

Quality of psychiatric treatment—not number of beds—should be focus of suicide prevention

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Health care providers should focus on the overall quality of psychiatric care, depression screening and outpatient services to prevent suicide, not the number of available inpatient psychiatric beds, argue researchers from the University of Chicago and Columbia University in a new statistical analysis.

The study, published June 14 in *JAMA Psychiatry*, rebuts an earlier study published in *JAMA* that claimed that the overall decline in the number of inpatient psychiatric beds available in the United States between 1998 and 2013 is linked to the increase in suicide rates during the same time period. That study, which compared two sets of parallel time series data, showed an inverse relationship between number of beds and suicide rates—i.e., as the number of beds declined, suicide rates increased. But using a more sophisticated regression model that broke down suicide rates within each state during the same time period, the authors of the new paper found no significant association between number of beds and [suicide rates](#).

"If simply increasing hospital beds reduced suicides, that would be wonderful if it were true," said study author Robert Gibbons, PhD, Blum-Riese Professor in the Departments of Medicine & Public Health Sciences at the University of Chicago. "But by doing a naive statistical analysis, you're taking the focus away from other things that ultimately will reduce risk of suicide, and you're drawing attention to what you

think is a simple fix that will have no effect whatsoever."

Gibbons and his co-authors, Kwan Hur, PhD, from UChicago, and J. John Mann, MD, from Columbia University, write that health care policy makers should focus on how existing psychiatric beds are used rather than their absolute number. Decreased suicide risk is linked to proper diagnosis and treatment of depression, and more efforts should be made to properly train primary care physicians and emergency department providers to screen patients and refer them for mental [health care](#), they argue.

"You have to provide better treatment," Gibbons said. "You have to identify people at risk, measure the magnitude of that risk, and provide evidence-based treatment for people with previously unidentified and untreated depression. It's really about the quality of treatment, not simply the quantity of psychiatric hospital beds."

Provided by University of Chicago Medical Center

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