

To: All Providers
From: PerformCare
Date: August 11, 2025
Subject: Suicide Prevention #25: Examination of Risk Factors for Suicide After Psychiatric Discharge

September is Suicide Prevention Awareness Month! PerformCare would like to thank our providers for all of the work they are doing to prevent suicide deaths in our Member population. We know it takes everyone to do their part in an effort to reduce suicide deaths and the associated stigma around this topic. We appreciate your collaboration and the work that all of you do to move us forward in this initiative.

This month's communication highlights findings from a recent meta-analysis related to risk factors for suicide after discharge, with follow-up conducted by Tai, A, and colleagues (2025). It is commonly known that risk for death by suicide increases substantially once a person has been discharged from inpatient hospitalization. This study used a meta-analytic review process of 83 studies to determine any strengths in the relationship of 63 risk factors in predicting suicide deaths after psychiatric hospitalization. The study also sought to determine if the risk factors present at discharge diminished or remained stable over time.

The strongest but only modest predictors identified included having prior self-harm, the presence of suicidal ideation, symptoms of depression, and being assessed as high-risk at discharge. Of the 63 factors no other risk variables emerged as consistent across studies. The risk variables did not diminish over time. The authors concluded that suicide rates remain high at discharge, and diminish over time; however, the reason for this phenomenon remains unclear. These findings are consistent with a study conducted by Large et. al (2011), which Tai, A, and colleagues (2025) sought to determine if there has been any marked change since the time of this review. Findings were consistent.

While the article was not able to give more clear direction for practice based on the modest findings, it is clear that post hospitalization requires attention to the risk variables that emerged from the study. But the lack of substantial connection to more specific risk variables also punctuate the need for incorporating high standards of suicide specific care/practices associated with Member discharges. This would include using evidenced based risk assessment and crisis response planning, and appropriate dialogue surrounding discharge and crisis plans with the Member, their family/natural supports and by providers for after-care services as essential practices. Additionally, we need to continue to work toward bolstering after care services where therapists are equipped to treat a person with suicidality through training and practice, to confidently manage risk, and reduce serial hospitalizations. Also, this speaks to the importance of strong follow-up care procedures by inpatient providers. Lastly, after care providers should ensure they are also using best practice risk assessment practices and adapt crisis plans according to changing variables when being discharged.

References

<https://journals.sagepub.com/doi/10.1177/00048674251348372>

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Tai A, Pincham H, Basu A, Large M. Meta-analysis of risk factors for suicide after psychiatric discharge and meta-regression of the duration of follow-up. *Australian & New Zealand Journal of Psychiatry*. 2025;0(0).