

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Suicide and death by other causes among patients with a severe mental illness: cohort study comparing risks among patients discharged from inpatient care vs. those treated in the community](#)

Publication details (Vancouver format)

Musgrove, R., Carr, M. J., Kapur, N., Chew-Graham, C. A., Mughal, F., Ashcroft, D. M. and Webb, R. T. (2022) "Suicide and death by other causes among patients with a severe mental illness: cohort study comparing risks among patients discharged from inpatient care v. those treated in the community," *Epidemiology and Psychiatric Sciences*. Cambridge University Press, 31, p. e32. doi: 10.1017/S2045796022000075.

What are the most important findings/conclusions in this paper? Why are they important?

This study focused on people who have diagnoses of schizophrenia, other psychoses, and bipolar disorder, often referred to as *Severe Mental Illness* (SMI). In the year after discharge from mental health inpatient care, patients with SMI diagnoses had a higher risk of dying by both external and natural causes than people with an SMI without a recent hospital stay. Although risk was greatest in the first few months, the higher risk of suicide continued for at least five years after discharge. While all people with an SMI should receive help to manage their health and wellbeing, this difference in risk of death between people with similar diagnoses shows the importance of targeted support for individuals for whom inpatient care is needed.

What did you do?

This study involved analysing NHS patients' anonymised (where information that identifies patients is removed) electronic health records in England. We measured the risks of dying by any cause and by natural and external causes (including suicide) among people diagnosed with an SMI. Almost 24,000 people who had recently left a mental health inpatient unit were compared to approximately 120,000 people who hadn't had an inpatient stay, or at least not in the last three years. They were followed up and the outcomes between the two groups were compared at different time points after discharge.

Why did you conduct this research?

People diagnosed with severe mental illnesses have a lower life expectancy on average than other people, and therefore policies are in place across the NHS to try and reduce this risk. Particular focus has been given to providing physical health checks and support in primary and secondary care. In addition there is a policy of early follow up after discharge from inpatient care to support a safe transition and reduce the risk of suicide at this time. We wanted to understand the specific risk of death for those being discharged from inpatient care over and above the more general risks in this group, with the aim of helping decision makers to develop effective policy.

What was known before your paper was published?

The majority of all years lost due to early death among people with SMIs are due to natural causes, possibly due to social risk factors and difficulty accessing healthcare. We know that suicide risk, particularly in the first few months after discharge from inpatient psychiatric care, is higher than in the general population. However comparisons, if made, are normally between discharged people, or people with SMI more generally, and the general population. The few studies where comparison has been made between people recently discharged from hospital and other people with mental ill health (with only outpatient visits) have found greater suicide risk among those recently discharged. However, in these studies the focus was not on people with SMI and was limited to suicide risk.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

This study indicates that current [NICE guidance](#) on moving or transitioning between inpatient mental health settings and the community may not be sufficient or is not being followed fully to prevent the raised risk of suicide and other causes of death in this period. We recommended new approaches to provide therapeutic inpatient care and to support the transition home if inpatient care is needed. This study provides evidence to support the 2019 NHS Long Term Plan, which provides alternatives to admission and the development of primary care and community mental health teams that work together to support people with SMI.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This paper is the second one in a wider project using anonymised electronic healthcare records to look at the experience of transition from inpatient mental health care back to the community. This includes a comparison between working-age and older adults discharged from inpatient care and people from the general population. The findings have shown just how risky this transition can be. We will also examine how people access services and are supported by their GPs after discharge to understand whether those who sadly die by suicide access services in different ways. This second paper fills an important gap in our understanding of the risk of suicide and premature death for people discharged from inpatient care over and above the already higher risks associated with living with severe mental illness.