

Suicide following involuntary psychiatric care in Sweden: a descriptive nationwide study

13. Vulnerable groups

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Abstract text

Introduction: The risk of suicide is substantially elevated in psychiatric patients. However, little is known about those treated in involuntary psychiatric care (IPC). This descriptive study reports on the different facets of suicide among the scarcely studied, high-risk IPC patients.

Methods: This nationwide cohort study included all individuals discharged from IPC in Sweden from 2010 through 2020. We present baseline characteristics of IPC patients, total and stratified suicide risk, and how risk changes over time. Relative risk was estimated versus other clinical subpopulations and the general population. Method of suicide, seasonal and geographical trends are also reported.

Results: We identified 72,277 patients treated in IPC with a total of 134,611 care episodes (mean age = 45.4 years, 52% men). Of these, 2104 (2.9%) died by suicide over a median follow-up time of 4.8 years with an incidence rate (IR) of 631 [95% CI: 605, 659] per 100,000 person-years. Suicide decedents were on average younger, single, more likely to have self-harmed and been subject to repeated IPC in the prior year. Suicide risk was highest in temporal proximity to discharge and elevated among men. Suicide risk was elevated (IR Ratio (IRR) range: 1 month – 5 year follow-up time) in comparison to psychiatric inpatients (IRR range = 1.09 – 1.50), psychiatric outpatients (IRR range = 3.88 – 3.93), and versus the general population (IRR range = 259.64 – 57.16). Regional differences in suicide rates were present, suicide rates were seasonally stable, and more violent suicide methods were employed by men.

Conclusion: This study identified differences in suicide rates across sex and age groups, highlighted extreme-risk time windows close to hospital discharge, and confirmed the high-risk status of IPC patients compared to other (sub)populations. These findings can inform clinical considerations and underscore a need for further research to improve risk assessment, monitoring, and care of IPC patients.