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 Services 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

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practice has broadened its scope to target specific at-risk subgroups and populations. One of these groups is persons with schizophrenia. 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. 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.

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.

**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](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](http://www.tecathsri.org).
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