

Suicide prevention at the psychiatric hospital - an empirical study

Frank Matakas, Elisabeth Rohrbach, Cologne

There are currently no known predictors that can identify potentially suicidal patients with enough accuracy to allow the development of effective preventive measures for these patients. For this reason, one should assume that any patient with more than mild symptoms of depression is at risk of suicide. Consequently, treatment strategies must be applicable to all patients with mild to severe depression.

A treatment method that differentiated between "regressive" and "progressive" measures was developed. "Regressive", as opposed to "progressive", means that the patient was temporarily relieved of any responsibility for himself and others. Visits home and psychotherapy to work through conflicts were also counted as progressive measures. From October 1999, all progressive measures were avoided for patients with the relevant symptoms of depression (defined in accordance with the psychopathological criteria of the ICD-10), regardless of the primary diagnosis. Only once the depressive symptoms had disappeared were progressive elements gradually introduced to the treatment plan. All other important treatment parameters remained unchanged.

This treatment strategy was tested in a psychiatric hospital in Cologne. In total 7,289 patients were treated in the 19 years before the cut-off date. With a total of 25 suicides, the suicide rate was 343 for every 100,000 admissions. There were 3,291 admissions in the subsequent period (4.3 years), 2 suicides and a suicide rate of 61. The difference was significant at a level of 2%.

