

Suicidal ideations and Psycho-Education Compliance at a Transplant Center

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ABSTRACT

Objective: To assess the frequency of compliance to provide psycho-education in patients suffering from suicidal ideations.

Study Design: Retrospective Descriptive cross-sectional study.

Place and Duration: Pakistan Kidney and Liver Institute and Research Center, Lahore from 1st January 2021 to 31st December, 2021.

Methodology: Electronic medical record of patients visiting psychiatric clinic at Pakistan Kidney and Liver Institute and Research Center from 1st January 2021 to 31st December 2021.

Results: Among the total 487 patients majority (34%) were consulted for pre-transplant assessment. The ideations were reported by 6.8% patients only, whereas in 1.4% of patients the record regarding suicidal ideations were not found. The mental health team provided psycho-education in 93% of all patients with ideations. The data suggests that medications were prescribed in all patients who reported suicidal ideation.

Conclusion: The suicidal ideations are essential to ask in the clinical encounter. It is concluded that patients report ideations but to enquire is essential. The suicidal risk assessment is not dependent on the clinical site, i.e. whether a tertiary care center or a transplant center. We also conclude that documentation is pertinent and this can be achieved by selecting suicidal risk assessment as department's Key Performance Indicator (KPI).

Keywords: Suicidal Ideations, Compliance, Psychoeducation, Outpatient, Mental Health, Risk Management, Transplant Patients

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INTRODUCTION

Suicide is a terminal yet preventable event in the course of different mental illnesses, such as depression, schizophrenia, substance abuse, personality disorders etc. ¹Suicidal ideations are defined as "range of contemplations, wishes, and preoccupations with death and suicide". ² It is not diagnosis but is a symptom of various psychiatric illnesses and also it can occur

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in the course of stressful life situations without any diagnosable mental illness³. The data from World Health Organization (WHO) is alarming as it reports that around 0.7 million people die annually by suicide, and around 70% of the total cases are from low-middle income countries⁴. The literature suggests that a suicide is preceded by around 10-20 deliberate self-harm attempts. Moreover, the deliberate self-harm is preceded by suicidal ideations and according to estimated reports about 60% of the people with suicidal ideations attempt suicide within first year.⁵ This highlights the significance of identification and interventions introduced early in the course of suicidal ideations and it may have preventable effects.

According to World Bank data suicide mortality rate in Pakistan for the year 2019 is 8.9/100,000 suicide attempts.⁶ In Pakistan, suicide is prohibited from religious point of view and it is penalized by the law.⁷ This restrict the reporting of incidence of suicides and deliberate self-harm thus the reported figures could be less than actual cases.

The Psychiatric Association Practice Guidelines for Psychiatric Evaluation of Adults (2016) interpreted that suicidal ideation is an expression of another underlying mental health problem in about 90% of cases.⁸ The issue is more pronounced in patients suffering from chronic physical illnesses, those on multiple medications, and physically weakness due to comorbid medical illnesses. The patient's encounter in psychiatry clinic is an opportunity to reduce the risk by identifying the presence of ideations and managing accordingly. The reports are suggestive of various techniques in reducing risk of suicide in patients with

ideations.⁹ The Psychoeducation is one such brief yet promising modality, that one can offer in an out-patient department, and it has been found as an effective intervention in patients with suicidal ideation.¹⁰ an interventional study from South Africa has shown promising results in identifying psychoeducation as a valid tool to address the risk of suicide.¹¹

We believe, our study in this particular area is a critical step in assessing deficits and formulating a comprehensive plan to address the risk of suicide. This descriptive study aims to identify the frequency of suicidal ideation in mental health clinic of a transplant center and the compliance in providing psychoeducation. This will help the healthcare system to understand the gap and will help us to plan accordingly. This study will also help in identifying the high-risk patients at early stage in the course of their illness and can be triaged to specific services for further treatment to prevent this avoidable event. The study aims to ascertain frequency of suicidal ideations reported by patients in a transplant center and an audit of practice in provision of psychoeducation.

METHODOLOGY

This retrospective descriptive cross-sectional study was conducted from 1st January 2021 to 31st December 2021 in Pakistan Kidney and Liver Institute and Research Center, Lahore Pakistan. The center is currently leading the country in Liver and Kidney transplant along with all the associated specialties and post-graduate education.

Data was extracted from electronic medical records (EMR) of the hospital. The EMR has separate section for mental health assessment. All records were password protected and locks on its own after the completion of file. The data can be retrieved through dates, National identity number, contact numbers and medical record number of patient. After the approval from Institutional review board (IRB), the data was retrieved through EMR on the basis of time duration (year 2021) and variables, age, gender, marital status, psychiatric diagnosis, suicidal ideation, psycho-education, follow-ups and medications, were collected. The study included all patients who visited the mental health clinic during the study period. Non willing participants were amongst exclusion criteria

Data Analysis: The data was analyzed from the descriptive perspective for frequencies and percentages. The frequencies were calculated through SPSS 20. The data analysis is primarily descriptive for all variables.

RESULT

A total of 487 patient visited mental health clinic in the given period. The females were 48% (n=238) as compared to males (51%, n=249). In marital status, most of the patients were married (75%, n=366). Majority of the patients (34%, n=166) were provided consultation for pre-transplant assessment of solid organ donation, followed by pre-transplant assessment of solid organ recipients (28.9%, n=141) and major depressive disorder (21.5%, n=105) (Table 01).

A total of 6.8% of the patients (n=33) reported suicidal ideations,

whereas data was lacking in 1.4% (n=7) of the patients with death wishes. In around 06% (n=2) of the patients with ideations, provision of psycho-education was not recorded and it was documented in 93.9% (n=31) (Figure 01). Among 33 of (6.8%) patients who reported suicidal ideations, six (18%) didn't show-up as follow-up, whereas eight patients (24%) followed once and 6 (18%) patients followed twice in clinics. Only two (6.06%) patients followed more than eight times in clinics. The medications were prescribed in all patients with suicidal ideations (n=33).

Table – 01: Frequency of Clinical Diagnosis (N=487)

Diagnosis	Frequency n(%)
Potential Solid-Organ Transplant donors	166 (34%)
Potential Solid-Organ Transplant Recipients	141 (28.9%)
Major Depressive Disorder	105 (21.5%)
Others (Bipolar, Insomnia, OCD, Behavior related issues)	41 (8.4%)
Generalized Anxiety Disorder	20 (4.1%)
Mixed Anxiety and Depressive Disorder	11 (2.3%)
Substance abuse	2 (0.4%)
Psychosis	1 (0.2%)

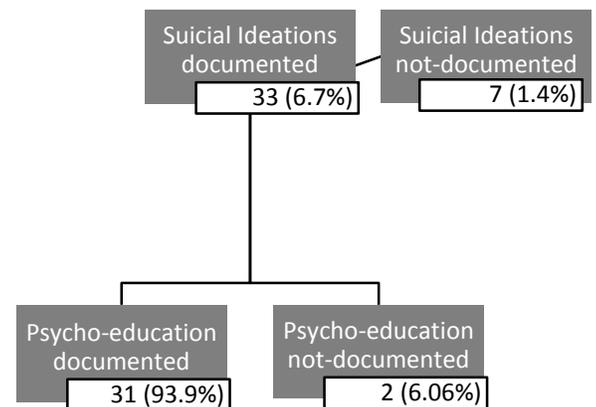


Figure – 1: Frequencies of Suicidal Ideations and Psycho-education

DISCUSSION

Suicidal ideation reported by patients in mental health clinic is a critical event and it becomes even more pertinent in a transplant center. The organ donors and recipients both are at a risk of developing mental illness and especially depressive episode. A cross-sectional study from Cairo, conducted over renal recipients reported 31.3% suicidal risk and prevalence of depressive episode as 32.3%.¹² this is much higher than our audit, where only 6.8% reported ideations. The difference may have happened because our sample comprised of all the patients who visited in psychiatry clinic, including transplant recipients but not exclusively. The data from a transplant center in US, concluded that there is three to four times higher risk of allograft loss in patients with psychiatric disorder, compared to controls.¹³ Thus a thorough psychiatric pre-transplant assessment and managing thereafter, is needed for a better outcome.

Our data suggested that non-compliance to documentation of psychoeducation was 06%. We follow the mantra of medical record i.e. “treatment not documented, treatment not provided”. The psychoeducation as defined in literature as organized sharing of knowledge about illness and its management.¹⁴ The evidence reports that psychoeducation is an effective and acceptable intervention in recurrent suicide attempts and reduces risk of death by suicide.^{15,16} The psychoeducation comprises of evidence-based information, along with emotional support, guidance to behavioral modifications and access to resources.¹⁷ The language remains simple and the objective is to make patient an ally in the course of improvement, through active participation. A qualitative study from randomized control trial (French program of suicide psychoeducation PEPSUI) reported increased internal locus of control in the psychoeducation group.¹¹ The current evidence includes psychoeducation as the initial management strategy for suicidal ideations. The provision of psychoeducation is not restricted to only mental health professional (psychiatrist or psychologist), rather a trained nursing staff can also provide it. It has been found that six (18%) patients didn't show-up for a follow-up. A study by Fossi et al reported that around 70% lost to follow-up after the first suicide attempt.¹⁸ This highlights a major lapse in the management as technically they were considered as high risk patients. The literature also points to the fact that psychoeducation will reduce the risk of suicide ideation concealment, which in many cases is due to either threat of hospitalization or due to embarrassment.¹⁹ A suicide survivors data is suggestive that psychoeducation about suicide and reducing shame stigma associated with it may help others to disclose their ideations.²⁰ A randomize controlled trial over psychoeducation of families of youth with bipolar have also shown positive results, suggesting that psychoeducation imparts improved clinical care even with families.²¹ The health system shall have the red flags for the critically ill patients and robust surveillance system to track them. The unnoticed and not enquired ideation may turn-up to a fatal event and it is the responsibility of the treating physician to formulate a system sensitive to pick the red flags.

CONCLUSION

It is concluded that patients report ideations but to enquire is essential. The suicidal risk assessment is not dependent on the clinical site, i.e. whether a tertiary care center or a transplant center. We also conclude that documentation is pertinent and this can be achieved by selecting suicidal risk assessment as department's Key Performance Indicator (KPI).

IMPROVEMENT PLANS: Our audit team formulated the following plan to improve the clinical care and documentation:

1. To improve the clinical care and documentation:
 - a. Addition of a compulsory check box in EMR for suicidal ideation and psycho-education, to avoid any deficiency in clinical care and documentation
 - b. To contact patient in case of any 'no shows' in follow-ups.
2. To create the benchmark of documentation in suicidal ideation

at 100% and accepted target above 95%.

3. To add in the Key performance indicator (KPI) of the department.
4. To revisit next year for the quantifying improvement.
5. To inculcate safety care management steps in clinical practice.

Limitations: We have performed the review of one year and from one center only. A bigger data of last five years would have been much useful.

AUTHOR'S CONTRIBUTION

Khan F: Conceived Idea, Designed Research Methodology, Data Collection, Manuscript Writing, Literature review data analysis, Proof Reading and Final approval

Munawar S: Data Collection, Literature review, Data Analysis

Nawaz N: Data Collection, Literature Search, Manuscript Writing

Bhimani M: Manuscript Writing, Proof Reading and Final approval

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