

Validation for a Practical New Model to Differentiate Suicidality which can be used Across Various Clinical Settings

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Background

Based on clinical and scientific experience, a model has been developed for 4 subtypes of suicidality; (see figure 1).

1. Perceptual Disintegration (PD),
2. Primary Depressive Cognition (PDC),
3. Psychosocial "Turmoil" (PT), and
4. Inadequate Communication/Coping (IC).

Hypothesis: Differentiation of suicidality leads to better clinical risk assessment, estimation of responsibility, etiological knowledge, better treatment, and more relevant scientific research. After a promising validation pilot with 25 cases (see QR),



we provided feedback to the assessors and revised the Gradual SUICIDI questionnaire. This study is a replication with 75 cases.

Purpose

Replication of validation of suicidal subtypes after feedback session with explanation about the revised SUICIDI questionnaire.

Methods

Conclusions from 75 suicidal Emergency patients have been anonymised. Clinical and demographic data have been pseudonymised and archived. The cases have been independently assessed (3 psychiatrists, 3 nurses/scientists) on absolute and dimensional scores and examined for validity using an intraclass correlation coefficient (ICC). The METC Leiden University has evaluated the study.

Table 1 Intraclass Correlation Coefficients

ICC values & validiteit	
< 0.5	Poor
≥ 0.5 - 0.75	Moderate
≥ 0.75 - 0.9	Good
≥ 0.90	excellent

Results

Table 2 shows the results. In the follow-up study, the subtypes had improved ICC values with an improved confidence interval. The questionnaire now provided perfect ICC gradual values for all subtypes.

Table 2 ICC of subtypes

Average measure	ICC	95% CI lower bound	95% CI upper bound	Value	Cronbach Alpha
Alle subtypen	.947	.926	.964	18.96	.947
Absoluut Perceptueel (PD)	.959	.942	.972	24.85	.960
Absoluut Depressief (PDC)	.918	.885	.944	12.84	.922
Absoluut Turmoil (PT)	.832	.764	.885	6.45	.845
Absoluut Communicatie (IC)	.891	.848	.925	9.95	.895
Perceptueel (PD) SUICIDI	.973	.960	.981	36,70	.972
Depressief (PDC) SUICIDI	.957	.932	.968	23,30	.932
Turmoil (PT) SUICIDI	.901	.830	.922	10,11	.883
Communicatie (IC) SUICIDI	.927	.893	.948	13,68	.924

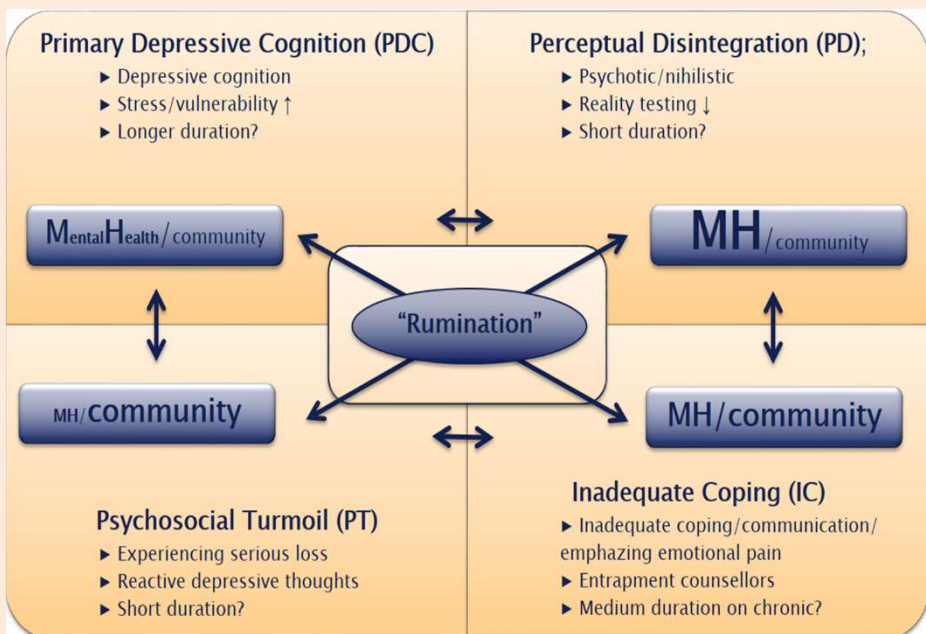
Conclusions

The subtypes of suicidality are in this study even better validated and delineated. The revision of the SUICIDI questionnaire provided perfect scores for all suicidal subtypes.

Discussion

Differentiating of suicidality provides better alignment with clinical practice, allowing for more tailored diagnostics and treatment of suicidal behaviour. The validation step offers tools to refine the model and make it more practical and useful for clinical practice and scientific research.

Figure 1 : Four suicidal subtypes



Steenjtes,

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