ↑ sexual abuse ($p<0,001$)
- 1,5 times ↑ emotional neglect ($p=0.003$)
- Treatment history (14 years vs 11 years) ($p=0.007$)
- ↑ suicide attempts (71% vs 53%) ($p=0.001$)

Results III


Cluster B
Physical abuse
Sexual abuse
emotional n.
Attempt
0%
20%
40%
60%
80%
Female
Male

Conclusion

- Male:female ratio more equal in MH
- Male ↑ drugs/alcohol and/or axis IV problems
- Female ↑ traumatised and/or cluster B problems

Strength & limitations

+

- Numbers
- Detailed & controlled information for suicides in MH
- Large MH region and exlusive in third city of

-

- Dutch Inspectorate for health (defensive)
- No controls general population
- Different regulations inspectorate from 2010

Discussion

- Men and Female gender ratio unknown (emergency P 51 vs 49%)
- During risk taxation, gender related risk assessment?
- Shift in taxation?

Thank you **audience!!!!!!!**

- And also

- Mathijs Deen M.Sc
- Jacomien Krijger MD
- Wilma Neumann MD
- Pauline Stokvis MD
- Remco de Winter MD, Ph.D
- Jolien Bueno de Mesquita MD, Ph.D
- Bert van Hemert MD, Ph.D
- Marieke de Groot Ph.D