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Factors Affecting Collaborations between a Tertiary-level Emergency Department and Community-based Mental Healthcare Centers for Managing Suicide Attempts



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ABSTRACT

Background: Community-based active contact and follow-up are known to be effective in reducing the risk of repeat suicide attempts among patients admitted to emergency departments after attempting suicide. However, the characteristics that define successful collaborations between emergency departments and community-based mental healthcare centers in this context are not well known.

Methods: This study investigated patients visiting the emergency department after suicide attempts from May 2017 to April 2019. Patients were classified in either the successful collaboration group or the failed collaboration group depending on whether or not they were linked to a community-based follow-up intervention. Clinical features and socioeconomic status were considered as independent variables. Logistic regression analysis was performed to identify factors influencing the collaboration.

Results: Of 674 patients, 153 (22.7%) were managed successfully via the targeted collaboration. Completion of hospital-based psychological counseling (adjusted odds ratio [aOR], 233.55; 95% confidence interval [CI], 14.99–3,637.67), supported out-of-pocket expenses (aOR, 11.17; 95% CI, 3.03–41.03), Korean Triage and Acuity Scale 1–3 (aOR, 4.31; 95% CI, 1.18–15.73), suicide attempt associated with mental disorder (aOR, 0.15; 95% CI, 0.04–0.52), and self-discharge against medical advice (aOR, 0.12; 95% CI, 0.02–0.70) were independent factors influencing the collaboration.

Conclusion: Completion of hospital-based psychological counseling was the most highly influential factor determining the outcome of the collaboration between the emergency department and community-based mental healthcare center in the management of individuals who had attempted suicide. Completion of hospital-based psychological counseling is expected to help reduce the risk of repeat suicide attempts.

