



Evaluation FastFacts

from the Evaluation Center@HSRI



Volume 4, Issue 1

October 2005

This is one in a series of briefings on new and current mental health services evaluations, resources, and methods. We hope FastFacts will be a quick and easy way for you to learn important information in the field of evaluation. If you have any ideas on how FastFacts could be more useful to you, please contact Dow Wieman, Ph.D. at 617-876-0426 x2503 or dwieman@hsri.org.

Schizophrenia and suicide: a public health problem

Dow A. Wieman, Ph.D., Senior Research Associate
Human Services Research Institute, Cambridge, MA

Suicide as a Public Health Problem

Approximately 30,000 Americans commit suicide every year, more than the victims of homicide.¹ Awareness of suicide as a public health problem has intensified in recent years and a number of large-scale suicide prevention initiatives have been developed as a result. One of the most comprehensive, for example, is the Substance Abuse and Mental Health Service Administration (SAMHSA) National Suicide Prevention Initiative Network, a multi-project initiative that includes the National Suicide Prevention Initiative, the Suicide Prevention Resource Center, and the National Strategy for Suicide Prevention (all accessible through the NSPI website at <http://www.mentalhealth.samhsa.gov/cmhs/nspi>).

Schizophrenia and Suicide

Public-health approaches such as these are based on the recognition that suicide is a multidimensional problem.

² Correspondingly, suicide prevention research and

continued on page 1

The Evaluation Center@HSRI

is a technical assistance center funded by the federal Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and operated by the Human Services Research Institute (HSRI). The mission of the Center is to provide evaluation technical assistance to state and non-profit and private entities including, but not limited to, consumers, families and provider groups. The Center presently has six programs designed to fulfill this mission—

- Conferences & Training
- Consultation Program
- Knowledge Assessment & Application
- Multicultural Issues in Evaluation Program
- Toolkit & Evaluation Materials
- Topical Evaluation Networks & Web

For more information on the Center, please visit our website at:

<http://www.tecathsri.org>

Or contact us at:

Tel: 617.876.0426

Fax: 617.497.1762

Email: emedial@tecathsri.org

Address:

2336 Massachusetts Avenue
Cambridge, MA 02140

Inside This Issue

1 **Schizophrenia and suicide: a public health problem**

1 **About The Evaluation Center**

4 **Changing Your Subscription Status**

— continued from page 1

practice has broadened its scope to target specific at-risk subgroups and populations. One of these groups is persons with schizophrenia.³ Estimates of the percentage of persons with schizophrenia who eventually commit suicide range from 6 to 15 percent. People with schizophrenia may account for as much of 14 percent of all suicides.⁴ In the light of these facts, prevention programs such as SAMHSA's and others now recognize that interventions may need to be adapted and targeted to subgroups such as this, and that suicide prevention for people with serious mental illness needs to be integrated into the service system. At the same time, aspects of the current service system may be focused more directly on suicide prevention. For example, systems that support recovery have the potential to reduce risk of suicide by countering the sense of hopelessness that is a common adjunct of schizophrenia.⁵

Some in the mental health evaluation and performance measurement field have raised the question whether suicide rates for persons with schizophrenia correlate with quality of care as an adverse outcome. Does a decrease in the availability of inpatient beds, for example, or decreased continuity of care, predict increased suicide rates? Desai et al. (2005) investigating the Veteran's Administration mental health system, found that in fact suicide rates do correlate with several measures of quality; however, suicide rates are problematic as a quality measure for various reasons, notably the statistical limitations of rare events, the challenge of associating the event with specific treatment processes and systems, and limitations in current methods of risk adjustment.⁶

Population-based Surveillance

A higher level of surveillance, examining population-based suicide rates for specific groups such as persons with schizophrenia, surmounts some of the issues that arise with measurement at the level of local provider organizations. The great challenge for this approach, however, is the lack of integration of public data systems that contain the information necessary to make meaningful population-based assessments for policy purposes. Various approaches have been developed recently to address this problem, for example, the Centers for Disease Control (CDC) is developing a project known as the National Violent Death Reporting System (NVDRS) that will link various public databases at the state level for all violent deaths, including suicide. A manual for implementation of the NVDRS at the local level is available at <http://www.cdc.gov/ncipc/pub-res/nvdrs-implement..>

Linking consumer files with state mortality data

Specific to the problem of suicide by persons with schizophrenia, however, it is critical to be able to link state-level mortality data with the patient registries maintained by mental health agencies that contain information about amounts and types of services received by consumers through state and local mental health systems. The Evaluation Center@HSRI offers a toolkit entitled "Linking Mental Health Consumer File with State Death Records", which contains a wealth of practical information for how to go about this complex task. The toolkit may be ordered in either hardcopy or (free) electronic versions from the Evaluation Center website at www.tecathsri.org

continued on page 2

Integration of disparate data systems is clearly a critical element in addressing a wide range of public health problems, among them the high prevalence of suicide committed by persons with serious mental illnesses such as schizophrenia.

REFERENCES

1. Centers for Disease Control, <http://www.cdc.gov/ncipc>.
2. Knox KL, Caine ED. Establishing Priorities for Reducing Suicide and Its Antecedents in the United States. *Am J Public Health*. 2005 Sep 29; (Epub ahead of print, available at <http://www.ajph.org/>)
3. Potkin S, Alphas L, et al. (2005) Predicting suicidal risk in schizophrenic and schizoaffective patients in a prospective two-year trial. *Biological Psychiatry* 2003; 54:444–452.
4. Bertolote JM, Fleischmann A, et al. (2004) Psychiatric diagnoses and suicide: revisiting the evidence. *Crisis*. 2004;25(4):147-55.
5. Tandon, R. (2005). “Suicidal behavior in schizophrenia.” *Expert Review of Neurotherapeutics* 5(1): 95-99.
6. Desai, R. A., D. J. Dausey, et al. (2005). “Mental Health Service Delivery and Suicide Risk: The Role of Individual Patient and Facility Factors.” *American Journal of Psychiatry* 162(2): 311-318.

Change Your Subscription Status

To change your fax number or to cancel, check one of the following, and fax this page to: 617.497.1762

- Cancel my subscription to FastFacts
- Change my fax number

My name:

My new fax number:

Obtain FastFacts electronic version

Go to the Evaluation Center publications page at: <http://www.tecathsri.org/pubs.asp> and fill out the brief information form.

Receive TECNews via the Internet

Signup for TECNews, the electronic newsletter of the Evaluation Center@HSRI. The newsletter presents updates to TEC’s website, product download information and current news in the world of mental health evaluation.

To signup for TECNews visit our website at:

<http://www.tecathsri.org>