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.

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