

# A network outcome analysis of psychological risk factors driving suicide risk in emergency department patients

**A network outcome analysis of psychological risk factors driving suicide risk in emergency department patients** - Nature Mental Health, 15 jan 2025  
(<https://doi.org/10.1038/s44220-025-00389-4>); informações adicionais

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Tipo: artigo original

keywords: network analysis, suicídio, fatores de risco psicológicos

## Objetivos:

🔗 A network outcome analysis of psychological risk factors driving suicide risk in emergency department patients, p.347

The present study uses a novel network analysis approach, namely network outcome analysis<sup>21</sup>, to examine predictive associations between a range of different psychological factors and the development of suicidal ideation, suicide plans, and suicide attempts. A crucial benefit of network analysis concerns the separation of direct effects (for example, edge between impulsivity and suicidal ideation) and indirect effects (for example, association between impulsivity and suicidal ideation through other cognitions)<sup>21</sup>. Based on prior research, we predicted that hopelessness, burdensomeness, lack of belongingness, entrapment, and identification with death would be the strongest proximate predictors of suicide-related outcomes.

Suicídio é uma das causas mais comuns de morte, e a suas causas são teorizadas de maneira diferentes, visando a capacidade de prever esse tipo de comportamento. A [teoria interpessoal do suicídio](#)

## Metodologia:

🔗 A network outcome analysis of psychological risk factors driving suicide risk in emergency department patients, p.350 >

The study complies with all ethical regulations and received ethical approval (number 2014P001620/MGH) from Harvard University and Massachusetts General Hospital. Patients presenting due to severe psychiatric distress to the Massachusetts General Hospital Emergency Department (ED) (between February 2015 and March 2017) were approached by study research assistants. Reasons for not obtaining informed consent included impairment due to psychiatric complaints, discharge, refusal to participate, language barriers and various other reasons. To be included in the study, participants had to be adults (18 years or older; no upper age limit), have presented at the Acute Psychiatry Service, and have had access to a phone or email over the 6-month follow-up period. Exclusion criteria encompassed any condition that hinders an individual's capacity to provide informed consent and participate in the study, including (1) the inability to speak or read English, (2) severe cognitive impairments due to conditions, such as florid psychosis, intellectual disability, dementia, and acute intoxication, or (3) the presence of extremely agitated or violent behavior. The attending psychiatrist on duty determined the applicability of these criteria, with the primary focus being the safety of both participants and research staff. Participants could receive a total compensation of \$30 for completing the in-person session and two follow-up surveys (\$10 for each), along with additional benefits such as parking and cafeteria vouchers.

After obtaining written informed consent, the baseline visit while in the emergency room included an evaluation from the treating clinician, brief clinical self-report measures (administered through a tablet), and the completion of a brief implicit association test. There were two follow-up surveys conducted over the telephone or email, one month and six months after the baseline visit. The study, sample, and enrollment procedures are described in more detail elsewhere. The data supporting this study are not publicly available due to their highly sensitive nature.

Resumidamente, a coleta de dados foi realizada através de um questionário aplicado nos hospitais universitários de Harvard e Massachusetts.

Foram medidos as variáveis **resultados relacionados ao suicídio** (derivados da [entrevista de comportamentos e pensamentos autolesivos] (Nock, M. K., Holmberg, E. B., Photos, V. I. & Michel, B. D. Selfinjurious thoughts and behaviors interview: development, reliability, and validity in an adolescent sample. *Psychol. Assess.* 19, 309–317 (2007))), **constructos**

**psicológicos** (reatividade emocional, desesperança, aprisionamento, ansiedade e agitação, impulsividade, cansaço extremo, não pertencimento, não ter medo da morte e sentido à vida), **associação explícita à morte** (escala de 0 a 100 de pertencimento) e **Death IAT** (versão resumida da esta [ferramenta](#)).

A análise de network foi realizada através de uma mistura de modelos gráficos.

## Resultados:

### 🔗 Característica da amostra coletada >

All psychological factors (description in Methods) were evaluated at baseline, while all suicide-related outcomes (that is, ideation, suicide plan, attempt) were assessed during both follow-up surveys. The sample at baseline ( $n = 1,412$ ) was predominantly male (54.32%; female, 43.96%; transgender, 1.72%), young ( $M = 34.95$ ,  $s.d. = 13.57$ ) and relatively diverse with respect to ethnicity and race (non-Hispanic white, 68.0%; non-Hispanic African American, 7.22%; Hispanic other, 7.15%; non-Hispanic other, 6.22%; Hispanic white, 5.79%; non-Hispanic Asian, 3.86%; and other race or ethnicity, 1.76%). At the 1-month follow-up survey, there were complete data for reports of suicidal ideation for 900 participants (63.74%). By the 6-month follow-up, 938 participants (66.43%) completed reports on measures of suicidal ideation. A supplemental analysis (Supplementary Table 3) showed that older age, female gender, lower income and a lifetime history of a suicide attempt were significantly associated with slight increases in the likelihood of dropout.

A análise do gráfico identificou consistência na associação direta à morte com as outras variáveis. Acresce que o não pertencimento mostrou confluências diretas à tentativas de suicídio.

A diferença significativa de casos de planejamento de suicídio e tentativa de suicídio se demonstrou num aumento entre os links dos vértices "sem propósito", "desesperança" e "tempo está acabando", assim como o enfraquecimento do link entre "plano suicida" e "associação explícita com a morte".

## Síntese de discussão e conclusões:

A associação explícita com a morte foi o principal fator de risco reconhecido e ele aparece como uma ponte entre os outros estados mentais situados no gráfico.

A idealização suicida estava associada ao sentimento de não pertencimento e cansaço extremo.

## Informações adicionais

Lei sobre as teorias do suicídio disposta nas referências 3, 4 e 5 do artigo

Link para material suplementar: [https://static-content.springer.com/esm/art%3A10.1038%2Fs44220-025-00389-4/MediaObjects/44220\\_2025\\_389\\_MOESM1\\_ESM.pdf](https://static-content.springer.com/esm/art%3A10.1038%2Fs44220-025-00389-4/MediaObjects/44220_2025_389_MOESM1_ESM.pdf)

**Referência ABNT:** RENÉ FREICHEL; NOCK, M. K.; O'SHEA, B. A. A network outcome analysis of psychological risk factors driving suicide risk in emergency department patients. **Nature Mental Health**, 20 fev. 2025.

**Referência Vancouver:** René Freichel, Nock MK, O'Shea BA. A network outcome analysis of psychological risk factors driving suicide risk in emergency department patients. Nature Mental Health [Internet]. 2025 Feb 20 [cited 2025 Feb 24]; Available from:

<https://www.nature.com/articles/s44220-025-00389-4>