TITLE: Psychological Therapies in the Community Setting for the Prevention and Management of Suicides: Clinical Evidence

DATE: 31 May 2011

RESEARCH QUESTIONS

1. What is the evidence on interventions to prevent or manage suicides following the first attempt in adolescents and adults in a community setting?

2. What is the evidence on suicide prevention strategies in adolescents and adults in a community setting?

KEY MESSAGE

Although there are studies describing suicide prevention strategies in adolescents and adults in a community setting, there is limited evidence regarding the impact of these interventions.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2011, Issue 5), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. The search was also limited to English language documents published between January 1, 2006 and May 16, 2011. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.
RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials and non-randomized studies.

One randomized controlled trial and one non-randomized study were identified regarding interventions to prevent or manage suicides following an attempt in adolescents and adults in a community setting. One systematic review, two randomized controlled trials and eight non-randomized studies were identified regarding suicide prevention strategies in adolescents and adults in a community setting. Additional references of potential interest can be found in the appendix.

OVERALL SUMMARY OF FINDINGS

One systematic review\(^1\) was identified that evaluated the effectiveness and safety of interventions for deliberate self-harm and attempted suicide, which included drug therapies, behavioural therapies, and community follow-up with the patient.

Two studies were identified regarding interventions to prevent or manage suicides following an attempt in adolescents and adults in a community setting. One randomized controlled trial\(^2\) compared the effectiveness of dialectical behavior therapy (DBT) with community treatment by experts and found that subjects receiving DBT were half as likely to make a suicide attempt as the community treatment group. In addition, a non-randomized study from Norway found that a community-based suicide prevention team did not significantly decrease the risk of a repeated suicide attempt within 6 months, 12 months, or 5 years after an attempt compared with treatment as usual.

Eight non-randomized studies were identified that described specific suicide prevention programs in adolescents and adults in a community setting\(^3-11\) and are summarized in Table 1.

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<th>Authors</th>
<th>Intervention</th>
<th>Evaluation</th>
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| Bean et al.\(^4\)              | **Connect**<br>Community-based youth suicide prevention program | Pre and post-training questionnaires for adults and high school students | • Increased belief in the use of mental health care  
• Reduced stigma associated with seeking help  
• Increased adult preparedness to help youth |
| Freedenthal\(^5\)              | **Yellow Ribbon Suicide Prevention Program**<br>Denver-area high school | Pre and post-intervention surveys for staff and students | • Staff did not report any increase in student help-seeking  
• Students did not report increase in help-seeking  
• Increased use of a crisis hotline |
| Hubner-Liebermann et al.\(^6\) | **Regensburg Alliance Against Depression**<br>Five-year four-level intervention program | Suicide rates before and after intervention in comparison to two control regions and overall rate in | • Significant decrease in male suicide rate |
Table 1: Suicide prevention community programs for adolescents and adults

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<th>Authors</th>
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<td>Allen et al.</td>
<td><strong>Cultural prevention program</strong>&lt;br&gt;Nov 2006-Mar 2008&lt;br&gt;Targeting suicide and co-occuring alcohol abuse in rural Yup’ik youth in Alaska</td>
<td>An assessment of community readiness and community protective factors in adults and youth pre- and post-intervention</td>
<td>• Increased community readiness for prevention efforts&lt;br&gt;• Increase in the amount of protective behaviours by adults and perceived by youth</td>
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<td>Walker et al.</td>
<td><strong>LifeSavers</strong>&lt;br&gt;Three day peer-support suicide prevention training program for high school youth in a non-metropolitan US community</td>
<td>Pre-test and post-training measures of suicide attitudes, knowledge, self-esteem, and self-acceptance</td>
<td>• Significant increase in knowledge and positive attitudes towards suicide prevention&lt;br&gt;• Significant increase in self-esteem&lt;br&gt;• No change in self-acceptance</td>
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<td>Ahmadi et al.</td>
<td><strong>Prevention of self-immolation</strong>&lt;br&gt;1999-2003&lt;br&gt;Aimed at young women and socio-economically deprived groups in Iran</td>
<td>Self-immolation and suicide attempt rates before and during intervention</td>
<td>• Significant decrease in self-immolation rates during intervention period&lt;br&gt;• Significant decrease in suicide attempt rate during intervention period</td>
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<td>Motohashi et al.</td>
<td><strong>Community-based health promotion intervention</strong>&lt;br&gt;1999-2004&lt;br&gt;Raise public awareness through empowering residents and civic participation in rural Japan</td>
<td>Suicide rates pre and post-intervention</td>
<td>• Decrease in suicide rate after intervention</td>
</tr>
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<td>Hegerl et al.</td>
<td><strong>Nuremberg Alliance against Depression</strong>&lt;br&gt;2001-2002&lt;br&gt;Four-level intervention program (training and supporting family doctors, public campaign on depression, cooperation with community facilitators, support for high-risk groups) in Nuremberg, Germany</td>
<td>Suicide attempts and suicide rates before and after intervention in comparison to a one year baseline and one control region in Germany</td>
<td>• Decrease in suicide attempts&lt;br&gt;• No significant differences in completed suicides in intervention group compared to control region</td>
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Though it seems that community-based intervention programs may be effective in decreasing stigma associated with mental health issues and in decreasing suicidal attempts, it is unclear whether these programs have a significant impact on the rate of completed suicides. There is a lack of long-term follow up of subjects after completion of the intervention.
REFERENCES SUMMARIZED

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses


Randomized controlled trials

Interventions following an attempted suicide


Non-randomized studies

Interventions following an attempted suicide


Suicide prevention strategies


APPENDIX – FURTHER INFORMATION:

Review articles

   PubMed: PM20599277

   PubMed: PM20720333


   PubMed: PM16639852

Additional references

Ongoing trials

   PubMed: PM19775469

   PubMed: PM18793423
Intervention programs – descriptions


