

Research paper

The application of the interpersonal-psychological theory of suicide to a sample of Swiss patients attending a psychiatric emergency department for a non-lethal suicidal event

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ARTICLE INFO

Keywords:

Suicidal ideation

Suicide attempt

Thwarted belongingness

Perceived burdensomeness

Acquired capability for suicide

Interpersonal-psychological theory of suicide

ABSTRACT

Background: Visits to emergency departments (EDs) for suicidal ideation or a suicide attempt have increased in the past decades. Yet comprehensive models of suicide are scarce, potentially enhancing misunderstandings from health professionals. This study aimed to investigate the applicability of the interpersonal-psychological theory of suicide (IPTs) in a population visiting EDs for suicide-related issues.

Methods: Three major hypotheses formulated by the IPTs were tested in a sample of 167 individuals visiting EDs for suicidal ideation or a suicide attempt.

Results: As predicted by the IPTs, greater levels of perceived burdensomeness (PB) were associated with presence of current suicidal ideation. However, contrary to the theory assumptions, thwarted belongingness (TB) was not predictive of current suicidal ideation (Hypothesis 1). Similarly, the interaction between PB, TB and hopelessness did not account for the transition from passive to active suicidal ideation (Hypothesis 2). The interaction between active suicidal ideation and fearlessness of death did not either predict the transition from active suicidal ideation to suicidal intent (Hypothesis 3).

Limitations: The cross-sectional design limited the interpretation of causal hypotheses. Patients visiting EDs during nights and weekends were underrepresented. A general measure of hopelessness was considered, not a measure of hopelessness specifically related to PB and TB.

Conclusions: Although the three hypotheses were only partially verified, health professionals might consider the IPTs as useful for the management of patient with suicide-related issues. Clinical intervention based on perceived burdensomeness could notably be proposed shortly after ED admission.

1. Introduction

A 2005 report from the Swiss Federal Office of Public Health estimated that 15,000–25,000 individuals attempt suicide in Switzerland every year, leading to 1300–1400 deaths. This is equivalent to 19.1 deaths by suicide per 100,000 inhabitants, one of the highest ratios in Western Europe. The report also stated that about 10% of people living in Switzerland would make one or more suicide attempts during their lifetime and that half of the population would experience suicidal ideation. In Switzerland suicide is the leading cause of death amongst males aged 15–44 years; however only 10,000 suicide

attempts per years are reported and treated in medical settings (Federal Office of Public Health FOPH, 2005).

Medical staff working in the emergency departments (EDs) of general hospitals frequently encounter patients with suicide-related problems. In the United States the number of ED visits related to suicide attempts and self-harm more generally has almost doubled during the 1990s and 2000s, in all gender, age and ethnic categories (Larkin et al., 2008; Ting et al., 2012). It has also been argued that such events are under-detected in emergency settings (Boudreaux et al., 2015; Caterino et al., 2013; Claassen and Larkin, 2005). Because studies that report the incidence of ED visits related to suicidal

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ideation, attempted suicide and self-injury (Boudreaux et al., 2008, 2006; Caterino et al., 2013; Claassen et al., 2006; Claassen and Larkin, 2005; Larkin et al., 2008; Ting et al., 2012) do not use common terminology or a common classification system it is difficult to make comparisons (Posner et al., 2007; Silverman et al., 2007). Some studies have considered mixed samples of patients involved in suicidal and non-suicidal events, such as non-suicidal self-injury (Pompili et al., 2015).

The 24/7 availability and flexible health structure of EDs may represent the most convenient way for many individuals who have attempted suicide or are experiencing suicidal ideation to make contact with health professionals (Larkin and Beautrais, 2010; Ting et al., 2012). EDs appear then to be a key location for the clinical management of non-lethal suicidal events and for research on this topic. Generally associated in the literature with settings welcoming patients with somatic and/or psychiatric difficulties, EDs might provide patients in psychiatric crisis with a dedicated psychiatric room in some countries as in Switzerland (e.g., Schnyder and Valach, 1997). Thus, in particular, the health professionals working at the *psychiatric* section of EDs appear to be strongly implicated in the management of patients undergoing non-lethal suicidal events. However it has been reported that health professionals tend to have negative attitudes to individuals visiting EDs for these reasons and that such attitudes are associated with a perceived lack of training in dealing with clinical situations related to suicide (Friedman et al., 2006; Larkin and Beautrais, 2010; Pompili et al., 2005). Amongst other recommendations for improving the detection of non-lethal suicidal events, it has been suggested that health professionals who frequently encounter patients with suicide-related complaints should receive further training in screening for suicide risk. Yet the elements that such a screening should specifically investigate are difficult to define because comprehensive models of suicide are scarce (Joiner, 2005).

The interpersonal-psychological theory of suicide (IPTS) was proposed recently (Joiner, 2005; Van Orden et al., 2010) to address this gap in the literature. The model is based on three constructs. It posits that desire for suicide, in its most dangerous form, is promoted by a combination of *thwarted belongingness* (TB) and *perceived burdensomeness* (PB) alongside a sense of hopelessness about the possibility of change in these states. *Acquired capability for suicide* (AC) is viewed as a necessary prerequisite for action on the desire for suicide. Thus, according to this theory only the small minority of people to whom all three construct apply are at high risk of committing suicide, see Fig. 1. There has been increasing interest in the IPTS and it has received empirical support from research on various populations, including adolescents (Stewart et al., 2015), community-dwelling individuals (Christensen et al., 2013), older adults (Cukrowicz et al., 2011; Van Orden et al., 2015), refugees (Ellis et al., 2015), medical staff (Cornette et al., 2009), sexual minorities (Kim and Yang, 2015), prison inmates (Mandrachia and Smith, 2015) and military personnel (Anestis et al., 2015).

To our knowledge there has been no IPTS-based research involving French-speaking patients in Switzerland. In fact there have been few European studies based on the IPTS and none involving the general adult population of visitors to EDs. The aim of this study was to explore whether the IPTS could be viewed as a valid frame of reference for the management of patients presenting at psychiatric EDs of general hospitals following a non-lethal suicidal event. Hereafter we adhere to Posner and colleagues' (Posner et al., 2007) distinction between 'suicidal ideation' and 'suicide attempt'. The term suicidal ideation is used to refer to "passive thoughts about wanting to be dead or active thoughts about killing oneself, not accompanied by preparatory behavior", whereas a suicide attempt is defined as "a potentially self-injurious behavior, associated with at least some intent to die, as a result of the act. Evidence that the individual intended to kill him/

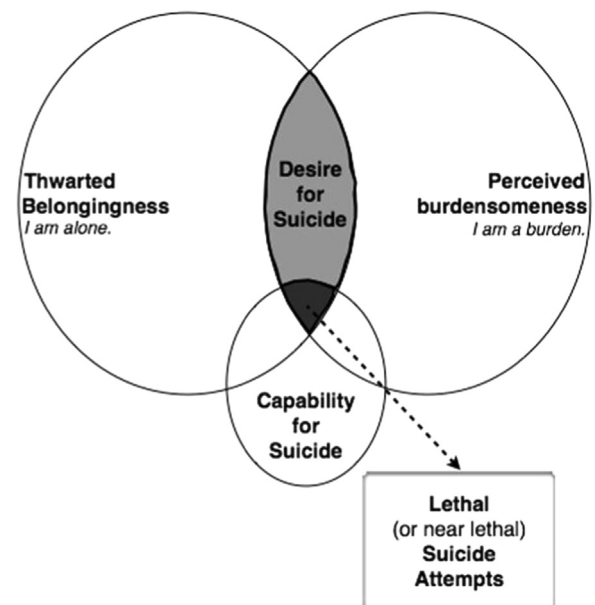


Fig. 1. Assumptions of the interpersonal-psychological theory of suicide (retrieved from Van Orden et al. (2010)).

herself, at least to some degree, can be explicit or inferred from the behavior or circumstance. A suicide attempt may or may not result in actual injury" (p. 1037). Posner and colleagues also specified an intermediate category labeled "preparatory acts toward imminent suicidal behavior" which covers the cases in which the individual "takes steps to injure him- or herself, but is stopped by self or others from starting the self-injurious act before the potential for harm has begun".

In this study we tested three major hypotheses derived from the IPTS and highlighted in the paper presenting the theory (Van Orden et al., 2010, p. 581). Hypothesis 1 states that "thwarted belongingness and perceived burdensomeness are proximal and sufficient causes of passive suicidal ideation". Thus, this hypothesis addresses the relationship between suicide desire as conceptualized by PB and TB and a desire to be dead. Hypothesis 2 is that "the simultaneous presence of thwarted belongingness and perceived burdensomeness, when perceived as stable and unchanging (i.e., hopelessness regarding these states), is a proximal and sufficient cause of active suicidal desire". This hypothesis relates to the transition between passive and active suicidal ideation, that is between a desire to be dead and active preparation for suicide. Hypothesis 3 deals with the subsequent transition from active suicidal ideation to suicidal intent and is formulated as follows: "the simultaneous presence of suicidal desire and lowered fear of death serves as the condition under which suicidal desire will transform into suicidal intent". A fourth hypothesis was proposed by Van Orden and colleagues: "the outcome of serious suicidal behavior (i.e., lethal or near lethal suicide attempts) is most likely to occur in the context of thwarted belongingness, perceived burdensomeness (and hopelessness regarding both), reduced fear of suicide, and elevated physical pain tolerance". However this is outside the scope of our study, as our participants all visited EDs, which suggests that their suicidal behavior was not highly lethal.

In summary, the aim of this study was to explore the IPTS in the context of suicide-related thoughts and behavior of varying lethality, ranging from passive suicidal ideation to attempted suicide. The intention was also to contribute to filling an important gap in the growing literature on the IPTS, as few studies have addressed the key hypotheses of the theory (Van Orden, 2015).

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