

A faint, light-colored illustration in the background shows a hand holding a bird, possibly a dove, symbolizing care or support. The hand is positioned on the left side, with fingers slightly curled around the bird. The bird is facing right. The entire scene is rendered in a light, sketchy style against the blue background.

The role of the inspectorate in suicide prevention

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Research Questions

- Historical analysis 1996-2006:
Which aspect of mental health care are focussed on by inspectors in suicide notifications?
- What is medical directors' and therapists' evaluation of the notification procedure of suicides?

Study into suicide notifications

505 suicide notifications (1996-2006) have been studied on :

- Demographics and treatment characteristics
- Aspects of good clinical care
- Responses by the inspectorate

Patient characteristics (n=505)

55% men 45% women

46% depressive disorder

28% psychotic disorders

7% manic depression

7% substance related disorders

4% anxiety disorders

9% other

at least 214 (43%) patients had a personality disorder

Treatment characteristics

351 (70%) ambulatory treatment

154 (30%) inpatient setting

117 (33%) within 3 months of discharge from inpatient care

17% was non-compliant, 35% missed appointments regularly, didn't take medication prescribed, etc.

8% was admitted involuntarily, for 17% involuntary admittance was considered preceding the suicide

In 17% of the notifications, a full suicide risk assessment is given.

In about 116 (23%) cases, a no-suicide contract was arranged.

Results

25 % of the mental health services came up with evaluation point as a result of the evaluation of the suicide :

- 25% wrote, that with hindsight, things should have been handled differently (32)
- 9% formulated improvements in the aftercare of relatives of the patient (12)
- 66% (84) improvement in:
 - communication/continuity of care (36%)
 - suicide risk assessment (25%)
 - involvement of relatives during treatment (12%)
 - guidelines (11%)

Results

Responses to suicide notifications	N	%
no further questions	278	55
further questions	104	21
remarks/suggestions	106	21
contact	17	3
total	505	100

Results

analysis on content of responses by the inspectorate

60% evaluation of the suicide	15 % continuity of care
38% treatment of psychiatric disorder	15 % involvement of relatives in the treatment
36% guidelines	14 % treatment of suicidality
29 % collaboration and communication with therapists and institutions involved.	12 % the role of the psychiatrist in treatment
27% medication	7 % aftercare relatives
27 % suicide risk assessment	7 % non compliance & involuntary admittance
18 % psychiatric assessment	

Results

- **remarks by the inspectorate:**
 - insufficient involvement of a psychiatrist in the treatment
 - insufficient collaborations or communication
 - insufficient continuity of care
 - lack of guidelines for suicide prevention/treatment
 - inadequate suicide risk assessment
 - inadequate treatment of psychiatric disorder
 - not enough attention or communication with relatives of the patient

Results

- **more frequent responses by the inspectorate if:**
 - * patient < 35
 - * patient < 1 year treatment
 - * other patients received signals of an imminent suicide
 - * if it was unclear if suicidality was discussed with an inpatient
 - * if point of learning were mentioned in the notification
- **less frequent responses by the inspectorate:**
 - * if a patient had been discharged from inpatient care in the 3 months before the suicide

Results

Changes in responses through 1996-2006

In recent years (2002-2006), more attention was given to risk assessment, compared to 1996-2001 (19% vs. 37%, $X^2 = 6.4$, $df = 1$, $p = 0.01$).

Results

Suicide notifications without further questions or remarks (assessed by researchers):

- incomplete or inadequate risk assessment
- insufficient continuity of care
- no-suicide contracts
- inadequate decisions concerning admittance
- inadequate communication between parties involved
- inadequate supervision in inpatient settings
- inadequate communication with relatives

Conclusions

- Responses have become more in line with guidelines for suicide prevention (APA, 2003)

possible improvements in supervision:

- ✓ more consequent supervision
- ✓ continuing emphasis on risk assessment by inspectors
- ✓ more emphasis on treatment of suicidal impulses
- ✓ more attention for older patients, patients who are chronically suicidal or discharged from clinical care
- ✓ more emphasis on a restraint use of no-suicide contracts

Study into the effects on mental health care

Interviews:

20 medical directors

20 therapists who recently sent a suicide notification

Results

medical directors:

- recent years more attention for the notifications by the inspectorate
- generally positive about procedure;
 - independent third party supervises
 - signal to personnel

Results

medical directors:

- the obligation to notify the inspectorate of every suicide implies that every suicide is preventable/a mistake has been made
- too much emphasis on risk assessment, role of the psychiatrist etc.
- questions are too detailed

Results

mental health workers:

- writing suicide notification is a manner to process the suicide and a dignified ending of the treatment
- sensitive for criticism
- fear for disciplinary case

Results

mental health workers:

- no further questions or remarks by the inspectorate are considered to be an approval by the inspectorate

Results

Openness in notifications:

Medical directors and therapist report to be open and frank in writing a suicide notification. Details sometimes are left out or the focus changed

- problem: public nature of suicide notifications

Results

New format for notifications 2007

notifications are more similar

criticism:

too comprehensive

too much emphasis on risk assessment

Conclusions

- procedure has improved in recent years
- procedure is considered to be an effective instrument for supervision of calamities
- effectiveness in suicide prevention is not established
- there is uncertainty in mental health care field about the role of the inspectorate

Publications

Huisman, A., Kerkhof, A.J.F.M., Robben, P.B.M. (2007). Guidelines for the treatment of suicidal patients; an overview. Yearbook for Psychiatry and Psychotherapy, Bohn Stafleu Van Loghum. (In Dutch)

Huisman, A., Kerkhof, A.J.F.M. (2008). Prevention of post-discharge suicide: an inventory. Journal of Psychiatry, 4, 197-203. (in Dutch)

Vries, P. de, Kerkhof, A.J.F.M., Huisman, A. (2008). The no-suicide contract: a risky ritual. Journal of Psychiatry (in press).

Publications

Huisman, A., Kerkhof, A.J.F.M., Robben, P.B. (2008). The Dutch supervision system for suicides in mental health care: characteristics and developments. *Psychiatric Services*, submitted.

Kerkhof, A.J.F.M., Huisman, A., J., Rullmann, J., van Houwelingen, C. (2008). Method choice and psychopathology in mental healthcare suicides (in preparation).