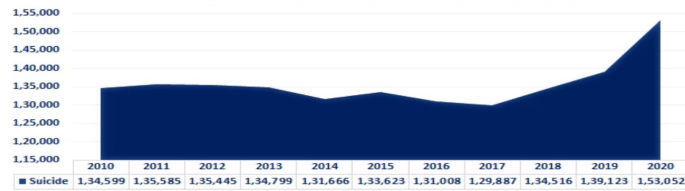


An Audit On The Quality of Assessment for Suicide And Attempted Suicide In An Emergency Care Department Of A Tertiary Care Hospital

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YEAR-WISE SUICIDES REPORTED IN INDIA



INTRODUCTION

There has been 43% increase in suicide rate in the last three decade in India. Majority of the suicides are by those below 30 years. Current incidence of suicide is 42/100000. Studies also show that 1 in 12 attempted suicides are fatal. This impart huge social, emotional and economic burden. Major reasons include physical and mental illness, disturbed interpersonal relations and economic difficulties. Covid 19 has a huge impact on suicide rate in India. Proposed reasons include lockdown, quarantining, social isolation and abrupt change in lifestyle. Extensive assessment and timely interventions are required in attempted suicide cases in order to prevent future risk. Hence assessment by mental health professional plays a crucial role.

In pandemic year

NCRB data shows big jump in deaths by suicide among students

	% change
Students	21.2
Professionals/ salaried persons (Total)	16.5
Daily wage earners	15.67
Retired persons	11.9
Unemployed persons	11.65

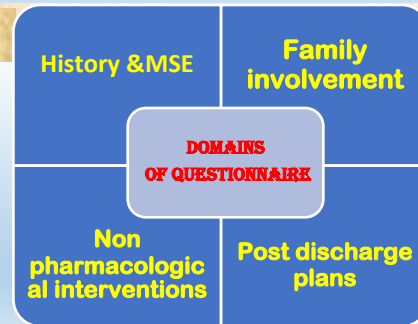
Source: Accidental Deaths and Suicides (ADS) report

AIMS AND OBJECTIVES

- To assess the quality of the assessment for suicide and attempted suicide using a newly developed questionnaire.

METHODOLOGY

- Descriptive study.
- Retrospective analysis of medical files of suicides and attempted suicide from January 2021 to December 2021
- A questionnaire was developed
- 1296 attempted suicides and 94 suicide cases were audited.



CONCLUSION

- Clinicians focus on history and mental status examination.
- ICD 10 diagnosis are given in most of the cases.
- Personality traits are often neglected during assessment.
- A better involvement of the family member is required during treatment plan.
- Even though psychotherapy sessions are advised the number patients coming for follow up are very few.
- Clinician should focus more on burden, social support and resilience of the caregivers.
- Objective assessment of suicide risk should be carried out.
- Importance should be given in offering psychological support to family members.
- A thorough environmental safety assessment should be carried out before discharge.
- Awareness about community mental health programmes should be given to both patient and family members.
- Cultural/religious service should be involved after the taking the consent of the patient.
- Multidisciplinary team involvement should be strengthened.
- Further studies are required to study the reason for non compliance of patients to follow up sessions.
- Audit clearly show assessment need further improvement and a holistic approach is required for the treatment attempted suicide cases.

RESULTS

SOCIODEMOGRAPHIC PATTERN IN SUICIDE

- M/C age group-25-40.
- Males (67%) >Female (43%)
- Urban (58%) >Rural (42%)
- M/C mode – Poisoning
- Substance use disorder-40%
- Contact with mental health service -41%

SOCIODEMOGRAPHIC PATTERN IN ATTEMPTED SUICIDE

- M/C age group-15-25.
- Female(71%) >Male(29%)
- Urban (58%) >Rural (42%)
- M/C mode – Poisoning
- Substance use disorder-44%
- Contact with mental health service 8%

HISTORY AND MSE.

- Cause -90.2%
- Stressor-88.6%
- Severity-88.5%
- Future risk-34.8%
- Protective factors-26.1%
- HOPI-92.4%
- Family His- 78%
- Substance His-84.4%
- Medical His-88.4%
- Past history-924.7%
- Premorbid His-54.9%
- Detailed assessment of personality-6.5%
- Complete MSE-78.5%
- Axis 1 diagnosis-78.3%
- Scales for suicide risk /severity- 12%

NON PHARMACOLOGICAL SERVICE

- Multidisciplinary team involvement- 21.3%
- Referral for Psychotherapy/Counselling- 56.3%
- Religious/Cultural service -12.4%

FAMILY INVOLVEMENT

- Detailed history from F/M-34%
- Psychoeducation to the family-82.4%
- Family involved in treatment-49.4%
- Psychological therapy/support given-24.4%
- Assessed family burden/resilience/social support-24.1%

POST DISCHARGE

- Written copy of treatment given-98.7%
- Psychoeducation to patient and F/M-82.4%
- Follow up dates given-88.3%
- Follow up attended -14.4%
- Environmental safety assessment- 38.9%

REFERENCE

- Radhakrishnan, Rajiv, and Chittaranjan Andrade. 'Suicide: An Indian Perspective'. *Indian Journal of Psychiatry*, vol154, no 4, 2012, p. 304.