
PRIMARY HEALTH CARE UTILIZATION PRIOR TO SUICIDE: A RETROSPECTIVE CASE-CONTROL STUDY AMONG ACTIVE-DUTY MILITARY PERSONNEL

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Objective: About 45% of civilian suicides see a doctor within one month of death. Thus, educating primary care physicians (PCP) to detect and mitigate depression is an important suicide-prevention strategy. However, the pre-suicide PCP consulting rate has not been examined in a military population. The authors investigated the utilization of primary health care and mental health services by active-duty military personnel suicide cases (SC) prior to death in comparison to matched military controls (MC).

Method: All suicides (N=170) were extracted from a cohort of all active-duty Israeli military male personnel between 2002 and 2012. Applying a retrospective nested case-control design we compared SC primary care services utilization with demographic and occupationally matched MC (N=500).

Results: Whereas 38.3% of SC contacted PCP within the last month before death only 27.6% of SC contacted a mental health specialist during their entire service time. The PCP contact rate within one month before death or index day did not differ between SC and MC (38.3% vs. 33.8%, $\chi^2 = 1.05$, $df = 1$, $p = 0.3$). More SC contacted a mental health specialist within service time than MC (27.6% vs. 13.6%, $\chi^2 = 10.85$, $df = 1$, $p = 0.001$).

Conclusions: Even though PCP contact rate by military suicides is slightly lower than that reported for civilian suicides prior to their death, it is higher than mental health specialist contact rate and higher than age matched civilian suicides. These results imply that PCP education is a viable approach to suicide-prevention in a military setting.