SYNOPSIS

KEY POINT SUMMARY

OBJECTIVES

The main objectives of this study were:

Describe a national, consecutive series of suicide cases by people under mental healthcare who had absconded from the ward.

Compare the social and clinical features of these suicide cases with those who were on leave or had left the ward with staff agreement.

Suicide Amongst Psychiatric Inpatients Who Abscond From the Ward: A National Clinical Survey

Hunt, I. M., Windfuhr, K., Swinson, N., Shaw, J., Appleby, L., Kapur, N.
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Key Concepts/Context

Research studies have shown that about 34-39% of patients in psychiatric wards go absconding. The goal of this study was to describe the social and clinical characteristics of people who had absconded from an inpatient psychiatric ward prior to suicide, including aspects of the clinical care they received.

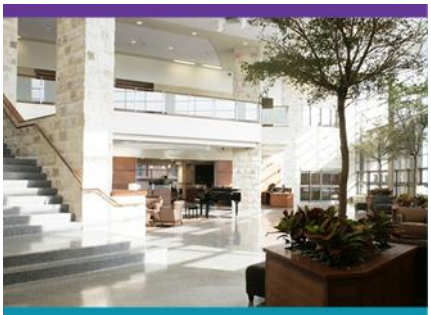
Methods

The data collection, based on a 10-year (1997-2006) sample of people in England and Wales who had died of suicide, was collected and involved three phases:

- Collection of a comprehensive national sample of deaths receiving a verdict of suicide or open verdict from the Office for National Statistics (ONS)
- Information on whether the deceased within the sample had been in contact with health services in the 12 months before death was obtained from the hospitals and community trusts providing mental health services in the deceased's district of residence
- Clinical data on people who had been in contact with services obtained by sending a questionnaire to the responsible consultant psychiatrist

Findings

Over the study period from January 1, 1997 until December 31, 2006, there were 1,851 cases of suicide by current psychiatric inpatients comprising 14% of all patient suicides. Some 1,292 (70%) occurred off the ward. Four hundred sixty-nine of these patients died after absconding from the ward, representing 25% of all inpatient suicides and 38% of those that occurred off the ward.



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Absconding suicides were characterized by being young, unemployed and homeless compared to those who were off the ward with staff agreement. Schizophrenia was the most common diagnosis, and rates of previous violence and substance misuse were high. Absconders were proportionally more likely than inpatients on agreed leave to have been legally detained for treatment, non-compliant with medication, and to have died in the first week of admission. While absconding patients were significantly more likely to have been under a high level of observation, clinicians reported more problems in observation due to either the ward design or other patients on the ward.

Limitations

Some of the limitations of the study were:

- The data were collected retrospectively using case reviews and clinical judgments, thus there is no way to ensure that the data were complete or accurate.
- Clinician judgments have a potential to be biased, as they already know the outcomes of the patients that were reviewed (death by suicide).
- Previous abscond history was not available for the patients in the study, thus the authors could not differentiate between first-time and repeat absconders and whether this may have had an effect on their outcomes.
- The authors could not ascertain the length of time between leaving the ward and suicide unless the death occurred within a week of admission.

Design Implications

Measures that may prevent absconding and subsequent suicide among in-patients might include tighter control of ward exits, and more intensive observation of patients, particularly in the early days of admission. Improving the ward environment to provide a supportive and less intimidating experience may also reduce risk. Other measures to prevent inpatient suicide might include regular risk assessments during recovery and prior to granting leave, adequate monitoring of patients, staff training programs in the management of risk, and improved staff communication.