

ABSTRACT

Objective

To identify sociodemographic and clinical factors for suicide in Chinese psychiatric patients after discharge from psychiatric inpatient care

Design

Matched case-control study

Setting

Patients discharged from the psychiatric unit in Pamela Youde Nethersole Eastern Hospital between January 1996 and December 1999

Subjects

Cases were those patients who had committed suicide after discharge and had received coroners' verdict of suicide or undetermined death. Controls were surviving patients discharged from the same unit. They were individually matched for sex, age, psychiatric diagnosis, and date of discharge.

Measurement

Cases and controls were compared on sociodemographic factors, clinical factors, and aspects of psychiatric care. Information was obtained from medical records, death reports, and ancillary details provided by social workers and community psychiatric nurses.

Results

There were totally 73 pairs of case and control successfully matched. Post-discharge clustering of suicides was observed among the cases. 27% of them died within one month of discharge, 47% within three months, and 78% within one year. The most common diagnosis among the suicides was schizophrenia (58%). This was followed by affective disorders (25%) and substance related disorders (8%). Multivariate analysis using conditional logistic regression showed that suicide was associated with: unemployment (odds ratio [OR] 12.2, 95% confidence interval [CI] 2.1-70.4), past suicidal attempts (OR 3.4, 95% CI 1.2-9.6), mental illness in mother (OR 13.4, 95% CI 1.0-170.0) and suicidal idea or attempt before last admission (OR 5.0, 95% CI 1.4-18.0). The psychiatric aftercare received by cases and controls were generally similar. However, cases were more likely to have had contact with health care services in the last week before death (OR 4.0, 95% CI 1.3-11.9).

Conclusions

Suicidal risk is high in Chinese psychiatric patients soon after discharge. They share some common risk factors for suicide identified in Western studies. Preventive measures such as close monitoring and increase in care may be necessary in this high-risk period.