## THE NEED TO ESTABLISH A SUICIDE RISK PROTOCOL IN HOSPITALIZATION UNITS

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In Spain, 82% of the provinces have an intervention plan to promote continuity of care for suicidal patients, but what is reported by the 2020 Clinical Practice Guide for the Prevention and Treatment of Suicidal Behavior in relation to management is scarce. of the suicidal patient in a hospital environment[1]. Previous suicidal behavior is the risk factor most closely related to recidivism[2] and hospital admission for attempted suicide has been associated with a severity profile characterized by greater recidivism and greater lethality of attempts[3] making it essential to deploy a plan prevention in this regard.

The incidence of suicide in the hospital is high, higher than that observed in the general population. It is 250 per 100,000 psychiatric hospital admissions and 1.8 per 100,000 general hospital admissions, which is four to five times higher than in the general population. From 5 to 6.5% of suicides are committed in hospital: 3 to 5.5% occur in psychiatric hospitals and about 2% in general hospitals. As risk factors for suicide in the psychiatric unit, the accessibility to one or more means of suicide and the hospitalization period stand out, being higher during the first week of hospitalization and within 2 weeks after hospital discharge. Aspects related to the organization have also been described: inadequate supervision, underestimation of the risk of suicide by the teams, poor communication within the teams, and the lack of an intensive care unit promote the risk of suicide. Other predisposing factors are the existence of a personal history of suicide (but also a family history) and a suicide attempt shortly before admission, a diagnosis of schizophrenia or a mood disorder, being hospitalized without consent, living alone, and hospital escapes. In general hospitals, the chronicity and severity of the somatic illness, the patient's personality, and the existence of psychiatric comorbidity are the most concurrent suicidal factors[4]. Some authors pointed to patients with schizophrenia as those at the highest risk of suicide in a hospital environment[5] while others found a greater risk in aspects related to being male, having a history of multiple hospitalizations, and having a diagnosis of affective disorder, anxiety disorder, or mental disorder. personality[6].

Suicide risk peaks in the periods immediately following hospital admission and discharge. The risk is particularly high in people with affective disorders and in people with short hospital treatment. These findings should lead to a systematic assessment of suicide risk among hospitalized patients before discharge[7]. There are aspects related to the experience of hospital admission by the patient that must be considered. A recent study examined whether perceived coercion during admission to psychiatric hospitalization increases the risk of suicide attempts after discharge. Of 905 participants, 67% supported the perception of coercion in psychiatric hospitalization and 168 (19%) made a suicide attempt after discharge. Patients who perceived coercion during hospital admission were more likely to attempt suicide after discharge than those who did not. In contrast, there was no interaction between recent self-harm or suicidal ideation at admission and perceived coercion in post-discharge suicide attempts[8].

However, the literature also includes the risk associated with hospital admission. Some authors have suggested that being an inpatient in a psychiatric unit is one of the strongest statistical risk factors for suicide. It is generally assumed that this strong association is not causal but is the result of the combination of the selection of high-risk patients for admission and the imperfect protection against suicide offered by psychiatric units. Logically, a third factor, which is causal, could play a role in the association. It has recently been suggested that adverse experiences in psychiatric units, such as trauma, stigma, and loss of social role, could precipitate some suicides among hospitalized patients[9].

Based on the above, suicide prevention guidelines that recommend that people identified as at risk of suicide receive treatment specifically aimed at reducing their suicide risk and services to ensure that they continue to participate in mental health care should also update preventive strategies in psychiatric hospitalization units but also medical-surgical[10].

## BIBLIOGRAPHY

1 Sufrate-Sorzano T, Jiménez-Ramón E, Garrote-Cámara ME, Gea-Caballero V, Durante A, Júarez-Vela R, Santolalla-Arnedo I. Health Plans for Suicide Prevention in Spain: A Descriptive Analysis of the Published Documents. Nurs Rep. 2022 Feb 8;12(1):77-89. doi: 10.3390/nursrep12010009. PMID: 35225895; PMCID: PMC8884007.

2 Irigoyen M, Porras-Segovia A, Galván L, Puigdevall M, Giner L, De Leon S, Baca-García E. Predictors of re-attempt in a cohort of suicide attempters: A survival analysis. J Affect Disord. 2019 Mar 15;247:20-28. doi: 10.1016/j.jad.2018.12.050. Epub 2018 Dec 18. PMID: 30640026.



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3 Irigoyen-Otiñano M, Puigdevall-Ruestes M, Mur-Laín M, González-Pinto A, Portella MJ, Baca-García E, Lopez-Castroman J. Absence of association between the level of lethality and the recidivism of suicide attempts in a Spanish province. Actas Esp Psiquiatr. 2019 Sep;47(5):179-89. Epub 2019 Sep 1. PMID: 31648340.

4 Martelli C, Awad H, Hardy P. Le suicide dans les établissements de santé: données épidémiologiques et prévention [In-patients suicide: epidemiology and prevention]. Encephale. 2010 Jun;36 Suppl 2:D83-91. French. doi: 10.1016/j.encep.2009.06.011. Epub 2009 Sep 26. PMID: 20513465.

5 Hübner-Liebermann B, Spiessl H, Cording C. Patientensuizide in einer psychiatrischen Klinik [Suicides in psychiatric in-patient treatment]. Psychiatr Prax. 2001 Oct;28(7):330-4. German. doi: 10.1055/s-2001-17775. PMID: 11600959.

6 Winkler P, Mladá K, Csémy L, Nechanská B, Höschl C. Suicides following inpatient psychiatric hospitalization: A nationwide case control study. J Affect Disord. 2015 Sep 15;184:164-9. doi: 10.1016/j.jad.2015.05.039. Epub 2015 Jun 10. PMID: 26093829.

7 Qin P, Nordentoft M. Suicide risk in relation to psychiatric hospitalization: evidence based on longitudinal registers. Arch Gen Psychiatry. 2005 Apr;62(4):427-32. doi: 10.1001/archpsyc.62.4.427. PMID: 15809410.).

8 Jordan JT, McNiel DE. Perceived Coercion During Admission Into Psychiatric Hospitalization Increases Risk of Suicide Attempts After Discharge. Suicide Life Threat Behav. 2020 Feb;50(1):180-188. doi: 10.1111/sltb.12560. Epub 2019 Jun 4. PMID: 31162700.).

9 Large MM, Chung DT, Davidson M, Weiser M, Ryan CJ. In-patient suicide: selection of people at risk, failure of protection and the possibility of causation. BJPsych Open. 2017 May 1;3(3):102-105. doi: 10.1192/bjpo.bp.116.004309. PMID: 28507768; PMCID: PMC5410408.).

10 Doupnik SK, Rudd B, Schmutte T, Worsley D, Bowden CF, McCarthy E, Eggan E, Bridge JA, Marcus SC. Association of Suicide Prevention Interventions With Subsequent Suicide Attempts, Linkage to Follow-up Care, and Depression Symptoms for Acute Care Settings: A Systematic Review and Meta-analysis. JAMA Psychiatry. 2020 Oct 1;77(10):1021-1030. doi: 10.1001/jamapsychiatry.2020.1586. PMID: 32584936; PMCID: PMC7301305