

Intensive Treatment at Home is Associated with a Decrease in Suicidality

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Abstract

A retrospective quantitative cohort study investigating the association between Intensive Treatment at Home and suicidality in adult patients.

Background: Suicidal behavior is a growing public health problem worldwide. Despite available treatment options, such as clinical admission, recovery from suicidal behavior often fails to materialize. Intensive Treatment at Home (IBT) is an outpatient treatment model that may contribute to recovery from suicidal behavior, but this has not yet been scientifically proven.

Objective: The objective of this study is to gain insight into the relationship between IHT and recovery from suicidality in psychiatric patients, measured using the violence subscale of the Kennedy As-V.

Method: In a longitudinal, quantitative cohort study, a secondary data analysis was performed on data from 253 patients in IBT care. Suicidal tendencies were measured weekly using the Kennedy As-V. Recovery was defined as a score ≥ 55 . Statistical analyses included descriptive and inferential tests.

Results: The mean score on the violence subscale of the Kennedy As-V increased significantly from 45.5 to 53.3 during the treatment period. This indicates a reduction in suicidality. The greatest improvement occurred in the first week of treatment. Large effect sizes were found in patients who recovered (Cohen's $d = 1.71$ and 1.87). Age, gender, primary psychiatric diagnosis and duration of treatment were not associated with recovery from suicidality.

Conclusion: IBT is associated with a significant reduction in suicidality. The results suggest that IBT may contribute to the treatment of suicidality as an outpatient treatment.

