



Original Article

# The characteristics, management, and aftercare of patients with suicide attempts who attended the emergency department of a general hospital in northern Taiwan

Chen-Ju Lin <sup>a,b</sup>, Hsin-Chin Lu <sup>c</sup>, Fang-Ju Sun <sup>c,d</sup>, Chun-Kai Fang <sup>a,b</sup>, Shu-I Wu <sup>a,b</sup>,  
Shen-Ing Liu <sup>a,b,c,d,\*</sup>

<sup>a</sup> Department of Psychiatry, Mackay Memorial Hospital, Taipei, Taiwan, ROC

<sup>b</sup> Suicide Prevention Center, Mackay Memorial Hospital, Taipei, Taiwan, ROC

<sup>c</sup> Department of Medical Research, Mackay Memorial Hospital, Taipei, Taiwan, ROC

<sup>d</sup> Mackay Junior College of Medicine, Nursing & Management, Taipei, Taiwan, ROC

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## Abstract

**Background:** Suicide is a serious public health problem worldwide. The emergency department (ED) is often the first place of contact with medical and mental health care for suicidal patients. This study aimed to determine the characteristics, management, and aftercare of patients who attempted suicide and then were taken to the ED of a general hospital in Taipei, Taiwan.

**Methods:** Our study was a cross-sectional retrospective study that consecutively recruited patients with suicide attempts attended to the ED of a general hospital from June 2004 to May 2005. The patients' medical information and records pertaining to their emergency visit were subsequently reviewed.

**Results:** Overall, 481 persons were recruited into our study. The male:female ratio of total surviving attempters was approximately 1:4 and the average age was 33.6 [standard deviation (SD) 12.3] years. The most frequently observed general characteristics from which participants suffered were mental illness (73.1%) and interpersonal problems (76.1%). Nearly all patients (91.7%) received ED on-site psychosocial assessments from social workers (SWs) and psychiatrists in 84.2% and 53.4% of cases, respectively. Less than half of patients (45.1%) were referred to psychiatric outpatient aftercare, and only 26.1% contacted the psychiatric outpatient clinics after discharge from the ED. The stated reasons for psychiatric outpatient referral were associated with interpersonal problems, current psychiatric illness, the ED on-site psychiatrist consultation, and admission to medical, surgical, or psychiatric wards. However, individuals with interpersonal problems, previous psychiatric intervention, and ED on-site psychiatrist consultation were significantly more likely to attend outpatient psychiatric aftercare.

**Conclusion:** Individuals who harmed themselves had a high rate of psychiatric morbidity and interpersonal problems. However, their adherence to psychiatric outpatient aftercare was low. Improved identification of the needs of patients with suicidal tendencies who did not attend outpatient services will have implications for future services provided to this patient population, and will better enable medical personnel to most effectively assist in suicide attempt interventions.

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**Keywords:** aftercare; attempted suicide; crisis intervention; hospital emergency service; referral and consultation

Conflicts of interest: The authors declare that there are no conflicts of interest related to the subject matter or materials discussed in this article.

\* Corresponding author. Dr. Shen-Ing Liu, Department of Psychiatry, Mackay Memorial Hospital, 92, Section 2, Chungshan North Road, Taipei 104, Taiwan, ROC.

E-mail address: [maryliuyip@gmail.com](mailto:maryliuyip@gmail.com) (S.-I. Liu).

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## 1. Introduction

Suicide is a serious public health problem worldwide. In Taiwan, the suicide rate has increased over the past decade; from 1999 to 2010, suicide has continually been one of the country's top 10 causes of death. In 2006, suicide deaths climbed to a historic high of 4406 and the crude suicide mortality rate reached an annual rate of 19.3 per 100,000 population.<sup>1</sup> A study reported Taiwan's socioeconomic losses due to suicide were approximately New Taiwan Dollars (NTD) 32.5 billion in 2007,<sup>2</sup> and estimates of its actual losses are even higher. As a mechanism to attempt to address the rising suicide rate, the Taiwanese government created a national suicide prevention center at the end of 2005.

The emergency department (ED) is often the first place of contact with medical and mental health care for suicidal patients.<sup>3,4</sup> Therefore, the ED represents an important point of access to mental health services and could play a crucial role in suicide prevention.<sup>5</sup> Thus, it is important that EDs should be equipped with adequate personnel to evaluate and manage suicidal patients effectively and, furthermore, are supplied with adequate resources for follow-up after suicidal attempters are discharged from the ED.

Some studies in Western countries have reported the ED assessment, treatment, and discharge disposition of suicide attempts. In one large European study of emergency treatment following suicide attempts, 29% of boys and 26% of girls were discharged without being recommended for follow-up mental health treatment.<sup>6</sup> The comparable figures for adults were 16% of men and 14% of women.<sup>7</sup> A British report of ED dispositions following suicide attempts found that 46% of patients were admitted for inpatient care and 27% of patients were either seen by or referred to an outpatient mental health specialist. The remaining 27% of patients did not receive a mental health assessment.<sup>8</sup> A retrospective longitudinal cohort analysis was conducted that reviewed national 2006 Medicaid claims data for outpatient care of young Americans who attempted suicide (10–19 years of age), and who received ED treatment.<sup>9</sup> The study showed that most patients (72.9%) were discharged to the community with 39% of discharged patients receiving a mental health assessment in the ED and a roughly similar percentage (43.0%) receiving follow-up outpatient mental health care. Follow-up mental health care was directly related to recent outpatient and inpatient mental health.<sup>9</sup> A Korean report indicated that the referral rate to mental health services for suicidal attempters visiting ED was 47.3%.<sup>10</sup> These studies suggest that mental health evaluations may not be uniformly provided as a part of emergency care for suicidal patients. In Taiwan, and throughout Asia as a whole, research that focused on interventions at the ED for those who attempted suicide were rare. In this study, we examined emergency assessment, treatment, and discharge disposition in a representative sample of suicidal attempters visiting the ED. More specifically, we determined the factors related to psychiatric outpatient aftercare.

## 2. Methods

### 2.1. Study sample

All participants were consecutively recruited from the ED of a general hospital in Taipei, Taiwan during the 12-month period from June 2004 to May 2005 (the year prior to when the Taiwan national suicide prevention center was established). "Suicidal behavior" was defined as any self-harm incident that was both brought to the attention of medical staff in the ED and linked with the patient's expressed intent to commit suicide or hurt him/herself. We did not try to differentiate between "real" suicide attempts and "gestures" (manipulative, attention-seeking acts), because suicide attempts and self-harm behaviors were not mutually exclusive. The inclusion criteria allowed all patients who had attempted suicide and self-harmers, but excluded patients with only suicidal ideation.

### 2.2. Procedures

This was a cross-sectional retrospective study. All medical records in the ED, including emergency records, admission and discharge notes, progress notes, consultation sheets, SW notes, and nursing notes, were retrospectively reviewed. Basic sociodemographic information collected included sex, age, marital status, educational level, employment, and residential status. Other variables, such as previous inpatient and outpatient care, previous suicidal behavior, method of suicidal behavior, psychosocial assessment in the ED, and further disposition after discharge from the ED, were also collected. We categorized all suicidal methods into four categories: (1) self-poisoning (e.g., using psychotropics or other medical drugs); (2) cutting (i.e., using sharp materials to inflict bodily injury); (3) more-fatal methods (e.g., charcoal burning; hanging; strangulation/suffocation; jumping from high places; self-drowning; using cleansers, insecticides, chemical agents, and pesticides; and using more than three methods at the same time); and (4) other methods not included in any of the above categories (e.g., tongue biting).

This study was carried out according to the Declaration of Helsinki and good clinical practices. All the obtained data were delinked and the protocol was approved by the institutional review board at the study site.

### 2.3. Statistical analysis

We examined the demographic data for significant associations with self-harm using descriptive statistics. For categorical variables,  $\chi^2$  tests were applied, and the Student *t* test was used to examine continuous variables. Univariate and multivariate logistic regression analyses were performed to test which factors were associated with psychiatric outpatient referral and attendance at outpatient aftercare mental health services. All analyses were performed using SPSS version 11.0 (SPSS Inc., Chicago, IL, USA).

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