

Self-inflicted gunshot wound survivors may deny suicide attempt, face barriers to care

13 April 2018, by Hayley Kappes

Researchers have found that more than one-third of patients who denied that their self-inflicted gunshot wound resulted from a suicide attempt most likely had indeed tried to kill themselves, and commonly were sent home from the hospital without further mental health treatment.

The findings indicate there are significant barriers to treatment for people who have made [suicide attempts](#), and highlight the need to improve assessment and intervention for survivors of self-inflicted gunshot wounds, especially while hospitalized for their injury.

Stephen O'Connor, Ph.D., associate director of the University of Louisville Depression Center, and other researchers analyzed electronic [medical records](#) from 128 survivors of self-inflicted gunshot wounds treated at a trauma center in Nashville, Tenn., between 2012 and 2015 to identify factors associated with denying a [suicide](#) attempt to medical staff. Twenty-nine percent of patients denied their injuries resulted from a suicide attempt. Of those cases, 43 percent had questionable circumstances, and the denial of suicide attempt was coded as a suspected false denial.

The study noted cases that appeared to be obvious false denials of suicide. Clinician quotations from medical transcripts included "he shot himself when confronted by police" and "left voicemails on wife's phone saying goodbye," according to the study.

O'Connor said people likely deny suicide attempt because of the stigma surrounding the act, not wanting the incident documented on medical records and the reluctance to be admitted to inpatient psychiatric care because of family or job responsibilities.

Mental health providers use investigative skills during psychiatric consultations with a hospitalized

patient to determine whether a self-inflicted gunshot wound was a suicide attempt.

They consider the injury, circumstances surrounding it and aspects of a patient's life, including interpersonal issues, financial problems and a history of suicide attempts, O'Connor said.

"As a provider, it's a friction point when you're trying to help but you may not be getting the whole story from the patient," O'Connor said. "The hospital psychiatry consultation and liaison service has to figure out quickly if patients are at imminent risk in the hospital and upon discharge to the community once medically stable. Previous research has demonstrated that the post-hospitalization period is associated with increased risk for self-directed violence, so it is crucial that we not only assess, but engage patients in potentially life-saving care."

Hospitalized patients who denied a suicide attempt were nearly 11 times more likely to be discharged to home rather than to inpatient [psychiatric care](#).

Brief psychological interventions after potentially intentional, self-inflicted injuries are a solution to treatment barriers. These may include the Safety Planning Intervention, in which a clinician and patient identify warning signs that might precipitate a suicidal crisis and develop coping strategies, and the Teachable Moment Brief Intervention that pinpoints factors underlying a suicide attempt and plans for outpatient mental health services.

"These interventions can be implemented within the hospital while patients recover from physical injuries," the study states. "Brief interventions during recovery may also be able to positively affect future disclosure of suicidal ideation or suicidal intent associated with the current injury, given the impact of prior [mental health](#) treatment on disclosure of [suicidal ideation](#)."

More information: Michael Matthew McClay et al,

Denial of Suicide Attempt Among Hospitalized
Survivors of a Self-Inflicted Gunshot Wound,
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