Differences in admissions among suicidal patients after introduction Intensive home treatment.

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No Conflict of Interest

Suicides in Mental Health (MH)

In the Netherlands

- "General" population (without MH): ≈6-7/100.000
- Total population: ≈ 11/100.000
- MH Population: ≈80-90/100.000
- MH inpatients ≈ 147-275/100.000

Admissions & suicidality

- Defensive?
- False sense of security
- Iatrogenic?
- Last resort?

- Unburden support system
- Time (is best medicine)
- More safety?
- Faster (biological) interventions?
- Observation

Risk taxation suïcidality & inpatient setting

- Concentration high serious suicidality
- Increased suicide risk (>50-80 x)
- Non specific guidelines
- Open < >closed no difference suïcides (Huber et al 2016)

Serieus suicidal behavior & acting
"study design"

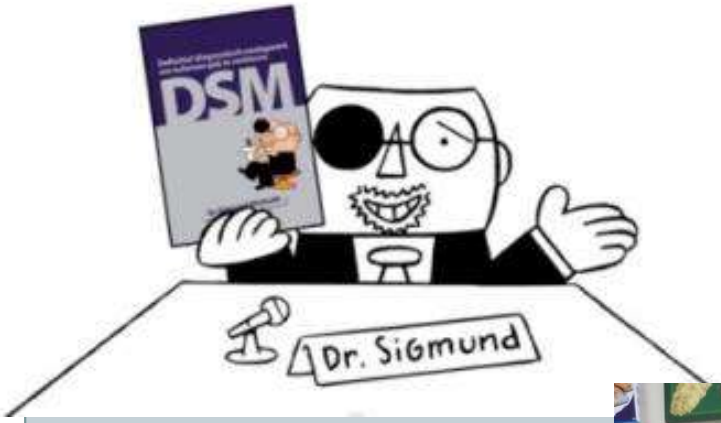
- Acting changes outcome.....
- Randomised trial > letal suicidal behavior
  - Group 1 admission
  - Group 2 no-admission opname
- Outcome suicide!

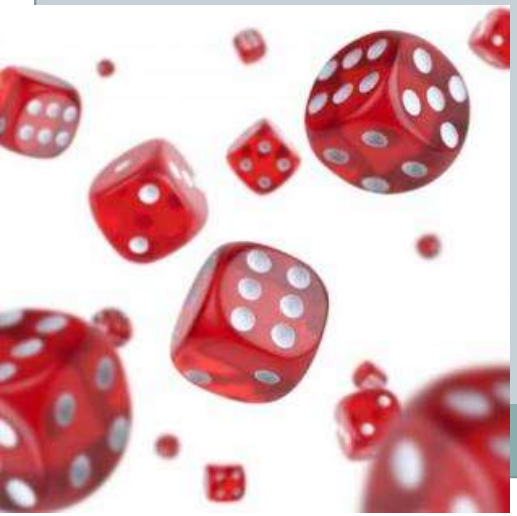
How many times inpatient suicides?

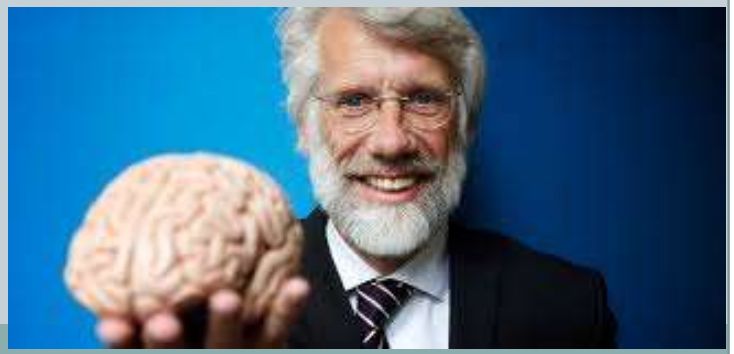
- Of all suicides in MH Parnassia The Hague 1999 - 2013
- Aproximately 27.4% admitted (Spijbroek et al 2016, de Winter et al 2021, de Winter & de Beurs 2016)

Setting	Number	Percentage	N suicides on ward	% suicides on ward
Admitted	86	**27.4%**	29	9.2%
Closed-ward	(36)	(11.5%)	16	5.1%
Open-ward	(50)	(15.9%)	13	4.1%
Non-admitted	228	72.6%		
Total	314	100%		

Who is best in predicting suicide?







Admissions during suicidality & assessment
outreach Psychiatric emergency service


Het vóórkomen van suïcidaal gedrag en suïcidepogin
crisisdienst
TIJDSCHRIFT VOOR PSYCHIATRIE 59(2017)3, 140-149
R.F.P. DE WINTER, M.H. DE GROOT, M. VAN DASSEN, M.L. DEEN, D.P. DE BEURS

- n = 14705 consultations outreach emergency service
- n = 4741 (32.2%) consultations for suicidality
  - Inclusive 9.2% admissions after attempt

- **42.6% admissions during suicidality!**
  - Inclusive **45.2% admissions after attempt**


Crisis 2020
https://doi.org/10.1027/0227-5910/a000651
Research Trends
Outreach Psychiatric Emergency Service
Characteristics of Patients With Suicidal Behavior and Subsequent Policy
Remco F. P. de Winter[1,2,3], Mirjam C. Hazewinkel[3], Roland van de Sande[3,5], Derek P. de Beurs[4], and Marieke H. de Groot[2]

Introduction Intensive Home Treatment

- Reduction admissions!
- Treatment in own environment
- Strengthening autonomy!
- Few research, IHT seems often used during suicidality
  - 40-70% of IHT patients?

INTENSIVE HOME TREATMENT

An Alternative to Hospitalization for Acute Mental Disorders

Research questions

- After introduction IHT in"same" suicidal population?

- **Decrease in admissions for suicidality in total?**
  - Decrease in admissions for suicidality?
  - How related to voluntary admissions?
  - How related to compulsory (unvoluntary) admissions?

- **Change in subgroup of admitters**?
  - Decrease in admissions after TS?
  - How for voluntary admissions?
  - How vs compulsory admissions?

Comparing 2 cohorts

- Group 1 for start IHT 2009 – 2014 (cohort)
- Groep 2 after IHT 2018-2020 (sample)

- **Introduction IHT The Hague 2015 -2017**
  - After 2017 2 active IHT teams

Material & methods

Outreach emergency service The Hague

Group I: July 2009 - january 2013(4) (cohort)

- 14.705 patients face to face Winter et al 2017, 2020)
  - **4741 suicidal patients (32.2%)**
  - **Of all patients detailed information**

Group II: january 2018 – january 2020 (de Winter et al 2022)

(Sample by RdW)

- 1704 patients
  - **503 suicidal patients (29.5%)**
  - **Only about suicidal patients detailled information**

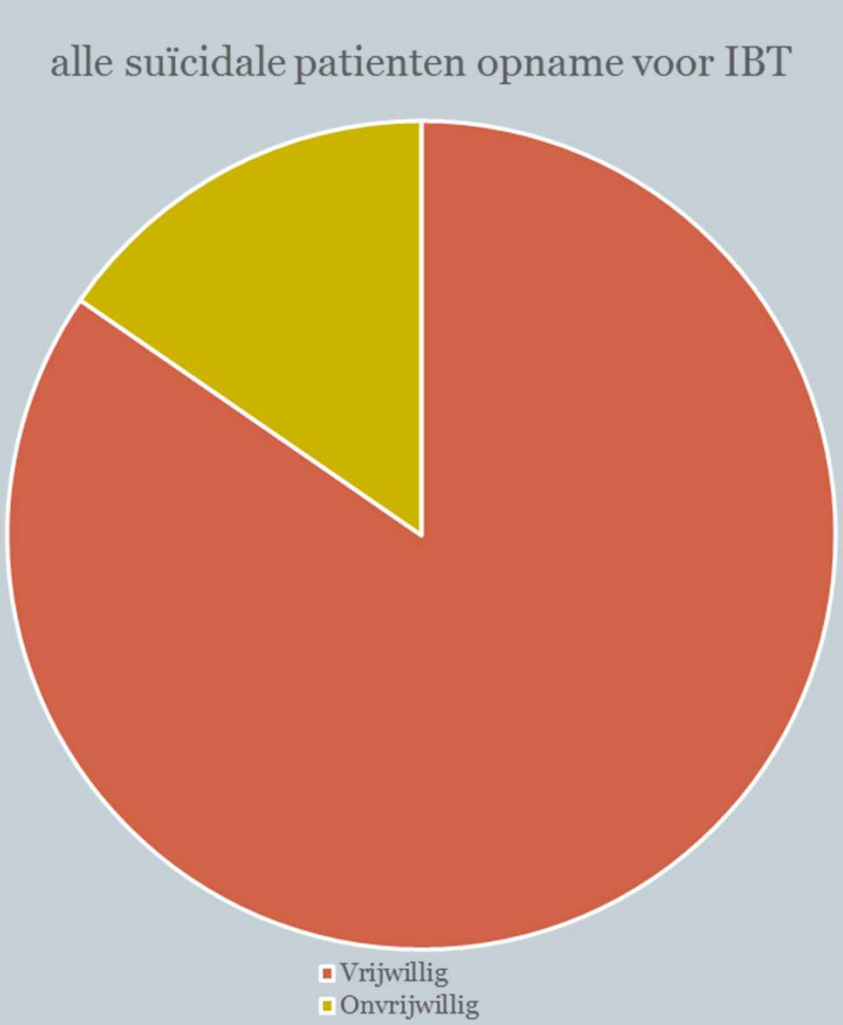
results

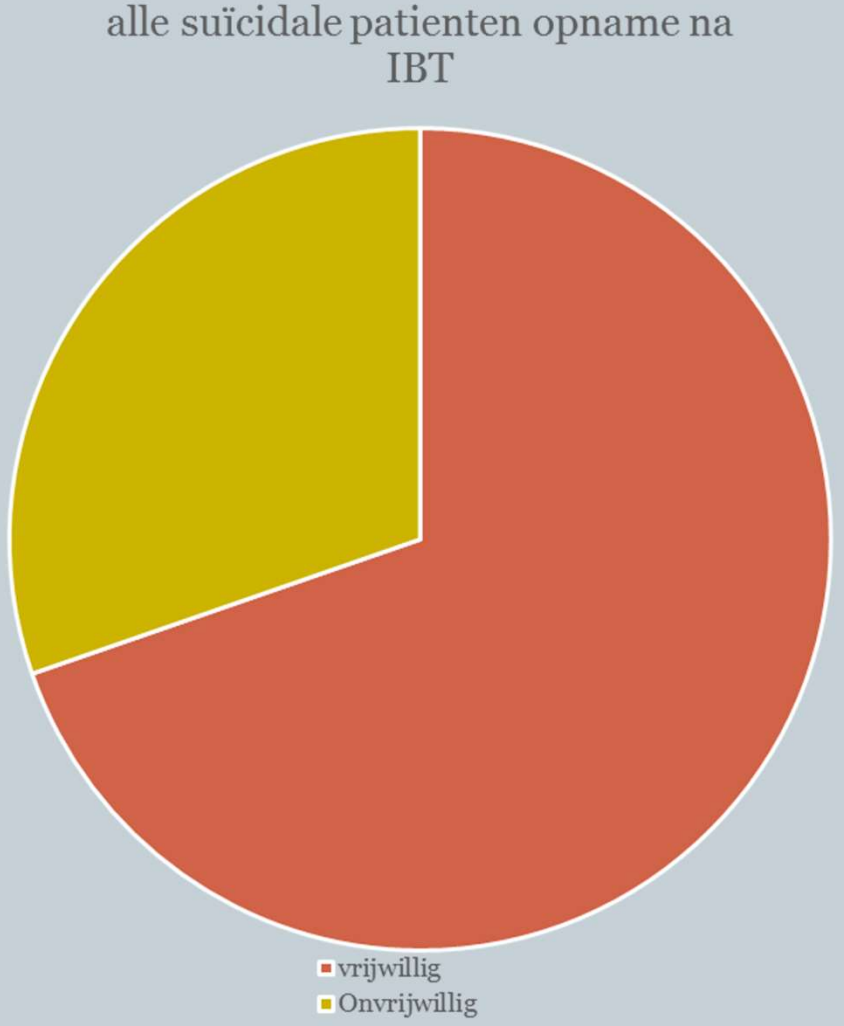
Year	Voluntary admission	Compulsary admission
2009	37.0%	5.4%
2010	35.4%	7.8%
2011	36.6%	6.7%
2012	35.7%	6.1%
2013	35.7%	6.6%
2018	21.5%	8.7%
2019	18.7%	9.3%

	Group 1 (n = 4741)	Group 2 (n = 503)
Total	14.705	n = 1704
% suicidal	n = 4741 (32,2%)	N = 503 (29.5%)
% attempts	28.7%	**35.6%**
Age	41.3 jr (12-97 jr, *std 15.1*)	38.3 jr (12-87 jr, *std 15.9*)
Gender	51.3% ♀	**57.9%** ♀
Admissions (total)	42.6%	**29.2%**
IHT	0%	13.1%
Voluntary admission Compulsary admission	*36% (fraction 84.6%)* 6.6% (*fraction 15.4%)*	***20.3% (fraction 69.7%)*** 8.9% (*fraction 30.3%)*
Affective disorder	33.9%	32.4%
Anxious disorder	9.4%	9.8%
Adjustment disorder	3.6%	3.6%
Psychotic disorder	10.4%	8.0%
Personality disorder	11.0%	13.9%
Alcohol/substance	19.8%	17.3%
Rest	11.9%	15.0%

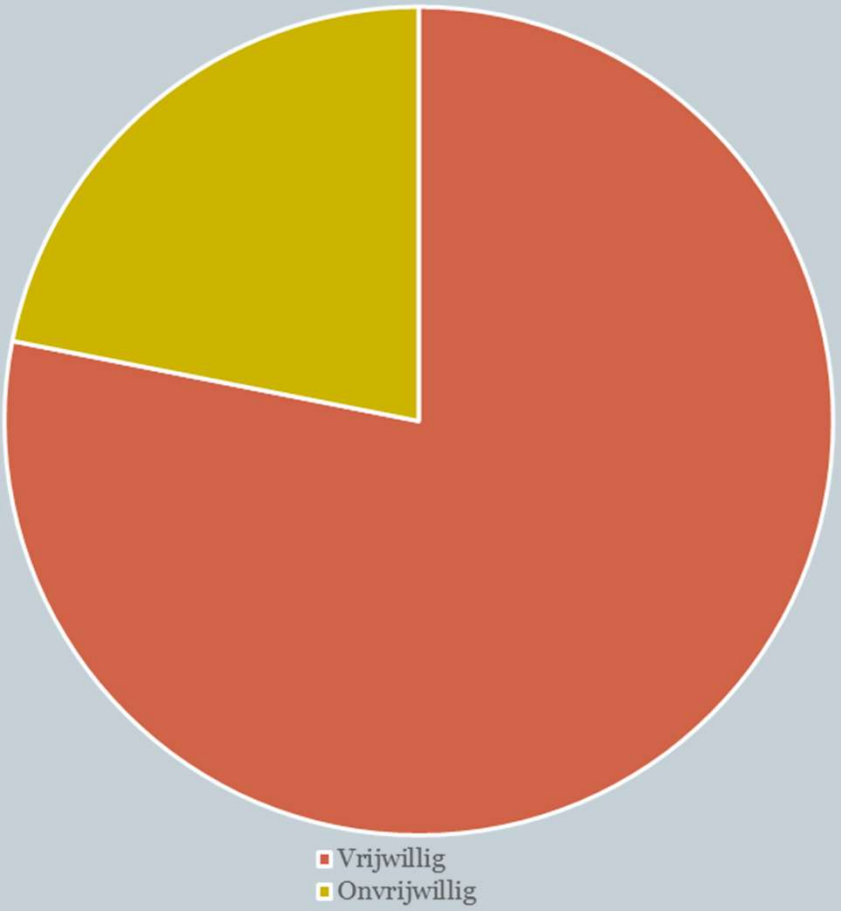
	Groop 1 attempters	Group 2 attempters
Total	n = 1364	n = 179
Age	39.7 jr (12-97 jr, *std 15.1*)	37.3 jr (14-87 jr, *std 16.4*)
gender	♀ 56,7%	♀ 63,7%
Admission (totaal)	45.2%	**35.2%%**
IHT	0%	**10.1%**
Voluntary admission Compulsary admission	*35.3% (fraction 78.1 %)* 9.9% (*fraction 21.9%)*	***20.6% (fraction 58.8%)*** 14.5% (*fraction 41.2%)*

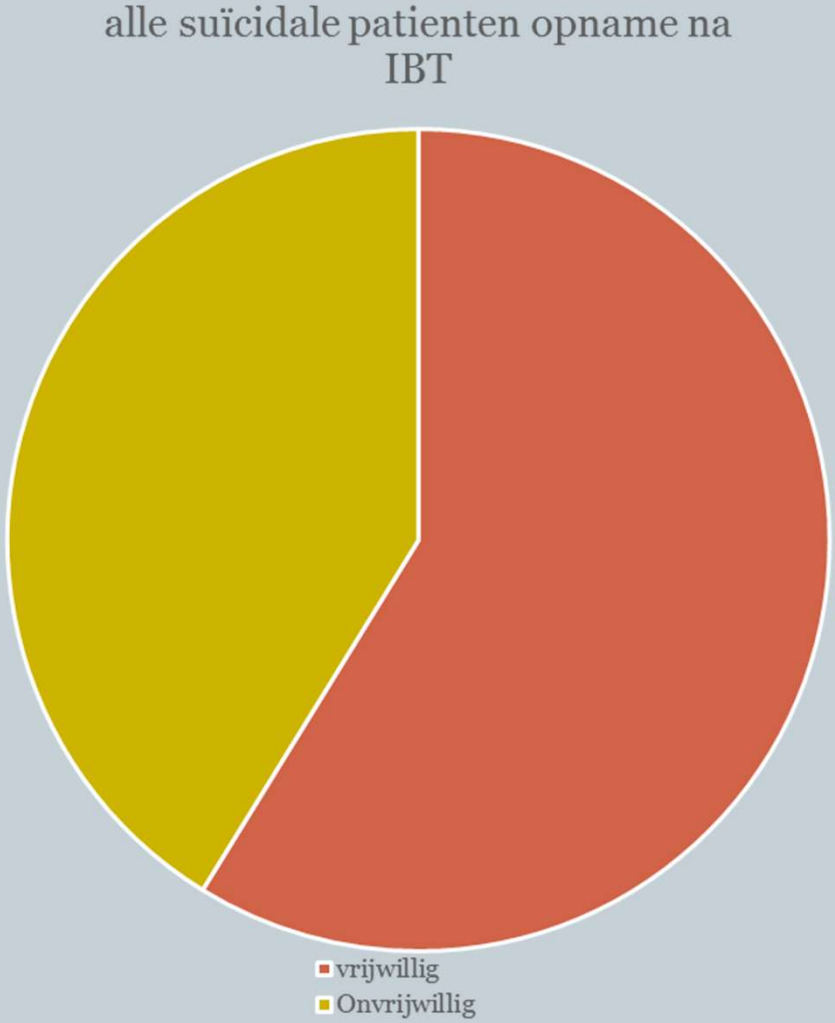
Voluntary/Compulsary admission





Voluntary/Compulsary admission after attempt





Regression analysis

During suicidality

- decrease (variabels)
  - **OR = 0.56** (95% CI: 0.45-0.68). All admissions (database)
  - **OR = 0.45** (95% CI: 0.36-0.57) Voluntary admissions
  - **OR = 1.39** (95% CI: 1,0-1,9) Compulsary admission

  - Psychotic OR = 2.6 (95% CI: 2.33-3.41) Admission.
  - Depressie OR 1.3 (95% CI: 1.19-1.53) Admission.

After IHT

During suicidality:

- For all admissions during suicidality
  - Decrease voluntary admissions!
  - Non decrease compulsary admissions, small increase?
  - Attempters group to small

limitation

During suicidality

- Bias by ↓ inpatient beds and parallel IHT construction
- Five year between 2 groups, maybe other explanations
  - General changes in time
- Two different time periods no uniform data collection
  - (complete data whole cohort and 2nd sample only suicidal patients)
- Unequal group size
- 2nd group more detail and data better multidisciplinarily evaluated

Discussion I

During suicidality:

- Inpatient accommodation ↓ & other developments are complex factors
- Uneven dismantling especially open beds!
- Less availability open beds ↑ compulsary admission?
- Influence increase of waiting lists more serious symptoms? compulsary admission
- By selection too small numbers
- ↓ open beds > ↑ compulsary admission?

Discussion II

Less admissions but……

- **More frequent compulsary admissions ……>**

↑ frequent iatrogenic action and decline individual autonomy?

Suitable for publication of not comparable groups??

Questions

www.suicidaliteit.nl