Contact of Mental and Non-mental Healthcare Providers Prior to Suicide in Taiwan: A Population-based Study

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Abstract

There were striking increases in suicide rates over the past decade, particularly in Asia, which now account for 61% of all suicide deaths worldwide.1 In Taiwan, suicide has ranked as the ninth leading cause of death for all ages since 1999, which has led to a heightened degree of perceived social urgency about the need for appropriate preventive strategies. In response to this major public health threat, such preventive strategies have now been initiated on a national scale in an attempt to reduce the substantial mortality burden associated with suicide. Given that more than 90% of suicide victims previously suffer from mental illness,2 suicide is often regarded as a complication of psychiatric disorders5; indeed, the antisuicidal effects of psychological intervention and specific psychotropic agents have already been confirmed through randomized controlled trials among high-risk patients.6 Ecological studies have also indicated that increases in prescribed antidepressants are associated with reductions in overall suicide rates.9,10 The current key strategy for suicide prevention therefore tends to focus on the treatment of psychiatric disorders, particularly concerning major depression. However, any approach to suicide prevention with a primarily clinical focus will succeed only if appropriate and adequate treatment can be delivered in a very efficient manner. Numerous studies conducted mainly in North America and western Europe have positively appraised the potential of suicide prevention strategies aimed at detecting or intervening within clinical settings, based on the higher rates of health care service use prior to suicide.11,12 However, most relevant studies show a tendency toward a small sample size, which clearly undermines the strength of the findings. The very few large-scale population-based studies have either solely examined the use of mental health services, 13–15 or have relied on reports by family members of the deceased, a strategy that could of course introduce the problem of recall bias.16 A comprehensive review by Luoma et al12 indicated that in 77% of suicide deaths examined there was some contact with primary health care providers within the 1-year period prior to their deaths. The suicide victims had contact with mental

health care providers in only 32% of all cases. Further, they found that the patterns of health care service use differed by sex and age groups. Although access to health care services prior to the death of suicide victims is known to be associated with demographic, socioeconomic, and health care indices,17 many relevant variables have not been taken into consideration in prior studies. Although estimates of health care service use are extremely informative when considering approaches to suicide prevention, currently there is scant information available on this topic in Asian countries. Therefore, using 2 nationwide, population-based databases, this study sets out to examine the distribution and patterns of health care service use among suicide victims in Taiwan.