

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Suicide and other causes of death among working-age and older adults in the year after discharge from inpatient mental health care in England: a matched cohort study](#)

Publication details (Vancouver format)

Musgrove R, Carr MJ, Kapur N, Chew-Graham CA, Mughal F, Ashcroft DM, Webb RT. Suicide and other causes of death among working-age and older adults in the year after discharge from inpatient mental health care in England: a matched cohort study. *British Journal of Psychiatry*. 2021.

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

We found that in the first year after discharge from inpatient mental health care both working-age and older adults had a higher risk of death than the general population in all the causes of death we examined. The earliest three months is a time of especially high risk for suicide. This emphasises the importance of timely and supportive follow-up.

Older adults also have an increased risk of dying by natural causes in the first three months after discharge. This highlights the importance of including both physical health and daily life activities in post-discharge support, as well as suicide prevention.

Men and people from poorer areas may be priorities for suicide prevention in general. But the increased risks in women and people in richer practice populations identified in our study, show the importance of providing support to all people who are discharged, no matter what their level of risk is expected to be.

What did you do?

This study involved analysing NHS patients' electronic health records in England. We measured the risk of death by all causes, natural causes, external causes, suicide, accidental, alcohol-specific and drug-related deaths for 100,000 people during the year after leaving a mental health inpatient unit. They were compared to almost 2 million people from the general population with the same gender, age and registered general practice to see whether the risks were different. With both working-age and older adults considered separately, we could directly compare the groups, across a range of outcomes at both three and 12 months after discharge.

Why did you conduct this research?

Living back in the community after time spent in an inpatient mental health ward can be a challenging experience. Patients may still be extremely unwell and could be returning to difficult life circumstances. We know that people are at higher risk of suicide at this time.

We wanted to do this research to provide up-to-date information on the risks of suicide and other causes of death in England, including for older adults. Findings can help to improve community-based care after discharge to ensure that patients receive support that is right for them.

What was known before your paper was published?

The increased risk of suicide after discharge from inpatient psychiatric care is explained in recent papers which use evidence from studies across the world (see references below). But they provided no 'comparison group' and there was no clear evidence of a difference between older adults and other age groups. We found no recent studies that looked at the risks of suicide in the first year after discharge, compared to the general population in England. Few studies have looked at risk levels for a range of causes of death that happen within the first year of discharge, which has meant that direct comparison is not possible.

1. Chung DT, Ryan CJ, Hadzi-Pavlovic D, Singh SP, Stanton C, Large MM. Suicide Rates After Discharge From Psychiatric Facilities: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2017;74(7):694-702.

2. Chung D, Hadzi-Pavlovic D, Wang M, Swaraj S, Olfson M, Large M. Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalisation. *BMJ Open*. 2019;9(3):e023883.

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)?

Our study has confirmed that the first months post-discharge are the riskiest in terms of suicide, and highlighted the importance of timely follow-up. We have recommended that coordinated discharge planning which focuses on the person, as well as follow-up support should be in place for all discharged patients.

It is hoped that this evidence can be used by policymakers in the development of NHS Long Term plan, particularly the focus on physical health for older adults in inpatient care and avoiding admission where possible.

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 first in a wider project using electronic healthcare records to look at the experience of moving from inpatient mental health care back to the community. We are interested in the differences between those people who are discharged and others who are treated in the community. We will also look at how people access services and are supported by their GPs in the year after discharge. This will help us to understand whether those who sadly die by suicide access services in different ways. This first paper shows just how risky the process of leaving inpatient care can be, and highlights the patient safety issues that must be addressed.