Post-mortem validation of suicidal subtypes: a research protocol

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www.suicidaliteit.nl

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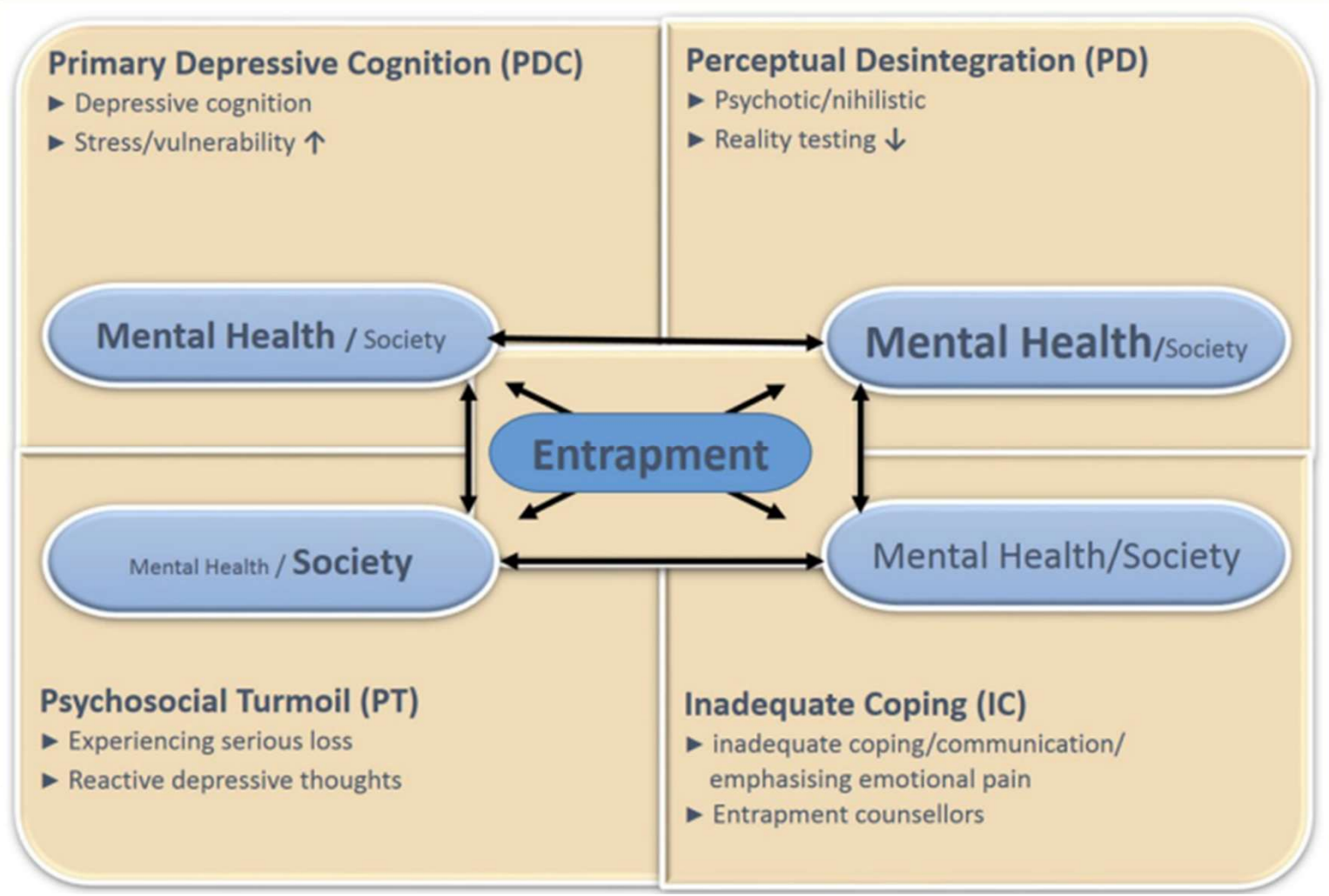
SuPreMH
SUICIDE PREVENTION IN MENTAL HEALTH

GGZ Rivierduinen
Het begint bij begrip

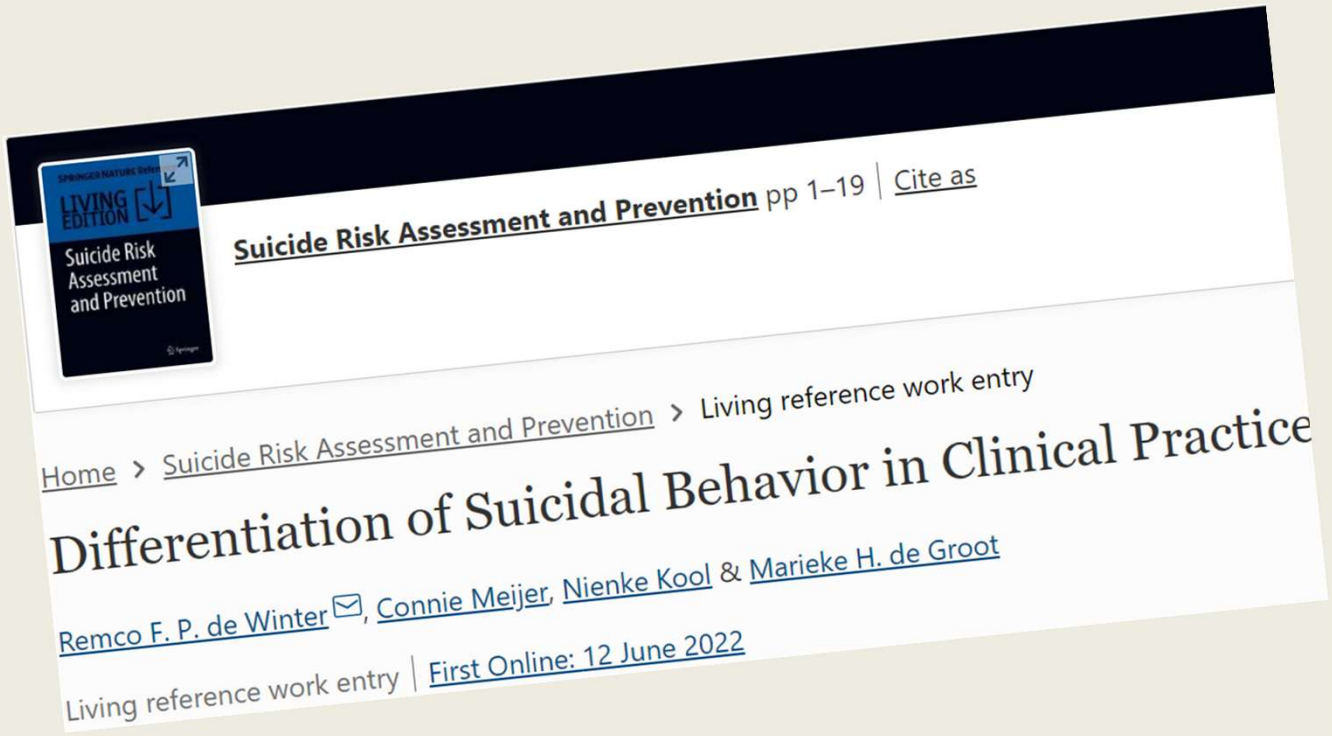
Introduction

- Suicidality is often still regarded as a homogeneous phenomenon
- This convention: **not one-size-fits-all**: subcategorization may help resolve several methodological puzzles in suicidology.
- Research shows that different subtypes of suicidality are recognized
- Subtypes have previously shown promising initial validity
- **This presentation describes a new study evaluating the validity of the subtypes in a post-mortem population died by suicide.**

Theory 4 clinical suicidal subtypes



Description subtypes



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Perceptual disintegration

- Suicidality arises from psychosis or compelling delusions
- Psychotic features, Nihilism
- Mood-congruent or mood-incongruent
- Psychotic episodes are usually recent and severe and related to suicidality
- Severe depressogenic thoughts may progress into nihilistic psychotic symptoms

Primary depressive cognition

- Suicidality arises from persistent depressive cognition
- Remains understandable in the context of a non-psychotic depression
- Characterized by daily suicidal thoughts and marked psychological distress.
- Occurs in depressive disorders, but also in anxiety disorders or autism
- May be intertwined with or also caused by personality disorders.

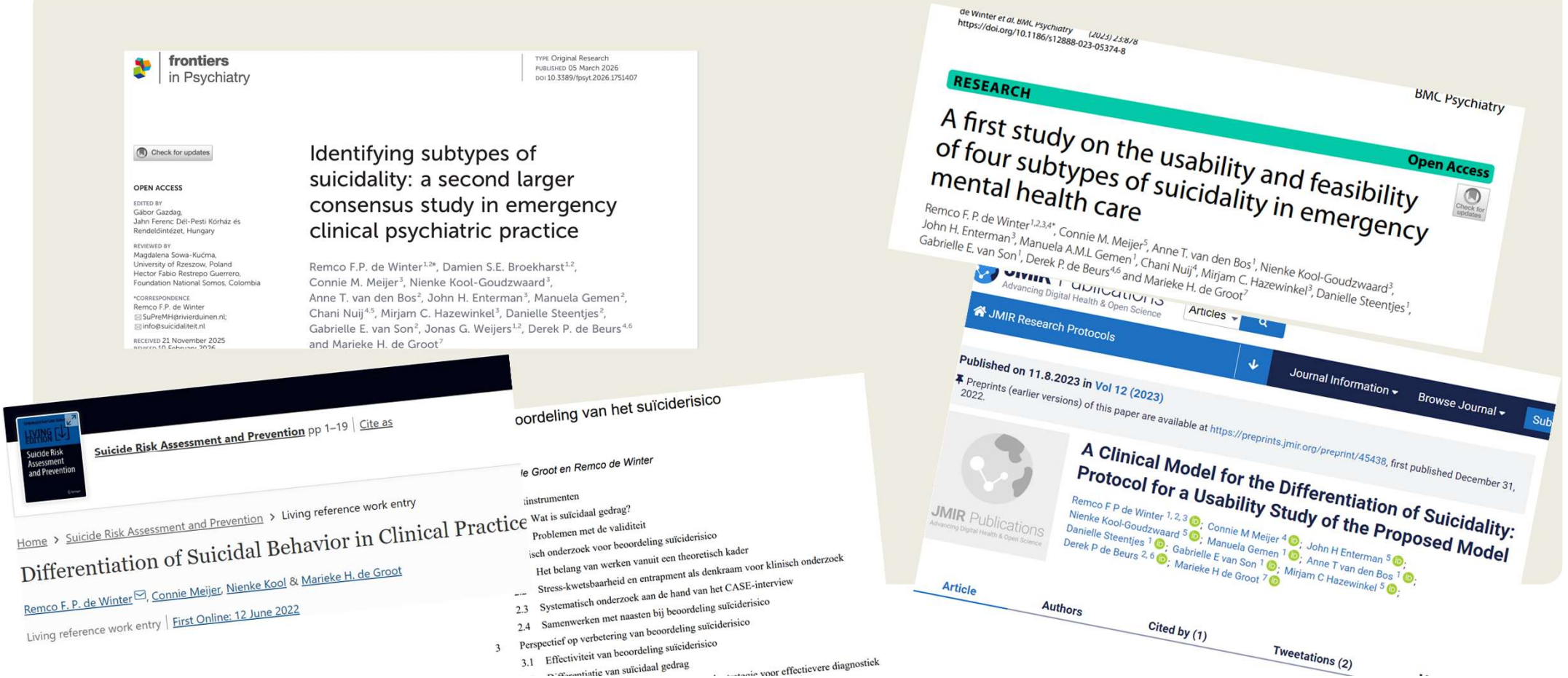
Psychosocial turmoil

- Ego-related suicidality following severe loss or adversity (internalizing/externalizing)
- Characterized by unbearable anxiety, guilt, and shame accompanied by a need for relief
- Usually short-lived (hours/days) (substance use could be provoking)
- Primarily explained by acute stress.
- Underlying deficits in impulse regulation increase risk of a fatal outcome.

Inadequate coping

- Persistent suicidality due to an inability to communicate psychological distress
- Expression of underlying psychological suffering
- Often related to personality disorders and may be triggered by substances
- Often perceived by professionals as externalizing and manipulative, leading to an exhausted support system.

Findings from previous studies



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Identifying subtypes of suicidality: a second larger consensus study in emergency clinical psychiatric practice

Remco F.P. de Winter[1,2*], Damien S.E. Broekharst[1,2], Connie M. Meijer[3], Nienke Kool-Goudzwaard[3], Anne T. van den Bos[2], John H. Enterman[3], Manuela Gemen[2], Chani Nuij[4,5], Mirjam C. Hazewinkel[3], Danielle Steentjes[2], Gabrielle E. van Son[2], Jonas G. Weijers[1,2], Derek P. de Beurs[4,6] and Marieke H. de Groot[7]

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RESEARCH

BMC Psychiatry

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A first study on the usability and feasibility of four subtypes of suicidality in emergency mental health care

Remco F. P. de Winter[1,2,3,4*], Connie M. Meijer[5], Anne T. van den Bos[1], Nienke Kool-Goudzwaard[3], John H. Enterman[3], Manuela A.M.L Gemen[1], Chani Nuij[4], Mirjam C. Hazewinkel[3], Danielle Steentjes[1], Gabrielle E. van Son[1], Derek P. de Beurs[4,6] and Marieke H. de Groot[7]

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A Clinical Model for the Differentiation of Suicidality: Protocol for a Usability Study of the Proposed Model

Remco F P de Winter 1, 2, 3; Connie M Meijer 4; John H Enterman 5; Nienke Kool-Goudzwaard 5; Manuela Gemen 1; Danielle Steentjes 1; Gabrielle E van Son 1; Anne T van den Bos 1; Derek P de Beurs 2, 6; Marieke H de Groot 7; Mirjam C Hazewinkel 5;

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Differentiation of Suicidal Behavior in Clinical Practice

Remco F. P. de Winter, Connie Meijer, Nienke Kool & Marieke H. de Groot

Living reference work entry | First Online: 12 June 2022

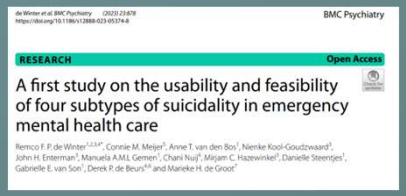
oordeling van het suïciderisico

le Groot en Remco de Winter

instrumenten
Wat is suïcidaal gedrag?
Problemen met de validiteit
isch onderzoek voor beoordeling suïciderisico
Het belang van werken vanuit een theoretisch kader
Stress-kwetsbaarheid en entrapment als denkraam voor klinisch onderzoek
2.3 Systematisch onderzoek aan de hand van het CASE-interview
2.4 Samenwerken met naasten bij beoordeling suïciderisico
Perspectief op verbetering van beoordeling suïciderisico
3.1 Effectiviteit van beoordeling suïciderisico
3 Differentiatie van suïcidaal gedrag voor effectievere diagnostiek

First Clinical Model of Suicidality Evaluated for Validation in a Psychiatric Crisis Service (total n = 100)

Yet 2 studies absoluut/dimensional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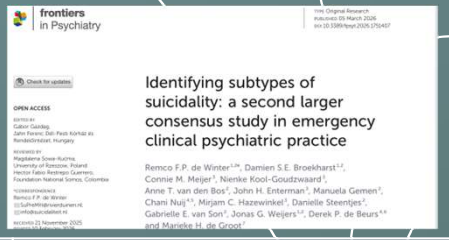
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Identifying subtypes of suicidality: a second larger consensus study in emergency clinical psychiatric practice

Type	ICC Study 1 *(n = 25)* absolute/dimensional	ICC Study 2 *(n =75)* absoluut/dimensioneel
Perceptual desintegration	Good/good	Excellent/excellent
Primary depressive cognition	Excellent/excellent	Excellent/excellent
Psychosocial Turmoil	Good/good	Good/excellent
Inadequate coping	Good/good	Good/excellent

Subtypes (combined emergency psychiatry) 6 raters

- Primary Depressive Cognition (PDC): 34,7%
- Inadequate Coping/Communicatie (IC): 32,8%
- Psychosocial Turmoil (PT): 19,9%
- Perceptual Disintegration (PD): 12,6%

Novel study; recognizing subtypes during suicide?

- How are suicides distributed across the different suicidal subtypes?
- Can each type of suicide always be assigned to a specific subtype?
- Which subgroup occurs most frequently?
- For which group is there the greatest degree of uncertainty?
- Is suicidality always demonstrable/identifiable?

Source: Mental health organization Rivierduinen

- South Holland region, providing care to approximately 20.000 patients each year
- High risk patients, between 20-30 patient suicides occur annually (1 every 2 weeks)
- Every suicide is reviewed in detail a detailed report is made
- Comprehensive review process used, including three structured debriefing sessions
- Primary focus on learning and improving patient safety, while also supporting the psychological safety and well-being of staff members

Methods

- Approximately 300 suicide evaluations systematically analyzed (2015-2026)
- Building a comprehensive database containing demographic, personal, and process-related data.
- Three qualified healthcare professionals independently assess the reports using the initial validated SUICIDI-3 questionnaire.
- Aim is to classify and document relevant suicidality subtypes for each case
- Consensus on subtypes is using intraclass correlation coefficient (ICC).

Researchprotocol in preparation

- Medical ethics approval was granted,
- Project extensively reviewed and commented on by the privacy officers and the Data Protection Officer (DPO)

Results

- Contributes to a refined explanatory model of suicidality and suicides
- Provides a practical framework for clinical etiological interpretation
- Supports accurate identification of suicidality subtypes
- Helps shape individualized, patient-centered interventions

Discussion

- Which subtypes appear among individuals who died by suicide?
- Are all suicides identifiable, when not what characterizes those cases?
- Identifiable residual category of suicides that does not fit a subtype?
- Implications of these findings for clinical practice in specific populations?
- New hypothese: Do the distributions of subtypes differ among individuals who die by suicide outside the mental health care system?

Closing

- What opportunities do you see to further strengthen the study design?

- Interested? Please contact r.dewinter@rivierduinen or PhD candidates d.broekharst@rivierduinen.nl/r.kop@rivierduinen.nl