

# Suicide risk after psychiatric hospital discharge highest for patients with depression

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Patients discharged from psychiatric hospitals had higher short-term risks of suicide if they were diagnosed with depression, schizophrenia or bipolar disorder and were not connected to a health system for care, according to an article published online by *JAMA Psychiatry*.

Understanding which [mental health disorders](#) and other patient characteristics put patients at highest short-term risk for [suicide](#) after psychiatric hospital discharge can help guide interventions to prevent suicide.

Mark Olfson, M.D., M.P.H., of Columbia University, New York, and coauthors used Medicaid claims data to examine [suicide risk](#) during the first 90 days after discharge for adults with diagnoses of [depressive disorder](#), bipolar disorder, schizophrenia, substance use disorder and other [mental disorders](#) in comparison to inpatients with diagnoses of nonmental disorders.

The study population of more than 1.8 million individuals included 770,642 adults with mental disorders and nearly 1.1 million adults with nonmental disorders. There were 370 deaths from suicide from 2001 to 2007.

The short-term suicide rate in the group of adults with mental disorders was 178.3 per 100,000 person-years while the suicide rate of the U.S.

population demographically matched to the group of adults with mental disorders was 12.5 per 100,000 person-years, the study reports.

The highest short-term rate of suicide was among those adults diagnosed with depressive disorder (235.1 per 100,000 person-years), followed by [bipolar disorder](#) (216 per 100,000 person-years), schizophrenia (168.3 per 100,000 person-years) and other mental disorders (160.4 per 100,000 person-years), while the lowest was among those with substance use disorders (116.5 per 100,000 person-years), the results show.

The 90-day rate of suicide was nearly twice as high for men with any mental disorder as for women. Psychiatric inpatients without any outpatient health care in the six months before hospital admission also were at an increased risk for suicide, the study reports.

Limitations to the study included no way to validate mental health diagnoses in the Medicaid claims data. Results also may have differed if privately insured and uninsured patients had been included in the analysis. Information on other factors also was not available, including family history of suicide.

"These patterns suggest that complex psychopathologic diagnoses with prominent depressive features, especially among adults who are not strongly tied into a system of care, may pose a particularly high risk. As with many studies of completed suicide, however, the low absolute risk for suicide limits the predictive power of models based on clinical variables. These constraints highlight the critical challenge of predicting suicide among recently discharged inpatients based on readily discernible clinical characteristics," the study concludes.

**More information:** Mark Olfson et al. Short-term Suicide Risk After Psychiatric Hospital Discharge, *JAMA Psychiatry* (2016). [DOI: 10.1001/jamapsychiatry.2016.2035](https://doi.org/10.1001/jamapsychiatry.2016.2035)

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