A team of researchers suggested that suicide prevention in general hospitals could be improved by (1) following up with patients (post-discharge) who had been admitted for self-harm and (2) screening people with a history of self-harm or past psychiatric conditions. They also concluded that these measures would benefit from better use of electronic health records (to identify those at risk) and training front-line hospital staff in screening.

These conclusions were based on an analysis of 30 years of Scottish hospital records which revealed that people who had received hospital care and later died by suicide were 3.1 times more likely to have been last discharged from a general hospital than from a psychiatric hospital. Only 14 percent of those discharged from a general hospital who later died by suicide had received a psychiatric diagnosis during their last visit. An additional 19 percent had received a psychiatric diagnosis at some point during their lives.

The median time from discharge to suicide was (1) three months for those discharged from a general hospital with a psychiatric diagnosis; (2) nine months for those who had received a psychiatric diagnosis at some point during their lives (but not during their last general hospitalization), and (3) 33 months for those discharged from general hospitals without any psychiatric history (who represented 67 percent of those who died by suicide).

The authors also reported that “substantially more men than women who died after a recorded hospital episode had no psychiatric disorders recorded at any point in their lifetime, whereas fewer men compared with women had no psychiatric disorder at last visit but did have a previous psychiatric disorder along the life course, patterns that would be consistent [with] a relative underrepresentation of men in accessing hospital psychiatric services.”