



Research paper

Mental health service use in adults with suicidal ideation within a nationally representative sample of the Korean population



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ABSTRACT

Background: Use of mental health services (MHS) by people with suicidal ideation is critical in prevention of suicide, and identification of the factors that influence MHS use may assist in providing efficient interventions and treatments for suicidal individuals. Thus, we investigated the association between socioeconomic factors and use of MHS in people with suicidal ideation.

Method: We analyzed the data of the Fifth Korea National Health and Nutrition Examination Survey 2010–2012, a nationally representative cross-sectional study of the Korean population. Among the 24,173 people from the national health survey, we investigated the socioeconomic, clinical, and health-related characteristics of 2616 participants aged 19 years and older with suicidal ideation within the previous year.

Results: In the logistic regression analyses, after adjusting for potentially confounding factors, the odds ratio (OR) for nonuse of MHS was significant in the subjects aged 65 years or older (OR=4.90), aged 50–64 years (OR=2.11), with 10–12 years of education (OR=1.87), widowed (OR=2.75), with economic activity (OR=1.60), with an employment status of paid employee (OR=1.97), without depressive mood (OR=2.73), having not attempted suicide (OR=4.04), and with no reported problems in their usual activities (OR=2.17).

Limitations: We did not use standardized assessment tools to evaluate suicidal ideation and depressive mood.

Conclusions: We observed a significant influence of several socioeconomic factors, depressive mood, and suicide attempts on the MHS use of adults with suicidal ideation, based on a nationally representative sample of the Korean population.

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1. Introduction

Suicide is not only a type of psychopathology but also a complicated human behavior and social phenomenon with a complex background (Wray et al., 2011). Suicide places a great socioeconomic burden on our society and poses a significant challenge for contemporary psychiatry (Bruffaerts et al., 2011). About 9% of people potentially engage in suicidal ideation, and 3% of people

actually commit suicide (Borges et al., 2010). Suicide is a major social issue and public health concern, and is now the fourth leading cause of death in Korea (Jeon, 2011). Suicide rates in Korea have risen dramatically from 10.8 per 100,000 people in 1995 to 23.3 per 100,000 people in 2014 (Korea National Statistical Office, 2015), which is the highest among countries belonging to the Organization for Economic Cooperation and Development (OECD, 2013).

The process of suicide is known to be a progressive behavior that gradually increases in seriousness, such as in following a sequence consisting of suicidal ideation, planning, attempt(s), and completion of suicide (Tyssen et al., 2004). Numerous studies have suggested a strong association between suicidal ideation and attempts (Vasiliadis et al., 2012). Reports from the Centers for Disease Control and Prevention (CDC) indicate that suicidal ideation is usually associated with unremitted depression, and inadequate

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treatment of depression could lead to a worse clinical prognosis and an elevated risk of suicide attempts (Centers for Disease Control and Prevention, 2008). Thus, suicidal ideation is regarded as an important predictor of suicide attempts and a key target for suicide prevention efforts (Kuo et al., 2001). The studies based on the population of Asian countries also suggested the correlation among suicidal ideation and attempt, and depression (Aiba et al., 2011; Jeon et al., 2010; Li et al., 2012; Sugawara et al., 2012).

The use of mental health services (MHS) plays a critical role in the prevention of suicide; an unmet need for MHS could increase the likelihood of completion of suicide in individuals with suicidal ideation (Pagura et al., 2009). Previous studies have suggested that many suicides could be prevented if MHS were to address the needs of individuals with elevated risk of suicide (Pagura et al., 2009). The help-seeking behavior model suggested that people seeking MHS progress several stages including assessing necessity, feasibility, and options of treatment, and finally making decision to seek treatment, and perceived barrier to MHS has a significant effect on these stages (Sareen et al., 2007). It is suggested that the use of MHS in suicidal people is correlated with perceived need and barriers to the use of MHS (Brook et al., 2006; Steele et al., 2007). According to Andersen's behavioral model of health service use, which is a fundamental theoretical model in studies of health service provision, the predisposing socioeconomic characteristics and enabling resources of population could determine the perceived barrier for use of MHS (Andersen, 1995; Park et al., 2014). Socioeconomic characteristics of the people with need for MHS could influence on the individual attitudinal factors (e.g. stigmatization, or personal belief on mental health) and system-level structural factors (e.g. financial cost) of perceived barriers to use of MHS (Sareen et al., 2007). Thus, identification of socioeconomic factors influencing on perceived barriers for MHS use plays contributable role in providing efficient intervention and treatment for suicide. Epidemiological studies of individuals with suicidal ideation suggest that MHS utilization is correlated with socioeconomic factors including age, ethnicity, gender, education level, marital status, income, and employment status (Brook et al., 2006; Corna et al., 2010; Hom et al., 2015; Rhodes et al., 2006; Steele et al., 2007; Vasiliadis et al., 2013).

Individuals with suicidal ideation have different level of perceived needs in various domains of MHS compared to individuals without suicidal ideation (Stringer et al., 2013). This highlights the necessity on the study of MHS utilization focusing on people with suicidal ideation. However, few studies exist on MHS use among suicidal individuals in Asian countries including Korea, in contrast to the substantial literature on this issue in North America and European countries. In Korea, one epidemiological study of a nationwide sample investigated associations between MHS utilization and various sociodemographic factors. However, this study did not focus on suicidal people; rather, individuals with a diagnosis of any psychiatric disorder were considered, and the results are not free from the effects of confounding factors (Cho et al., 2009).

Considering the increasing requirements for a comprehensive investigation of the factors that influence MHS utilization by individuals with suicidal ideation, we investigated the association between socioeconomic factors and the use of MHS in people with suicidal ideation. Our *a priori* hypothesis is that socioeconomic factors significantly influence on MHS use in individuals with suicidal ideation.

2. Methods

2.1. Study design and participants

This study analyzed the data of the Fifth Korea National Health and Nutrition Examination Survey 2010–2012 (KNHANES V), a nationally representative cross-sectional study, which was conducted by the Korea Centers for Disease Control and Prevention (KCDC) during 2010–2012. The KNHANES V assessed health status, health behavior, and nutritional status, and applied a stratified multistage probability-sampling design to acquire a representative sample of the South Korean population. The KNHANES V included three questionnaires: the Health Interview Survey, the Health Behavior Survey, and the Health Examination. The Health Interview Survey was performed in households by trained interviewers using a self-administered and structured questionnaire to obtain the demographic, socioeconomic, clinical, and health-related characteristics of each respondent. For the KNHANES V, a total of 9821 households and 25,533 people aged 1 year and older participated in the study. Among the 24,173 people who participated in the Health Interview Survey (response rate=94.7%), 17,869 people aged 19 years and older responded on the question for suicidal ideation in previous year. We analyzed the data of 2616 participants aged 19 years and older with suicidal ideation within the previous year. The details of sample selection are described in the Fig. 1. The sample was weighted to adjust for non-responders and over-sampling. In accordance with the Declaration of Helsinki (1989 revision), all participants gave informed consent to participate in the study, and the survey protocol was approved by the ethics committee of the KCDC.

2.2. Measurements

Suicidal ideation was identified as an affirmative response to the question “during the past year, have you ever seriously considered attempting suicide?” This question was derived from the Youth Risk Behavior Surveillance (YRBS) questionnaire of the CDC (Swahn and Bossarte, 2007).

This study considered MHS use as visiting any healthcare institution, or telephone or Internet consultation for mental health problems. The use of MHS was probed by the question “during the past year, have you visited any healthcare institutions, or have you received consultation through the Internet, telephone, etc. due to your mental health problems?” (Park et al., 2014).

We investigated socioeconomic characteristics of the participants consisting of gender, age, level of educational attainment according to the Korean educational system (elementary school, ≤ 6 years; middle school, 7–9 years; high school, 10–12 years; or college or university, ≥ 13 years), marital status (married, never married, divorced or separated, or widowed), region (urban or rural), economic activity, employment status (paid employee, employer, self-employed, unpaid family worker, or unemployed or not economically active), equivalent monthly individual and household income assessed by quartiles (high, middle-high, middle-low, or low), type of national health insurance (national health insurance or Medicaid), and status of private or medical insurance. Equivalent monthly household income was calculated by dividing the reported monthly household income by the square root of the family size.

The clinical characteristics of the participants included perceived usual stress, depressive mood, and suicide attempts. Perceived usual stress was assessed by the question “to what extent do you usually feel stress in your daily life?” with responses provided on a 4-point Likert scale (very high, high, low, or little). Depressive mood was evaluated by the question “have you felt sadness or despair affecting your daily life for more than 2 weeks

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