



KEY POINT SUMMARY

OBJECTIVES

This study looked into the potential predictors of inpatient suicide in general with relation to those who die immediately after admission. The authors of this study wanted to find out if there are differences between suicides that occur early in admission compared to later cases.

The authors aimed to compare cases of suicide with living inpatient controls to identify clinical and psychosocial risk factors, including variation in the provision of inpatient care. Investigating which factors contribute to risk among patients under such intensive treatment by mental health services may identify any weaknesses in clinical care on admission and provide opportunities to potentially save lives.

Suicide in Recently Admitted Psychiatric Inpatients: A Case-Control Study

Hunt, M., Bickley, H., Windfuhr, K., Shaw, J., Appleby, L., Kapur, N.
 2013 | *Journal of Affective Disorders*
 Volume 144, Issue 1-2, Pages 123-128

Key Concepts/Context

Research studies have shown that the risk of hospitalized patients dying by suicide is still extremely high—around 40 to 50 times higher than in the general population. A number of studies have reported that the first week of admission is a time of particularly acute risk.

Methods

The study was conducted within the National Confidential Inquiry into Suicide by People with Mental Illness (NCI), a clinical survey that collects data on all suicides in people with recent contact with mental health services. The cases were selected from a consecutive series of individuals aged 18 to 65 who died by suicide between January 1, 2001 and December 31, 2006. Inclusion was based on the date of death being within seven days of the date of admission. The authors excluded suicides in persons aged over 65, as risk factors are known to differ in older people. The suicide questionnaire completed by clinicians consisted of sections on socio-demographic characteristics, clinical history, details of the suicide, aspects of care, and details of the preceding inpatient admission.

Overall, the study was a national population-based case-control study of 107 current psychiatric inpatients in England who died by suicide within a week of admission, matched on admission date with 107 living controls.

Findings

Forty-two (40%) suicide cases died within the first three days of admission. A fifth of all suicides were on authorized leave at the time of death, but 34% were off the ward without staff agreement, compared to only 1% of controls. Independent risk



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factors for suicide included previous self-harm, recent adverse life events, and a short (12 months or less) duration of illness.

Limitations

Some of the limitations to this study are as follows:

- This is a retrospective study, using clinical data mainly collected from case records. The information collected relied heavily on what the clinicians were able to recollect.
- Clinicians were not blind to case/control status and may have been biased by their awareness of outcome.
- The study findings should be generalized with caution as the study was based in England, thus may not be applicable to study settings in the United States.

Design Implications

For the first time, a research study has been able to investigate predictors of suicide that occur within a week of psychiatric admission in a national sample. The first few days of admission should be recognized as the period of highest risk. Careful risk evaluation is needed at this time, particularly in those with recent illness onset or previous suicide attempts. Knowledge of life events experienced before admission should be incorporated into risk assessments. Improvements to the ward environment to lessen the distress of admission may be an important preventative measure. Protocols may require adapting to improve the safety of those on agreed leave, and prevent absconding through increased vigilance and closer observation of ward exits.