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SCHIZOPHRENIA Factsheet

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How is suicide and self-harm particularly relevant to people with schizophrenia?

There has been much research dedicated to determining whether rates of suicide are higher in people with schizophrenia and the potential risk factors involved that are specific to people with schizophrenia.

What is the evidence for suicide and self-harm in people with schizophrenia?

Moderate to high quality evidence finds the lifetime risk of suicide in people with schizophrenia is around 5.6%. Among first-admission and new-onset samples, who tend to be younger, 30.6% of all deaths were due to suicide while 4.9% of deaths were suicides in mixed samples of chronic and recent-onset patients. The overall rate of suicide attempts in people with schizophrenia is around 27%, with rates higher when measured from the start of illness onset (46%) and lower when measured over the previous month or year (both 3%). The overall proportion of people with first-episode psychosis who report deliberate self-harm is around 18% prior to treatment and 11% after treatment.

For suicide ideation, the risk factors include more psychiatric hospitalisations and having more severe depressive or general schizophrenia symptoms.

For suicide attempts, the risk factors include; more psychiatric hospitalisations, having depressive symptoms or a history of depression, hopelessness, having a history of suicide attempts or a family history of suicide. Smaller effects were found for; younger age at illness onset, being male, being white, living alone, having a comorbid physical illness, using tobacco, alcohol or drugs, and having a family history of psychiatric illness.

For suicide completion, the risk factors include; worthlessness, higher IQ, poor adherence to treatment, hopelessness, having a history of suicide attempts, having shorter illness duration, and being white. Smaller effects were found for; having a history of tobacco or alcohol use, being male, and younger age.

There is a medium to large increased risk of suicide in inpatients with schizophrenia who are compulsorily detained, but decreased risk of suicide in inpatients with affective disorder who are compulsorily detained. There were large associations between younger inpatients with schizophrenia and increased risk of suicide, and older inpatients with affective disorder and increased risk of suicide. There were medium-sized associations between increased risk of suicide in inpatients with schizophrenia on agreed leave, but decreased risk of suicide in inpatients with affective disorder on agreed leave.

The risk of suicide in patients recently discharged from hospital is greatest soon after discharge (<3 months) and is associated with prior suicide attempts or ideations, unplanned discharge, depression, hopelessness, current relationship problems, and male gender. Clinical assessments have good value for predicting suicide completion.

For more information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.