

Maine Medical Center  
Emergency Medicine Residency  
Journal article summary

**DATE:** 5/18/2017

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**ARTICLE:** Predictive Validity of the MINI Suicidal Scale for Self-Harm in Acute Psychiatry: A Prospective Study of the First Year after Discharge  
Citation: Roaldset et al, Archives of Suicide Research, 16:4, 287-302, 2012

**PURPOSE:** Explore predictive validity of the suicidal scale of the MINI as a screen for SI/NSSI following discharge from an acute psychiatry ward.

**STUDY DESIGN:**  
Prospective observational (follow up)

**METHODS:**  
Admitted psych patients at hospital, 130,000 inhabitant catchment area, small town & semi rural area. Received MINI screening (6 yes/no questions) at discharge. Then had f/u at 3, 6, 9, and 12 months for suicidal/NSSI behaviors (patient's therapist, phone interview, hospital/outpatient records)

**Outcome measure: Threats and acts** of suicidal behavior and NSSI (ie cutting).  
Excluded: sent to gen med ward for non-psych, specialized (geriatric, high security), missing/incomplete MINI, lost to follow up

**RESULTS**  
~ 2 years. 307 patients total (63% of admitted); 104 lost to f/u, 44 excluded.  
2 suicides  
Table 4. Moderate/High Risk based on MINI: NPV= ~0.86 - 0.89 (Attempts or NSSI, not just threats).

**CONCLUSIONS:**  
MINI suicidal scale was a significant predictor of suicidal behavior at 3 and 12 months.

**Strengths:** high risk group.

**Limitations:** Many lost to follow up or excluded (suicide?), does not cover low risk (what was NPV?), this is a rule-in test, not the r/o test needed for the ED.  
Suicide risks had to be communicated to providers during f/u, not blinded.

**IMPLICATIONS FOR PRACTICE**  
Are the results/study applicable to clinical practice?

**Not for emergency medicine to be able to discharge the low risk patient. This tool is for high risk patients.**

Is this an intervention that would be feasible to implement (based on cost, resources etc)?  
Will this change your practice?

**No, this is not a tool for me to discharge the low risk patient.**

**LEVEL OF EVIDENCE**

Ia Evidence obtained from meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one RCT

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study

**III Well-designed non-experimental studies**

IV Expert committee reports, opinions of experts