

Large rise in suicide among male patients in mental health care

22 July 2015, by Jamie Brown

There has been a 29% rise in suicide since 2006 among men under the care of mental health services in the UK, a report by The University of Manchester's National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) out on Wednesday 22 July shows. The number of suicides in male patients has now reached 1,239 per year.

The largest rise was seen in middle-aged men, 45-54 years old, in whom the increase has been 73%. The report suggests that alcohol and economic factors such as job loss and debt may be contributing to the rise.

Professor Louis Appleby, Director of NCISH, said: "Our findings show that within [mental health care](#) middle-aged men are particularly at risk. The problem is not simply that they don't seek help - they are already under [mental health](#) care - so we have to understand better the stresses men in this age group face."

The NCISH report, commissioned by the Healthcare Quality Improvement Partnership as part of the Clinical Outcome Review Programmes, also highlighted the rise in deaths among patients treated under Crisis Resolution or Home Treatment (CR/HT) services, introduced as an alternative to in-patient admission.

Suicides under CR/HT are now three times more common than suicides in mental health in-patient settings in England, with an estimated 226 deaths in 2013. The number of suicide deaths following discharge from an out-of-area in-patient unit has also risen.

Professor Appleby, who is presenting the findings of the report to health professionals, patients and carers at a launch event on July 22, said: "Our findings follow reports of fewer mental health beds in England and suggest that this has affected the safety of home treatment for patients who might

previously have been admitted. Commissioners and providers should review the safety of their acute services. In particular, admissions of acutely ill people out of area should cease as they are likely to make care planning more difficult and increase suicide risk on discharge."

The most common type of drug taken in fatal overdose by mental health patients is now opiates - 141 deaths in 2013 across the UK, and a total of 1,215 suicides over the study period. In nearly half of these deaths, the source of opiates is prescription, mainly for the patient, though sometimes for someone else. Those who died by opiate poisoning were more likely to have had a major physical illness.

Professor Navneet Kapur, a report author, said: "Healthcare professionals should be aware of the risks from opiate-containing painkillers. Patients' access to these drugs should be checked and prescribing should be monitored to reduce the risk of accumulating large quantities at home.

"Better monitoring of physical illness among mental health patients may also help to reduce suicide."

The report highlights that working more closely with families could play a greater part in suicide prevention. Staff reported that greater involvement of the family by the service might have reduced the risk of suicide in 14% of cases, a total of 2,338 deaths over the whole study period - for homicide the figure was higher at 18%.

Professor Jenny Shaw, a report author, said: "Our findings suggest that families are an under-used but vital resource to reduce suicide and homicide. Services should work closely with families when preparing for hospital discharge and drawing up crisis plans. They should be more prepared to listen to a family's concerns and share information with them about a patient's risk."

Provided by University of Manchester

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