

New study finds no evidence of weekend increase in mental health patient suicide

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A new study from The University of Manchester, prompted by current government policy for a 'seven-day NHS', has found that suicide deaths by mental health patients are actually lower at the weekends.

A current government policy priority is to extend health services to a full 'seven-day NHS', partly due to claims that patients admitted at the weekend are more likely to die because of lack of specialist staffing and services.

The new paper, published in the *British Journal of Psychiatry*, is one of the first to explore the weekend effect in [mental health](#). In contrast to previous studies of all hospital deaths, the paper found that the incidence of suicide was 12-15 percent lower at the weekend. The study was carried out by researchers at [the National Confidential Inquiry into Suicide and Homicide](#).

Professor Nav Kapur, from The University of Manchester and the Manchester Mental Health and Social Care Trust, led the study. He said: "We wanted to explore a possible weekend effect on patient suicide. We looked at specific groups being treated in hospital or the community who might be particularly vulnerable to changes in care. We actually found a markedly reduced [suicide risk](#) at the weekend. We also found a reduced risk in people who were admitted at the weekend."

The researchers analysed 5,613 suicide deaths in England between 2001 and 2013. They examined deaths by suicide in inpatients, those who had been discharged from psychiatric hospital within the previous three months and those under the care of crisis resolution home treatment teams. By looking at the deaths and the days they occurred, they found that in all groups, suicide was less likely to occur at the weekend.

The study also investigated the idea of an August effect – a month when final-year medical students become doctors and junior doctors become a grade more senior. Some previous research has suggested this could affect patient care but the current study found no evidence of an increase in suicide during this month.

The study was unable to investigate causal reasons for the decline in deaths at the weekends, but the authors consider the possibility that because mental [health services](#) are more multi-disciplinary and community-based than some other medical specialities they are insulated from a reduction in the availability of doctors at the weekend. Alternatively the lower rate of weekend suicide could reflect increased social contact between patients and their families and friends.

It is also possible that in the case of a lower rate of death among admissions at the weekend, there is a lower threshold applied to admitting patients because highly specialised community services may not be as available.

Professor Kapur said: "Although the causes of suicide are varied and complex, we do know from our previous work that the way services are organised and staffed can have an effect. In this case however, our results did not suggest a [weekend effect](#) on suicide."

Professor Louis Appleby, Director of the National Confidential Inquiry and one of the authors of the study, added that: "We should recognise that extending NHS services could have a number of potential benefits such as improving access to services, enhancing continuity of care, reducing morbidity, and improving the quality of care. However, our study of [suicide](#) in high risk patient groups does not support the claim that safety is compromised at weekends, at least in [mental health services](#)."

More information: Mental health services, suicide and 7-day working. The *British Journal of Psychiatry* Jul 2016, bjp.bp.116.184788; [DOI: 10.1192/bjp.bp.116.184788](#)

Provided by University of Manchester

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