

Key Messages



Mental Health Multimorbidity and Suicide* (IPSDS 2015–2020 cohort)

Kavalidou, K., Cox, G., Munnely, A., & Platt, S. (2025) Is Mental Health multimorbidity associated with contact with health care services before suicide? Retrospective analysis of Irish Coroner Data 2015-2020. [Archive of Suicide Research](#) 1-15.

1 Prevalence of mental health multimorbidity

One in five (20%) individuals had two or more mental health conditions.



2

Gender and Age Patterns



MH multimorbidity was more prevalent among females and peaked in the 35–44 age group, consistent with global evidence on mid-life mental health burden.

Elevated Risk Factors



3

Prior self-harm (40%) and substance use (43%) were significantly more common among those with MH multimorbidity, indicating heightened vulnerability.

Poisoning was a more frequent suicide method in this group, emphasising the need to address polypharmacy and substance misuse.

4

Healthcare Contact before suicide



Individuals with MH multimorbidity were 12 times more likely to have contacted healthcare services before suicide, even after adjusting for sex, age, and labour market status.

5



Critical Intervention Opportunity

Those with MH multimorbidity were more likely to engage with hospital-based and mental health services than general practice, highlighting a crucial window for suicide prevention.

6



Integration and Access Challenges

Lower GP contact among MH multimorbidity patients may reflect poor integration of physical and mental healthcare and unmet physical health needs.

7



Policy and Practice Implications

Healthcare professionals should actively screen for substance misuse and polypharmacy in patients with MH multimorbidity.

Targeted interventions at healthcare touchpoints are essential to reduce suicide risk in this high-risk population.

Key Findings

Mental Health Multimorbidity and Suicide (IPSDS 2015–2020 cohort)

This is a summary of the findings presented in Kavalidou, K., Cox, G., Munnelly, A., & Platt, S. (2025) Is Mental Health multimorbidity associated with contact with health care services before suicide? Retrospective analysis of Irish Coroner Data 2015-2020. [Archive of Suicide Research](#) 1-15.

Summary

Little is known about how multiple co-occurring mental health conditions (MH multimorbidity) influence patterns of healthcare contact before suicide. This retrospective analysis of six years of the IPSDS (2015–2020) examined associations between mental health status, healthcare utilisation, and suicide risk. Analyses shows that individuals with MH multimorbidity were significantly more likely to have contacted healthcare services in the year prior to suicide compared to those with one or no mental health condition (adjusted OR = 12.17, 95% CI 9.60–15.44). This group also showed higher prevalence of prior self-harm (40%), substance misuse (43%), and poisoning as a method of suicide, indicating elevated vulnerability. While nearly half of the cohort had healthcare contact before death, those with MH multimorbidity were more likely to engage with hospital-based and mental health services rather than general practice, highlighting gaps in integrated care. These findings emphasise the need for targeted suicide prevention strategies at healthcare touchpoints, with particular attention to polypharmacy, substance misuse, and the complex needs of patients with multiple mental health disorders.



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HSE National Office for
Suicide Prevention

1. Socio-demographic characteristics

- **Sex:** the majority (74%) were male.
- **Age:** Highest proportion of deaths occurred in the 35–44 age group (22%).
- **Marital and living status:** Half were single (51%) and 58% lived in a family household.
- **Labour market status:** 25% were not in the labour market; 59% were in the labour market (employed or seeking work).
- Majority were male (74%), with peak deaths in ages 35–44 (22%).
- Over half lived in family households (58%); homelessness was more common among individuals with MH multimorbidity individuals (4%).

2. Mental health conditions

- **Prevalence:** Nearly half (46%) had one mental health (MH) condition and 20% had MH multimorbidity
- **Multimorbidity breakdown:** Among those with MH multimorbidity the majority (77%) had two mental health conditions, 19% had three, and 3% had four.
- **Gender differences:** Females were more likely to have MH multimorbidity (28% vs. 17% in males) and were less likely to have no mental health condition.
- **Economic vulnerability:** Nearly one-third of those with MH multimorbidity were outside the labour market (29%), highlighting economic disadvantage.
- **Associations:**
 - MH multimorbidity was linked to age (highest in 35–44 years), marital status (lower among multimorbidity group), and homelessness (highest in multimorbidity group 4%).

3. Risk Factors and suicide method

- **Self-Harm and Substance Use:** Prior self-harm (40%) and substance use (43%) were significantly higher among those with MH multimorbidity.
- **Suicide Method:** Hanging was most common overall but less prevalent among MH condition groups compared to those with no MH condition.
 - Poisoning was notably higher among individuals with MH multimorbidity (16%).

4. Healthcare Contact Before Suicide

- **Overall Contact:** 56% of the cohort had contact with healthcare services before their death; this rose to 83% among individuals with MH multimorbidity individuals.
- **Type of Contact:** Individuals with MH multimorbidity were more likely to engage with hospital and mental health services, while GP contact was more common among those with no MH conditions.
- **Timing:** 77% of individuals with MH multimorbidity saw a healthcare professional within one year before death.
- **Regression Analysis:** MH multimorbidity significantly increased odds of healthcare contact before suicide twelvefold (Adjusted OR = 12.17; 95% CI: 9.595–15.437).