# Differentiation of Suicidal Behaviour

a practical clinical approach

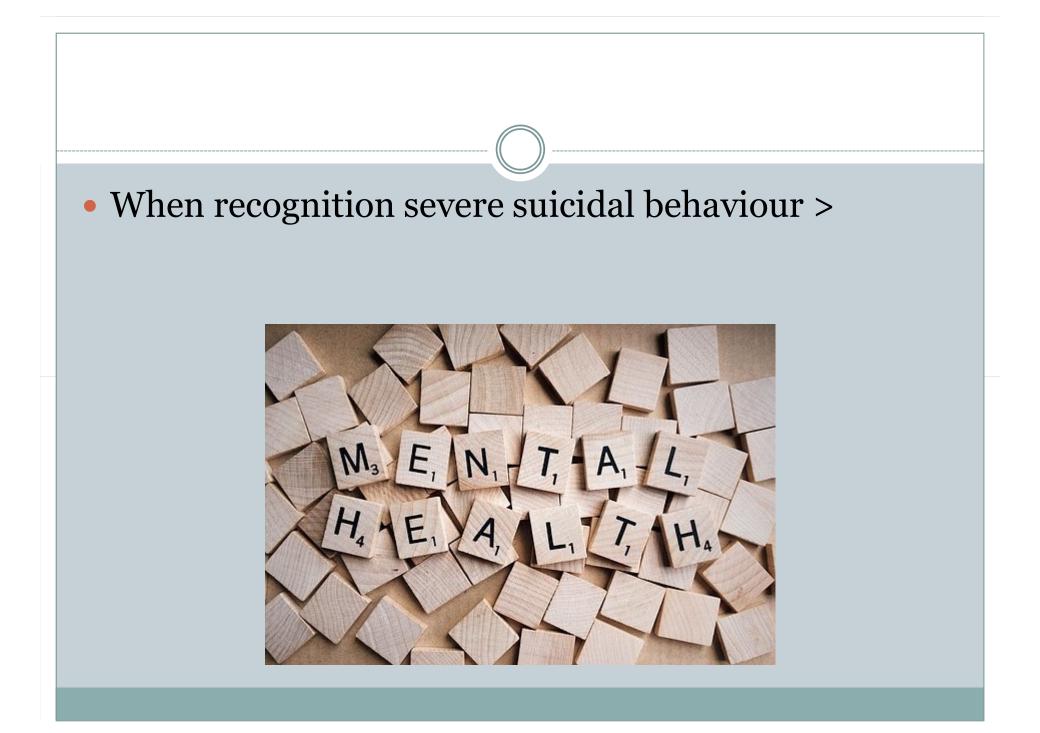


17-21 September 2019

REMCO DE WINTER CONNIE MEIJER ANNE VAN DEN BOS NIENKE KOOL MARIEKE DE GROOT





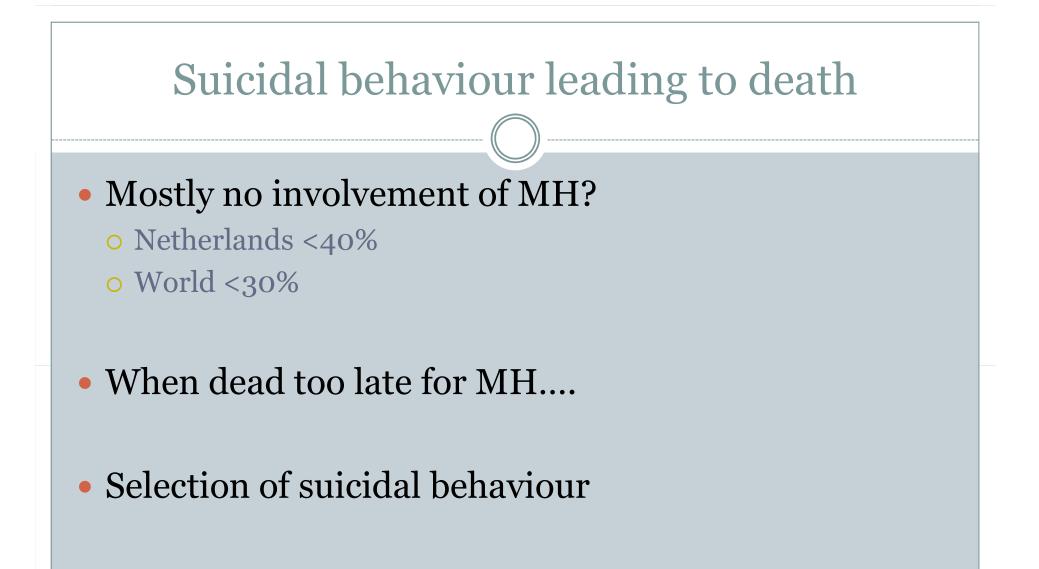


## Mental health

# Mental health: best expertise suicidal behaviour??

- Assessment and taxation in mental health!
- Guide
- treatment
- Saving lives





## Suicide in mental Health

• (Dutch) All population:

 $\approx 11/100.000$ 

• MH population:

≈80-90/100.000

• General population: (exclusive MH)

≈6-7/100.000

17% improvement in MH gives < 6.8 decrease all

#### Suicide and the MH worker

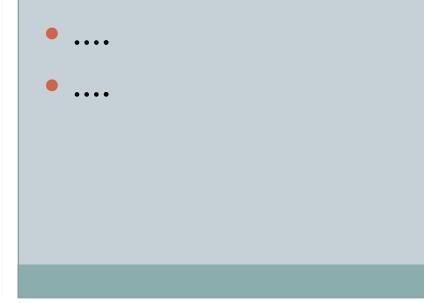
- Giant impact
- Experience > who?
  - responsibility
  - Blaming
  - o Burn-out
  - o Lawsuits
  - 0 .....
  - Better treatment
  - o zero



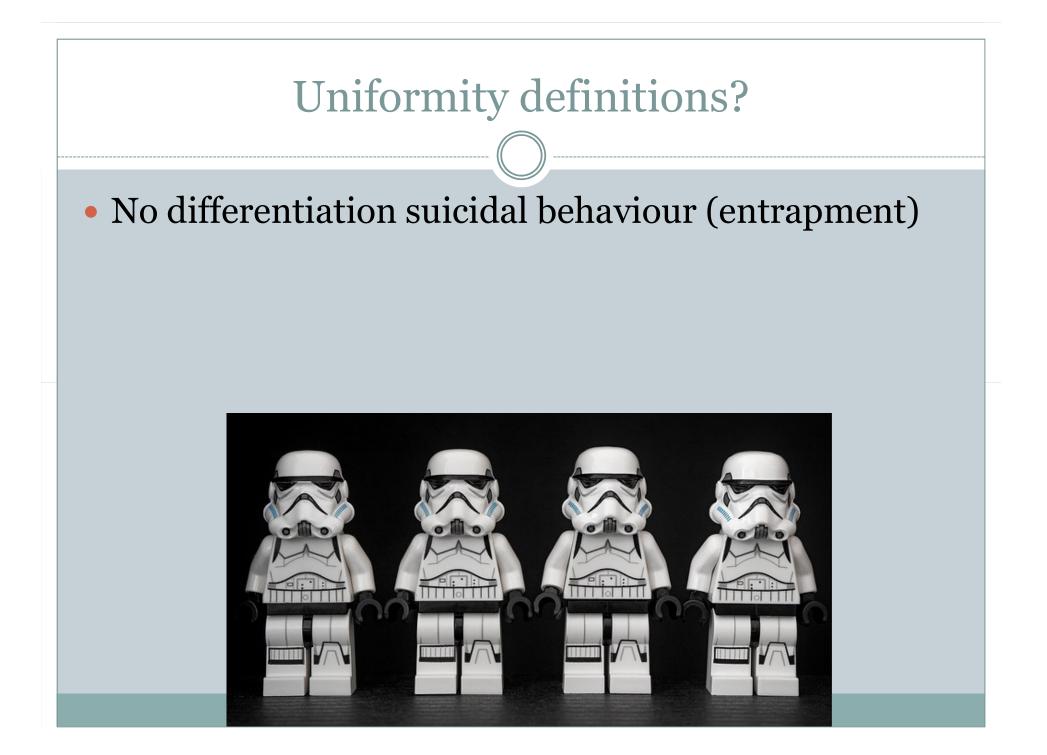


#### Suicidal behaviour

- Symptom? Pathological behaviour? Reaction on extreme event?
- Only 2 classifications < suicidal behaviour</li>







### Society has high expectations

#### • Treatment

• Our range of treatment (and possibilities)!

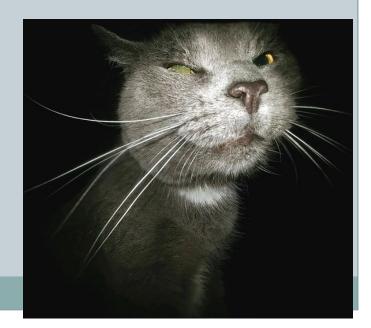
#### But also

#### • In media?

- Do nothing
  Are not serious
  Too fast discharge

#### Lawsuits

• Court "blaming"



#### Better differentiation

- Als better tailorred treatment
  - Psychotherapy
  - medication
  - Treatment in general
  - Guidance outside mental health care
- More consensus about responsibilities
- Less defensive medicine



#### Guidelines

- Non description of differentiation of SB
- Suicidaal behaviour uniform?

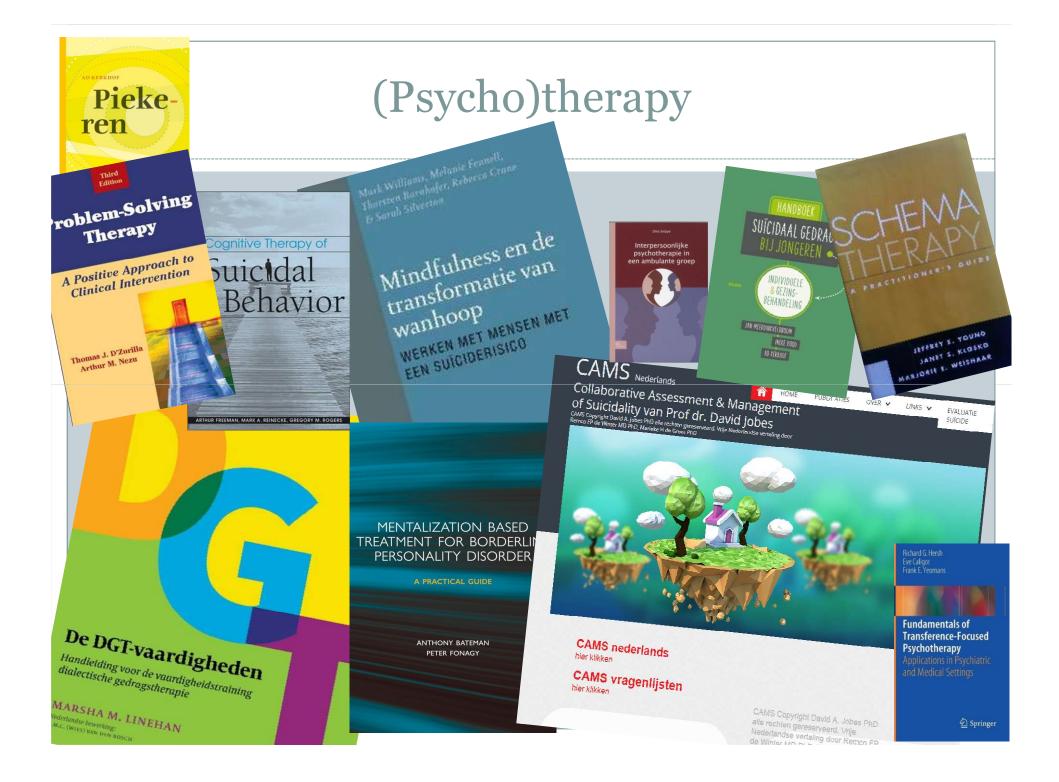


- Evidence for medication?
  - ClozapineLithium







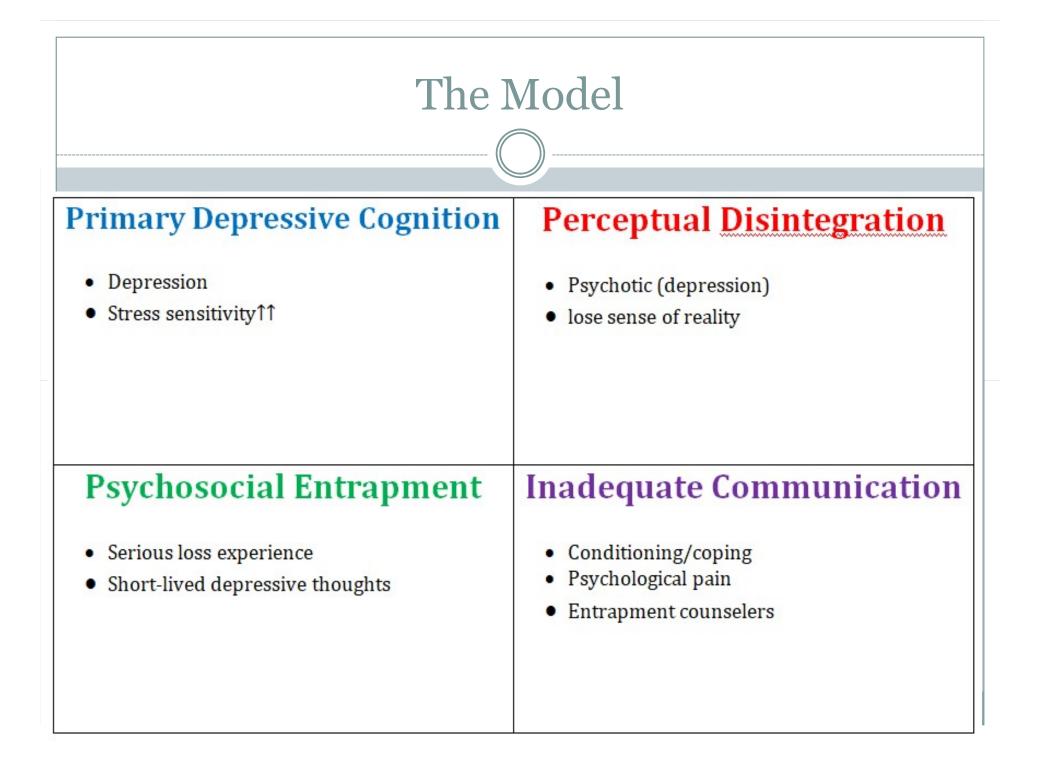


# Rare research on heterogeneity/differentiation suicidal behavior!

| PubMed Sea | rch results 320 a | III, reviews 85 | PubMed Se  | earch res | ults 644 all, | reviews 236 |  |  |  |              |
|------------|-------------------|-----------------|--|-----------|---------------|-------------|--|--|--|--------------|
| all        | 0                 |                 | all  | 2         |               |             |  |  |  |              |
| reviews    | 0                 |                 | review   | 1         |               |             |  |  |  |              |
|            |                   |                 | Lopez-Castroman e.a. 2016 1) Impulsive ambivalent, 2) well planned, 3) frequent attempts                     |           |               |             |  |  |  |              |
|            |                   |                 | Ginley & Bagge 2017 1) Major depressive disorder, 2) High internalizing, 3) high externalizing               |           |               |             |  |  |  |              |
|            |                   |                 | Wolodzko & Kozoszka (polish review) 1) comorbid mental disorders, 2) without mental disorders or mild sympto |           |               |             |  |  |  | mild symptor |
|            |                   |                 | 3) personality disorders externalizing, 4) avoiding contacts, socially withdrawn 5) depressive               |           |               |             |  |  |  |              |

#### Differentiation suicidal behaviour

- Based on practice and theory
  - Dimensions of psychopathology
    - × Psychotic: perceptual disintegration (behavioural disintegration)
    - × Depression: emotional dysregulation
  - Dimensions of personality (temperament and character)
    - impulsivity (novelty seeking, harm avoidance)
    - × Cognitive coping (self directedness, cooperativeness)



## Perceptual disintegration PD

- Arises from disturbed perception/psychosis or influenced by a large extent
- o psychosis has a direct relation to the suicidal behavior
- o is mainly explained by psychosis.
- With a and b it is taken into account that psychosis can be explained by various causes. For example, if a person with a serious loss experience becomes psychotic and suicidal, and psychosis has a direct relation with suicidal behavior.
- This can also appear during psychosis and suicidal behavior after substance (ab)use.

#### Primary Depressive Cognition **PDC**

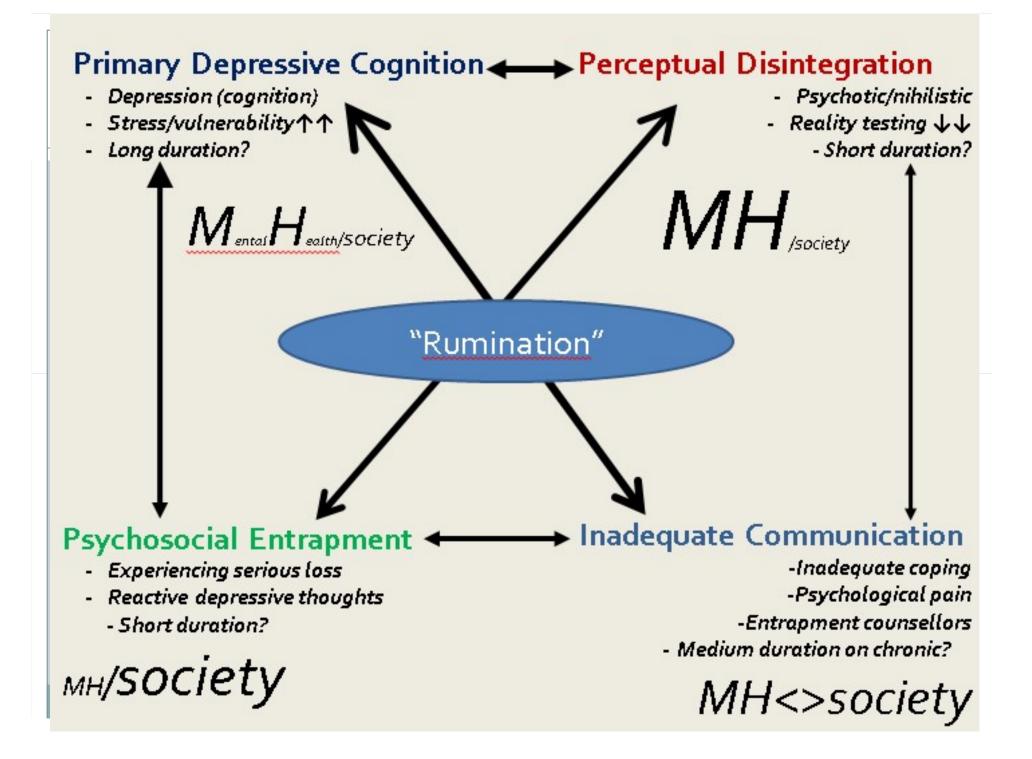
- Mainly from depression or primary depressive thoughts are the most important etiology;
- Has a relationship with longer existing depressive thought or seems directly related to gloom, or the cognition of serious failure;
- There is no relationship with any psychotic symptomatology and suicidal behavior or a sudden reactive depression

#### Psychosocial Entrapment PE

- Very reactive and situation-bound, a direct reaction to serious loss experience and/or serious injury and experience of completely cramped;
- Mainly explained by seriously experienced loss experience, injury or real impending doom (can exist with long-standing depressive symptoms < two weeks and no psychosis;
- Is not used as a means of communication about suffering.

#### Inadequate Coping (Communication) IC

- o does not arise from a depressive or psychotic disorder
- arises mainly from another underlying suffering than described in other types
- Is expressed to emphasize pressure of suffering and/or to get something done from someone else. This coping strategy can be seen as an expression of the inability to communicate needs, wishes and desires in a different, more constructive way.
- is connected with the expectation that the response to suicidal behavior can offer a direct solution. Avoid the term `manipulation`



#### Modifiers in model

- Substance abuse modificator for all
- Organic/somatic explanations

#### Questionnaire

#### SUICIDI (SUICIdal Differentiation) scoring

suicidal hebaian yes/na

saicide attempt & yes. how

attempts in past male/Jemale aar

management : civck

differential diagnosis

past history substances no referral/non-orgent care/orgent care/section/admission/whentary/admission/detained

Perceptual Disintegration (disintegration perception & helpping, psychosis)
 Score
 - mst present

 Psychosis has relevance to swieidal hyppyjgg, but most of hyppyjgg, can be explained by something else.

2 - hekaning, largely explained by psychosis.

182: taken into consideration that a psychosis may have different etiology. For example: someone who suffered serioscion and has become psychotic and saicidal will need to be scored a 2 because the cause inpsychosis. Thirates applies to psychosis and saicidal **bejapsych**ae to substance abuse.

#### 2) Primary Depressive Cognition

Score

0= not present

1 = Swieidal by hypotoge, has a relationship with long standing depressive cognition or appears to be related to low mood, failure or poor performance, however there is some doubt.

2 = Mostly explained by depressive cognition, not related to psychosis. There is no evidence of a relationship with psychotic symptomatology and suicidality or a sudden orset cypging, low mood.

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#### 3) Psychosocial Entrapment

Score

0= not present

 Swieidal bykyzjący, appears to have a direct reactive relationship to recent events. There may be other explanations for emergence of swieidal bykyzjący,

2 = Mostly explained by event with perceived serious loss, humiliation or imminent threat. There may be depressive symptoms however they have existed less than 2 weeks and without abnormal throught content. Saicidal hyperperf, is not used as a way to communicate distress.

4) Inadequate Coping (communication) Score 0= not present

1 - Behavious, is suspect of being used to appendig suffering and/or for appendics gains. Swicidal behavious the perceived as being used to manipulate. Manipulation is used because there is no other coping-strategy to communicate distress in a different and more constructive way.

2= There is an obvious relationship between eggoggipg of swieidal hypergipg and the immediate, reactive and expected response. A depressive or psychotic disorder has been excluded.

| subtype                           | score |
|-----------------------------------|-------|
| Bernesevel disinteretion          | 2     |
| Primary Depressive Cognition      |       |
| Condessand Estadores              |       |
| Inadequate Coping (communication) |       |

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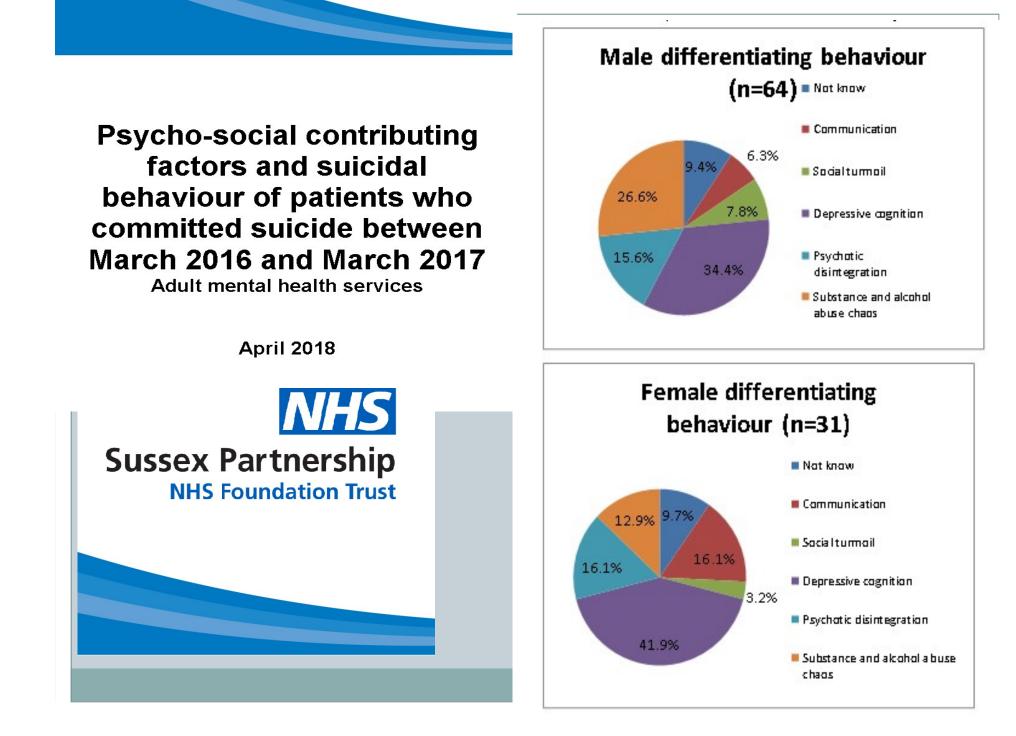
#### Validation model

- 100 conclusions outreaching emergency psychiatry
- 4 psychiatrists
- "Preliminary" concordance.....
  - Perceptual Disintegration (PD),
  - Primary Depressive Cognition (PDC
  - Psychosocial Entrapment (PE),
  - <u>Inadequate Communication & Coping (IC)</u>

### Inventarisation emergency psychiatry MH

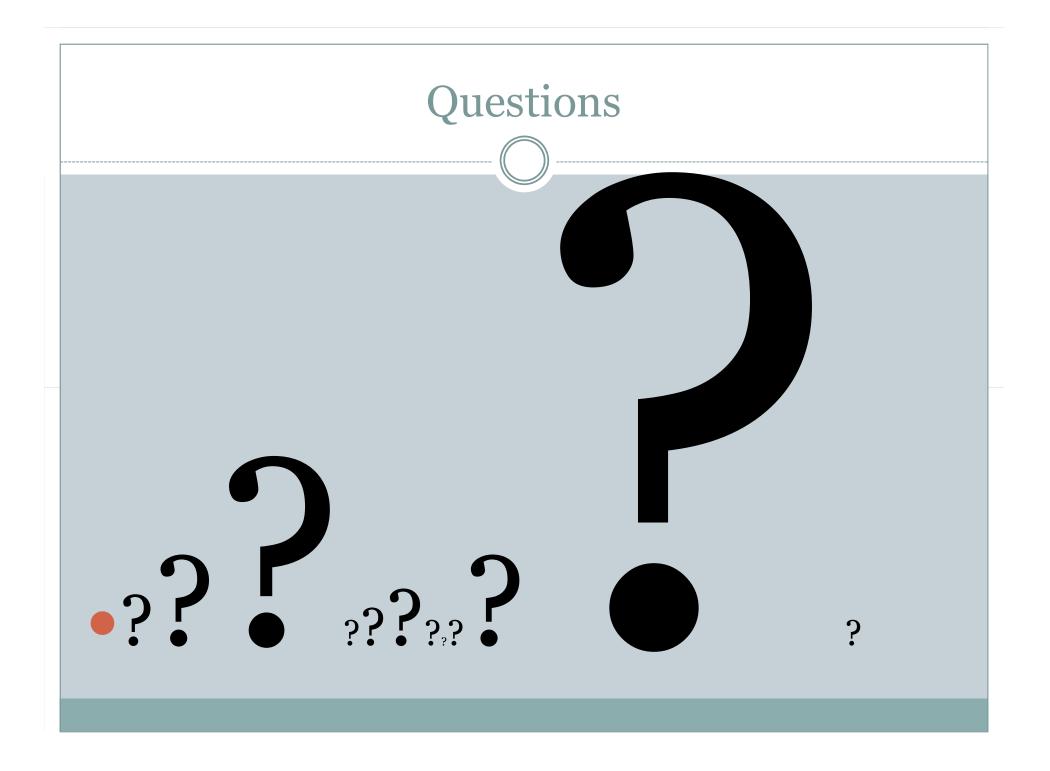
- Building database
  - N = 498

|         |                        | different | iatie   |               |                       |  |
|---------|------------------------|-----------|---------|---------------|-----------------------|--|
|         |                        | Frequency | Percent | Valid Percent | Cumulative<br>Percent |  |
| Valid   | perceptueel            | 66        | 13,2    | 13,3          | 13,3                  |  |
|         | depressie              | 193       | 38,6    | 38,8          | 52,0                  |  |
|         | psychosociale turnmoil | 91        | 18,2    | 18,3          | 70,3                  |  |
|         | communicatie           | 148       | 29,6    | 29,7          | 100,0                 |  |
|         | Total                  | 498       | 99,6    | 100,0         |                       |  |
| Missing | System                 | 2         | ,4      |               |                       |  |
| Total   |                        | 500       | 100,0   |               |                       |  |



### Post its

- Better differentiation better tailormade treatment?
- Better risk taxation?
- Better delineation of responsibilities?
- Borders of treatment of MH
- Responsibility society/community





•r.dewinter@parnassia.nl