

ABSTRACT

Attempted suicide:

Aspects of risk assessment and management

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Background: Many countries in the world are experiencing an increase in rates of suicide and attempted suicide. Numerous scales have been developed in an effort to identify persons at high risk of attempted suicide.

The Beck Hopelessness Scale, one of the more popular scales has potential for use in emergency rooms by virtue of its brevity and the ease with which it can be scored.

The Hopelessness Scale was compared with psychiatry residents' management decisions in an effort to assess its ability to predict the suicidal patient's need for admission and the risk of them attempting suicide soon after being seen in the emergency department.

Method: 61 patients who presented to the emergency department of The University Hospital of the West Indies for attempted suicide or with current suicidal ideation were interviewed. The Beck Hopelessness Scale was

administered to these subjects and the psychiatry resident managing them recorded data on a questionnaire designed by the author. An attempt was made to determine the outcome of the patients classified as at high risk.

Results: The Beck Hopelessness Scale scores showed only weak association with the residents' decisions. Patients classified as in need of admission were only 1.4 times more likely to have high hopelessness scores than those classified as being in need of outpatient treatment. The correlation between Hopelessness scores and scores on the author's scale was insignificant.

Conclusions: The Beck Hopelessness Scale may not be suitable for screening patients in an emergency room setting in Jamaica.

Recommendations: There is a dearth of Jamaican studies on suicidal behavior. Some aspects of suicidal behavior considered to be of immediate importance include: A repetition of this study using a larger sample.