Table 1. Studies Investigating the Association Between Insight and Suicidal Behavior

Study	Study Type and Population	Diagnosis Tool	Suicide Behavior			Insight Scale	Meds	SUD	Findings	Comments
			Definition	Period Assessed	Tools					
At least 1 dimension of insight as a risk factor for suicide										
Amador et al (1996)[37]	Cross-sectional study Schizophrenia (n = 218, mean age: 34.4 ± 11.3 y men: 66%) ▪ With suicidal behavior: n = 49, mean age: 31.7 ± 9.6 y ▪ Without suicidal behavior: n = 169, mean age: 35.1 ± 11.6 y	*DSM-III-R*	SI or SA	Most recent episode of illness	Clinical data and other sources	SAUMD	NA	NA	Higher insight of negative symptoms and delusions in schizophrenia with vs without suicidal behavior	No specific definition of suicide Multiple tests Smaller group of suicide attempters
Acosta et al (2012)[28]	Cross-sectional study (2-y period) Bipolar disorder (nonsyndromal condition) ▪ SA (n = 37, mean age: 46.5 ± 12.5 y, men: 18.9%) ▪ SI (n = 30, mean age: 45.3 ± 11.4 y, men: 30%) ▪ PC (n = 35, mean age: 48 ± 13.7 y, men: 54.3%)	*ICD-10*	SI or SA	Current and lifetime	Clinical and medical record, family	SAUMD; only the 3 global insight measures	Yes	NA	Independent association between SI (but not SA) and a higher level of insight into having a mental disorder	Retrospective design Survival bias No standardized instrument for suicide Multiple tests Small sample size
Flanagan and Compton (2012)[30]	Cross-sectional study (4-y period) Psychotic disorder (first-episode psychosis) (n = 109, men = 76.1%)	*DSM-IV*	SI	Past 2 wk	CDSS SCID-I	BIS	Yes	Yes	SI > PC: higher scores of the recognition of mental illness and ability to relabel psychotic symptom domains	Multiple tests
Ekinci and Ekinci (2013)[32]	Cross-sectional study Schizophrenia (n = 100) ▪ Without depression (n = 65, mean age: 37.8 ± 10.7 y, men: 60%) ▪ With depression (n = 35, mean age = 36.1 ± 6.4 y, men: 74.3%)	*DSM-IV-TR*	SI or SA	NA	CDSS item 8	BCIS SAUMD (only the first 3 items)	NA	No	Self-reflectiveness (cognitive insight) significantly positively correlated with suicidality subscores of CDSS (and hopelessness)	SAUMD is clinician-rated measure of insight, whereas the BCIS is a self-report scale Small sample size Secondary analysis
Barret et al (2010)[31]	Cross-sectional study (44 mo) Inpatients and outpatients with first episode of a psychotic disorder or affective disorders with mood-incongruent psychotic symptoms (n = 194) ▪ Suicidal patients (n = 89, mean age: 26.3 ± 8 y, men: 58.4%) ▪ Nonsuicidal patients (n = 105, mean age: 27.7 ± 9.1 y, men: 61.9%)	*DSM-IV*	SI or SA	Current (the past 2 wk)	CDSS item 8	PANSS lack of insight item	Yes	NA	Association between current suicidality and higher insight	One dimension assessment of insight, item of PANSS
Foley et al (2008)[29]	Cross-sectional study (2-y period) Inpatients and outpatients with first-episode psychosis (n = 107, men = 63%)	*DSM-IV*	SI or SA	Current (in the past month) or lifetime	SCID-I CDSS	BIS	Yes	Yes	Association between a history of SA and higher insight (subscale recognition of mental illness only)	Multiple tests

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Table 1 (continued). Studies Investigating the Association Between Insight and Suicidal Behavior

Study	Study Type and Population	Diagnosis Tool	Suicide Behavior			Insight Scale	Meds	SUD	Findings	Comments
			Definition	Period Assessed	Tools					
Harvey et al (2008)[27]	Cross-sectional study (2-y period) Psychotic disorder (first-episode psychosis, n = 486) ▪ Self-harm (n = 56, 46.4% were < 29 years old, men: 66%) ▪ No self-harm (n = 440, 49.3% were < 29 years old, men: 56.6%)	*ICD-10*	Self-harm: SA or bodily harm	Pretreatment phase	PPHS and medical record	SAI-E	Yes	Yes	Association between self-harm and a higher level of insight (especially higher levels of illness recognition) High levels of insight independently predict self-harm No association with compliance	Insight only available for 217 individuals (43.7%) Small group of self-harm Heterogeneous behaviors Multiple tests
Gonzalez (2008)[23]	Prospective study (6 mo) Schizophrenia (n = 1,009), bipolar I disorder (n = 297), recurrent major depression (n = 162) ▪ Recognition of illness (n = 175, mean age: 42.9 ± 10 y, men: 42.5%) ▪ Denial of illness (n = 293, mean age: 43.4 ± 11.2 y, men: 59.4%)	*ICD-9*	SI or SA	Past year and lifetime	Structured interviews	Present/ absent	NA	NA	A higher risk of future SI/SA when recognition of having a mental illness	No specific scale for suicide and insight
Schwartz-Stav et al (2006)[10]	Cross-sectional study Schizophrenia adolescents (n = 48, aged 13–19 y) ▪ Schizophrenia only (n = 16, mean age: 17.5 y, men = 62.5%) ▪ Schizophrenia with postpsychotic depression in the month following acute psychotic episode (n = 16, mean age: 17.5 y, men = 62.5%) ▪ Major depression only (n = 16, mean age: 17.5 y, men = 62.5%)	*DSM-IV*	SI or SA	2 wk to 1.5 mo from the beginning of their hospitalization	CSPS SRS	SAUMD	Yes	NA	Correlation between suicide risk and insight into psychotic symptoms but not for general unawareness in schizophrenia	Small sample size Multiple tests
Crumlish et al (2005)[26]	Prospective study (4 y) Schizophrenia or schizophreniform disorder (n = 101): ▪ Full PANSS insight data (n = 70, mean age: 27 ± 9 y, men: 69%) ▪ Subgroup with full BIS data (n = 38, mean age: 27 ± 9 y, men: 61%)	*DSM-IV*	≥ 1 SA since the last estimation	Baseline, 6 mo, and 4 y after	SCID-I	PANSS BIS	Yes	Yes	Recognition of mental illness score at 6 mo predicted SA at 4 y (BIS score) PANSS scores do not predict SA Insight improved over the time of follow-up	Small sample size No precise definition of SA Missing data
Schwartz and Smith (2004)[35]	Prospective study (4 mo) Patients (n = 170, mean age: 39.2 ± 9.8 y, men: 56%) ▪ Schizophrenia (n = 127) ▪ Schizoaffective disorder (n = 15) ▪ Schizophreniform disorder (n = 2) ▪ Delusional disorder (n = 1) ▪ Psychotic disorder not otherwise specified (n = 25)	*DSM-IV*	SI/SA and self-harm	Current	FARS	SAUMD; only the first 3 insight measures	Yes	NA	Insight into the need for treatment independently predicted suicidality No correlation between suicidality and insight into illness or insight into the consequences of the disorder	No distinction about subtype of illness

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Table 1 (continued). Studies Investigating the Association Between Insight and Suicidal Behavior

Study	Study Type and Population	Diagnosis Tool	Suicide Behavior			Insight Scale	Meds	SUD	Findings	Comments
			Definition	Period Assessed	Tools					
Cunningham Owens et al (2001)[25]	Prospective study (12 mo) Schizophrenia (n = 114, at least 1 previous episode) ▪ Control group (without educational intervention, mean age: 33.6 ± 10.8 y, men = 49.4%) ▪ Intervention group (mean age: 36.8 ± 10.4 y, men: 50.6%)	*DSM-III-R*	SI	At baseline and at first follow-up (2 wk)	MADRS	ITAQ (first follow-up only)	Yes	NA	Association between high insight level and higher level of suicidal ideation	Secondary analysis
Schwartz (2000)[33]	Cross-sectional study (6 mo) Outpatients with schizophrenia (any subtype, n = 267, mean age: 37.2 ± 10.2 y, men = 54%)	*DSM-IV*	SI, intent to harm oneself, current plan	Current	FARS	SAUMD (first 3 items)	NA	NA	Association between insight into the need for treatment and the social consequences of the disorder and suicidality (but not for general awareness)	Multiple tests
Schwartz and Petersen (1999)[34]	Cross-sectional study Schizophrenia outpatients (n = 223, mean age: 38.8 ± 10 y, men: 39%)	*DSM-IV*	SA or SI	Current	SCI-FARS	SAUMD	NA	NA	Association between suicidality and insight into need for treatment (but not into having a mental disorder or into the social consequences)	Multiple tests
Schennach-Wolff et al (2010)[36]	Cross sectional study (4 y) Inpatients with schizophrenia (n = 339, mean age: 34.6 ± 11.1 y) Paranoid, disorganized, catatonic or undifferentiated subtype schizophreniform or affective psychoses ▪ Suicidal patient subgroup (n = 75, mean age: 34.6 ± 10.6 y, men: 58.6%) ▪ Nonsuicidal patient subgroup (n = 264, mean age: 34.6 ± 11.3 y, men: 56.8%)	*DSM-IV*	NA	Current and lifetime (before/at admission)	BADO items A5 and B17	PANSS insight item G12	Yes	No	At discharge and admission, patients with previous SA showed a greater insight	Suicidal vs nonsuicidal groups not matched Retrospective design Not multidimensional insight
Robinson et al (2009)[24]	Prospective study (2 y) First-episode psychosis (n = 661) Schizophrenia, schizophreniform, schizoaffective, delusional disorders, brief psychotic episode, and major depressive episode with psychotic features ▪ SA (n = 57, mean age: 21.5 ± 3.6 y, men: 56.1%) ▪ No SA (n = 601, mean age: 22.1 ± 3.4 y, men: 66.9%)	*DSM-IV*	SA or SC, and self-harm	Lifetime and during the follow-up	*ICD-10*	EPPIC Scale	Yes	Yes	Greater insight at entry was a predictive factor of SA during the follow-up	No quantitative insight measure Secondary analysis
Yen et al (2008)[20]	Case-control study (2 y) Bipolar disorder in remission (n = 96) ▪ SI or SA group (n = 9, mean age: 34.8 ± 8.3 y, men: 66.7%) ▪ No SI or SA group (n = 87, mean age: 41.4 ± 12.9 y, men: 50.6%)	*DSM-IV*	SI or SA	Over the previous year	VSAS	SAI SAI-E	Yes	No	Suicidal patients had higher insight scores on the 3 SAI dimensions and on the SAI-E compared with nonsuicidal patients	Very small group of SI or SA Lithium reduced suicidality Multiple tests

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Table 1 (continued). Studies Investigating the Association Between Insight and Suicidal Behavior

Study	Study Type and Population	Diagnosis Tool	Suicide Behavior			Insight Scale	Meds	SUD	Findings	Comments
			Definition	Period Assessed	Tools					
Insight as a protective factor										
Bourgeois et al (2004)[21]	Clinical trial (2 y) randomized Schizophrenia (n = 980), affective psychoses (n = 371) Mean age: 37.1 ± 10.3 y, men: 61.4%	*DSM-IV*	SA or hospitalization to prevent suicide but not ideation alone	Lifetime and past 3 y	Clinical monitoring of suicide-related events	SOF	Yes	NA	High insight into treatment significantly decreased the risk of suicide	No specific scale of insight High-risk patients closely monitored Secondary analysis
Steblaj et al (1999)[22]	Cross-sectional study (7-y period) Inpatients schizophrenia and affective psychoses ▪ Suicidal schizophrenia (n = 36, mean age [men]: 35.3 ± 12.8 y, mean age [women]: 38.3 ± 13.9 y) ▪ Suicidal affective psychoses (n = 23, mean age [men]: 45.1 ± 12.6 y, mean age [women]: 59.5 ± 14.3 y) ▪ Control group	*ICD-9*	SC, SA, SI	During inpatient treatment or during a leave, an outing, a trial discharge, or a stay in another hospital, and lifetime	Medical records	Present/absent	NA	Yes	High insight level was associated with decreased suicide during psychiatric hospitalization	Information based on medical records No standardized clinical instruments and scales Small sample size Secondary analysis
Yen et al (2008)[16]	Prospective study (2 y) Bipolar I disorder in remission (n = 65, mean age: 39.3 ± 11.9 y, men: 47.7%)	*DSM-IV*	Self-injury behavior or violent behaviors toward people or suicidal behavior	Lifetime	VSAS	SAI	Yes	No	High insight into treatments significantly decreased the risk of suicide	Small sample size
Studies failing to find any association between insight and suicide risk										
Sharaf et al (2012)[43]	Cross-sectional study (6 mo) Outpatients with stabilized schizophrenia, duration of illness < 10 y (n = 200, mean age: 30.4 ± 6.8 y, men: 83.5%)	*DSM-IV-TR*	SI or SA	Lifetime	SPS	BIS	Yes	No	No association between suicide risk and insight when covariate for depression or stigma included	Unrepresentative sample of patients with schizophrenia
Gale et al (2012)[41]	Cross-sectional study (1 y) Schizophrenia or schizoaffective disorder (n = 86, mean age: 46 y, 21- to 70-year-old men: 70%)	NA	SI or SA	Last week, last year, or other time period	CIS-R (suicidality)	ITAQ	Yes	Yes	No association between insight and suicidality	Small sample size Selection bias Secondary analysis
Kao and Liu (2011)[44]	Cross-sectional study (1 y) Inpatients with psychotic spectrum disorders (n = 104, mean age: 40.5 ± 14.5 y, men: 50%) ▪ Schizophrenia (n = 52) ▪ Affective disorder (n = 52)	*DSM-IV*	SA or SI	Lifetime and current	SSI	SAIQ	Yes	No	Greater insight into the need for treatment in suicidal patients than nonsuicidal patients But no significant difference after controlling for depressive symptoms	Only chronic inpatients
Yen et al (2009)[38]	Prospective study (1-y follow-up) Outpatients with depressive disorder (n = 174, CES-D > 17) 131 participants completed 1-year follow-up (mean age: 42.7 ± 12.9 y, men: 38.2%)	*DSM-IV*	SI or SA	Over the 1 previous year	VSAS	MDIS	Yes	No	Initial degree of insight did not predict the suicidal risk during follow-up	Changes in insight level not examined over the 1-y period Recall bias regarding SI and SA

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Table 1 (continued). Studies Investigating the Association Between Insight and Suicidal Behavior

Study	Study Type and Population	Diagnosis Tool	Suicide Behavior			Insight Scale	Meds	SUD	Findings	Comments
			Definition	Period Assessed	Tools					
Restifo et al (2009)[45]	Cross-sectional study Inpatients and outpatients with chronic schizophrenia (n = 164, mean age: 37.2 ± 11.8 y, men: 60%) Schizophrenia (n = 115) or schizoaffective disorder (n = 49) ▪ Attempters (n = 59) ▪ Nonattempters (n = 105)	*DSM-III-R*	SA	Current and past month	HASS	Present or absent	Yes	Yes	No association between insight and SA	No specific scale of insight
Bakst et al (2010)[48]	Prospective study (4 y) First-admission patients (n = 529, mean age: 29.2 ± 9 y, men: 59.6%) Schizophrenia (n = 171), affective psychoses (n = 30), schizophreniform disorder (n = 7), and other psychoses (n = 321), including bipolar disorder with psychotic features (n = 131), major depression with psychotic features (n = 93), other psychotic illnesses (n = 50), and other (mostly drug-induced) disorders (n = 47)	*DSM-IV*	SA or SI	Lifetime and current (6-, 24-, or 48-mo interviews during follow-up)	SCID *DSM-III-R* HDRS Medical record	HDRS	NA	Yes	No association between insight and SA	No specific scale of insight
Kim et al (2003)[49]	Cross-sectional study Chronic schizophrenia (n = 333) ▪ With lifetime suicidality (n = 200, mean age: 35 ± 8.2 y, men: 78.5%) ▪ Without lifetime suicidality (n = 133, mean age: 35.4 ± 11 y, men: 77.4%)	*DSM-III-R*	SI or SA or self-harm or suicidal threats or plans	Current and lifetime	SIS	SADS HDRS	Yes	Yes	Insight did not predict either current or lifetime suicidality in multivariate regression analysis	SADS assesses only insight into having a mental disorder No multidimensional assessment of insight
Yen et al (2002)[39]	Prospective study (1 y) Outpatients with schizophrenia in remission (n = 74, mean age: 32.9 ± 10, men: 55.4%)	*DSM-IV*	Planned to commit suicide or violent behaviors toward people or things	Previous year	VSAS	SAI SAI-E	Yes	No	No association between insight and suicide behavior	Confounding factors not taken into account Short follow-up Small sample size
Kamali et al (2000)[42]	Cross-sectional study (12-mo period) Schizophrenia and schizoaffective disorder (n = 102, mean age: 38.4 ± 12.2 y, men: 66.6%)	*DSM-IV*	SI	Current	BDI	BIS	Yes	Yes	No association between insight and SI	Retrospective design Only inpatients included
Robinson et al (2010)[47]	Prospective study (7.4 y) First-episode psychosis patients (n = 413, mean age: 23.3 ± 3) Schizophrenia, schizophreniform disorder, affective psychoses, delusional disorder, bipolar psychotic disorder, major depressive disorder with psychotic features, brief reactive psychosis/brief psychosis, and psychosis not otherwise specified. ▪ No SA (n = 221) ▪ One or more SA (n = 61)	*DSM-III* and *DSM-IV*	SI or SA or deliberate self-harm	At presentation, at remission or stabilization, 7 y after presentation, 2 y prior to interview	RPMIP	EPPIC Scale	Yes	No	No association between insight and suicidality at baseline and over the follow-up	Assessment of SA: relied on the participant's recall Insight assessment

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Table 1 (continued). Studies Investigating the Association Between Insight and Suicidal Behavior

Study	Study Type and Population	Diagnosis Tool	Suicide Behavior			Insight Scale	Meds	SUD	Findings	Comments
			Definition	Period Assessed	Tools					
Artiles et al (2009)[40]	Prospective study (1 y) Outpatients with stable schizophrenia (n = 57, mean age: 28, men: 82.5%) ▪ Suicidal patients (hospitalized due to SA and with background of 1 or more previous attempts, n = 27, men: 77.8%) ▪ Nonsuicidal patients (hospitalized for other reasons, with no background of SA, n = 30, men: 86.7%)	*ICD-10*	SA = with suicide intention, when suicide was the goal, although the patient did not clearly express it	Current (during all the follow-up) and lifetime	Clinical	First 3 items of SAUMD	Yes	Yes	None of the insight dimensions was associated with a higher risk of suicide over follow-up	Inadequate suicide definition Missing data Small sample size
Hu et al (1991)[46]	Prospective study Schizophrenia inpatients ▪ Completed suicide cases (n = 42, mean age: 26.9 ± 6, y men = 59.5%) ▪ Patients/controls (n = 84, alive at the time of the study, age and sex matched)	*DSM-III*	NA	NA	Family interviews Outpatient and community follow-up	Presence or absence	Yes	Yes	No between-group differences	Suicide completers Issue of insight measure based on family interview

Abbreviations: Meds = patient taking medication, NA = not available, PC = patient control, SA = suicide attempt, SC = suicide completion, SI = suicidal ideation, SUD = patients with substance use disorder.

ABBREVIATIONS AND REFERENCES FOR DIAGNOSTIC TOOLS AND RATING SCALES

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Table 1 (continued). Studies Investigating the Association Between Insight and Suicidal Behavior

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