Mental Health Diagnoses and Suicide Risk

Though by no means universal, there is a high degree of correlation between suicidal behavior and the presence of some form of mental illness accompanied with distress. Though often the individual may be facing a triggering event or multiple stresses in their life, their ability to cope with life's stresses is compromised by the debilitating nature of their mental illness. Below is a compilation of information regarding the specific mental illness diagnoses most frequently present in a person who dies by or is at heightened risk for suicide.

Diagnosis	# of studies	SMR/Annual rate(%)	Lifetime rate (%)
Previous Suicide Attempt	9	38.4 / 0.549	27.5
Eating Disorders	15	23.1 /	
Major Depression	23	20.4 / 0.292	14.6
Sedative or mixed Drug abuse	7	20 / 0.280	14.6
Bipolar Disorder	15	15/.0 / 0.310	15.5
OCD & Panic Disorder	12	10-11 / 0.150	7.2-8.2
Schizophrenia	38	8.45 / 0.12	6.0
Personality Dx. (all)	5	7.08 / 0.10	5.1
Alcohol Abuse	35	5.85	4.2

Mood Disorders

Mood disorders can include Depressive Disorders, Bipolar, Dysthymia and other closely related diagnoses. They may stand alone or be associated with or caused by a substance abuse disorder or a medical condition.

Factors associated with Mood Disorders and predicting higher suicide risk include:

- Alcohol Abuse
- Early in illness course
- Addition of anxiety or panic attacks
- First suicide attempt
- Male risk of suicide is 4x female in depression
- Women are equally at risk for suicide in Bipolar Disorder

Major Depressive Disorder

- Dx most commonly associated suicide deaths (may be postmortem diagnosis).
- Lifetime suicide risk 14.6%
- 20 fold increased mortality
- Major features to assess include:
    - Hopelessness
    - Comorbid substance abuse
    - Comorbid anxiety
    - Severity of depressive features
    - Hx of prior attempts

Bipolar Disorder

- Suicide risk highest in depressed phase
    - Comorbid anxiety or insomnia is an added risk
- Other factors increasing suicide risk include:
    - Rapid cycling between depressed and manic phases
    - Early in recovery phase from depression
    - Presence of psychosis
    - Treatment resistance and/or medication non-compliance

- Impulsivity highly correlated with future suicide risk
- Co-morbid substance abuse

- Several studies support use of Lithium to reduce risk

Schizophrenia

- Suicide risk 8.5 times higher than general population
- Though some reports place lifetime risk as high as 15%, currently felt to be 5%
- Increased risk associated with:
  - Youth within the first decade of illness onset.
  - Post hospital discharge period,
  - Higher pre-morbid functioning
  - Comorbid substance abuse.
- Risk of violence is higher in paranoid types and with command hallucinations

Substance Abuse Disorders

- Very high correlation between substance abuse and suicidal behavior, especially in youth.
- Suicide typically occurs later in course of illness and associated with facing negative consequences associated with SA behavior (legal, financial, relational).
- Male suicide risk associated with alcohol; female suicide risk associated with drug abuse.
- Poly-substance abuse is especially risky.
- Comorbid Dx. generally present (Anxiety, Depression, Personality Disorders).
- Female highest risk with comorbid borderline personality Disorder (Jacobs).
- Male highest risk with co-morbid depression.

Anxiety Disorders

- 6-10 fold suicide increase over general population
- Studies are limited and results inconsistent:
  - One study based on 20,000 people with anxiety disorder found much higher suicide rate 193/100,000
- Comorbidity with Mood Disorders, Substance Abuse or Personality Dx. heightens risk.

Personality Disorders

- Cluster B are highest risk group
    - Borderline Personality Disorder
        - Lifetime suicide rate- 8.5%
        - With comorbid alcohol abuse, 19%
        - With alcohol abuse and MDD, 38%
            - (Stone, 1993)
    - Antisocial Personality Disorder
        - Impulsivity is a major factor
        - Facing adverse consequences to behavior

Eating Disorders

- Compilation of 35 studies reported ED as highest suicide risk
    - Risk level is 23 times average
    - Most often with co-morbid depression or substance abuse Dx
    - 28% had co-morbid Personality Dx
        - Avoidant PD especially prevalent
    - Treatment avoidance
    - Substance abuse
    - History of prior attempts

CO-MORBIDITY ISSUES

- In general, the interplay of multiple diagnoses increases suicidal risk.
- Henricksson et al, 1993 (Finland) did psychological retrospective Dx on 229 suicides and found:
    - 93% with one or more Axis I Dx.
    - 44% with multiple Axis I Dx
    - 31% with Axis I and Axis II Dx
    - 46% had Axis I and medical concerns (Axis III)
    - 12% showed single Axis I Dx without comorbidity