

## Suicide Attempts within 7 Days of an Inpatient Mental Health Admission

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### Abstract

**Objectives:** Suicide is a leading cause of death in the US. The rate of suicide the week after mental health discharge is 2950 suicides per 100000 person years, the rate of suicide attempts is higher. This study examined suicide attempts in the week after discharge from a mental health admission in a national hospital system.

**Method:** We examined 108 reports of suicide attempts within 7 days of mental health unit discharge in the Veterans Health Administration between 1/1/21 and 12/31/21. The reports were coded for method, contributing factors, time of the attempt after discharge, location, mental health condition and other demographic variables.

**Results:** Over 59% of the attempts were overdoses. Contributing factors included mental-health issues, irregular discharge, eviction from housing, relapse on substances, pain, and psychosocial problems. Over 42% of the attempts occurred within one day of discharge.

**Conclusion:** Our results suggest the need for enhanced treatment for patients recently discharged from a mental health admission to include:

1. Evidenced-based, suicide-focused, treatment for patients while in the hospital.
2. Enhanced psychosocial evaluation while in the hospital.
3. Follow up treatment using the WHO-BIC model for patients at discharge.
4. Enhanced suicide risk-assessment for all patients at discharge assessing access to firearms and drugs.

**Keywords:** *Suicide Attempts; Mental Health Discharge; Adverse Medical Events; Patient Safety*

### Introduction

In 2020 over 12 million adults reported suicidal ideation, 1.2 million adults attempted suicide, and 46,000 adults died by suicide across all age ranges [1]. Mental illness and substance use disorders are associated with an increase in suicidal thoughts, behaviors, attempts and deaths [2,3]. The risk of non-lethal suicide attempts and death by suicide is markedly elevated post mental health inpatient discharge [4]. A recent meta-analysis found pooled post-discharge suicide death rates are elevated at 2,950 per 100,000 person-years within the first week after discharge compared to the United States general population age-standardized suicide rate of 13.5 per 100,000 person-years [1,5]. Other studies reveal similarly heightened risk, which although appearing to steadily decrease over time, can remain elevated for up to 10 years after discharge [6].

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Studies that outline contributing factors for suicidal behavior and attempts during the post-discharge period examine them during time periods of months to years after discharge, as opposed to within the first week of discharge [4,6]. Suicide attempts not resulting in death are one of the strongest predictors of future suicide risk [4] and provide critical information for prevention of suicide in the days after discharge, yet are studied less frequently than deaths [4]. The risk for suicide among the population of previous attempters is over 100 times higher than in the general population [7,8]. Attempts are associated with injury and distress for the attempter and their loved ones, as well as their clinical providers [9]. While there are shared characteristics amongst individuals who attempt suicide and those who die by suicide, such as mental health diagnoses, prior attempts, and ideation and stressful life events; there are key differences between attempts that result in death and those that do not. Some of these factors include method used, age, gender, and substance use [10]. Consequently, it is important to understand the factors surrounding non-fatal attempts and provide enhanced treatment for this population based on the specific needs and risk factors associated with non-lethal attempts.

The Veterans Health Administration (VHA) is an integrated healthcare system with over 9 million enrollees, over 1,290 sites of care, and providing medical care for nearly half of America's 20.7 million Veteran population [11]. In 2020, there were 6,146 Veteran suicide deaths, which was 343 fewer than in 2019 [12]. The unadjusted rate of suicide in 2020 among U.S. Veterans was 31.7 per 100,000 [12]. Like the general adult U.S. population, retrospective studies reveal suicide death rates are significantly increased among Veterans in the first 12 weeks after psychiatric hospitalization at 568 per 100,000 person-years [13,14].

### Purpose of the Study

The purpose of this study was to examine outpatient non-lethal suicide attempts in the week after discharge from a mental health unit in a large, integrated, national hospital system (VHA) to better inform suicide prevention efforts after patient discharge. We reviewed VHA Issue Briefs (IBs), a reporting system for adverse events that occur in the VHA, to identify and characterize all suicide attempts in the first week after discharge from an inpatient mental health unit. Unlike other systems for tracking suicide attempts in VHA, the Issue Brief system of reporting suicide attempts requires that any suicide death or attempt within 7 days of discharge from a mental health admission be reported within 2 days from the time of the event, making it the most comprehensive and rapid system of reporting suicide attempts in VHA. The results of our study will inform suicide prevention strategies after mental health hospitalization and support areas in need of further research.

### Methods

#### Study design

A retrospective analysis was conducted of VHA reported outpatient non-lethal suicide attempts that occurred on or off VHA campus within one week post discharge from a VHA medical center acute care mental health unit or inpatient mental health rehabilitation unit between January 1, 2021, and December 31, 2021. Mental health rehabilitation units are residential facilities in which patients live in a more home-like environment and are not restricted to the unit during the treatment period. We looked at both mental health units and mental health residential programs because both evaluate patients for suicide risk prior to discharge. The coding and analysis were conducted using the VHA Issue Brief (IB) database, a centralized safety adverse event reporting system. We selected events that occurred within seven days of discharge from a VHA acute care mental health unit or mental health rehabilitation/residential unit because the VHA requires that these events be reported. The research and development committee at our institution deemed this project a quality improvement study.

#### Data sources

The VHA developed reporting responsibilities for events such as non-lethal suicide attempts that occur across the VHA enterprise that are consistent with the national incident management system [15]. Issue briefs are drafted and reported to VHA central office to provide specific and timely information to leadership within the VHA.

Currently within the VHA, suicide deaths and non-lethal attempts that occur within 7 days of discharge from a VHA inpatient unit or residential care facility must be reported with an Issue Brief (IB) within two business days from awareness of the event. Given the reporting requirement of the IB system and the timeliness of reporting, the IB system was chosen as the source of data for this study. The IB is a brief deidentified report that does not contain demographic information about the patient or clinicians involved.

**Inclusion criteria and analysis**

We looked at all issue briefs related to suicide or non-lethal suicide attempts in calendar year 2021. The IB database was searched for all events where the event type included the terms: “suicide attempts”, “suicide”, “suicide deaths”, “suicide gesture”, “self-harm”, “attempted suicide”, “suicide within 7 days of discharge”, “suicide attempt within 7 days of discharge”, resulting in 1405 cases. The data was further refined to only include events that were non-lethal suicide attempts within 7 days after a patient was discharged from a mental health unit or residential mental health unit in the VHA resulting in 108 cases for analysis.

The remaining events (N = 108) were qualitatively coded by two authors (CS and PM) for demographic information. Events were coded for location of attempt, method used, factors contributing to the non-lethal attempt as reported in the issue brief, number of days post discharge the event occurred, the length of most recent hospital admission, age of veteran, gender, and mental health diagnoses. Two authors (CS and PM) reviewed and coded twenty events for interrater reliability, with a kappa of 0.925 and independently coded the remainder of the reports.

**Results**

We analyzed 108 IBs of non-lethal suicide attempts over a one-year period. There were 60,414 mental health discharges during this time. There were 92 cases of patients that were discharged from a mental health unit and 16 from residential rehabilitation units. Characteristics of these events are displayed in table 1. For the 108 cases of non-lethal suicide attempts within 7 days of discharge from a mental health admission, the method of suicide is displayed in figure 1. Overdose was the most common method (59.26%) followed by cutting or stabbing (12.04%) and hanging (6.48%). The contributing factors identified for these cases are displayed in figure 2. Of the overdose events 79% involved the use of prescription or over the counter medications and 20% involved overdoses using street drugs (e.g. heroin, methamphetamines, cocaine). For the cases in which the contributing factors were reported, the most common were mental health issues, followed by irregular discharge (discharges where the patient was discharged from the program for violating rules, or left the unit before the team felt they should but were not classified as “against medical advice”),eviction from housing, relapse on alcohol or drugs, medical issues or pain, AMA discharge, legal issues, family conflict, loss or grief, financial issues and poor follow up.

Number of cases (n = 108)	Variable and data on the variable
	<b>Age of the patient</b>
88.8%	% of reports including the patient age
50.1	Average reported age
15.8	Standard deviation
	<b>Gender</b>
97.2%	% of reports including the patient age
86.6%	Men
13.3%	Women

Length of stay of the mental health admission	
58.3%	% of reports with information on length of stay (LOS) in the mental health unit
9.5	Average length of stay
9.0	Standard deviation
Number of days after discharge the attempt was made	
94.4%	% of reports with information on the number of days after discharge the patient attempted suicide
20.6%	Non-lethal attempt occurred on the same day
2.7	Average days post discharge non-lethal attempt occurred
2.2	Standard deviation
Mental Health Diagnosis	
58.3%	% of reports having information on mental health diagnosis.

Table 1: Patient characteristics.

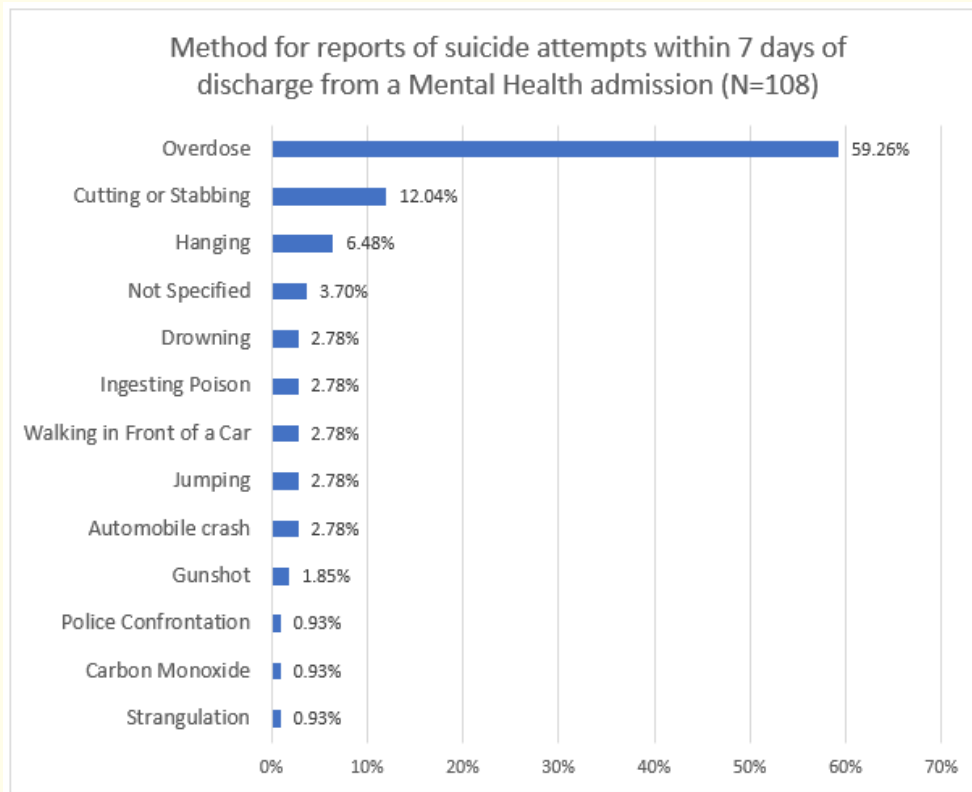
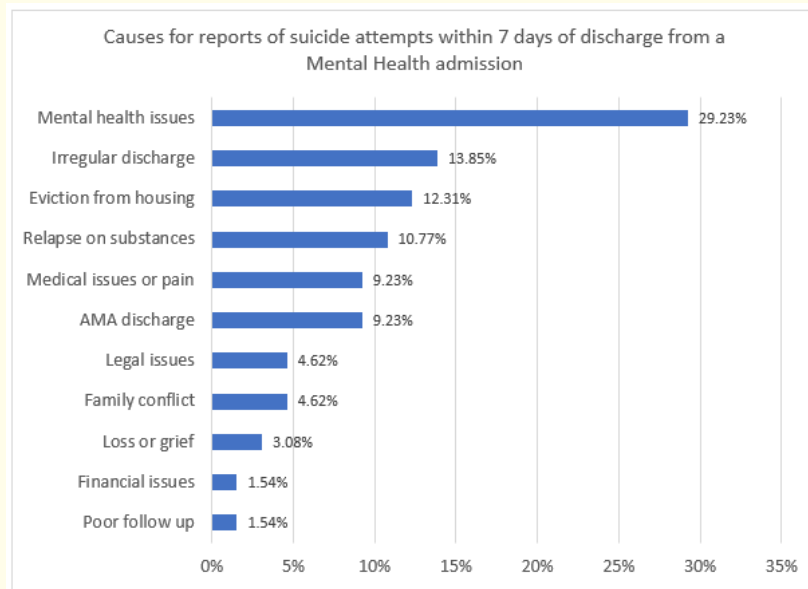
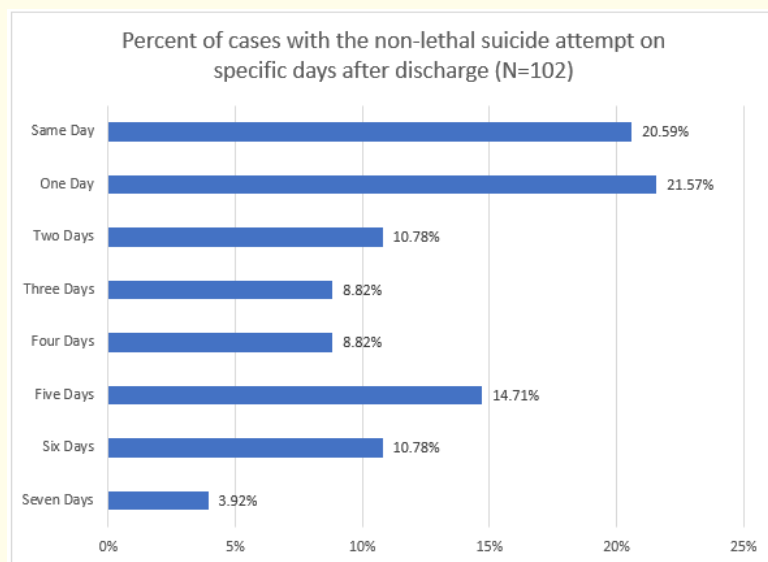


Figure 1: Method of suicide for suicide attempts within 7 days of discharge from a mental health admission.



**Figure 2:** Contributing factors for subset of reports of suicide attempts within 7 days of discharge from a mental health admission.

Location of the suicide attempt was coded when possible. For the cases in which the location was reported, the most common location was in the community (52.08%), followed by current residence (21.17%), VA campus (16.67%) or an inpatient unit (2.08%) (note this was not the same unit from which the patient was originally discharged). Figure 3 displays the day after discharge (0 through 7) on which the suicide attempt occurred (we had information on the day of attempt for 102 cases). Note that over 20% of the attempts occurred on the same day as discharge, with another 21.57% on day one. Finally, we had information about the mental health diagnosis for 63 of the 108 cases. The most common mental health diagnosis or condition is substance use disorder (22.2%) followed by PTSD (17.6%), depression 16.7%, suicidal ideation (13.9%), psychotic disorders (9.3%), prior suicide attempts (4.6%), anxiety (2.8%), schizoaffective disorder (2.8%), and bipolar disorder (2.7%).



**Figure 3:** Day on which the non-lethal suicide attempt occurred.

### Discussion

This study focused on reported outpatient, non-lethal suicide attempts within 7 days of discharge from a VHA mental health admission for a one-year period. Veterans who commit a non-lethal attempt are 100 times more likely to die by suicide than those who do not have a previous attempt. There were 108 reported suicide attempts within one week of discharge from a mental health admission during 2021. Christiansen and Jensen [16] also studied suicide attempts after discharge from a mental health hospitalization in Denmark and found that the rate of non-lethal suicide attempts in the week after discharge was 800 times higher compared to matched controls that had not been hospitalized; and that a combination of mental illness and substance use disorders raised the risk. The Veteran population is at particular risk for lethal and non-lethal suicide attempts in the year following discharge from a psychiatric hospital with the highest risk in the first 90 days. Risk for lethal and non-lethal suicide attempt and death immediately after discharge was also found to be higher in Veterans with suicidal ideation during hospital admission [17]. In the weeks following a mental health discharge, the risk for suicide is especially high, but this phenomenon may not be clear to Veteran upon discharge. Riblet, *et al.* [18] found that more than half of Veteran inpatients on a mental health unit believed that they were at relatively low risk for suicide upon their discharge. Riblet went on to develop an enhanced intervention for Veterans recently discharged from inpatient mental health units based on the World Health Organizations, Brief Intervention and Contact (BIC) program adapted to VHA [19] that provided information about potential difficulty upon discharge and helping to improve social connections and planning for safety during the month after discharge. This intervention was spread to 6 VA medical centers [20].

The most reported method of non-lethal suicide attempts was drug overdose, which accounted for over 59% of the cases, with 79% of these being on prescription medications. Overdose is also the most common method of suicide attempts in the national data for suicide attempts [8] and is also the most common method of non-lethal suicide attempt previously reported in the literature among Veterans [4-6]. Fedyszyn, *et al.* [21] studied non-lethal suicide attempts in Denmark occurring after an initial emergency department visit and found that self-poisoning by overdose was the chosen method in 67.8% of initial attempts and 63.9% of the second attempts. One reason that overdose is the most common method of non-lethal attempts may be because it is much less lethal than firearms, which is the method used by over 70% of Veterans in suicide deaths [8]. Nevertheless, it is critical to note that most patients making a suicide attempt within a week of discharge will have taken an overdose and may need interventions specific to that experience. Oquendo and Volkow [22] pointed to the data on emergency room visits for overdose that indicated that only 54% of the overdoses were assessed to be “unintentional” and suggest a need for emergency room clinicians to assess patients more thoroughly for suicidal ideation coming into the ED after an overdose. In an earlier study, Cheatle [23] also pointed to the need for clinicians who prescribe medication for chronic pain to screen their patients for depression and suicidal ideation. Finally, Bohnert and Ilgen [24] reviewed the many links between overdose and suicide risk and suggest integrated programs for pain management with expanded access to treatments for Opioid Use Disorder including psychotherapy and medication-assisted treatments.

Several contributing factors for the reported non-lethal suicide attempts were also reported in this study. The most common factors reported for suicide attempts were mental health problems such substance use disorders, Post-Traumatic Stress Disorder (PTSD) and depression. We also had cases with Veterans who had known suicidal ideation, psychotic disorder, and prior suicide attempts. Britton, *et al.* [4] studied Veteran suicide attempts in the year post discharge from a mental health unit. They found that risk was higher for patients hospitalized for a non-lethal suicide attempt or thoughts of suicide. Other risk factors in their study included depression, bipolar disorder, PTSD, substance use disorders and sleep disturbance; as well as discharges “against medical advice” (AMA). In their study of Veteran suicide within 7 days of discharge from a mental health unit, Riblet, *et al.* also found that 43.3% of the cases studied reported irregular or AMA discharges [14]. The reports of non-lethal attempts included in our study also stated that irregular or AMA discharges and relapse may have contributed to the suicide attempts. In addition, housing eviction, medical issues or pain, legal issues, family conflict, grief, financial problems, and poor follow-up also were listed as contributing factors to the non-lethal suicide attempts.

Taken together, the reported contributing factors indicate that evidence-based psychotherapy, in addition to the enhanced discharge planning and support outlined in the VA BIC study [19,20] could be helpful for these patients both before discharge and in the days to weeks afterwards. Therapies that focus specifically on suicidality have shown promise, for example brief cognitive behavioral therapy (BCBT) reduced the chance of patients making a second suicide attempt by 60% in a military population [25]; crisis response planning was also effective in reducing suicide attempts in a high-risk military population [26] and a safety planning intervention in VHA emergency departments also lowered suicide behaviors among veterans [27]. Finally, collaborative assessment and management of suicidality (CAMS) has been shown to reduce suicidal ideation in patients with a previous suicide attempt [28]. Timely interventions for patients post discharge, particularly those who have a post discharge non-lethal attempt is critical in mitigating the risk for death by suicide. These interventions are available but have not yet been implemented widely in the VHA.

Enhanced psycho-social supports for housing, legal and financial help may also reduce attempts by targeting contributing factors delineated in the issue brief reports analyzed in this study. Tsai and Cao [29] found that U.S. Veterans that had been homeless were 7.8 times more likely to have attempted suicide than veterans who had not been homeless and suggest that continued focus on Veteran homelessness will also help to reduce suicide attempts [30]. There are other psycho-social interventions that have been suggested for reducing suicidal behaviors [31]. While none has been proven to reduce suicidal behavior, aiding mental health inpatients with legal issues, financial concerns, grief and loss and housing may help to stabilize their lives and reduce levels of stress and suicidal ideation. Looking at a patient's psycho-social stressors post attempt may allow for timely intervention and prevent future attempts that may lead to death.

Another important finding in this study is that over 42% of the suicide attempts after discharge occurred within one day of discharge. Riblet, *et al.* [14] also found that 40% of the suicide deaths occurred within one day of discharge, many of whom were homeless and suffered from physical pain. The veterans affairs/department of defense (VA/DOD) clinical practice guidelines for the assessment and treatment of suicide [32] make specific recommendations for patients recently discharged from a mental health admission. These include sending caring communications to patients recently discharged, offering a home-visit to support reconnecting with outpatient care and support, and the world health organization brief intervention and contact (WHO BIC) intervention mentioned above [19]. In addition, we recommend a standardized suicide risk assessment at discharge to help ensure patient are ready to leave the hospital. In addition, we recommend enhanced clinical follow up or possible readmission for patients who report post discharge non-lethal attempts in an effort to determine the contributing factors around the attempt in an effort to better support the veteran and reduce the likelihood of future attempts or death. This study highlights the need for intervention, improved treatments and follow up post discharge to prevent attempts, and the importance of increased vigilance and care management of those who have a post discharge non-lethal attempt to help prevent future suicide attempts or death.

### Limitations of the Study

There are several limitations to this study. First our reporting system is based on self-report and awareness of the suicide attempt, therefore it is likely that we have missed suicide attempts that occurred in the week after a mental health discharge and the data represented here is not a true capture of the rate in which these events occur. IBs only include information on non-lethal suicide attempts that the VHA becomes aware of or are reported to facilities and is not a complete picture of all attempts within the Veteran population after discharge. Second, the reports are de-identified, so we do not have specific demographic or medical information about the patients involved. Not all IBs reported the contributing factors involved in the event, and therefore some contributing factors may have been missed. Finally, this study used data from military Veterans who received acute mental health care in the VHA during the recent pandemic, so the results may not easily generalize to other populations.

### Conclusion

Despite these limitations, our results highlight the need for enhanced treatment for patients recently discharged from a mental health admission and those who have non-lethal attempts post discharge. The most common contributing factors to post discharge suicide risk included mental health issues, followed by irregular discharge, eviction from housing, relapse on alcohol or drugs, medical issues or pain, AMA discharge, legal issues, family conflict, loss or grief, financial issues and poor follow up. To best prevent future events, treatment for at risk patients should include:

1. Evidenced-based, suicide-focused, treatment for patients while in the hospital [25-28].
2. Enhanced psychosocial evaluation while in the hospital to assess for needed help in the areas of housing, legal and financial concerns, family conflict and recent losses [29,30].
3. Follow up treatment using the WHO-BIC model for patients at discharge [19,20].
4. Enhanced suicide risk assessment for all patients at discharge, with increased focus on access to both firearms and medication or other drugs for overdose [14].
5. Consider caring communications in the weeks after discharge and home-visits to ensure connection with outpatient treatment and supports [32].

The datasets generated during and/or analysed during the current study are not publicly available because they are protect quality improvement data, but summary data is available from the corresponding author on reasonable request.

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