Coordination between medical care providers and information technology resources in the management of patients with suicide attempts attending the emergency department

Attempted suicide, often considered synonymous with self-harm, is a complex behavior or issue for health professionals to treat, particularly for staff in the emergency department (ED). However, it has been shown that an initial risk assessment at triage and treatment, detailed mental health assessment, an assessment of psychological and social needs and management, evaluation of risk of subsequent suicide, and enhanced care including inpatient or outpatient follow-up care were all important treatment components to best facilitate efficacious ED and specialist mental health services. Lin et al determined the characteristics, management, and aftercare of suicidal attempters visiting the ED and identified the factors relevant to optimize psychiatric outpatient aftercare. In Taiwan, patients with suicide attempt were triaged to level 1 or 2, depending on the extent of their life-threatening problems and corresponding emergency management needs. An immediate risk assessment, including physical and psychological, was made by an emergency physician upon the patient’s arrival in the ED. Then the patient consulted with mental health professionals for further assessment of mental health and social service needs, which was also suggested by the National Institute for Clinical Excellence (NICE) guidelines. Of particular note was that the most common attempted suicide method was self-poisoning, comprising approximately 57.5% of all study patients; older patients would typically use more serious methods of suicide attempt than younger people. In our previous study focusing on elderly patients with acute poisoning in the ED, suicidal attempt patients experienced more complications including respiratory failure, aspiration pneumonia, hypotension, and mortality. Therefore, it is important to properly justify mandatory referral for aftercare and/or referral for specialist mental health or social services in cases where active medical supervision is necessary as a result of ongoing issues or in older people.

In addition, the results of this study demonstrated that 91.7% of the suicide attempt patients received ED on-site psychosocial assessment, which were attended by social workers and psychiatrists (84% and 53.4% of the time, respectively). However, a low percentage of suicide attempt patients, only 45.1%, were referred to psychiatric outpatient aftercare, and only 26.1% of those referral patients contacted psychiatric outpatient clinics after discharge from the ED. However, the risk of non-fatal repeated self-harm in Taipei City, Taiwan is lower than that observed in Western countries. Several previous articles have reported that those patients admitted to the ED as a result of self-inflicted injury will have a risk as high as 25% for repeat attempt after ED discharge. It would be an important issue to clarify to what extent can post-discharge follow-up contacts with patients prevent later suicide and suicidal behavior? In a comprehensive review and evaluation of evidence relating to this issue, Luxtton et al reported that repeated follow-up contacts appeared to reduce suicidal behaviors. Different modalities, including telephone, postcard intervention, or in-person contact, were suggested to reduce deliberate reattempts at self-inflicted harm or self-poisoning. The application of technology, such as e-mail, mobile text messaging, and smartphone, would provide another promising area for intervention programs. However, randomized controlled trials should still be conducted to determine what specific factors might make follow-up contact modalities or methods more effective than others.

In order to build up the patient safety net and prevent subsequent attempt or fatal suicide among these patients, it is mandatory that health care providers coordinate their hospital resources. Establishing a computerized system to record suicide attempt cases in the ED is a crucial step in developing evidence-based suicide information, intervention, and prevention. Furthermore, the cooperation of emergency physicians and nurses, psychiatrists, and social workers, coupled with further patient follow-up systems including hospital admission and outpatient departments, would undoubtedly lead to an increase in positive outcomes.

Conflicts of interest

The authors declare that there are no conflicts of interest related to the subject matter or materials discussed in this article.

References


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