How are suicide and self-harm relevant to people with bipolar disorder?

Rates of suicide or self-harm are considerably higher in people with mental disorders compared to people without a mental disorder. There has been much research dedicated to determining potential risk factors for suicide, which may have clinically important applications for prevention. Many of the important risk factors for suicide in the general population can apply to people with mental disorders, including having depression and/or a history of previous suicide attempts.

What is the evidence for treatments for suicide and self-harm?

Moderate to high quality evidence suggests self-harm, but not suicide, may be reduced with lithium treatment when compared to placebo or carbamazepine. However, moderate quality evidence suggests there may be an association between increased levels of lithium in drinking water and reduced rates of suicide in the community.

There were no significant differences in rates of self-harm or suicide between people with bipolar disorder on lithium, lamotrigine, olanzapine, divalproex, or quetapine. There were also no differences between divalproex and placebo.

For more information see the technical table