Dropout from psychiatric care among young patients with suicidality and their poor help-seeking attitude

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Introduction

Suicide is one of the leading causes of death among young people in Japan (Table 1). Despite a high prevalence of suicide deaths among youth, a poor help-seeking attitude might remain as one of the greatest barriers to psychiatric care. However, the relationship between a poor help-seeking attitude and dropping out against doctor's instruction among young patients with suicidality has been poorly understood.

Table1. The leading cause of death among 10-14y.o. in Japan

	2005	2010	2015
1st	accidents 2.5	accidents 2.1	cancer 1.9
2nd	cancer 1.8	cancer 2.0	suicide 1.6
3rd	heart disease 0.7	suicide 1.1	accidents 1.3

(per 100,000 population)

Aim of this study

The aim of the current study is to examine the relationship between a poor help-seeking attitude and dropping out from psychiatric care among youth with suicidal ideation (SI).

Method

In 2011, we conducted a one year follow-up study of the first SI referrals, aged 10-15 years, at Kanagawa Children's Medical Center (KCMC). Patients without diagnosis, and patients with mental retardation were excluded from this study.

One year after their initial visit, we administered a battery of self-reported questionnaires to participants in order to evaluate their help-seeking attitude ("Are you willing to continue to see a psychiatrist ?" , "Yes, or No") and their attitudes toward psychiatric care (9 items including stigma against psychiatric care). The dropout rate within one to three years was then investigated.

318 was the total number of first time referrals aged 10-15 years at KCMC. 62 out of 74 referred patients with SI agreed to join this study and 42 responded to the questionnaire after one year.

The study was approved by the KCMC ethics committees.

Results 1

Table 1. Descriptive statistics for the sample.

	Total sample (N=42) n (%)
Age, and sex	
10-12 y.o.	12 (28.6%)
13-15 y.o.	30 (71.4%)
Female	23 (54.8%)
Diagnosis	
Psychotic disorder	3 (7.1%)
Affective disorder	8 (19.0%)
Global functioning (CGAS*)	
<40	22 (52.4%)
Suicidality	
SI with attempt	17 (40.5%)
SI after 1 year	14 (33.3%)
Help-seeking attitude and drop out rate	
Poor help-seeking attitude after 1 year	19 (45.2%)
Unexpected dropout within 1 year	10 (23.8%)

*CGAS; Children's Global functioning scale
**Unexpected dropout; dropout in spite of necessity for continued care

Results 2

Table 2. Association between poor help-seeking attitude and unexpected dropout.

	OR (95% CI)	
Unexpected dropout within 1 year	16.0 (1.7-153.6)	P<0.05

Binominal regression analysis, adjusted for sex, and age.
OR; Odds ratio 95%CI; 95% Confidential interval P; p-value

Results 3

- Among 14 patients with SI after 1 year, 5 patients (.35.7%) dropped out from outpatient clinic.
- And, four (80.0%) out of 5 patients who dropped out had a poor help-seeking attitude toward psychiatric care.

Results 4

Table 3. Poor help-seekers' negative attitude to psychiatric care

	Total sample (N=19) n (%)
I think my family cannot afford for me to send me to a psychiatrist.	13 (68.4%)
I am too busy to see a psychiatrist.	12 (63.2%)
I believe seeing a psychiatrist would be a disadvantage for applying for work or education.	8 (42.1%)
I believe it would get in the way of doing something important.	7 (36.8%)
I believe it would interfere with making close relationships.	6 (31.5%)
I don't want to be with some psychiatric disease.	5 (26.3%)
I am concerned about the side effect of drugs.	5 (26.3%)
I think my family doesn't want me to see a psychiatrist.	3 (15.8%)
I cannot trust mental health providers.	3 (15.8%)

Some of these data are overlapped.

Results 5

Table 4. Top 4 poor help-seekers' negative attitude among patients dropped out in spite of continuous SI.

	Total sample (N=4) n (%)
I think my family cannot afford for me to attend a psychiatrist.	4 (100.0%)
I am too busy to attend a psychiatrist.	3 (75.0%)
I anticipate attending a psychiatrist bother me to do something important.	2 (50.0%)
I cannot trust mental health providers.	2 (50.0%)

Some of these data are overlapped.

Limitation

- We did not define the recovery criterion enough to exclude those visiting clinics.
- The questionnaire on poor help-seeking attitude was not validated.

Conclusion

- A poor help-seeking attitude may lead to unexpected dropouts among young patients with suicidality.
- Suicide preventive care for youth should be conducted along with improvements in their living condition (family circumstance, or life pattern) and anticipated discrimination.

Conflict of Interest Disclosure: "I have no conflicts of interest"