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Suicide-related contacts

Experience in general practice

Keywords

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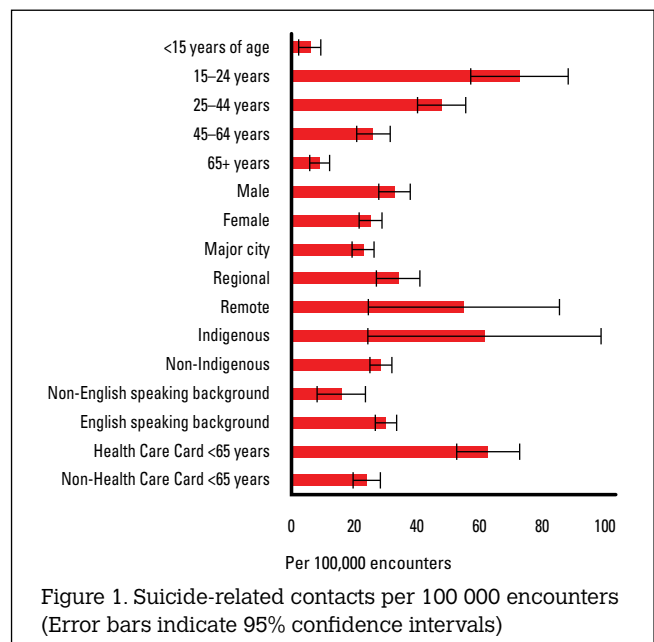


We examined the rate of suicide-related contacts (SRCs) in general practice between April 1998 and March 2013. We defined an SRC as a general practitioner (GP)–patient encounter where suicide ideation or attempt (International Classification of Primary Care 2nd edn, code P77) was recorded as either a problem under management or a patient’s reason for encounter (RFE). Between 1998 and 2013, 14 793 GPs participated in BEACH (Bettering the Evaluation and Care of Health) and recorded details of 1 479 300 encounters with patients. There were 406 SRC encounters. Most of these were identified through the patient’s RFE and not by the GP’s label of a problem managed at the encounter. Depression was the most frequent problem managed at encounters where suicidal ideation or attempt was a patient’s RFE. This suggests that suicide is often subsumed in the ‘depression’ label and that we are only identifying a subset of encounters with patients who are dealing with suicidal thoughts.

Figure 1 shows the patient characteristic-specific rate of SRCs. Patients aged 15–24 years had the highest likelihood of having an SRC, followed by those aged 25–44 years. Patients from regional areas were more likely to have an SRC than those from major cities, as were those from an English-speaking background (compared with those from a non-English-speaking background). We used Commonwealth health care card (CHCC) status in patients aged less than 65 years as a proxy for socio-economic status (SES). Patients aged less than 65 years with a CHCC were more likely to have an SRC than those without a CHCC. Estimated rate of SRCs with Indigenous patients was twice that of non-Indigenous patients; however, this difference was not statistically significant.

Patients at SRCs had high rates of referrals with 42.4% (95% confidence intervals [CI]: 37.4–47.3) of patients receiving at least one referral. This is three times the average (13.3%) at all encounters 2011–12.¹ Nearly one-third (31.8%) received a psychological referral (eg. psychiatrist, psychologist, mental health team) and 6.9% received a referral to either a hospital or emergency department. Half (51.0%) the patients at SRCs received psychological counselling from the GP.

We have shown that certain patient groups, such as the young, rural and low SES, are more likely to present with an SRC in general practice. However, this study probably only identified a fraction of the true number of SRCs in general practice, as they may often be seen under broader mental health labels (such as depression).



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