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Is the 9-item Patient Health Questionnaire sufficiently sensitive to detect clinical risk of suicide in essential workers seeking emotional support during the COVID-19 pandemic?

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Although many studies have used online instruments to assess mental health,[1] few have done so to assess suicide risk. We would like to share our experience with the 9-item Patient Health Questionnaire (PHQ-9), the standard measure of depression according to The Common Measures in Mental Health Science Governance Board,[2] as a screening tool for suicide risk. The PHQ-9 contains the following item: "Over the last two weeks, how often have you been bothered by: thoughts that you would be better off dead or of hurting yourself in some way?" This sentence raises a question: are those bothered by thoughts of being better off dead or of hurting themselves at clinical risk of suicide?

We used data from TelePSI, a project providing telepsychotherapy and tele-psychiatric support for essential workers dealing with the COVID-19 pandemic. Participants who answered this question with any other response than not at all were referred for a detailed psychiatric evaluation with a manualized protocol that addresses 44 risk/protective factors associated with suicidal behavior.[3] We then classified the clinical risk of suicide as none, mild, moderate, or severe. Moderate and severe risk indicate the need for an in-person assessment and immediate inpatient admission, respectively. Data analysis was performed using logistic regression.

Among 945 adults that participated in the project (NCT04632082), 659 (69.7%) answered the item with not at all, 178 (18.8%) with several days, 55 (5.8%) with more than half of the days, and 53 (5.6%) with nearly every day. Of the 286 participants referred for psychiatric evaluation, 211 (73.8%) completed the assessment. After evaluation, it was concluded that 112 (53.1%) had no clinical risk, 84 (39.8%) had a mild risk, 14 (6.6%) had a moderate risk, and one (0.5%) had a severe risk. The responses more than half of the days or nearly every day for this item were associated with moderate/severe clinical risk compared to the response several days (odds ratio = 28.2, 95%CI = 3.63-219.2). Using more than half of the days or nearly every day as the cut-off for referral to a psychiatrist would have identified all 14 participants with moderate/severe risk except one (with moderate risk). The sample's demographic characteristics are shown in Table 1.

Table 1 Demographic characteristics of the sample (n=945)

Demographic characteristic	Absolute number (%)
Female	790 (83.6)
Mean age (SD)	37.79 (9.6)
Profession	
Health service	632 (66.9)
Teacher	193 (20.4)
Other essential worker	120 (12.7)
State	
São Paulo	202 (21.4)
Rio Grande do Sul	166 (17.6)
Minas Gerais	130 (13.7)
Bahia	71 (7.5)
Rio de Janeiro	66 (7.0)
Other	310 (32.8)

Contemporary models of suicide risk show that suicide etiology is heterogeneous, with an interaction between

predisposing and precipitating factors.[4] Consistent with previous research,[5] our data support the notion that a positive response on the PHQ-9 suicidal thoughts item does not equate to clinical risk. It is not the "categorical" PHQ-9 item alone that matters, but its severity. Participants whose response to the PHQ-9 item on suicidal thoughts was more than half of the days or nearly every day might be at increased clinical risk of suicide and require assessment by a psychiatrist.

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