

# Lingering risk of suicide after discharge from psychiatric facilities

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A study that synthesized more than 50 years of research into suicide rates for patients after discharge from psychiatric facilities suggests the immediate period after discharge was a time of marked risk and that the risk remained high years after discharge, according to a new article published by *JAMA Psychiatry*.

Suicide is among the top 20 causes of death worldwide. The World Health Organization estimated the global [suicide](#) rate was 11.4 per 100,000 person-years in 2012. (A person-year is a unit of time.) Mentally ill individuals discharged from psychiatric hospitals and wards appear to have a greater risk for suicide than other mentally ill individuals, although there are no accepted benchmarks for postdischarge [suicide rates](#), according to the article.

The work by Matthew Michael Large, B.Sc., M.B.B.S., F.R.A.N.Z.C.P., D.Med.Sci., of the University of New South Wales, Australia, and coauthors quantified rates of suicide after discharge from psychiatric facilities and included 100 studies reporting 17,857 suicides.

The pooled estimate discharge suicide rate was 484 per 100,000 person-years, according to the results, with the suicide rate the highest within three months after discharge (1,132 per 100,000 person-years) and among those patients admitted with suicidal ideas or behaviors.

Pooled suicide rates were 654 per 100,000 person-years in studies with follow-up from three months to one year; 494 per 100,000 person-years

in studies with follow-up from one to five years; 366 per 100,000 person-years in studies with follow-up of five to 10 years; and 277 per 100,000 person-years in studies with follow-up greater than 10 years, the authors report.

The study details its limitations and notes that factors associated with increased [suicide risk](#) at an aggregate level should be interpreted with caution and may not necessarily be applicable to individual patients.

"Discharged patients have suicide rates many times that in the general community. Efforts aimed at [suicide prevention](#) should start while patients are in hospital, and the period shortly after discharge should be a time of increased clinical focus. However, our study also suggests that previously admitted patients, particularly those with prior suicidality, remain at a markedly elevated risk of suicide for years and should be a focus of efforts to decrease suicide in the community," the article concludes.

**More information:** *JAMA Psychiatry* (2017). doi:10.1001/jamapsychiatry.2017.1044

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