Mortier et al conducted a study on suicide and intentional self-harm that included data on all patients discharged from psychiatric hospitalization in the autonomous community of Catalonia, Spain. The patients were followed up through national registers, and their rates of premature mortality, suicide, and self-harm were compared with those of the general population in Catalonia over a period of up to 6 years. The authors found elevated rates of premature mortality among patients, with extremely high suicide rates.

Several of the findings are in line with what would be expected in relation to suicide, self-harm, and death. For both sexes, personality disorders, self-harm, anxiety, and depression at the index psychiatric hospitalization were associated with self-harm during follow-up. Overall premature mortality was associated with a cognitive disorder diagnosis, such as dementia and delirium, and with alcohol use disorder during the index psychiatric hospitalization. Alcohol use disorders contribute to death in many ways, and cognitive disorders may be precursors of physical deterioration, even beyond age.

Some sex differences were observed by Mortier et al in terms of suicide. Females were at higher risk of suicide if their index psychiatric hospitalization was for bipolar disorder, whereas males were at higher risk of suicide if they had been hospitalized for adjustment disorders or depressive disorders.

An interesting aspect of the study could be elaborated on in future reports. The authors reported that many covariates violated the assumption of proportional hazards. A detailed discussion of these violations is beyond the scope of the present commentary, but for any clinician working with patients who are hospitalized, a more detailed presentation distinguishing between acute and long-term risk factors would be immensely useful.

The size of the cohort and length of follow-up are important strengths of this study and support its utility. Another contribution of this study is the broader applicability of the findings, given that it included all psychiatric patients from the entire population of a large area, rather than, for example, only patients who fall under an insurance provider or military services. This also means that the study population included people of all ages.

Furthermore, it is important that the study examined self-harm as an outcome. A few recent studies have addressed suicide and self-harm together, and their findings are somewhat similar to those reported by Mortier et al.

Although ongoing quality assurance in a health care system increases our confidence in the diagnoses and codes recorded in a register, one limitation of any study based solely on administrative data is that the process of diagnosing conditions is not standardized, as would be the case for a study using structured interviews. However, the costs of implementing such methods in a nationwide hospital system must be weighed against the benefits, and these costs would need to be covered by funds available for patient care. Also, no biological data were available to Mortier et al.

What was perhaps once clinical lore is now supported by increasingly solid evidence. When patients present with self-harm, or when they are diagnosed with a personality disorder, it is important to consider the risk of self-harm and suicide as part of the treatment plan.

Another important finding of the study by Mortier et al is that the risk of suicide was very different for males and females. The very high standardized mortality ratio for female psychiatric patients, in terms of suicide, could be interpreted in the following way: perhaps nearly all females who eventually committed suicide had already been admitted to a psychiatric ward; hence, there was
a larger effect size for suicide among the women. By contrast, among the males, the difference between the general population and the psychiatric cohort was smaller, perhaps because a substantial number of males never sought care before they committed suicide. Consistent with this argument, fewer males than females report suicidal ideation,\(^5\) while males, on average, make more serious suicide attempts,\(^6\) a phenomenon that has long been known as the gender paradox in suicidal behavior.\(^7\)

The study by Mortier et al\(^1\) is a valuable addition to the current research on suicide risk in hospitalized populations. By conducting more studies of this kind in a variety of settings, we can gain clinically useful knowledge that can be used to develop integrated mental and physical health treatment plans and improve patient outcomes.

ARTICLE INFORMATION
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