Medical Xpress

Preventing suicide should start in a general medical setting

February 24 2014

The mental health conditions of most people who commit suicide remain undiagnosed, even though most visit a primary care provider or medical specialist in the year before they die. To help prevent suicides, health care providers should therefore become more attuned to their patients' mental health state and possible suicide ideation. These are the findings of Brian Ahmedani from the Henry Ford Health System in Detroit, Michigan, in a new study[1] documenting the type and timing of health services sought by Americans who commit suicide. The study is the largest geographically diverse study of its kind to date, and appears in the *Journal of General Internal Medicine*.

Ahmedani and colleagues in the Mental Health Research Network studied the medical records of 5,894 health-plan members from eight states who committed suicide between 2000 and 2010. This methodology provided data on the health care that people who commit suicide receive prior to their deaths.

Eighty-three percent of people received health care treatment in the year prior to dying, and used medical and primary care services more frequently than any other health service. However, a mental health diagnosis was made in less than half (45 percent) of these cases.

Only about one quarter of individuals were diagnosed with a mental health condition in the four weeks before they died, and one in every five people who committed suicide made a health care visit in the week prior to their death. In comparison, only five percent of people who

committed suicide received psychiatric hospitalization, with only 15 percent receiving such treatment in the year before committing suicide.

The frequency of visits differed markedly according to sex and age. Women, people older than 65 years old, those living in neighborhoods with incomes over $40,000 per year and people who died by non-violent means made the most visits. One in every four patients was a college graduate, and mental health diagnoses were less common among disadvantaged groups with lower levels of education and income.

This study and others point to the importance of outreach efforts at regular doctor visits, especially to men and younger- or middle-age groups. These findings can help target future suicide prevention efforts, and help meet the targets of the 2012 national strategy report by the United States Surgeon General and the National Action Alliance for Suicide Prevention.

"These findings indicate that mental health and suicide risk may need to be assessed more thoroughly, especially in general medical settings," writes Ahmedani. "By detecting mental health problems more effectively, we may be able to begin treatment earlier and prevent many suicides."

More information: Ahmedani, B.K. et al. (2014). Health care contacts in the year before suicide death, *Journal of General Internal Medicine*, DOI: 10.1007/s11606-014-2767-3.

Provided by Springer

Citation: Preventing suicide should start in a general medical setting (2014, February 24) retrieved 25 April 2024 from https://medicalxpress.com/news/2014-02-suicide-medical.html

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