

The agreement between subjective care needs and treatment recommendations following medically serious and medically non-serious suicide attempts

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INTRODUCTION

Although agreement between patient’s subjective care needs and treatment recommendations as determined by a professional can be expected to contribute to compliance with treatment, little is known about the relation between care needs of medically serious suicide attempters (MSSA) and medically non-serious suicide attempters (MNSSA) and professional treatment recommendations. The objective of the present study was to investigate (1) the care needs of MSSA and the MNSSA and (2) the level of agreement between care needs and treatment recommendations in MSSA and MNSSA.

METHOD

- Sample:

The data refers to all attempted suicide cases (MNSSA n= 3047; MSSA n= 643) aged 12 years or more, presented to the emergency department of participating Flemish general hospitals from 2007 to 2011. Suicide attempters were regarded as MSSA or MNSSA based on the severity of physical injury resulting from their attempt.
- Instrument:

By means of a semi-structured interview (the Instrument for Psychosocial Evaluation and Care for suicide attempters = IPEO), information about care needs and treatment recommendations was collected from all attempted suicide cases presented to the emergency department of participating Flemish general hospitals from 2007 to 2011 (n=30). Care needs were assessed and coded as 1) no treatment, 2) outpatient treatment or 3) inpatient treatment. Psychiatric treatment recommendations were monitored in terms of 1) no further treatment, 2) outpatient treatment or 3) inpatient treatment.
- Analyses:

Statistical analyses were conducted with SPSS 21 and included bivariate correlations with Spearman’s rank correlation coefficient and chi square analyses.

RESULTS

- As expected, there was a significant association between care needs and treatment recommendations in MNSSA (Table 1). We did not find a significant association between care needs and treatment recommendations in MSSA.

There was a significant difference between MSSA and MNSSA regarding recommended psychiatric treatment (Table 2). Recommended inpatient psychiatric treatment was significantly more common in MSSA than in MNSSA ($\chi^2(1) = 6,02$; $p <.05$), while no psychiatric treatment was recommended more commonly in MNSSA than in MSSA ($\chi^2(1) = 5,31$; $p <.05$).

Regarding subjective care needs there however was no significant difference between MSSA and MNSSA (Table 3).

Table 1: Association between care needs and treatment recommendations

Spearman rank correlation Between CARE NEEDS and	r _s value	p value
Recommended treatment MNSSA	.167	< .01
Recommended treatment MSSA	.069	.133

Table 2: Recommended psychiatric treatment in MNSSA and MSSA

	MNSSA	MSSA
No treatment*	8,5%	5,8%
Outpatient treatment	17,6%	15,7%
Inpatient treatment*	73,9%	78,5%

* Significant at a .05 level

Table 3: Care needs in MNSSA and MSSA

	MNSSA	MSSA
No treatment	45,3%	50,9%
Outpatient treatment	27,5%	22,6%
Inpatient treatment	27,2%	26,5%

CONCLUSION

This study shows an effect of severity of physical injury following a suicide attempt on psychiatric treatment recommendations. The lack of a significant association between subjective care needs and professional treatment recommendations in MSSA may have a negative effect on compliance with treatment and needs further study. Considering the risk of suicide following a suicide attempt, the findings suggest that subjective care needs need to be assessed before formulating treatment recommendations in order to increase compliance with these recommendations [1, 2].