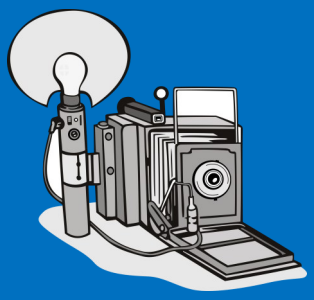

Research Snapshot

July 2018

# Are there opportunities to intervene before suicide for people with schizophrenia spectrum disorders?

## What is this research about?

People living with schizophrenia spectrum disorders (SSD) are significantly more likely to die by suicide than the rest of the population. Suicide is also the leading cause of premature death in this group. SSD includes diagnoses of schizophrenia, schizoaffective disorder, or psychotic disorder not otherwise specified. To strengthen suicide prevention efforts for this population, it is important to compare suicide risk factors among individuals with SSD and the general population. By examining a large group of people who died by suicide, this study shows marked differences between those with SSD and those without.

## What did the researchers do?

The researchers looked at data from multiple sources to come up with a sample of 5,697 people who died by suicide in Ontario from January 2008 to December 2012. They divided this sample as follows: those diagnosed with SSD; those without SSD; and those with a previous history of mental health hospitalization (in the previous five years).

The researchers broke out this third group because they wanted to make sure that any differences they saw with people with SSD were actually due to the specific disorder rather than having a serious mental illness.

Using these three groups, the researchers looked at differences in age, gender, income, rate of other alcohol or mental health problems, and use of mental health services in the 30 days prior to death. They looked at this last factor because they wanted to know if people with SSD who died by suicide were more or less likely to visit a healthcare provider for mental health reasons in the month before their death.

### What you need to know:

Even though people with schizophrenia spectrum disorders (SSD) make up less than one percent of the population, they represent 1 in 10 people who die from suicide. People with SSD who are between the ages of 25 and 34, have lower income, and live in urban areas are at even greater risk. This research found that, in the month prior to their death, people with SSD are significantly more likely than the general population to use mental healthcare services. This contact with a mental health professional represents an opportunity to intervene early.

## What did the researchers find?

Results show that while 1 in 100 people in Ontario have a SSD diagnosis, this group represents 1 in

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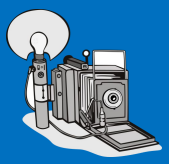



10 suicide deaths. People with SSD who die by suicide are also significantly more likely to be young (25-34 years old), have lower income, and live in a city. They are also more likely to have received mental health services in the 30 days before their death (56% compared to 27% for those without SSD). This includes visits to a primary care doctor, psychiatrist, or hospital. People with SSD are accessing more mental health services before their death even compared to people with a previous history of mental health problems.

## How can you use this research?

This research is most useful for service providers who work with people with SSD and highlights the importance of looking for opportunities to screen for suicide risk and develop risk management plans.

## Limitations and next steps

One limitation of this research is that people were diagnosed with SSD based on patterns of service use, as opposed to a standardized assessment. To mitigate this limitation, the researchers took steps to be as accurate as possible in identifying SSD diagnoses. The research is also limited by the fact that deaths had to be coded as suicide, so there may be some instances where suicide took place, but it was not coded as such.

This is the first time that researchers have looked at the differences in mental health service use prior to suicide between those with SSD and those without. An important next step in this research is to understand more about this interaction and what can be done to help people who are at greater risk of suicide.

## About the researchers

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## Keywords

Suicide, service utilization, schizophrenia

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This *Research Snapshot* responds to the need for evidence related to "coordinated mental health, substance use, and addictions prevention and promotion strategies, across the lifespan." This need was identified during dialogues for EENet's Sharing Together initiative and falls under Evidence Priority 8: "Prevention and promotion, including suicide prevention." To learn more about Sharing Together, which resulted in an evidence priority agenda for Ontario's mental health, substance use, and addictions system, visit eenet.ca/initiatives/Sharing.This summary was written by Rebecca Phillips Konigs.

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