Effectiveness of Interventions to Prevent Suicide and Suicidal Behaviour: A Systematic Review

Annotated Bibliography
EFFECTIVENESS OF INTERVENTIONS TO PREVENT SUICIDE AND SUICIDAL BEHAVIOUR: A SYSTEMATIC REVIEW

ANNOTATED BIBLIOGRAPHY

Maria Leitner, Wally Barr & Lindsay Hobby

Health & Community Care Research Unit, Liverpool University

InfoTech UK Research

Scottish Government Social Research

2008
It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy.
Aims

The aim of the annotated bibliography is to support the review of the known effectiveness of interventions aimed at preventing suicidal behaviour in both key risk groups and in the general population (Leitner, Barr and Hobby, 2008).

Review approach

The review team followed the ‘gold standard’ protocol for the systematic review method set out by the Cochrane Collaboration and the NHS Centre for Reviews & Dissemination. The core principles of this methodology, which set it aside from the more traditional approach to carrying out a review, are:

- A comprehensive and replicable search strategy
- Quality control of included material
- Objective synthesis of the evidence

Pitfalls of the systematic review approach, which are increasingly highlighted in the literature, are:

- Long time scale
- Narrow focus
- Lack of cost-effectiveness
- Wasteful approach to data retrieval
- Lack of clinical relevance

Aside from time-scale, which is an ubiquitous complaint regarding all research, the above concerns are, in fact, not an inherent feature of the systematic review method. They derive primarily from the approaches taken to data retrieval and analysis. With regard to data retrieval, ‘live’ on-line search and retrieval strategies commonly result in high cost and, perhaps more importantly, the necessity of discarding substantive quantities of potentially relevant material. The narrow focus and lack of clinical relevance commonly cited results from the decision to set tight search parameters in advance of initial citation retrieval and to focus, for similar reasons, on retrieving and extracting data from only the ‘highest quality’ studies (currently synonymous with randomised controlled trials in the context of intervention research). The latter requirement relies on the implicit and erroneous assumptions that ‘poorer quality’ evidence is no evidence at all and that poorly executed high quality designs are nevertheless able to provide superior evidence to that provided by well executed but less ideal methods.

In carrying out a similarly wide-ranging systematic review of risk assessment and intervention in the context of other-directed violent behaviour (Leitner et al 2006), we developed an alternative approach to data retrieval which we believe better serves the pragmatic needs of clinical research and which has advantages for future research in retaining rather than discarding material suited to addressing novel questions which may
arise following the initial outcomes of a review. Simply put, our approach is to set very broad initial search parameters, download all initially retrieved citations to a bibliographic software package and develop syntax to carry out post hoc explorations of the resulting extensive database.

The above approach allows outcomes to be explored ‘iteratively’ following the standard empirical approaches to theory testing used in primary research. The syntax models we use are based on the successive fractions approach of Hartley et al (1993) which test the impact of permutations of main terms (such as ‘suicide’) and restriction terms (such as ‘intervention’) in determining the volume and specificity of retrieved material. An additional benefit of using this approach in the current context is that it allows any ‘clustering’ of the literature around core themes to be data driven. In combination with an approach to data analysis which embraces a broad range of distinct study designs and which evaluates outcomes using studies as well as participants as a unit of analysis, we feel that this approach provides the necessary flexibility to address immediate clinical concerns in complex areas such as suicide. It also provides the option of revisiting the broader database of initially retrieved citations should additional queries arise following preliminary research.

**Review protocol**

Since the aim of the review was to provide as broad as possible an overview of the relevant literature in this field, the range of databases searched was chosen to reflect a diverse range of approaches to the issue of intervention and to access, in so far as was possible within the restricted time period available, both formal and ‘grey’ sources of literature. The databases chosen on this basis were as follows:

**Medical Literature:** Medline, National Research Register, NICE, Controlled Clinical Trials Register

**Nursing, Allied Health & Complementary Medicine:** CINAHL, AMED

**Social Sciences & Psychology:** PsychInfo, ASSIA (applied social sciences), Social Sciences Citation Index, APA PsychArticles

**Specialist Reviews Literature:** Cochrane (Medical) (including DARE and Cochrane Reviews and Cochrane Methodological Reviews), C2-Spectr (Criminological/forensic)

**Health Economics & Health Technology Assessment:** NCCHTA, NHSEED, ECONLIT

---

1 ‘Grey’ literature refers to hard-to-access literature, primarily literature which is unpublished or published only in a restricted format such as in-house journals, annual reports, doctoral dissertations etc.
‘Grey’ Literature: PROQUEST, FADE

Within each of the above databases, searches were **unrestricted by date**, except in respect to the limits set by the database itself. The earliest citation retrieved was from 1956 (via Social Sciences Citation Index). Searches were updated and finalised in June 2006. Material appearing in electronic databases after this point is therefore outside the scope of the review. Given the limited time and resources available for the review, it was necessary to restrict searches to the **English language literature**. Previous experience with similar reviews suggests that this restriction is unlikely to have had a significant impact on outcomes. Only around 1% of available material in this research field is likely to be accessible only in languages other than English. In line with specifications in the tender, the search was not restricted by **age of study participants**, or by the **type of intervention** considered, or by **study design** or by the **population or setting** for which an intervention had been developed or in which an intervention was evaluated. Following initial trials of possible search strategies and subsequent discussions with the Research Advisory Group, the following limited range of **inclusion/exclusion criteria** were set to ‘fine tune’ the otherwise very broad remit of the review outlined above:

- Only ‘empirical’ studies to be included, broadly defined to include any quantitative or qualitative approach aiming to evaluate the impact of an intervention on self-harm or suicide
- Outcomes to include all completed suicide and suicidal behaviour, including self-harm and suicidal ideation
- Focus on ‘intentional’ behaviour only (e.g. exclusion of non-intentional self-harm in people with learning disabilities or conditions such as Lesch Nyhan’s disease)

In categorising studies with respect to the type of suicidal behaviour addressed (completed suicide, attempted suicide, self-harm, suicidal ideation) we were, of necessity, wholly dependent on the descriptions given by study authors. Since the descriptions provided were in general quite poor, it has not been possible to draw any fine-grained distinctions within and between categories. For example, we are unable to differentiate here between attempted suicide/self-harm with or without identified suicidal intent. The four main categories themselves reflect the forms of behaviour specifically included within the remit of the review, but also accurately reflect the most common labels applied by study authors to the behaviours being evaluated. It should be noted that there is likely to be some overlap in the behaviours assigned, respectively, to the categories of ‘attempted suicide’ and ‘self-harm’. One author’s definition of attempted suicide may well be another author’s definition of ‘self-harm’ and we have no way of unpicking this further.

Following the novel approach outlined earlier, initial search terms used for on-line searching in the above databases adopted the generic format outlined below:
Suicid* OR selfharm* OR self-harm* OR (self AND harm*) OR selfinjur* OR self-injur* OR (self AND injur*) OR selfpoison* OR self-poison* OR (self AND poison*) OR selfmutilat* OR self-mutilat* OR (self AND mutilat*) OR selflacerat* OR self-lacerat* OR (self AND lacerat*) OR selfcut* OR self-cut* OR (self AND cut*) OR parasuicid* OR para-suicid* OR ((deliberat* OR intent*) AND overdos*)

The asterisk in the above search string indicates a ‘wildcard’, which allows for the retrieval of all terms including the preceding phrase (e.g. for ‘suicid*’ this would retrieve also articles referencing suicide, suicidal, suicidality etc.). The search string as set out is written in a generic format. Different databases use distinct approaches to literal and Boolean searching and substitute diverse wildcards and connection terms. The search string was adapted to the format of each database as necessary. The rationale for restricting the main search terms for ‘overdose’ by the terms ‘deliberat*’ and ‘intent*’ was that, in running trials of the search strategy, it become clear that whilst the other self-harm related terms were in and of themselves comparatively specific, the term ‘overdose’ was, in search terms, an extremely over-sensitive one, accessing a broad range of irrelevant material including accidental overdosing of patients in the medical context. A Medline trial of the search string including overdose as an unrestricted term, for example, produced a total of 289,799 citations in contrast to 70,371 with the restriction terms added.

Once citations from all databases had been downloaded into the bibliographic software (Reference Manager) and de-duplicated to remove replications of any given citation which had been identified by more than one database, a restriction term string was developed to identify material relating specifically to interventions:

{Interven*} OR {prevent*} OR {control*} OR {manage*} OR {treat*} OR {reduc*} OR {stop*} OR {restrain*} OR {trial*}

Additional restriction terms initially run on a trial basis and subsequently rejected included car* (care, caring etc.) and help* (helping etc.). As with ‘overdose’, these increased the sensitivity but substantially reduced the specificity of the search in identifying relevant material. Although, ideally, a full abstract or full-text search would have been undertaken, given pragmatic constraints, the final search was tied to words appearing either in the title of a citation or in specified keywords. Annex D in the full report provides a table summarising outcomes from the above search strategy, setting out the number of citations retrieved via each database (prior to de-duplication) for the full Boolean search (for those databases supporting Boolean search strings) and for each individual set of search terms (self-harm, selfharm, self AND harm etc) taken separately. This is of value not only in tracking the current search through to its sources, but also in evaluating the breadth of coverage of material relating to suicide and self-harm by the different types of source previously outlined.
Review process

The following diagram gives a visual overview of the stages and outcomes in the review process:

Figure 1

Electronic Search / Retrieval Process

26,085 Citations Retrieved

8,606 Met Restriction Terms (Abstracts Screened)

646 for Full Text Retrieval

235 Met Criteria

198 papers reporting on 200 Primary Empirical Studies and 37 Systematic Reviews
Following de-duplication, the number of individual citations available for searching with the set of restriction terms developed was 26,085. The intervention restriction terms reduced this number by around two thirds. Exploratory random selection searches within the excluded material suggest that a high proportion of the excluded material relates to purely discursive papers. However, it was equally apparent that there is an imbalance in the literature favouring the analysis of risk over intervention.

The abstracts of the 8,606 citations identified using the intervention restriction terms were each read by one reviewer with the aim of excluding any which very clearly did not meet our review criteria. Abstracts which were ambiguous or which failed to provide sufficient information were initially read by two reviewers and if a decision regarding exclusion could still not be made the full-text material was ordered. At the end of this process 646 citations were identified as potentially meeting all of the review criteria and were obtained in full-text format. Each of these full-text articles were read by two reviewers, with a third reviewer reading any for which an initial decision to include or exclude proved problematic. This resulted in 235 reports of studies meeting the review criteria. An additional 8 reports were identified as of possible relevance, but these could not be retrieved during the timescale of the review. Subsequently we have been provided with copies of 6 of these missing papers\(^2\) and references and brief summaries of the papers are provided at Annex A in the full report. Evidence taken from this additional material does not alter any conclusions reached in the review.

Within the 235 reports identified, we include ‘linked’ material. That is, separate reports of a study which provide additional rather than identical material – for example, additional years of follow-up for an ongoing trial, or a meta-analysis of data from two or more trials. For current purposes these are counted as separate studies. Duplicate papers, providing no new information, have been discarded, with the named paper for the review referring to the paper providing most comprehensive details of the study methods etc. In total, 198 of the citations subject to full-text retrieval reported on primary empirical studies. A small number of these reported on either two distinct primary studies or on a primary study and a meta-analysis or systematic review. Dividing these out provided a final total of 200 primary empirical studies and 37 systematic reviews falling within the remit of the current review.

Since the review process was designed to identify studies reporting on suicide, attempted suicide, self-harm or suicidal ideation as explicit outcomes, studies which may include pertinent information but which have not themselves identified these issues as a specific outcome (for example studies reporting on suicide as an unintended adverse consequence or studies focussed on other main outcomes but reporting incidental outcomes for suicidal behaviour) are unlikely to have been included. All material was identified by electronic searches as, for pragmatic reasons, it was not possible to carry out hand searches of key journals or to check the reference lists of all retrieved articles. This may have led to additional material being missed.

\(^2\) We are very grateful to Professor Stephen Platt for kindly providing us with copies of the missing papers.
Definitions and terminology

The remit of the review was to identify and report on studies evaluating interventions for suicide, attempted suicide, self-harm and suicidal ideation. Defining these terms is not straightforward and, increasingly, both researchers and clinicians are recognising the need for a standardised nomenclature in this field (cf. Andriessen 2006, Silverman 2006). Definitions of the terms which have been cited fairly widely in the literature are as follows:

**Suicide**  The termination of an individual’s life resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this fatal result (Durkheim 1857)

**Attempted suicide**  A potentially self injurious action with a non-fatal outcome for which there is evidence, either explicit or implicit, that the individual intended to kill himself or herself (Moscicki 1997)

**(Deliberate) Self-Harm**  An acute non-fatal act of self harm carried out deliberately in the form of an acute episode of behaviour by an individual with variable motivation (Gelder et al 2001)

**Suicidal Ideation**  The existence of current wishes and plans to commit suicide (Steer et al 1993)

All of the above definitions refer directly or indirectly to the conscious motivations of an individual and it is this reference to the motivation behind an act which makes the definition of suicidal behaviour and ideation problematic. By way of example, at the point at which a person engages in an act which may later be defined by themselves or by others as attempted suicide, they are likely to be in an emotionally charged state, may be under the influence of alcohol or drugs and may have little perspective regarding their own specific motivations or intentions. Following the act, external rationalisations, concerns regarding the perceptions of others and a confused memory of the events leading up to the act or of the act itself may cloud any retrospective interpretation of what happened. Consequently even the person themselves may not be able to provide a clear account of their motivation in carrying out a particular act.
Annotated bibliography


Abstract: Recent studies show long-term lithium treatment reduces expected suicidal activity and overall mortality of patients with affective disorders. Based on the data from the lithium clinics in Berlin and Hamilton (n = 512), a minimum length of two years of continued lithium treatment is needed to reduce the high mortality resulting from affective disorders.


Abstract: The mortality of patients suffering from affective disorders is much higher than that of the general population; this excess is due to both suicides and cardiovascular disease. During, the overall mortality has not been found to differ significantly from that of the general population but the question remains whether this lowering, if it is in fact caused by lithium, is due to a reduction in suicide frequency or cardiovascular mortality, or both. In a sample of 827 patients on long-term lithium treatment, seven suicides were observed and 1.3 expected. This is significant large but markedly lower than that found in patients with affective disorders not given lithium. Cardiovascular mortality was not found to be higher in our patients than in the general population. These findings cannot prove definitively that long-term lithium treatment counteracts factors responsible for the excess suicide and cardiovascular mortality of affective disorders but they are compatible with this.


Abstract: Based on data collected in a study from lithium clinics in Canada, Denmark, Germany and Austria, an analysis was carried out of suicide and cardiovascular mortality in patients who received prophylactic lithium treatment. RESULTS: In patients given lithium for two years or longer (n = 641), both suicide and cardiovascular mortality were the same as, or only slightly higher than, in the general population; in patients given lithium for less than two years (n = 186), both mortalities remained high. CONCLUSIONS: In addition to its ability to prevent recurrences, prophylactic lithium treatment appears capable of reducing both the excess suicide risk and excess cardiovascular mortality of affective illness.

Abstract: OBJECTIVE: This study compared time to first remission for elderly depressed patients in primary care for practices that implemented a care management model versus those providing usual care. In addition, it sought to identify risk factors for non-remission that could guide treatment planning and referral to care managers or specialists.

METHOD: Participants were older patients (60 years or over) and the analysis examined patients with major depression and a 24-item Hamilton Depression Rating Scale score of 18 or greater who were followed for at least 4 months (N=215). Primary care practices were randomly assigned to offer the PROSPECT intervention or usual care. The intervention consisted of services of trained care managers, who offered algorithm-based recommendations to physicians and helped patients with treatment adherence over 18 months. RESULTS: Patients receiving the intervention fared better than those receiving usual care. CONCLUSIONS: Longitudinal assessment of depression, hopelessness, anxiety, and physical and emotional functional limitations in depressed older primary care patients is critical. Patients with prominent symptoms or impairment in these areas may be candidates for care management or mental health care, since they are at risk for remaining depressed and disabled.


Abstract: This study evaluates an intervention program in its first 2 years of operation in rural Western Australia. The program was effective in producing a systems change within the hospital by implementing a protocol of best practice and in improving the inter-sectoral liaison between community-based referrals and treatment agencies through professional and community education. The early indications suggest a reduction in the rate of hospital admissions for repeated suicide attempts for cases who were managed by the suicide intervention counsellor through a high-intervention approach.


Abstract: The objective of this study was to assess the impact of a suicide intervention program from a consumer perspective. Self-administered questionnaires were distributed to consumers who had been referred to a suicide intervention counsellor in the 2-year period of the programme in rural southwest Western Australia. Three-quarters of respondents were positive about their experience with the service, with half of the respondents no longer having thoughts of suicide and only 20% of all respondents reporting having attempted deliberate self-harm post-counselling. Reported suicidal ideation and attempted self-harm were much higher in the dissatisfied group. Dissatisfaction of respondents stemmed from the history of their treatment and 'the hassle created by the many systems for them to access care'. However, the overall outcome of this study is that, from the consumer's perspective, a high intensity approach to suicide intervention resolved or improved the presenting problem and their ability to deal with it.

Abstract: We conducted a case-control study of people who committed suicide after discharge from psychiatric inpatient care. Cases were a 30-month sample of 149 people who had received an inquest verdict of suicide or open verdict in Greater Manchester, and who had a history of psychiatric admission in the 5 years before death. Controls were surviving psychiatric patients individually matched for age, sex, diagnosis, and date of last admission. Cases and controls were compared on aspects of psychiatric care, and on clinical and social variables, information being obtained from case notes. FINDINGS: Those who took their own lives were more likely to have had their care reduced at the final appointment in the community before death. Suicide was also associated with a history of self-harm, suicidal thoughts during aftercare and the most recent admission as the first illness. Only 34% of suicides had an identifiable key worker, the essence of the Care Programme Approach. This frequency was no higher than that for controls, reflecting the difficulty of identifying those likely to commit suicide.

INTERPRETATION: Reductions in care are strongly associated with suicide by people with mental illness, and may be contributory. The implication is that maintaining care beyond the point of clinical recovery is important in protecting high-risk individuals. Several clinical variables indicate high risk but greater risk is not generally addressed in health service provisions.


Abstract: This study evaluates the safety and efficacy of fluvoxamine in adolescents. METHOD: In an 8-week trial of fluvoxamine, 20 adolescent inpatients, ages 13 to 18 years, were treated for OCD (n = 14) or major depressive disorder (MDD)(n = 6).

RESULTS: Fluvoxamine proved relatively safe and was especially effective in the patients with OCD. Although fluvoxamine also appeared effective in decreasing depression and bulimic symptoms, its impact on impulsive, suicidal, and anorectic symptoms was less clear. CONCLUSION: Preliminary evidence suggests that short-term treatment of adolescents with fluvoxamine is relatively safe and may be effective for OCD and some affective spectrum symptoms.


Abstract: OBJECTIVES: We examined the effectiveness of the Signs of Suicide (SOS) prevention program in reducing suicidal behavior. METHODS: Twenty-one hundred students in 5 high schools in Columbus, Ga, and Hartford, Conn, were randomly assigned to intervention and control groups. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation. RESULTS: Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the
The modest changes in knowledge and attitudes partially explained the beneficial effects of the program. CONCLUSIONS: SOS is the first school-based suicide prevention program to demonstrate significant reductions in self-reported suicide attempts.


Abstract: AIMS: To evaluate the efficacy of olanzapine, in combination with lithium or valproate, for treating depressive symptoms associated with mania. METHOD: Secondary analysis of a 6-week, double-blind, randomised study of olanzapine or placebo combined with ongoing valproate or lithium open treatment for 344 patients in mixed or manic episodes. CONCLUSIONS: In patients with acute dysphoric mania, addition of olanzapine to ongoing lithium or valproate monotherapy significantly improved depressive symptom, mania and suicidality ratings.


Systematic review of Lithium. Concluded there are major reductions in suicide attempts with lithium maintenance.


Abstract: The aim of the present study was to assess in a large cohort of schizophrenia patients the effects of exposure to second generation antipsychotics (SGA) on suicidality of patients suffering from schizophrenia or schizoaffective disorder. Records of 756 patients were analyzed. CONCLUSIONS: Schizophrenia patients exposed to both risperidone and olanzapine may gain protection from suicidality. The antisuicide effects seem to differ between SGAs.


Abstract: We aimed to evaluate the association between exposure to antidepressants and suicidality in a cohort of elderly patients suffering from major depressive disorder (MDD). The index group comprised all patients who had attempted suicide in the month prior to admission. The case-controlled group was the next admission of a patient suffering from MDD, matched for sex and age who had not attempted suicide in the month prior to admission. The proportion of patients exposed to an antidepressant was significantly greater in the control group, than in the group of patients who had attempted suicide. It is of interest to note that concomitant prescription of benzodiazepines also conferred a protective effect. In conclusion, elderly depressed patients treated with antidepressants may be at reduced risk of attempting suicide.

Abstract: OBJECTIVE: This study compared the effectiveness of psychoanalytically oriented partial hospitalization with standard psychiatric care for patients with borderline personality disorder. METHOD: Thirty-eight patients with borderline personality disorder were allocated either to a partially hospitalized group or to a standard psychiatric care (control) group in a randomized controlled design. Treatment, which included individual and group psychoanalytic psychotherapy, was for a maximum of 18 months. RESULTS: Patients who were partially hospitalized showed a statistically significant decrease on all measures in contrast to the control group, which showed limited change or deterioration over the same period. An improvement in depressive symptoms, a decrease in suicidal and self-mutilatory acts, reduced inpatient days, and better social and interpersonal function began at 6 months and continued until the end of treatment at 18 months. CONCLUSIONS: Psychoanalytically oriented partial hospitalization is superior to standard psychiatric care for patients with borderline personality disorder. Replication is needed with larger groups, but these results suggest that partial hospitalization may offer an alternative to inpatient treatment.


Abstract: OBJECTIVES: To evaluate the impact of an intervention based in general practice on the incidence of repeat episodes of deliberate self harm. This was a randomised controlled trial in which 98 general practices were assigned in equal numbers to an intervention or a control group. The intervention comprised a letter from the general practitioner inviting the patient to consult, and guidelines on assessment and management of deliberate self harm for the general practitioner to use in consultations. Control patients received usual general practitioner care. PARTICIPANTS: 1932 patients registered with the study practices who had attended accident and emergency departments at one of the four hospitals after an episode of deliberate self harm. RESULTS: The incidence of repeat episodes of deliberate self harm was not significantly different for patients in the intervention group compared with the control group. Similar findings were obtained for the number of repeat episodes and time to first repeat. The treatment seemed to be beneficial for people with a history of deliberate self harm, but it was associated with an adverse effect in people for whom the index episode was their first episode. CONCLUSIONS: An invitation to consult, sent by the general practitioner of patients who have deliberately harmed themselves, and the use of management guidelines during any subsequent consultation did not reduce the incidence of repeat self harm. A subgroup analysis that indicated that patients who had previously harmed themselves benefited from the intervention was inconsistent with previous evidence and should be treated with caution.

Abstract: This paper gives a description of a psychosocial/psychoeducational group intervention for individuals with a history of recurrent suicide attempts. The intervention was conceived to reduce the risk of future suicidal behavior and to modify the client's psychopathology. Three features are felt to make the intervention unique from others described in the literature. First, the intervention is targeted at both men and women from an inner-city population who are often underhoused, underemployed, and undereducated. 24 of 48 clients (50%) lived alone, and 24 of those (92%) were living in subsidized housing; 33% lived in supportive housing, and one lived on the street at the time of assessment. 48% had a high-school education or less. Second, the principles of our approach stressed client validation and participation in the development and delivery of the therapy. Our frame of reference was to name ourselves as professionals with a set of skills and access to some kinds of information and clients as the experts on the experience in their lives. Third, the group content incorporated a multimodal approach to meet the varied needs of the clients. Future reports will discuss the empirical evaluation of this intervention.


Systematic review of pharmacological interventions. Concluded current research provides inadequate evidence.


Abstract: The successful treatment by behavioral methods of self-starvation and self-injury in a 35-year-old psychiatric in-patient, with a diagnosis of borderline personality disorder, is described. An individualized program using positive and negative reinforcers to increase food and fluid intake was used, while a token economy therapeutic milieu with time-out was used to decrease acts of self-injury and aggression. Progress in treatment generalized to a non-secure treatment environment, and was maintained at an 8-month follow-up. The study illustrates the differential response of active and passive self injurious behaviors to group-based and individual treatments, respectively.


Abstract: This study aims to evaluate a three-month dialectical behavioral therapy (DBT) inpatient treatment program. Clinical outcomes, including changes on measures of psychopathology and frequency of self-mutilating acts, were assessed for 50 female
patients meeting criteria for BPD. Thirty-one patients had participated in a DBT inpatient program, and 19 patients had been placed on a waiting list and received treatment as usual in the community. The DBT group improved significantly more than participants on the waiting list on seven of the nine variables analyzed, including depression, anxiety, interpersonal functioning, social adjustment, global psychopathology and self-mutilation. The data suggest that three months of inpatient DBT treatment is significantly superior to non-specific outpatient treatment. Within a relatively short time frame, improvement was found across a broad range of psychopathological features.


See Rotheram-Borus.

Bradvik, L. and Berglund, M. (2000) Treatment and suicide in severe depression: a case-control study of antidepressant therapy at last contact before suicide. J.ECT., 16, 399-408.

Abstract: Treatment at last contact in 89 persons with severe depression who committed suicide was compared with treatment at a corresponding date in 89 matched persons who did not commit suicide. No difference in electroconvulsive therapy use or prescription of antidepressant medication could be shown between those who committed suicide and those who did not. Neither was there a difference in response to treatment as measured in rates of improvement with treatment. However, continued treatment with antidepressant medication after electroconvulsive therapy was more common in the persons who did not commit suicide than in those who did. None of the persons who committed suicide who were followed during the 6 months before death had received continued treatment after electroconvulsive therapy. This study lends statistical support to the importance of continuing treatment after electroconvulsive therapy to prevent suicide.


Abstract: Our objective in this article is to assess the relation between long-term treatments of depressive episodes and attempted or completed suicide in patients who had had a severe depression at index admission. A blind record evaluation of 96 suicides with a primary severe depression and matched controls has been performed. Out of those, 57 and 33, respectively, had made suicide attempts. Occurrence of attempt was less common after electroconvulsive therapy (ECT). However, seriousness of suicide attempt appeared to be reduced in those with at least 4 weeks of antidepressant medication compared to no treatment and ECT. Continuation treatment after ECT is recommended.


Abstract: OBJECTIVE--To assess the association between firearms in the home and adolescent suicide. SUBJECTS--Sixty-seven adolescent suicide victims and a
demographically matched group of 67 living community controls. Handguns and loaded guns in the home were particularly significant risk factors for suicide in those with no apparent psychiatric disorder. CONCLUSIONS--When pediatricians are faced with a suicidal adolescent, they should insist on the removal of firearms from the home. Pediatricians should also inform parents that the presence of firearms may be associated with adolescent suicide even in the absence of clear psychiatric illness.


Abstract: METHODS: One hundred seven adolescent patients with DSM-III-R major depressive disorder (MDD) were randomly assigned to 1 of 3 treatments: individual cognitive behavior therapy, systemic behavior family therapy (SBFT), or individual nondirective supportive therapy (NST). All 3 treatments showed significant and similar reductions in suicidality and functional impairment. Parents’ views of the credibility of cognitive behavior therapy improved compared with parents' views of both SBFT and NST. CONCLUSIONS: Cognitive behavior therapy is more efficacious than SBFT or NST for adolescent MDD in clinical settings, resulting in more rapid and complete treatment response.


Abstract: The present uncontrolled clinical trial examines whether cognitive therapy for borderline personality disorder (BPD) is associated with significant improvement on measures of psychopathology. A total of 32 patients with BPD, who also reported suicide ideation or who engaged in self-injury behavior, received weekly cognitive therapy sessions over a 1-year period. The results revealed significant and clinically important decreases on measures of suicide ideation, hopelessness, depression, number of borderline symptoms and dysfunctional beliefs at termination and 18-month assessment interviews.


Abstract: OBJECTIVE: To determine the effectiveness of a 10-session cognitive therapy intervention designed to prevent repeat suicide attempts in adults who recently attempted suicide. DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial of adults (N = 120) who attempted suicide and were evaluated at a hospital emergency department within 48 hours of the attempt. INTERVENTION: Cognitive therapy or enhanced usual care with tracking and referral services. Participants in the cognitive therapy group had a significantly lower suicide reattempt rate and were 50% less likely to reattempt suicide than participants in the usual care group. The severity of self-reported depression was significantly lower for the cognitive therapy group than for the usual care group at 6 months, 12 months and 18 months. The cognitive therapy group reported
significantly less hopelessness than the usual care group at 6 months. There were no significant differences between groups based on rates of suicide ideation at any assessment point. CONCLUSION: Cognitive therapy was effective in preventing suicide attempts for adults who recently attempted suicide.


Abstract: OBJECTIVE: To determine the effect of a primary care intervention on suicidal ideation and depression in older patients. DESIGN AND SETTING: Randomized controlled trial known as PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) with patient recruitment from 20 primary care practices. PARTICIPANTS: Depression screening of randomly sampled elderly patients; enrollment included patients who screened positive and a random sample of screened negative patients. This analysis included patients with a depression diagnosis (N = 598). INTERVENTION: Treatment guidelines tailored for the elderly with care management compared with usual care. RESULTS: Rates of suicidal ideation declined faster in intervention patients compared with usual care patients. CONCLUSIONS: Evidence of the intervention's effectiveness in community-based primary care with a heterogeneous sample of depressed patients introduces new challenges related to its sustainability and dissemination. The intervention's effectiveness in reducing suicidal ideation, regardless of depression severity, reinforces its role as a prevention strategy to reduce risk factors for suicide in late life.


Systematic review of Lithium. Concluded no definitive evidence for whether or not lithium has an anti-suicidal effect.


Abstract: OBJECTIVE: To determine whether an intervention using postcards (postcards from the EDge project) reduces repetitions of hospital treated deliberate self poisoning. DESIGN: Randomised controlled trial. SETTING: Regional referral service for general hospital treated deliberate self poisoning in Newcastle, Australia. PARTICIPANTS: 772 patients aged over 16 years with deliberate self poisoning. INTERVENTION: Non-obligatory intervention using eight postcards over 12 months along with standard treatment compared with standard treatment alone. CONCLUSION: A postcard intervention reduced repititions of deliberate self poisoning, although it did not significantly reduce the proportion of individual repeaters.

Abstract: A randomised controlled study was performed to investigate the influence of repeated telephone contacts on treatment attendance, repetition of suicidal behaviour and mental health the year after a suicide attempt. SUBJECTS AND METHODS: One month after their suicide attempt 216 patients were randomised to either two telephone interventions in addition to treatment as usual, or no such intervention during the subsequent year. The interventions included motivational support to attend and/or to stay in treatment. RESULTS: The randomised groups did not differ in repetition of suicide attempts during follow-up or in improvement in other areas. In individuals with no initial treatment the intervention group improved more in certain psychological symptom dimensions. CONCLUSION: Telephone interventions seem to have an effect on patients who at their suicide attempt had other treatment than psychiatric and in those with no treatment.


Abstract: This article describes the impact of clozapine on severe self-mutilation among patients with the dual diagnoses of borderline personality disorder and persistent psychoses. METHOD: Seven subjects known to the authors were selected for careful chart audits. These subjects had been admitted to 2 state psychiatric hospitals owing to severe self-mutilation and/or violence and subsequently treated with clozapine. RESULTS: The subjects were all white women with a mean age of 37 years. All subjects carried borderline personality disorder diagnoses and an Axis I disorder diagnosis. After clozapine treatment, there were statistically significant reductions in incidents of self-mutilation (restraint), seclusion, the use of p.r.n. anti-anxiety medications, and injuries to staff and peers. CONCLUSION: These preliminary but nonetheless favorable results suggest that clozapine deserves careful consideration for a controlled study in patients with borderline personality disorder and psychoses, especially if the clinical issues include severe self-mutilation, aggression, and violence.


Abstract: BACKGROUND: In a previous report a step-down psychosocial programme for severe personality disorders was found to be more effective at expected termination of treatment than a longer in-patient treatment with no planned after-care. AIMS: To evaluate the clinical effectiveness of these two psychosocial specialist programmes over a 3-year follow-up period. METHOD: Two samples allocated to the in-patient treatment and to the step-down programme were compared prospectively on symptom severity, social adjustment, global assessment of mental health and other clinical indicators at 6, 12, 24 and 36 months after intake. RESULTS: Improvements were significantly greater in the step-down programme for social adjustment and global assessment of mental
health. Patients in the programme were found to self-mutilate, attempt suicide and be readmitted significantly less at 24- and 36-month follow-up than patients in the in-patient group. CONCLUSIONS: Improvements associated with specialist residential treatment continued 2 years after discharge. A step-down model has significant advantages over a purely in-patient model.


Abstract: OBJECTIVE: The aim of this study was to compare the effectiveness of three treatment models for personality disorder: 1) a long-term psychoanalytically oriented residential specialist program, 2) a phased "step-down" specialist psychosocial program that included a briefer residential stay and an outpatient component, and 3) a general community psychiatric model. METHOD: One hundred forty-three patients with a personality disorder diagnosis were allocated to the three treatment conditions. Outcome was prospectively evaluated at 6, 12, and 24 months. RESULTS: By 24 months, patients in the step-down condition showed significant improvements on all measures. Patients in the long-term residential model showed significant improvements in symptom severity, social adaptation, and global functioning, while no changes were achieved in self-harm, attempted suicide, and readmission rates. Patients in the general psychiatric group showed no improvement on any variables except self-harm and hospital readmissions. CONCLUSIONS: The results of this study suggest that for personality disorders, a specialist step-down program is more effective than both long-term residential treatment and general psychiatric treatment in the community.


Systematic review of Lithium. Concluded data from 7 trials suggests patients receiving lithium less likely to die by suicide; composite measure of suicide plus self-harm also lower.


Abstract: Aims: To compare routine management enhanced by nurse-led case management with routine management only. Method: Randomised controlled trial. Results: It was estimated that 20% of the study population were likely to be readmitted to A&E within 12 months of the index episode following a subsequent episode of self-harm. Four hundred and sixty-seven patients were identified over a 12-month period: 220 were allocated to the intervention group and 247 to the comparison group. One hundred and seven (49%) of eligible patients received the intervention being evaluated. Overall, readmission rates did not vary between the intervention group (9%) and the comparison
group (10%). Conclusions: The intervention did not result in a significant reduction in the readmission rate overall.


Abstract: This study examines the effectiveness of a modified psychodynamic treatment called Transference Focused Psychotherapy (TFP) designed specifically for patients, with borderline personality disorder (BPD). Twenty-three female patients diagnosed with DSM-IV BPD began twice-weekly TFP. Patients were assessed at baseline and at the end of 12 months of treatment with diagnostic instruments, measures of suicidality, self-injurious behavior, and measures of medical and psychiatric service utilization. Compared to the year prior to treatment, the number of patients who made suicide attempts significantly decreased, as did the medical risk and severity of medical condition following self-injurious behavior. Compared to the year prior, study patients during the treatment year had significantly fewer hospitalizations as well as number and days of psychiatric hospitalization. This uncontrolled study is highly suggestive that this structured and manualized psychodynamic treatment modified for borderline patients shows promise for the ambulatory treatment of these patients and warrants further study.


Abstract: OBJECTIVES: To use research on adolescent risk taking behaviour as an impetus for a community to develop locally based injury prevention strategies. DESIGN: Case study, based on a community action model and formative evaluation. This involved: a community profile on adolescent risk taking behaviour; interviews with service providers; dissemination of research findings to local policy makers; development and implementation of a community action plan to address adolescent risk taking; and assessment of its impact. SETTING: A rural town with a population of 10,195 situated in the North Island of New Zealand. SUBJECTS: School aged adolescents and the safety policies and practices of community organisations involved with adolescents. RESULTS: Risk taking behaviours identified by the community profile included: drink-driving, substance abuse, carrying of weapons with intent to harm, and suicidal ideation. Community members identified that risk taking behaviour associated with alcohol in relation to: (1) violence (self directed and assault) and (2) road related injuries should be the focus of their activities. The strategies identified focused on advocacy, education, legal/regulatory change, and environmental modification. Evaluation conducted six months after intervention identified increased community awareness of the adverse effects of adolescent risk taking and some changes in policies and practice related to adolescent safety. CONCLUSIONS: Providing a community with local information that has high relevance for its members may act as a stimulus for the development of injury prevention initiatives. While this case study illustrated that a comprehensive approach focusing on adolescent risk taking behaviour, rather than on isolated injury problems, may be an appropriate way to highlight escalating adolescent injury rates, it also demonstrates the limitations of a short time frame for a community development project.

Systematic review of any intervention for parasuicide. Concluded empirically supported treatments are rarely used as part of usual care; standard treatments including hospitalization often expensive.


Abstract: Intermediate Care Programs were jointly established by the New York State Office of Mental Health and Department of Correctional Services to reduce risk and better manage inmates with psychiatric disorders. In an earlier study, we collected data from the mental health and corrections records of 209 inmates who were admitted to Intermediate Care Programs. In the present study, we assessed changes in the distribution of scores on variables assessed by the earlier study. The tests showed there were significant changes in the distribution of scores on most of the variables. We then focused on inmates who scored positive on the respective variables, either before admission or after admission, and determined the percentage who improved, stayed the same, or worsened on those variables. The highest reductions occurred in mental health observations (65%), suicide attempts (63%), and emergency medications (43%). Lower reductions occurred in correctional infractions and restrictions (26% to 31%). Overall, the data from this study and our earlier one suggest that Intermediate Care Programs are effective in reducing risk and managing inmates with psychiatric disorders.


Abstract: This paper considers the assessment of the impact of a community-based randomized controlled trial to reduce repeat deliberate self-harm. It considers the drawbacks in simplistic applications of conventional statistical significance testing procedures, as well as possible failures regarding the statistical assumptions underlying such tests. If allowance is made for external information (e.g. ethical approval of the treatment), the weight of evidence shifts towards a positive intervention effect.


Abstract: Numerous follow-up studies have shown that patients with mood disorders who do not receive prophylactic medication are at increased risk of death, particularly from suicide. After 11 years follow-up we compared the mortality of 103 patients attending a lithium clinic with that expected on the basis of age/sex/year-specific rates for England and Wales. Only 10 patients died during the study, although the expected number of deaths was 18.31 and no deaths from suicide were observed. After correcting for the
prevalence of mood disorder in the general population, the relative risk was 0.60 which suggests that lithium reverses the excess mortality associated with recurrent mood disorders, including that from suicide.


Abstract: In this study, 12 patients with DSM-III-R diagnoses of major depressive disorder and alcohol dependence were treated openly with fluoxetine for 8 weeks. All 12 patients reported prominent suicidal ideation upon admission to our hospital; 6 had made serious suicide attempts shortly before admission. Statistically significant improvements were noted on measures of depression and postdischarge alcohol consumption. No paradoxical increases in suicidality were noted. These findings suggest that fluoxetine has potential for treating the depressive symptoms and the excessive alcohol intake of depressed alcoholics.


Abstract: The antidepressant effect of viloxazine was investigated for 4 weeks in 26 depressed women. The decrease in the Hamilton Depression Rating Scale score indicated a prompt overall clinical improvement, the depressed mood and suicide items showing the highest percent diminution.


Abstract: OBJECTIVE: A number of studies have suggested that lithium may be particularly effective in reducing suicide risks among patients with major affective disorders. METHOD: Subjects were drawn from a naturalistic, long-term follow-up of patients with major affective disorders. Fifteen who committed suicide while receiving somatotherapy where matched to non-suicidal patients who were similarly receiving somatotherapy at the same point in follow-up. The same procedure was followed for 41 patients who made a serious suicide attempt during follow-up. RESULTS: Six (40.0%) of the patients who committed suicide, and eight (53.3%) of their controls, were thought to have been taking lithium in the preceding week. Among attempters and their controls, nine (22.0%) and eight (19.5%), respectively, were taking lithium. CONCLUSION: These results do not support previous suggestions that lithium has uniquely anti-suicidal properties.


Abstract: Patients discharged from hospital following a suicide attempt were randomly allocated to either: (1) a treatment group receiving standard management plus a token allowing re-admission to hospital on demand; or (2) a control group receiving standard management only. The rates of further suicide attempts and the use of the token in the
year following the initial attempt were monitored. Of the 47 adolescents who were allocated tokens, only three (6%) made further suicide attempts in the following year, and five (11%) made use of their tokens to gain admission into hospital. In the control group of 58 adolescents, seven (12%) made further suicide attempts. Although the differences between the groups did not reach the level of statistical significance, the results do suggest lower rates of repeat suicide attempts in the group which received the token, even if it was not used.


Abstract: A three-part controlled case study is presented in which severe and longstanding self-injurious behavior exhibited by a 9-year-old-boy was treated successfully with differential reinforcement of other behavior. Results showed that differential-reinforcement-of-other-behavior eliminated self-injurious behavior very quickly and for periods of time as long as 30 min. Additionally, results of a brief multi-element manipulation showed that the effects of token reinforcement were superior to those of a more easily administered differential reinforcement of other behavior based on social reinforcement, which differed little from baseline.


Systematic review of Levetiracetam (LEV). Concluded suicidal symptoms were significantly more common amongst patients with epilepsy treated with LEV than amongst similarly treated patients with cognitive disorders or anxiety disorders.


Abstract: This paper describes the study of a new intervention, which was intended to increase therapeutic engagement with patients and to decrease self-harm behaviour. As a result of nursing observations in a unit that specialized in severe personality disorders, a psychodynamic perspective to treatment was introduced in the form of a nursing challenge. The intervention was evaluated in a new service for young adults at a psychiatric hospital in the south of England, as part of a clinical research apprenticeship. The care and treatment of persons with severe personality disorders present a major challenge to coherent and cohesive teamwork. A test and retrospective comparison study is described and its findings reported. Data from the study point to the need for more than a single challenge, to achieve a sustained reduction in self-harm, along with staff training to ensure working knowledge of a particular framework.

Abstract: OBJECTIVE: To evaluate the impact on outcome of a simple educational intervention in schizophrenic patients at risk of relapse. Method: At discharge, 114 schizophrenic patients with at least one previous episode were assigned randomly to a simple educational intervention which had no resource implications, or standard care. RESULTS: The intervention failed to improve outcome. While insight and treatment attitudes improved, suicidal ideation increased. CONCLUSION: There are limits to which psycho-educational interventions can be simplified without loss of effectiveness in terms of relapse prevention in schizophrenia. Enhanced insight may be associated with increased suicidal ideation.


Abstract: OBJECTIVE: This study examined whether enhancing standard aftercare with an outreach case management intervention would improve patients' quality of life. METHODS: A sample of 292 patients discharged from an inpatient psychiatry service at an urban general hospital were randomly assigned either to an intervention group (N = 147), which received outreach case management services in addition to standard aftercare service, or to a control group (N = 145), which received only standard aftercare services. The follow-up period was 15 to 52 months. RESULTS: No difference was found between the groups on any of the quality-of-life variables, including suicidal thoughts. CONCLUSIONS: Outreach case management was not associated with improved quality of life.


Abstract: A hospitalized patient with depression and suicidal tendencies was referred for occupational therapy. The patient's evaluations while hospitalized indicated a lack of social skills and unrealistic expectations concerning abilities and aspirations. A work evaluation showed high scores in artistic and people-related occupations. Treatment focused on improvement of self-image, social interaction abilities, and stress management skills that would assist the patient in obtaining and keeping a job. Increased knowledge of vocational options and selection of an appropriate training program led to a job placement that the patient has enjoyed and maintained for the past 2 years.


Abstract: We tested the hypothesis that higher levels of therapist competence would lead to better clinical outcomes in both patient- and observer-rated measures at 6- and 12-month follow-up. METHOD: A random sample of 49 audiotapes of manual assisted cognitive therapy sessions delivered by 21 therapists involved in the Prevention of Parasuicide by Manual Assisted Cognitive Behaviour Therapy trial was rated to assess the level of therapist competence. RESULTS: At 6-month follow-up, there was a statistically significant association between therapist level of competence and observer-
rated depression only. At 12-month follow-up, significant associations were noted between therapist competence and all observer-rated clinical outcomes but not for self-rated outcome measures. However, there was no association between therapist competence and the number of self-harm episodes during follow-up. CONCLUSIONS: When treated by therapists rated as more competent than other therapists who received equivalent brief training, patients with recurrent self-harm show significant clinical improvements. However, this benefit is not identified across all outcome measures and is not fully apparent until 12-month follow-up.


Abstract: OBJECTIVE: The authors' goal was to determine the impact on suicidal behavior of Tele-Help/Tele-Check, a telephone service designed to provide elderly people with home assistance. Tele-Help is an alarm system that the client can activate to call for help; in Tele-Check the client is contacted about twice a week for assessment of needs and for emotional support. METHOD: The authors determined the number of suicides among 12,135 elderly subjects who were connected to the Tele-Help/Tele-Check service in the Veneto region of Italy from Jan. 1, 1988, to Dec. 31, 1991, and compared it with the suicide rate for the general population in the Veneto region. RESULTS: Only one death by suicide was found in the elderly subjects connected to Tele-Help/Tele-Check, compared with the expected number of 7.44 for the general population. CONCLUSIONS: Since many of the traditional risk factors for suicide were concentrated in the elderly subjects studied, the Tele-Help/Tele-Check service appears to provide support of great interest for the prevention of suicide in the elderly.


Abstract: A 35-year-old man with schizophrenia associated with a 10-year history of repetitive and often severe self-injurious behaviors was treated successfully with maintenance electroconvulsive therapy. Initially his condition did not respond to multiple psychotropic agents (including a year-long trial of clozapine), 27 hospitalizations, two courses of bilateral electroconvulsive therapy, and supportive psychotherapy with partial hospitalization. After the initiation of maintenance electroconvulsive therapy, this patient was able to tolerate residential placement and begin a work therapy program with only one instance of self-injurious behavior in the past 17 months.


Abstract: This study evaluates an intervention program designed to reduce suicidal, self-destructive behavior among high-risk adolescents aged 13- to 17 years. The intervention combined a program of community education and direct service to youth who had
required emergency care for self-inflicted injuries. The intervention program was effective in increasing subjects' compliance with medical regimen. To a lesser degree, the intervention also facilitated early help seeking among adolescents with suicidal thoughts and appeared to diminish slightly the overall occurrence of emergency room admissions for suicidal behaviors. However, the intervention program had no demonstrable effect on the occurrence of repeat suicidal episodes.


Systematic review of Suicide Prevention Centres. Concluded there is no evidence for the efficacy of Suicide Prevention Centres in reducing the suicide rate.


Systematic review of pharmacotherapy. Concluded practitioners should alert addicts taking naltrexone of the possible risks of heroin overdose.


Abstract: AIMS: To model the impact of increased clozapine prescribing on lives saved and resource utilisation. METHOD: A model was built to compare current levels of clozapine prescribing with a scenario in which all suitable patients with treatment-resistant schizophrenia received clozapine. RESULTS: It was estimated that an average of 53 lives could be saved in the UK each year. If clozapine is cost-neutral, the cost per life-year saved is £108. If clozapine achieves a 10% reduction in annual support costs, the net saving is £8.7 million per annum. An average of 167 acute beds would be freed each year. CONCLUSIONS: The use of clozapine in treatment-resistant schizophrenia saves lives, frees resources and is cost-effective.


Abstract: AIMS: To establish what helped patients with severe psychiatric illness when they felt suicidal. METHOD: A semi-structured interview was administered to 59 outpatients with serious and enduring mental illness, focusing on factors they found helpful or unhelpful when at their most despairing. RESULTS: Three-quarters of patients were in contact with psychiatric services when feeling at their lowest, and this contact was generally deemed to be helpful. Social networks were considered just as helpful as psychiatric services by the half of patients who discussed their feelings with friends or relatives. Religious beliefs and affiliations were helpful. Negative influences included the media and the stigma of psychiatric illness. CONCLUSIONS: Efforts at suicide
prevention might usefully focus on enhancing patients' social networks, increasing the likelihood of early contact with psychiatric services and decreasing the stigma attached to psychiatric illness. Larger studies of patients exposed to different service models would be informative.


Abstract: This study tested the efficacy of a school-based prevention program for reducing suicide potential among high-risk youth. A sample of 105 youth at suicide risk participated in a three-group, repeated-measures, intervention study. Participants in (1) an assessment plus 1-semester experimental program, (2) an assessment plus 2-semester experimental program, and (3) an assessment-only group were compared, using data from preintervention, 5-month, and 10-month follow-up assessments. All groups showed decreased suicide risk behaviors, depression, hopelessness, stress, and anger; all groups also reported increased self-esteem and network social support. Increased personal control was observed only in the experimental groups, and not in the assessment-only control group. The potential efficacy of the experimental school-based prevention program was demonstrated. The necessary and sufficient strategies for suicide prevention, however, need further study as the assessment-only group, who received limited prevention elements, showed improvements similar to those of the experimental groups.


Abstract: The purpose of this school-based study was to evaluate the postintervention efficacy of Counselors-CARE (C-CAST) and Coping and Support Training (CAST) vs. "usual care" controls for reducing suicide risk. METHODS: A randomized prevention trial; 341 potential dropouts, 14 to 19 years old, from seven high schools (52% female, 56% minorities) participated. FINDINGS: Significant decreases occurred for all youth in suicide-risk behaviors, depression, and drug involvement. Intervention-specific effects occurred for decreases in depression. CONCLUSIONS: School-based prevention approaches are feasible and show promise for reducing suicidal behaviors and related depression.


Abstract: Unsuccessful interventions are often the best way to improve methods and techniques. This article presents a case study of a 55-year-old housewife who committed suicide after psychiatric inpatient treatment following a previous severe suicide attempt. The social and psychological situation of the patient is described, with special emphasis on her relationships with her husband, the therapist, and the other staff members on the
ward. The steps in her "suicidal career" are described. The article then discusses the significance of this case, and the conclusions that were drawn by the therapy team about how inpatient treatment after suicide attempts could be better managed.


Abstract: This study investigated the effectiveness of a new manual-based treatment varying from bibliotherapy (six self-help booklets) alone to six sessions of cognitive therapy linked to the booklets, which contained elements of dialectical behaviour therapy. METHODS: Thirty-four patients, aged between 16 and 50, seen after an episode of deliberate self-harm, with personality disturbance within the flamboyant cluster and a previous parasuicide episode within the past 12 months, were randomly assigned to treatment with manual-assisted cognitive-behaviour therapy (MACT N = 18) or treatment as usual (TAU N = 16). RESULTS: Thirty-two patients (18 MACT; 14 TAU) were seen at follow-up and 10 patients in each group had a suicidal act during the 6 months. The rate of suicidal acts per month was lower with MACT and self-rated depressive symptoms also improved. The treatment involved a mean of 2.7 sessions and the observed average cost of care was 46% less with MACT. CONCLUSIONS: Although limited by the small sample, the results of this pilot study suggest that this new form of cognitive-behaviour therapy is promising in its efficacy and feasible in clinical practice.


Abstract: We described a case of a young patient suffering from severe BPD, with an history of prolonged hospitalisation periods. Until clozapine introduction, all psychotropic drugs prescribed were not effective to avoid self-mutilating behaviours.


Systematic review of Selective Serotonin Re-uptake Inhibitors (SSRIs). Concluded significant rapid and effective lessening of suicidal ideation during SSRI treatment.


Abstract: OBJECTIVE AND METHOD: The pharmacotherapy of 61 suicide victims was compared to that of a control group matched for age, gender and diagnosis at the time of discharge. RESULTS: Both groups were also comparable regarding stay in hospital, history of psychiatric disease, and frequency of hospitalisations during the year preceding the index evaluation. Multiple but not single suicide attempts were significantly more
frequent in patients who were later to complete the suicide than in controls. Schizophrenia was the most frequent diagnosis among suicide victims (44.3 %). Affective psychosis bore the highest relative risk (0.8 %). 50 % of the schizophrenic patients in the suicide group had been continuously treated with full-dose tricyclic antidepressants. CONCLUSION: Mood stabilisers, especially lithium, should be considered more often in patients with previous suicide attempt(s). When changing antidepressants in affective psychosis, benzodiazepines might be given more deliberate consideration. Patients in all diagnostic categories should be closely guided by means of intensified psychotherapeutic interventions while undergoing a benzodiazepine reduction. The treatment of patients suffering from schizophrenia with full-dose tricyclic regimens should be considered as possibly enhancing the acute suicide risk in some individuals.


Abstract: In this randomized, double-blind, multicenter study, moclobemide, 150 mg twice daily, was compared with two different three times daily regimens with total daily dosages of 300 and 450 mg, respectively, over a 6-week period. Two hundred seventy patients were included, of whom 237 completed the study. The treatment groups were comparable with respect to demographic parameters and severity of depression at baseline. No clear differences between the treatment groups could be shown with respect to response on the Hamilton Rating Scale for Depression (HAM-D), the Zung Self Rating Scale, or the Clinical Global Impression of efficacy and severity. There was, however, a slightly higher response rate with respect to the anxiety/agitation subscale of the HAM-D in the 150-mg twice-daily group. In all groups, there was a marked and comparable response with respect to suicide ideation. Moclobemide, 150 mg twice daily, is the optimal initial daily dosage schedule.


Abstract: The rate suicide and suicide behaviour are one of the highest in the world in Hungary: 37 from 100.000 inhabitants, and the rate of suicide behaviour is about 10 times higher. The male suicide is double than the female, the old age is the most dangerous time: the suicide's and the suicide behaviour's rates are nearly the same. The young age has a relatively high rate compared to the other countries. At a district in Budapest with 100.000 inhabitants we started with a complex prevention programme against suicide and suicide behaviour. The main methods are: to collect the data of the suicide behaviour and suicide, at this district, examination of the attitude for psycho- and sociotherapy, and the antidepressant medication. In a preliminary study we made a double blind trial with placebo, and fluoxetine (20 mg/day) at 50 patients with one or more suicide attempts in the past, suicide ideation at present. Duration of the treatment was one year. The preventive treatment of suicide behaviour was much better with the serotonine uptake blocker.
Abstract: A programme of CBT was used with adolescents in a Scottish school. Reductions in suicidal ideation were seen to be a potential outcome of the CBT, though the authors provide no data to support these outcomes.


Abstract: BACKGROUND: Results from the International Suicide Prevention Trial (InterSePT) indicate that clozapine is more effective than olanzapine in reducing suicidal behavior in schizophrenic and schizoaffective patients. However, because InterSePT allowed the uncontrolled use of concomitant psychotropic medications (CPMs), it is possible that the antisuicidal effect of clozapine may have been influenced by greater use of such agents. This article describes the use patterns of CPMs during InterSePT and examines whether CPM use may have affected study outcome. METHOD: In this study, 479 patients received clozapine and 477 patients received olanzapine. RESULTS: Approximately 90% of patients in both treatment groups received at least 1 CPM. CONCLUSION: The results support the conclusion that the effects of clozapine in reducing the risk of suicidal behavior derive from its intrinsic pharmacology and not from the influence of concomitant psychotropic medications.


Abstract: A double-blind, controlled study was carried out in 20 patients diagnosed as suffering from depressive disorder according to DSM-III criteria to compare the effectiveness and tolerability of fluvoxamine, a serotonin re-uptake inhibitor, with that of imipramine. Patients were allocated at random to receive one or other drug for a period of 4 weeks. The results showed that at the end of the trial there was a significant reduction in depressive symptoms severity in both groups and that fluvoxamine was significantly more effective than imipramine in reducing suicidal ideas and anxiety/somatic symptoms. Both drugs were relatively well tolerated but the side-effect profiles were different, being mainly of the anticholinergic type with the tricyclic and gastro-intestinal with fluvoxamine.


Abstract: OBJECTIVE: To compare risk of suicide attempt and suicide death during treatment with lithium with that during treatment with divalproex. DESIGN AND SETTING: Retrospective cohort study conducted at 2 large integrated health plans in California and Washington. PATIENTS: Population-based sample of 20 638 health plan members aged 14 years or older who had at least 1 outpatient diagnosis of bipolar
disorder and at least 1 filled prescription for lithium, divalproex, or carbamazepine between January 1, 1994, and December 31, 2001. RESULTS: In both health plans, after adjustment for age, sex, health plan, year of diagnosis, comorbid medical and psychiatric conditions, and concomitant use of other psychotropic drugs, risk of suicide death was 2.7 times higher during treatment with divalproex than during treatment with lithium. Corresponding hazard ratios for nonfatal attempts were 1.7 for attempts resulting in hospitalization and 1.8 for attempts diagnosed in the emergency department. CONCLUSION: Among patients treated for bipolar disorder, risk of suicide attempt and suicide death is lower during treatment with lithium than during treatment with divalproex.


Systematic review of any intervention. Concluded that whilst several interventions are promising, none have proven efficacy.


Systematic review of Interventions to reduce suicide by hanging. Concluded strategies to reduce suicide by hanging should focus on controlled environments, the emergency management of ‘near hanging’ and on the primary prevention of suicide in general.


Systematic review of SSRIs. Concluded increased risks of suicide and self-harm caused by SSRIs cannot be ruled out, but the risks need to be weighed against the effectiveness of SSRIs in treating depression.


AIMS. To determine the effects of a brief psychological intervention (brief psychodynamic interpersonal therapy) for patients after deliberate self poisoning compared with usual treatment and to determine their satisfaction with care. DESIGN: Randomised controlled trial. PARTICIPANTS: 119 adults who had deliberately poisoned themselves and presented to the emergency department of a teaching hospital. RESULTS: Participants randomised to the intervention had a significantly greater reduction in suicidal ideation at six month follow up compared with those in the control group. They were more satisfied with their treatment and were less likely to report repeated attempts to harm themselves at follow up. CONCLUSION: Brief
Psychodynamic interpersonal therapy may be a valuable treatment after people have deliberately tried to poison themselves.


Abstract: Suicide rates among inmate populations in prisons are considerably higher than in the general population. Suicide prevention is a common need among penal institutions around the world. Traditional approaches involving only correctional staff in suicide prevention efforts have proven to have their limitations. The involvement of inmates in peer prevention efforts seems to be a reasonable alternative approach. This study examines such a program, called SAMS in the Pen, operated jointly between the prison and the Samaritans of Southern Alberta. This service, the first of its kind in Canada, involved inmate volunteers, known as SAMS, who were trained in listening skills, suicide prevention, and risk assessment. Data was collected for the research from volunteers, correctional staff, general inmate population, and professional staff. However, given the low absolute number in the one institution where the study was carried out, statistical analyses were not practical. As with any new service, the SAMS in the Pen experienced some developmental problems but was perceived to be a worthwhile service to both inmates and staff of the prison.


Abstract: OBJECTIVE: To establish whether an intervention given by child psychiatric social workers to the families of children and adolescents who had attempted suicide by taking an overdose reduced the patients' suicidal feelings and improved family functioning. METHOD: One hundred sixty-two patients, aged 16 or younger, who had deliberately poisoned themselves were randomly allocated to routine care (n = 77) or routine care plus the intervention (n = 85). The intervention consisted of an assessment session and four home visits by the social workers to conduct family problem-solving sessions. The control group received no visits. Both groups were assessed at the time of recruitment and 2 and 6 months later. RESULTS: There were no significant differences in the primary outcomes between the intervention and control groups at either of the outcome assessments. Parents in the intervention group were more satisfied with treatment. A subgroup without major depression had much less suicidal ideation at both outcome assessments compared with controls. CONCLUSIONS: The home-based family intervention resulted in reduced suicidal ideation only for patients without major depression.


Abstract: In a randomized trial of a brief family intervention with adolescents who had deliberately poisoned themselves, we have previously reported that, within the group of patients who did not have major depression, the family intervention was significantly
superior to routine care in reducing suicidal thinking. The present paper examined whether efficacy was related to changes in family functioning or other possible mediating variables. Potential mediators included family functioning, hopelessness, depression, adolescent problem-solving and compliance with treatment. The efficacy of the family intervention in reducing suicidal ideation within the non-depressed sub-group was probably not mediated by changes in these variables.


Abstract: This study was commissioned by NHS Greater Glasgow to evaluate the Thrive service. Thrive is a counselling & support service in Glasgow that is focussed on male survivors of childhood sexual abuse. It is the first of its kind in Scotland. The report records a reduction in the dimensions of propensity for suicide & self-harm in users of the service.


Abstract: Deliberate self-harm (DSH) patients with alcohol problems present a considerable challenge for clinical services. In a study of a sample of 150 DSH patients who were representative of all such patients seen at a general hospital during the study period, 40 patients with an ICD-10 diagnosis of alcohol dependence or harmful use of alcohol were compared with the remainder of the sample. The treatment of the patients with alcohol disorders before and after the episode of DSH and the outcome 12-20 months later were also investigated. Compared with other DSH patients, those with an alcohol diagnosis were older and more often male, living alone, unemployed, sick, disabled, or with a past history of DSH. They also had higher scores on measures of anger, aggression, and impulsivity. Comorbid psychiatric disorder was present in 37 (92.5%) patients, this being depression in three-quarters of those cases. Fourteen (35.0%) patients were receiving treatment from the psychiatric services prior to DSH, and 33 (82.5%) were subsequently offered treatment. Of the patients who were followed up, 37.9% remained in contact with psychiatric services, 55.2% showed poor compliance with treatment and 44.8% reported a further episode of DSH. All patients presenting after DSH need to be carefully screened for alcohol disorders and for comorbid psychiatric diagnoses. Treatment of DSH patients with alcohol disorders should include the treatment of any comorbid depressive illness.


Systematic review of psychological and pharmacological treatments. Concluded there remains considerable uncertainty about which forms of psychosocial and physical treatments of patients who harm themselves are most effective.

Abstract: As part of a study in which reduced rapid eye movement latency was used to predict treatment response, fluoxetine and placebo were compared in 89 outpatients with major depression with (n = 52) and without (n = 37) DSM-III-R melancholia, to determine whether the presence or absence of melancholia predicted antidepressant and/or placebo response. Fluoxetine was statistically significantly more likely to reduce suicidal ideation compared with placebo.


Abstract: OBJECTIVE: To test the feasibility and effectiveness of a high-frequency short-term group cognitive-behavioral therapy (CBT) for recurrent suicide attempters. METHOD: CBT consisting of eight weekly and two "booster" sessions was given to nine female out-patients who had attempted suicide at least twice, seven of whom had a personality disorder. RESULTS: Four patients dropped out during the treatment; either because they were "chronic repeaters" (i.e., had a history of more than 8 suicide attempts), or because the last suicide attempt was too long ago. Although the patients were generally positive about the content of the therapy, no effects on psychiatric symptomatology or repetition of suicidal behavior could be demonstrated. CONCLUSIONS: Based on this experience, and on the two controlled studies of CBT of recurrent suicide attempters published in the literature, it is tentatively concluded that it is difficult to organize a short-term high-frequency group treatment for recurrent suicide attempters with personality disorders, and that CBT may delay repetition of suicidal behavior, but that "major repeaters" (i.e., who made 4 or more suicide attempts) with a borderline personality disorder tend to stay major repeaters.


Systematic review of psychological & psychosocial interventions. Concluded minimal interventions (e.g. green card initiatives) and psychodynamic interventions (e.g. CBT and DBT) show promise but more research is needed to provide adequate evidence.


Abstract: From review of studies of treatment intervention in parasuicide it is concluded that: (1) Suicide prevention centres do not lower the incidence of suicide. (2) Retrospective follow-up studies of patients self-selected for treatment or no treatment find that patients who attend for treatment have a lower repeat rate of parasuicide. This may have nothing to do with treatment. (3) Intensive domicillary follow-up for 3-6 months after inpatient treatment in a specialised unit for parasuicide is no better at preventing further parasuicides than conventional follow-up in outpatient department or via the GP. (4) A multidisciplinary outreach programme was effective in one study but not three others. (5) Behaviour therapy was no better than insight oriented psychotherapies when administered intensely over 10 days for inpatients with a previous
history of overdose. (6) Medication in the form of depot flupenthixol, 20 mg every 4 weeks was significantly better than placebo for chronic repeaters (3 or more attempts) but Mianserin 30 mg/d was not. (7) There was no relationship between improved symptoms, improved social circumstances or the repeat rate for parasuicide. In a controlled trial conducted by the authors in parasuicides, Mianserin 60 mg/d reduced depressive symptoms significantly more rapidly than Nomifensine or placebo but there was no difference by 6 weeks and the risk of repeat was not affected.


Abstract: The aim of this study was to examine the longitudinal response for overall and individual symptoms during the treatment of major depressive disorder. Data were pooled from two 9-week trials, which compared duloxetine 60-mg QD (n=251) with placebo (n=261) in the treatment of MDD. Compared to placebo-treated patients, duloxetine-treated patients experienced greater improvement in the HAMD17 total score at Week 2. The individual symptoms showing the most rapid improvements (Week 1) were depressed mood, guilt, suicidal ideation, work/activities, and psychic anxiety as well as VAS back pain and shoulder pain. At subsequent visits, significant improvements were observed in retardation; hypochondriasis; general somatic symptoms; middle and late insomnia; and gastrointestinal symptoms, genital symptoms (level of sexual interest or ease of sexual arousal), insight, and early insomnia. Significant advantages for duloxetine were not achieved at any visit for agitation, somatic anxiety, or weight loss.


Abstract: Clinical approaches in treating and preventing suicidal behaviors in patients with borderline personality disorder (BPD) have received limited attention. To stimulate further work in this area, we present a behavioral activation treatment for depression (BATD) that has shown promising results in treating clinically depressed patients and a theoretical conceptualization for why BATD may prove particularly useful in reducing the frequency of suicide-related behaviors and other symptoms characteristic of patients with BPD. We also present theoretical consistencies between BATD and the well-established intervention of dialectical behavior therapy (DBT; Linehan, 1993), which may allow for their practical integration, and conclude with a case study that illustrates the assimilation of these strategies in the treatment of a patient with BPD.


Abstract: School nurses have an opportunity to engage in early intervention with high-risk adolescents. School-based support groups for depressed adolescents have been effective when aimed at providing skills training as well as emotional support. In this practice improvement project, 14 high-risk female adolescents from two high schools
were identified on the basis of signs associated with depression. The students completed a questionnaire about risk and protective factors during the assessment and at the end of the intervention. Twelve students participated in a weekly support group designed to enhance coping skills and to provide emotional support. Assessment revealed that the students were at suicide risk. At the conclusion of the group intervention, there was a 55% decrease in suicidal ideation, a 27% decrease in perceived stress, and a 26% decrease in family distress. In addition, most of the students became engaged in formal treatment for the first time.


Abstract: In spite of the availability of antidepressant medication for several decades, it has not been shown that such medication lowers the risk for suicide in depressed patients. This report explores this apparent paradox by means of pharmaco-epidemiological methods. Data on the prevalence of depression in the population and among suicides as well as data on the prevalence of antidepressant medication in depressed suicides were obtained from a review of the literature. Data on the prevalence of antidepressant medication in the population in 1990-1991 were obtained from the statistics of the Swedish National Corporation of Pharmacies. It was found that only one in five depressed individuals with major depression were treated with antidepressants in Sweden. The calculated risk for suicide among depressed patients who were treated with antidepressants was 141 per 100,000 person years and, among the untreated, 259 per 100,000 person years (i.e., 1.8 times higher among the untreated). This supports the hypothesis that antidepressant medication decreases the risk for suicide in depressed patients. The reason this has not been obvious in the general suicide statistics seems to be that so few depressed people are treated with antidepressants. Effective suicide prevention strategies should include intensive efforts to recognize and treat more depressed people.


Abstract: Antidepressants detected by the National Department of Forensic Chemistry in 5281 suicides in Sweden during the period 1992-1994 were related to data on usage expressed in person-years of exposure. Antidepressants were detected in 874 subjects (16.5%). Most people committing suicide were not taking antidepressants immediately before their death, even though 40-85% may have been depressed. Undertreatment and therapeutic failure are the main problems with antidepressants, not the risk of using antidepressants in overdose. Comparisons of new antidepressants should focus on efficacy in relation to reference tricyclics. The huge increase in the use of antidepressants in Sweden since 1990-1991 has been paralleled by a significant decrease in suicide rates.

Abstract: OBJECTIVE: The author hypothesized, based on research until 1991, that a five-fold increase in the use of antidepressants might reduce Swedish suicide rates by 25%. A subsequent 3.5-fold increase in the use of antidepressants provided a 'natural experimental situation' for prospectively testing this hypothesis. METHOD: Swedish statistics on suicide, use of antidepressants, unemployment and alcohol consumption were obtained for 1978-96. Time-series of the latter variables were compared with suicide rates. Demographic subgroups regarding age, gender and county were analysed. Suicide rates were also compared with the use of antidepressants in Denmark, Norway and Finland. RESULTS: Suicide rates decreased in accordance with the a priori hypothesis. Alcohol consumption and unemployment rates did not correlate well with suicide rates. CONCLUSION: This naturalistic study is not conclusive. The increased use of antidepressants appears, however, to be one of the contributing factors to the decrease in the suicide rate.


Abstract: Of 1397 completed suicides in Finland in one year, all victims (N = 20) that had used lithium in prophylaxis and treatment of a mood disorder during the three final months were carefully examined. Eight victims (40%) fulfilled the criteria of recent adequate lithium prophylaxis. Continuous or intermittent noncompliance with psychopharmacological treatment during the last two years was reported in the majority (85%) of the victims. Only two cases used lithium as a suicide method. The study suggests that problems especially in compliance but also in quality of treatment are likely to limit the usefulness of lithium treatment in suicide prevention.


Abstract: Suicide rates in towns with a Samaritan branch were compared with rates in matched control towns without a branch. Four methods of choosing controls are described, all of which have advantages over those used by Bagley (1968). No statistically significant differences between Samaritan and control towns were found. The scientific case for the effectiveness of the Samaritans in reducing the suicide rate is therefore seriously weakened.


Abstract: The Collaborative Assessment and Management of Suicidality (CAMS) is a novel clinical approach used to identify, assess, and manage suicidal outpatients (Jobes & Drozd, 2004). The results of a retrospective study evaluating the impact of CAMS versus treatment as usual (TAU) on suicidal outpatients are presented. Patients in the CAMS treatment group (n = 25) resolved their suicidality significantly more quickly than TAU patients (n = 30). CAMS was also significantly associated with decreased medical health care utilization in the 6 months after the start of suicide-related mental health treatment.
These results provide promising preliminary support for the effectiveness of CAMS and a foundation for prospective research.


Abstract: The current study compared problem-solving treatment to treatment as usual among depression-anxiety comorbid versus noncomorbid clinically suicidal young adults. Suicidal patients with mood and anxiety disorders were randomized to the 2 treatments and followed over time. Comorbid suicidal patients, in particular, experienced notable symptom improvements from the problem-solving treatment. Features of the problem-solving treatment are described for use in clinical practice.


Systematic review of Alprazolam. Concluded there was no significant difference between alprazolam and other active comparators in either increasing or decreasing suicidal ideation; alprazolam is superior to placebo in reducing suicidal ideation.


Abstract: A combination of techniques, based mainly on the stress inoculation training approach, was used to treat severe self-mutilating behavior in a 32-year-old woman who for 15 years had manifested different kinds of this type of behavior. In 18 therapy sessions over 6 weeks in a psychiatric inpatient setting she achieved complete control of the self-mutilating behavior. After a year of follow-up she was completely symptom free and had made additional social and personal gains.


Provision of services in the United Kingdom for patients who deliberately poison themselves is variable, and many patients leave hospital without adequate assessments. This may reflect the equivocal research evidence on the effectiveness of interventions. In this cohort study, we aimed to investigate whether aspects of routine hospital management such as admission, psychosocial assessment, and referral for follow up had an impact on the repetition of deliberate self poisoning.

Abstract: In the current cohort study we wished to investigate whether aspects of routine Emergency Department management such as receiving a psycho-social assessment, or being referred for specialist follow up, affected the rate of repetition of self-poisoning. The study was carried out in four inner city hospitals in Greater Manchester, United Kingdom, over a 5-month period. We used hospital information systems and reviewed the case notes of every patient presenting to the Emergency Department to identify prospectively all adult patients presenting with deliberate self-poisoning. During the recruitment period 658 individuals presented with self-poisoning. Traditional risk factors for repetition such as substance dependence, psychiatric contact, and previous self-poisoning were associated with a greater likelihood of receiving a psycho-social assessment or being referred for specialist follow-up. Ninety-six patients (14.6%) repeated self-poisoning within 6 months of their index episode. After adjustment for baseline demographic and clinical characteristics and hospital, receiving a psycho-social assessment was not associated with reduced repetition but being referred for specialist follow-up was. We found that being referred for active follow-up after self-poisoning was associated with a reduced risk of repetition.


Abstract: In this investigation, the antidepressant efficacy of fluvoxamine and imipramine was compared in a randomized, double-blind, placebo-controlled study lasting 4 weeks; 338 depressed patients were recruited at five North American centres. Overall, compared with placebo, more HAM-D (depression) items were improved by fluvoxamine than imipramine. Fluvoxamine but not imipramine was significantly superior to placebo in severely depressed patients.


Systematic review of ‘no suicide’ contracts. Concluded no evidence exists to evaluate the efficacy of no-suicide contracts.


Abstract: OBJECTIVE: Patients with suicidal ideas/behaviour will be recruited and randomly allocated to either olanzapine or clozapine in BNF dose ranges. They will then be monitored for suicidal behaviour fortnightly over the next two years.

Abstract: OBJECTIVE: To investigate whether treatment with lithium reduces the risk of suicide in a nationwide study. DESIGN: An observational cohort study with linkage of registers of all prescribed lithium and recorded suicides in Denmark during a period from January 1, 1995, to December 31, 1999. SETTING: All patients treated with lithium in Denmark, ie, within community psychiatry, private specialist practice settings, and general practice. PARTICIPANTS: A total of 13,186 patients who purchased at least 1 prescription of lithium and 1.2 million subjects from the general population. CONCLUSION: In a nationwide study including all patients treated with lithium, it was found that continued lithium treatment was associated with reduced suicide risk regardless of sex and age.


Abstract: The assumption that depressed patients who are assigned to placebo in antidepressant clinical trials are exposed to substantial morbidity and mortality has not been based on research data. Because of worldwide concern about placebo use and the implications of our earlier findings of no increased suicide risk in placebo-treated patients, we conducted a replication study in a new patient sample. We assessed suicide risk and symptom reduction among placebo-treated patients participating in antidepressant clinical trials for two recently approved antidepressants, venlafaxine ER and citalopram, which were unavailable during our previous study. Among 23,201 participant patients, 32 committed suicide and 172 attempted suicide. Rates of suicide and attempted suicide did not differ significantly among the placebo- and drug-treated groups.


Systematic review of anti-depressants including SSRIs. Concluded there is no support for either an overall difference in suicide risk between anti-depressant treated and placebo treated subjects or for a difference between SSRIs and other types of antidepressant.


Abstract: In this study, the authors investigated the efficacy of the Youth-Nominated Support Team-Version 1 (YST-1), a psychoeducational social network intervention, with 289 suicidal, psychiatrically hospitalized adolescents (197 girls, 92 boys). Adolescents were randomly assigned to treatment-as-usual plus YST-1 or treatment-as-usual only. Assessments were completed pre- and post-intervention (6 months). There were no main effects for YST-1 on suicide ideation or attempts, internalizing symptoms, or related functional impairment. Relative to other girls, however, those who received YST-1
reported greater decreases in self-reported suicidal ideation (actually treated analytic strategy) and significantly greater decreases in mood-related functional impairment reported by their parents (intent to treat and actually treated analytic strategies). This is the first randomized controlled clinical trial to investigate the efficacy of a social network intervention with suicidal youths.


Abstract: A retrospective suicide study revealed that the Forestry Commission car parks in the New Forest in southern England were a previously unrecognized magnet for non-local suicides, attracting as high a proportion of "visitors" (35/43 in 1993-97) as among suicides who jumped from the cliffs at the infamous Beachy Head (39/48 in 1993-97). Over 95% of the car park suicides died from car exhaust gas poisoning. A multi-agency initiative aimed to reduce the number of suicides in the 140 New Forest car parks where restricting access was impossible, and environmental issues paramount. Signs displaying the Samaritans' national telephone number were erected in the 26 car parks in which 50% of the car park suicides had occurred. Numbers, location, and residence of all car park deaths were monitored for 3 years. Corresponding changes in other forest registration districts were also monitored. During the 3-year intervention period the number of car park suicides fell significantly from 10/year, 1988-1997, to 3.3/year. The average annual total number of suicides in the New Forest registration district also decreased. No significant changes were found in comparable forest districts. The number of suicides in the New Forest car parks remained low during the 2 years following the evaluation.


Abstract: Telephone counselling is an accessible and confidential means by which distressed young people can seek help. Telephone counselling services were funded under Australia's National Youth Suicide Prevention Strategy between 1997 and 2000. In this study, the effectiveness of telephone counselling for young people seeking help in the context of suicidal ideation or intent was evaluated in an investigation of calls made by suicidal young people to a telephone counselling service. Independent raters measured callers' suicidality and mental state at the beginning and end of 100 taped counselling sessions. Changes in suicidality and mental state were measured using a reliable rating scale developed for the study. Significant decreases in suicidality and significant improvement in mental state were found to occur during the course of counselling sessions, suggesting positive immediate impact. Notwithstanding the study limitations, the results lend support for continuing development of hotline services.

Abstract: In a randomized clinical trial with an observation period of 2.5 years, the
differential efficacy of lithium versus carbamazepine was compared in 171 bipolar
patients. Regarding suicidal behavior, a trend in favor of lithium was found. The data on
patients' satisfaction were significantly in favor of carbamazepine. In conclusion, lithium
appears to be superior to carbamazepine in classical bipolar cases and might have
additional impact on proneness to suicide. The distinctly larger group of patients with
nonclassical features might profit more from carbamazepine which seems to be well
accepted by the patients. Hence, treatment alternatives to lithium are desirable for the
majority of bipolar patients.

adverse outcomes after exposure to a suicide prevention programme in the US Air

Abstract: OBJECTIVE: To evaluate the impact of the US Air Force suicide prevention
programme on risk of suicide and other outcomes that share underlying risk factors.
DESIGN: Cohort study with quasi-experimental design and analysis of cohorts before
and after the intervention. PARTICIPANTS: 5,260,292 US Air Force personnel (around
84% were men). INTERVENTION: The intervention consisted of removing the stigma of
seeking help for a mental health or psychosocial problem, enhancing understanding of
mental health, and changing policies and social norms. RESULTS: Implementation of the
programme was associated with a sustained decline in the rate of suicide and other
adverse outcomes. CONCLUSION: A systemic intervention aimed at changing social
norms about seeking help and incorporating training in suicide prevention has a
considerable impact on promotion of mental health. The impact on adverse outcomes in
addition to suicide strengthens the conclusion that the programme was responsible for
these reductions in risk.

Kovac, S. H. and Range, L. M. (2002) Does writing about suicidal thoughts and

Abstract: To assess whether writing with cognitive change or exposure instructions
reduces depression or suicidality, 121 undergraduates screened for suicidality wrote for
20 minutes on 4 days over 2 weeks. They were randomly assigned to reinterpret or to
write and rewrite traumatic events/emotions, or to write about innocuous topics. The
three groups (N = 98) who completed pre-, post-, and 6-week follow-up were not
different on suicidality or depression. All subjects reported fewer automatic negative
thoughts over the 2 weeks; they also reported higher self-regard but more health center
visits at follow-up. Suicidal thoughts may be more resistant than physical health to
writing interventions.


Abstract: This case describes a heroin addict who was participating in a placebo-
controlled randomized trial of naltrexone as an aid to relapse prevention. The patient tried
to commit suicide by taking a heroin overdose after learning that he was HIV-positive.
He was on naltrexone at the time and, as a result, survived what would probably have been a fatal overdose. This case demonstrates that naltrexone can have immediate as well as long-term positive effects in persons who are attempting to recover from heroin addiction.


Abstract: We investigated whether ketamine is suitable for depressed patients who had undergone orthopedic surgery. We studied 70 patients with major depression and 25 patients as the control (Group C). The depressed patients were divided randomly into two groups; patients in Group A (n = 35) were induced with propofol, fentanyl, and ketamine and patients in Group B (n = 35) were induced with propofol and fentanyl, and all patients were maintained with 1.5%-2.0% isoflurane plus nitrous oxide. Depressed mood, suicidal tendencies, somatic anxiety, and hypochondriasis significantly decreased in Group A as compared with Group B. In conclusion, small-dose ketamine improved the postoperative depressive state and relieved postoperative pain in depressed patients.


Abstract: We evaluated the effect of antidepressant treatment in terminally ill cancer patients. Six cancer patients with suicidal ideas thought to be due to major depression were treated with tricyclic antidepressants. Three had requested terminal sedation to relieve them from their suffering. The median survival of five of these patients was 4 weeks after diagnosis; one was lost to follow-up. One week after the start of treatment with antidepressants, five of the six patients showed a marked improvement in their mood and showed no further suicidal thoughts or requests for terminal sedation. Antidepressant treatment can be effective in alleviating the desire for death due to major depression, even in terminally ill cancer patients.


ABSTRACT: The object of this study was to develop a suicide prevention strategy based on the perspectives of people with brain injuries & their family members. Qualitative analysis of interview transcripts revealed the primary theme of the importance of informal relationships & secondary themes relating to brain injury rehabilitation services & the need for information by family & friends.


Abstract: A culturally tailored intervention programme involving the introduction of Life Skills Development into the school curriculum was evaluated. Students exposed to the
curriculum scored better than the non-intervention group at post-test on suicide probability & hopelessness. They also showed greater ability to perform problem-solving & suicide intervention skills in a behavioural assessment.


Emission systems and devices are required on automobile engines to reduce air pollution problems. Catalytic converters have been used on most 1975 and newer automobiles to reduce hydrocarbon and carbon monoxide (CO) emissions to a value that meets the Environmental Protection Agency requirements established for 1975 and 1976. This study shows that with a functioning catalytic converter either unmeasurable or sub-lethal quantities of CO appear in automobile exhaust. Thus, emissions control has produced a secondary benefit in reducing the number of suicides by CO poisoning from automobile exhaust fumes.


Abstract: A family approach to suicidal crises in hospitalized borderline patients is described. The approach is aimed not only at the acute crises, but at the likelihood that repetitive, panic-inducing suicidal episodes provoke shame-producing over-regulation in the short run or exhaustion of support systems (family and treatment team) in the long run. An emergency family session with a hospitalized patient in acute suicidal crisis is presented. Subacute hospital treatment must respond to these crises mindful of long-term as well as acute risks. Subacute hospitalization allows for family intervention to buttress support systems for the long term task of caring for the suicidal borderline patient.


Abstract: Three 6-8 week comparative studies (all reported in this single paper) have shown sertraline to be an effective, safe and well-tolerated treatment for acute depressive illness. The overall results showed sertraline to be consistently superior to placebo and equivalent in therapeutic effect to amitriptyline on a number of measures including depression, anxiety, insomnia and suicidal ideation. Efficacy was found in both moderately and severely depressed patients whose primary psychiatric diagnoses included single-episode and recurrent major depression, with and without melancholia. Sertraline was also found to be effective in patients with a high baseline anxiety score on the Hamilton Rating Scale for Depression.


Abstract: Suicide is a multiply determined behavior, calling for diverse prevention efforts. Gun control has been proposed as an important component of society's response, and an opportunity for studying the effects of legislative gun control laws on suicide rates.
was provided by Canada's Criminal Law Amendment Act of 1977 (Bill C-51). This article reviews previous studies of the impact of this act on the total population of Canada and subpopulations by age and gender and, in addition, presents the results of 2 new studies: a different method of analysis, an interrupted time-series analysis, and the results of a multiple regression analysis that controls for some social variables. It appears that Bill C-51 may have had an impact on suicide rates, even after controls for social variables.


Abstract: A study by Leenaars and Lester (1995) found that suicide prevention centers in the provinces of Canada in 1985 had a preventive, but non-significant, impact on the suicide rates of the provinces. The present study replicated that study for 1994-1998 and found a similar preventive impact, although weak, of suicide prevention centers on the provincial suicide rates.


Abstract: This systematic review of prevention and intervention strategies for populations at high risk of engaging in violent behaviour was commissioned by the National Forensic Mental Health R&D. It entailed a search of 31 electronic databases since their inception, a hand search of 42 specialist journals in the period 1990-2003 and a survey of established researchers in the field. The evidence base is dominated by pharmacological studies but there are some evaluations of psychological and multi-modal interventions. Overall, the value of this literature is severely limited by inadequate methodology.


Abstract: The authors of this study hypothesized that there is no elevation in risk of suicidal behavior associated with use of fluoxetine. METHOD: The data come from the National Institute of Mental Health Collaborative Depression Study, a prospective, naturalistic follow-up of persons who presented for treatment of affective disorders. The analyses included data on 643 subjects who were followed up after fluoxetine was approved by the Food and Drug Administration in December 1987 for the treatment of depression. RESULTS: Nearly 30% (N = 185) of the study group was treated with fluoxetine at some point during the follow-up period. CONCLUSIONS: The results do not support the speculation that fluoxetine increases the risk of suicide. Rather, there was a non-significant reduction in risk of suicidal behavior among patients treated with fluoxetine, even though those subjects were more severely ill before treatment with fluoxetine.

Systematic review of Fluvoxamine. Concluded treatment with fluvoxamine is associated with a significantly greater improvement in suicidal ideation than placebo.


Abstract: BACKGROUND: A randomized clinical trial was conducted to evaluate whether the superior performance of dialectical behavior therapy (DBT), a psychosocial treatment for borderline personality disorder, compared with treatment-as-usual in the community, is maintained during a 1-year posttreatment follow-up. METHODS: We analyzed 39 women who met criteria for borderline personality disorder and who had a history of parasuicidal behavior. Subjects were randomly assigned either to 1 year of DBT, a cognitive behavioral therapy that combines individual psychotherapy with group behavioral skills training, or to treatment-as-usual, which may or may not have included individual psychotherapy. RESULTS: During the initial 6 months of the follow-up, DBT subjects had significantly less parasuicidal behavior, less anger, and better self-reported social adjustment. During the final 6 months, DBT subjects had significantly fewer psychiatric inpatient days and better interviewer-rated social adjustment. CONCLUSION: In general, the superiority of DBT over treatment-as-usual, found in previous studies at the completion of 1 year of treatment, was retained during a 1-year follow-up.


Abstract: Systematic review of psychosocial and behavioural interventions. Concluded psychosocial interventions appear to be most effective with the more high risk individuals.


Abstract: Trial to compare DBT with community treatment by non-behavioural psychotherapy. DBT was found to be associated with better outcomes in the ITT analysis than community treatment in most target areas & appeared to be uniquely effective in reducing suicide attempts.

Systematic review of Prevention programmes in psychiatric wards or units within general hospitals. A number of programme and policy recommendations are made but these are based on the potential of current treatments to reduce suicide risk, firm evidence for efficacy is not presented.


Abstract: This study assessed the effectiveness of DBT in self-harming female patients with bpd in a secure psychiatric setting. There was a significant reduction in self-harm during therapy which was maintained at 6-month follow-up as well as improvements in other areas, including survival and coping beliefs and suicide ideation


Systematic review of psychosocial treatments for adolescents. Concluded a number of treatments are cited as promising, but current evidence of efficacy is weak and research designs are poor.


Abstract: The treatment of a university student who had fallen into a suicide crisis is discussed from the psychoanalytic point of view, and evidence for the efficacy of this treatment is reviewed.


Systematic review of any prevention initiative. Concluded physician education in depression recognition and treatment and restricting access to lethal methods reduce suicide. Other interventions require more evidence of efficacy.


Abstract: OBJECTIVE: To evaluate the effectiveness of 4 treatments among adolescents with major depressive disorder. DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial of a volunteer sample of 439 patients between the ages of 12 to 17 years with a primary diagnosis of major depressive disorder. INTERVENTIONS: Twelve weeks of (1) fluoxetine alone (2) CBT alone (3) CBT with fluoxetine or (4) placebo. RESULTS: Compared with placebo, the combination of fluoxetine with CBT was statistically significant. Clinically significant suicidal thinking, which was present in
29% of the sample at baseline, improved significantly in all 4 treatment groups. Fluoxetine with CBT showed the greatest reduction. CONCLUSION: The combination of fluoxetine with CBT offered the most favorable trade-off between benefit and risk for adolescents with major depressive disorder.


Abstract: The data presented in this article indicate that the anti-depressant venlafaxine is effective in treating borderline personality disorder (BPD) as an initial intervention and may benefit many individuals for whom fluoxetine or sertraline treatment has failed.


Abstract: OBJECTIVE: To compare the risk of non-fatal self harm and suicide in patients taking selective serotonin reuptake inhibitors (SSRIs) with that of patients taking tricyclic antidepressants, as well as between different SSRIs and different tricyclic antidepressants. DESIGN: Nested case-control study. SETTING: Primary care in the United Kingdom. PARTICIPANTS: 146,095 individuals with a first prescription of an antidepressant for depression. RESULTS: 1968 cases of non-fatal self harm and 69 suicides occurred. CONCLUSION: We found no evidence that the risk of suicide or non-fatal self harm in adults prescribed SSRIs was greater than in those prescribed tricyclic antidepressants. We found some weak evidence of an increased risk of non-fatal self harm for current SSRI use among those aged 18 or younger. However, preferential prescribing of SSRIs to patients at higher risk of suicidal behaviour cannot be ruled out.


Abstract: OBJECTIVES: We evaluated the efficacy of 15 years of a public health-oriented suicidal-behavior prevention program among youths living on an American Indian reservation. METHODS: All suicides, suicide attempts, and suicidal gestures were monitored. Age-specific analyses over time were used to assess outcomes. RESULTS: Both descriptive and linear regression analyses indicated that a substantial drop occurred in suicidal gestures and attempts. Suicide deaths neither declined significantly nor increased, although the total number of self-destructive acts declined by 73%. CONCLUSIONS: Data from this community-based approach document a remarkable downward trend-measured by both magnitude and temporal trends in the specifically targeted age cohorts-in suicidal acts. The sequential decrease in age-specific rates of suicide attempts and gestures is indicative of the program's success.

Abstract: In a 2-year retrospective study, suicide prevention efforts produced a significant reduction in suicide attempts at a U.S. Navy training command. Evidence was presented that suicide prevention may be a more pressing issue at training commands than operational commands. The approach described here focused on instructors rather than on the students who were the usual patients presenting with suicidal ideation or attempts. Instructors were taught how to identify and help individuals at risk and how to get help for them.


Abstract: METHODS: A multicenter, randomized, international, 2-year study comparing the risk for suicidal behavior in patients treated with clozapine vs olanzapine was conducted in 980 patients with schizophrenia or schizoaffective disorder, 26.8% of whom were refractory to previous treatment, who were considered at high risk for suicide because of previous suicide attempts or current suicidal ideation. RESULTS: Suicidal behavior was significantly less in patients treated with clozapine vs olanzapine. CONCLUSIONS: Clozapine therapy demonstrated superiority to olanzapine therapy in preventing suicide attempts in patients with schizophrenia and schizoaffective disorder at high risk for suicide. Use of clozapine in this population should lead to a significant reduction in suicidal behaviour.


Systematic review of psychological and/or psycho-educational interventions in children and/or adolescents. Concluded there is insufficient evidence to warrant the introduction of depression prevention programmes to reduce suicide attempts and completed suicide.


Abstract: State-level initiatives directed at youth suicide prevention since 1980 were analyzed. During 1992 and 1996, each governor was surveyed regarding his or her state's efforts in youth suicide prevention. Questions pertained to legislation, a mandated or recommended school-based suicide prevention curriculum, funding, a special advisory council, a state plan, the development and dissemination of materials, and assessment. Several states sent examples of their prevention activities, which were reviewed to determine the extent to which they represent conceptually and/or empirically grounded preventive intervention strategies. The number of suicides, suicide rates, and percentage change in rate for youth 15-19 years old were reported by state for the periods 1979-1981 and 1992-1994. The results revealed that while changes in suicide rates over time were statistically significant, there was no relation between these changes and any of the variables studied.

Abstract: We studied 1968 through 1973, the years of greatest growth of suicide prevention facilities, comparing suicide rates in counties that added these centers with counties that did not do so. An association of centers with the reduction of suicides in young white females emerged. This finding was replicated on a different set of counties for a different time span.


Abstract: OBJECTIVE: This study assessed the efficacy of 1) matching patients to treatments and 2) adding additional family therapy or cognitive therapy in a group of recently discharged patients with major depression. METHOD: Patients with major depression were recruited during a psychiatric hospitalization. After discharge, they were randomly assigned to one of four treatment conditions that were either "matched" or "mismatched" to their pattern of cognitive distortion and family impairment. The four treatment conditions were 1) pharmacotherapy alone; 2) combined pharmacotherapy and cognitive therapy; 3) combined pharmacotherapy and family therapy; and 4) combined pharmacotherapy, cognitive therapy, and family therapy. Randomly assigned treatment continued for 24 weeks on an outpatient basis. CONCLUSIONS: The results suggest that 1) current treatments are not very efficacious in the aftercare of hospitalized depressed patients, 2) treatment matching moderately improves outcome for patients who are symptomatic at hospital discharge, and 3) inclusion of family therapy improves the outcome of post-hospital care for depressed patients.


Abstract: To examine the issue of whether or not electroconvulsive therapy (ECT) protects against suicidal death, we followed a complete population of 1,494 adult hospitalized psychiatric patients for 5-7 years. During that time there were 76 deaths, of which 16 or 21% were by suicide. Cause of death was not significantly related to age, gender, or research diagnosis. Patients who committed suicide were more apt to have received ECT than those who died from other causes, but this difference was not significant. A control group of living patients matched for age, sex, and diagnosis had very similar exposures to ECT, which further indicates that ECT does not influence long-term survival. These findings combined with a close examination of the literature do not support the commonly held belief that ECT exerts long-range protective effects against suicide.

Abstract: To determine the relative effectiveness of telephone intervention styles with suicidal callers, researchers listened unobtrusively to 617 calls by suicidal persons at two suicide prevention centers and categorized all 66,953 responses by the 110 volunteer helpers according to a reliable 20-category checklist. Outcome measures showed observer evaluations of decreased depressive mood from the beginning to the end in 14% of calls, decreased suicidal urgency ratings from the beginning to the end in 27% of calls, and reaching a contract in 68% of calls, of which 54% of contracts were upheld according to follow-up data. Within the context of relatively directive interventions, a greater proportion of "Rogerian" nondirective responses was related to significantly more decreases in depression. Reduction in urgency and reaching a contract were related to greater use of Rogerian response categories only with non-chronic callers.


Abstract: Callers to a suicide prevention center concerned about high risk men were randomly invited to participate in one of four programs: Information Session, Information Session with Telephone Follow-up, Rapid Referral to mental health and abuse programs, or Telephone Support. Comparison of pre-test, 2 month post-test and 6 months follow-up with 131 participants found that after third party participation, the third party participant reported that the suicidal men had significantly less suicidal ideation, fewer suicide attempts, and less depressive symptoms. Family and friends had less psychological distress, used more positive coping mechanisms, and reported their communication with the suicidal man was more helpful. The Telephone Support was considered the most useful program.


Abstract: This report contains preliminary data from an exploratory, descriptive pilot study examining complicated grief in adult survivors of suicide. Sixty bereaved subjects, within one month after the suicide of a family member or significant other, were assessed for complicated grief symptoms. Statistically significant differences, as measured with the Inventory of Complicated Grief, were noted between closely related and distantly related survivors of the suicide victim. These preliminary results indicate that health care professional's assessments and interventions for complicated grief should take into consideration the bereaved's familial and/or social relationship to the deceased. The closely related survivors of suicide had higher levels of complicated grief and could be at risk of developing physical and/or mental health problems, including suicidal ideation, in the future.

Abstract: There is some empirical evidence that selective serotonin reuptake inhibitors reduce suicidal ideas faster than other antidepressants. These findings are well in line with the theory of a serotonergic hypofunction in suicidal patients. To test this hypothesis the data of a 6-week double-blind control-group study comparing paroxetine versus amitriptyline were analyzed with respect to suicidality. The global antidepressive efficacy was comparable under dosages of 30 mg paroxetine or 150 mg amitriptyline per day. A differentiated analysis failed to confirm the hypothesis of a faster reduction of suicidal cognitions by paroxetine.


Abstract: A group of 58 high-risk patients with multiple episodes of suicidal behaviour was treated with mianserin 30 mg at night or placebo in a six month double-blind trial of the efficacy of an antidepressant in reducing suicidal behaviour. Patients were screened for depression, schizophrenia and organic disease. Patients were diagnosed as suffering from personality disorders according to DSM-III criteria mainly borderline or histrionic. There was no significant difference in outcome between the mianserin and placebo treated group at any point in the six month study. An item analysis of the MADRS showed that at entry the item 'reduced appetite' predicted subsequent suicidal attempt. The total MADRS score did not predict further suicidal acts at entry but was highly significant at four weeks. At four weeks the items 'reduced sleep' and 'reduced appetite' were highly significant predictors of further suicidal acts and the items 'lassitude', 'suicidal thoughts', 'inability to feel' and 'pessimistic thoughts' were significant predictors.


Systematic review of Paroxetine. Concluded fewer instances of suicidal ideation emerge in paroxetine treated patients compared with placebo.


Abstract: BACKGROUND: In 1997, the authors carried out a district-wide training programme for primary care, accident and emergency, and mental health workers (47% of eligible staff trained), and demonstrated improvements in skills, attitude and confidence among the recipients of the training. METHOD: Suicide rates (including definite suicides and undetermined deaths) and population statistics were collected for a district and region of England from official sources from 1993-2001. A before-and-after (1994-1996 and 1998-2000) training intervention analysis was conducted on suicide rates. RESULTS: The suicide rate in 1994-1996 was 8.8 per 100 000 before our educational intervention and unchanged at 8.6 per 100 000 in 1998-2000 after it. CONCLUSION: Brief educational interventions to improve the assessment and
management of suicide for front-line health professionals in contact with suicidal patients may not be sufficient to reduce the population suicide rate.


Abstract: A program was developed to exert a suicide prevention influence on high-risk persons who decline to enter the health care system. There were 3,006 patients admitted to a psychiatric in-patient service because of a depressive or suicidal state who were contacted to determine if the post-discharge plan was followed. Half of those who refused their treatment program were contacted by telephone or letter on a set schedule. The contact was limited to expressing interest in the person's well-being. Mortality in the contact group was compared with the no-contact subjects and with the subjects who had accepted treatment, after 1, 2, 3, and 4 years. Suicidal deaths were found to diverge progressively in the three groups, the treatment subjects showing the highest rates, the no-contact group coming next, and the contact subjects showing the lowest. The observed divergence between the contact and no-contact groups provides tentative evidence that a high-risk population for suicide can be identified and that a systematic approach to reducing that risk can be applied.


Abstract: OBJECTIVE: This study tested the hypothesis that professionals' maintenance of long-term contact with persons who are at risk of suicide can exert a suicide-prevention influence. This influence was hypothesized to result from the development of a feeling of connectedness and to be most pertinent to high-risk individuals who refuse to remain in the health care system. METHODS: A total of 3,005 persons hospitalized because of a depressive or suicidal state, populations known to be at risk of subsequent suicide, were contacted 30 days after discharge about follow-up treatment. A total of 843 patients who had refused ongoing care were randomly divided into two groups; persons in one group were contacted by letter at least four times a year for five years. The other group—the control group—received no further contact. A follow-up procedure identified patients who died during the five-year contact period and during the subsequent ten years. Suicide rates in the contact and no-contact groups were compared. RESULTS: Patients in the contact group had a lower suicide rate in all five years of the study. CONCLUSIONS: A systematic program of contact with persons who are at risk of suicide and who refuse to remain in the health care system appears to exert a significant preventive influence for at least two years. Diminution of the frequency of contact and discontinuation of contact appear to reduce and eventually eliminate this preventive influence.


Abstract: OBJECTIVE: To assess the effectiveness of interpersonal psychotherapy modified for depressed adolescents (IPT-A) compared with treatment as usual (TAU) in
school-based mental health clinics. DESIGN: A 16-week randomized clinical trial was conducted from April 1, 1999, through July 31, 2002. SETTING: Five school-based mental health clinics in New York City, NY. PATIENTS: Sixty-three adolescents referred for a mental health intake visit who met eligibility criteria. Patients were randomly assigned to receive IPT-A (n = 34) or TAU (n = 29) from school-based health clinic clinicians. RESULTS: Adolescents treated with IPT-A compared with TAU showed greater symptom reduction and improvement in overall functioning. CONCLUSIONS: Interpersonal psychotherapy delivered in school-based health clinics is an effective therapy for adolescent depression.


Abstract: Over a 1-year period, 507 cases of parasuicide and 200 controls were recruited from emergency departments in Edmonton, Canada and interviewed. Over the ensuing 1 to 2 years, 414 cases were re-interviewed using the same questionnaires. Mean symptom scores on all questionnaires improved over the course of follow-up, but did not reach control levels. The pattern of improvement varied according to questionnaire. Only half of cases received treatment for the parasuicide from a psychiatrist, psychologist, or other health care provider during the 3 months following the emergency department visit.


Abstract: Thirty-seven patients with major affective disorders according to DSM-III and on continuous lithium treatment were followed during a 7-year period. An increase in psychopathology was demonstrated in a significant number of patients and was attributed mainly to an increase in the depressive symptoms, with a significant increase in the rated scores for fatigability, pessimistic thoughts, reduced sleep, and inner tension. Suicidal thoughts were common, but no suicide attempts were made. A significant number of patients complained of failing memory, but no significant progression was demonstrated during the 7-year study period. The increase in the depressive symptoms was closely correlated with the number of hospital admissions for depressive recurrence and with the number of days in hospital. The following factors showed a significant relationship with the increase in depressive symptoms: serum lithium levels, large increase in the elimination half-life of lithium, low level of social functioning, low TSH values, and need of concomitant administration of antidepressants and benzodiazepines.


Abstract: AIMS: To identify predictive factors for suicidal behaviour and to examine the effect of integrated treatment on suicidal behaviour and hopelessness. METHOD: A total of 341 patients with a first-episode schizophrenia-spectrum disorder were randomised to
integrated treatment or treatment as usual. RESULTS: During the 1-year follow-up period, 11% attempted suicide. This was associated with female gender, hopelessness, hallucinations and suicide attempt reported at baseline, with the two latter variables being the only significant ones in the final multivariate model. The integrated treatment reduced hopelessness. CONCLUSIONS: Hallucinations and suicide attempt before inclusion in the study were the most significant predictors of suicide attempt in the follow-up period.


Abstract: In 1992, a Suicide Prevention Centre was opened in Copenhagen with a 2-week programme of social and psychological treatment. The aim of the study was to evaluate the effect of the Suicide Prevention Centre. METHODS: In a quasi-experimental study, 362 patients in the Suicide Prevention Centre and a parallel comparison group of 39 patients were interviewed and all patients were invited to follow-up interviews and followed in the National Patients Register and the Cause of Death Register. RESULTS: At the 1-year follow-up, 59% of patients in the intervention group and 53% of patients in the comparison groups were interviewed. The intervention group obtained a significantly greater improvement in Beck's Depression Inventory, Hopelessness Scale, Rosenberg's Self-Esteem Scale and CAGE-score and a significantly lower repetition rate. DISCUSSION: Although the design cannot exclude selection bias, it seems likely that the improvement in the intervention group was facilitated by the treatment.


Abstract: This report evaluates the effect of 2 primary care interventions on the detection and subsequent referral or treatment of patients with depression and recent suicidal ideation. METHODS: Adult patients in 12 mixed-payer primary care practices and 9 not-for-profit staff model health maintenance organization (HMO) practices were screened for depression. Matched practices were randomized within plan type to intervention or usual care. The intervention for mixed-payer practices entailed brief training of physicians and office nurses to provide care management. The intervention for HMO practices consisted of guided development of quality improvement teams for depression care. A total of 880 enrolled patients met study criteria for depression, 232 of whom met criteria for recent suicidal ideation. RESULTS: Depressed patients with recent suicidal ideation were detected on 40.7% of index visits in intervention practices, compared with 20.5% in usual care practices, with HMO plan type and male sex associated with detection. The interventions had no effect on referral of patients, starting an antidepressant, or suicidal ideation reported at a 6-month follow-up. CONCLUSIONS: Primary care interventions to improve depression care can improve detection of recent suicidal ideation. Further work is needed to improve physician response to detection, including referral to specialty care and more aggressive treatment, and to observe the effect on outcomes.

Systematic review of ECT and anti-depressant availability. Concluded the availability of ECT and anti-depressants may have contributed to decline in suicide during follow-up.


ABSTRACT: This study examined mortality during lithium treatment. Initially mortality was twice as high as in the general population and mortality due to suicide was 16 times higher, though mortality rates did not differ in later lithium treatment.


Abstract: OBJECTIVE: To evaluate the relationship between regional changes in antidepressant medication treatment and suicide in adolescents from 1990 to 2000. DESIGN: Analysis of prescription data from the nation's largest pharmacy benefit management organization, national suicide mortality files, regional sociodemographic data from the 1990 and 2000 US Census, and regional data on physicians per capita. PARTICIPANTS: Youth aged 10 to 19 years who filled a prescription for antidepressant medication and same-aged completed suicides from 588 three-digit ZIP code regions in the United States. RESULTS: There was a significant adjusted negative relationship between regional change in antidepressant medication treatment and suicide during the study period. CONCLUSIONS: An inverse relationship between regional change in use of antidepressants and suicide raises the possibility of a role for using antidepressant treatment in youth suicide prevention efforts, especially for males, older adolescents, and adolescents who reside in lower-income regions.


Abstract: This article describes a grass root, community-based program for youth suicide prevention and its impact on the community. The Stop Youth Suicide Campaign was launched in October 2000 and included more than 30 local agencies. This program worked. through public education, education of medical care providers, schoolteachers, school counselors, youth service center personnel and many other entities that deal with adolescents. This program utilized face-to-face encounters, website, video and other forms of media education. Over a four-year period, the program has provided several conferences and many lectures and workshops to the community. The program has responded to many e-mails and phone calls from teens and/or their parents asking for help. During these years, many of these children that were seeking help ended up receiving appropriate help that contributed to changing their lives and helping them stay
alive and also utilizing them to help others in that period. Simple grass roots programs are able to help and are needed in the community to combat this epidemic that is causing significant mortality and morbidity.


Abstract: OBJECTIVE: The authors' goal was to determine whether suicide attempters with major depression received more intensive antidepressant treatment than depressed patients who had not attempted suicide. METHOD: One hundred eighty inpatients who met DSM-III-R criteria for a major depressive episode were enrolled in the study. All patients were assessed for lifetime history of suicide attempts. Depressive symptoms at the index hospitalization were assessed and strength of antidepressant treatment over the 90 days preceding the hospitalization was scored. RESULTS: A large majority of the depressed patients with a history of suicide attempts, who were at higher risk for future suicide and suicide attempts, received inadequate treatment. Similarly, most of the depressed patients at lower risk for suicide attempts also received inadequate treatment. CONCLUSIONS: Major depression is under-treated pharmacologically, regardless of history of suicide attempt. Some suicide attempts may be preventable if the problem of under-diagnosis and under-treatment of depression can be overcome by psycho-education for health professionals and the public.


Abstract: The authors prospectively studied the adequacy of antidepressant treatment and its impact on suicidal acts in the 2 years after hospitalization for major depression. METHOD: Patients (N=136) with major depression were interviewed at 3 months, 1 year, and 2 years after admission. At each interview, the presence of major depression and suicidal acts and the adequacy of antidepressant treatment were assessed. RESULTS: Major depression in the follow-up period increased the risk of a suicide attempt sevenfold. For each suicide attempt in a subject's history, the risk for an attempt in the follow-up period increased by 30%. Antidepressant treatment during the follow-up period was mostly inadequate. Consequently, a relationship between adequacy of antidepressant treatment during follow-up and the risk of a suicide attempt could not be found. Furthermore, subjects with a history of a suicide attempt at baseline were not treated more vigorously than non-attempters. CONCLUSIONS: Antidepressant treatment of depressed patients is strikingly inadequate, even in suicide attempters, known to be at higher risk for suicidal acts.

Abstract: Three-hundred ninety-three adolescents from six schools participated in a study aimed at examining the effectiveness of an experiential suicide prevention program with regard to suicidal tendencies, hopelessness, ego identity, and coping ability. The subjects were randomly divided into experimental (n = 215) and control (n = 178) groups. The experimental groups took part in seven weekly 2-hour meetings. The program was based on the notion that a gradual, controlled confrontation and exploration of inner experiences and life difficulties related to suicidal behavior accompanied by an emphasis on coping strategies can immunize against self-destructive feelings. In this pretest-posttest design, the students completed questionnaires of suicidal tendencies, hopelessness, ego identity, and coping ability before and after the program. The statistical analyses showed that the experimental groups were superior to the controls, with at least some of the dependent measures pointing out the effectiveness of the program.


Abstract: The definition of self-injurious behavior applies to persons who hurt or harm themselves without the motive of suicide or of sexual deviation. The different aspects of self-injurious behavior and the theories explaining them are reviewed. For 5 years a young, intelligent woman had inflicted injuries upon herself with sharp instruments while ostensibly caring for her face and legs. The short-term hypnobehavioral treatment included keeping daily reports of her self-inflicted injuries and of her thoughts while executing them, finding alternative activities to replace her habit, and practicing self-hypnosis once a day. Increasing the level of understanding of her inner conflict and accenting ways of breaking the habit by means of positive autosuggestion proved very effective. The treatment was successful after 13 sessions.


Abstract: Using data from a study of suicide completers who were not in contact with specialist mental health services, we found that the rate of detection and treatment of mental health problems in primary care was high. The major barrier to receipt of care for mental health problems prior to suicide was non-consultation. The study also shows that detection and management in primary care does not necessarily result in prevention of suicide. Implications for public education, access to primary care services and the potential for suicide prevention are considered.


Abstract: The aim of the study was to evaluate the outcome of a community-based prevention program against suicides among the elderly aged 65 and over in the Japanese rural town of Joboji (population 7,010), using a quasi-experimental design with two neighboring control areas. During the 10-year implementation of the program based on strategies including screening for depression, follow up with mental health care or
psychiatric treatment and health education on depression, the relative risks estimated by
the age-adjusted odds ratios for both males and females were reduced to almost one
quarter more than a regional historical trend, with a better response to education for
females than for males. A community-based management for later-life depression with
mental health care supported by the psychiatric treatment can be effective against suicide
among the elderly for both males and females.

through depression screening and group activity for elderly suicide prevention.

Abstract: This study aims to evaluate outcomes of a community-based program to
prevent suicide among the elderly using a quasi-experimental design with two
neighboring references. During 1999-2004, the program including depression screening
and group activity was conducted by the public health nurses in the Minami district
(population 1685) of Nagawa town, rural Japan. The risk for Minami's elderly females
was reduced by 74% more than the historical trend, while there was no change in the risk
of Minami's males and nor in the male or female references. The local intervention using
public health nursing would be effective against suicide for elderly females without
diffusing to the surroundings.

primary care by community-based screening for depresión in rural Japan. Crisis, 27
(2), 58-65.

Abstract: This study evaluated the outcomes of a community-based programme to
prevent suicide among elderly people. Risk of completing suicide in females was reduced
by 70% but not in males.

ideation in outpatients with treatment-resistant depression: prevalence and impact

Abstract: Depression and hopelessness are risk factors for suicide. The purpose of this
study was to examine the extent of suicidal ideation and hopelessness in outpatients with
treatment-resistant depression (TRD) and to study the impact of suicidal ideation and
hopelessness on treatment with nortriptyline (NT). More than half of patients reported
thoughts or wishes of death to self and significant hopelessness. A greater degree of
hopelessness before treatment in completers predicted response to NT. More than half of
patients with prominent hopelessness who completed the trial responded. Patients with
TRD are more likely than not to report prominent suicidal ideation and hopelessness.
Furthermore, a full 6-week trial of NT, a relatively noradrenergic tricyclic antidepressant,
may be particularly useful in patients who have failed to respond to several
antidepressants and also report significant hopelessness.

Abstract: Fifteen hospitalized suicide attempters were randomly assigned to either a cognitive restructuring, problem-solving, or nondirective control treatment consisting of 10 one-hour individual therapy sessions. Results indicated that the three treatment conditions were comparable with regard to the non-specific effects associated with expectancy of improvement, treatment demand characteristics, and therapist effects. At the completion of treatment, subjects in the problem-solving condition evidenced better problem-solving abilities than either the cognitive restructuring or nondirective control group on a measure of interpersonal problem solving. Additionally, the problem-solving group was less hopeless than the control group at the end of treatment. No significant differences were found on suicidal intention, suicidal ideation, or impersonal problem solving.


Abstract: The aim was to investigate patients and therapists perception of receiving and giving dialectical behavioral therapy (DBT). Ten deliberate self-harm patients with borderline personality disorder and four DBT-therapists were interviewed. The interviews were analyzed with qualitative content analysis. The patients unanimously regard the DBT-therapy as life saving and something that has given them a bearable life situation. The patients and the therapists are concordant on the effective components of the therapy: the understanding, respect, and confirmation in combination with the cognitive and behavioral skills. The experienced effectiveness of DBT is contrasted by the patient's pronouncedly negative experiences from psychiatric care before entering DBT.


Systematic review of contacts with health care. Concluded contact with practitioners may help prevent suicide but more evidence is needed, in particular to identify which risk groups this applies to.


Systematic review of curriculum-based prevention programmes. Concluded there is currently insufficient evidence to support curriculum-based prevention programmes. The evidence suggest there may be both beneficial and harmful effects on attitudes related to suicide.

Abstract: METHODS: This study followed 980 patients at high risk for suicide in a multicenter prospective study for 2 years after randomization to clozapine or olanzapine. RESULTS: Clozapine, in general, was more effective than olanzapine in decreasing the risk of suicidality, regardless of risk factors present. CONCLUSIONS: This is the first prospective analysis of predictors of suicide risk in a large schizophrenic and schizoaffective population judged to be at high risk for suicide. Assessment of these risk factors may aid clinicians in evaluating risk for suicidal behaviors so that appropriate interventions can be made.


Abstract: BACKGROUND: Young people with early psychosis are at particularly high risk of suicide. A program called LifeSPAN was established within the Early Psychosis Prevention and Intervention Centre (EPPIC). The program developed and evaluated a number of suicide prevention strategies within EPPIC and included a cognitively oriented therapy (LifeSPAN therapy) for acutely suicidal patients with psychosis. We describe the development of these interventions in this paper. METHOD: Clinical audit and surveys provided an indication of the prevalence of suicidality among first episode psychosis patients attending EPPIC. Second, staff focus groups and surveys identified gaps in service provision for suicidal young people attending the service. Third, a suicide risk monitoring system was introduced to identify those at highest risk. Finally, patients so identified were referred to and offered LifeSPAN therapy whose effectiveness was evaluated in a randomised controlled trial. RESULTS: Fifty-six suicidal patients with first episode psychosis were randomly assigned to standard clinical care or standard care plus LifeSPAN therapy. Forty-two patients completed the intervention. Benefits were noted in the treatment group on indirect measures of suicidality, e.g., hopelessness. The treatment group showed a greater average improvement (though not significant) on a measure of suicide ideation. CONCLUSIONS: Early intervention in psychosis for young people reduces the risk of suicide. Augmenting early intervention with a suicide preventative therapy may further reduce this risk.


Abstract: This study evaluated the immediate postintervention effects of two brief suicide prevention protocols: a brief interview--Counselors CARE (C-CARE) --and C-CARE plus a 12-session Coping and Support Training (CAST) peer-group intervention. Subjects were students "at risk" of high school dropout and suicide potential in Grades 9-12 from seven high schools (N = 341). Students were assigned randomly to C-CARE plus CAST, C-CARE only, or "intervention as usual". C-CARE and CAST led to increases in
personal control, problem-solving coping, and perceived family support. Both C-CARE plus CAST and C-CARE only led to decreases in depression, and to enhanced self-esteem and family goals met. All three groups showed equivalent decreases in suicide risk behaviors, anger control problems, and family distress.


Abstract: This study examined annual suicide rates over a two-year period (1993-1995) among more than 30,000 patients with schizophrenia and schizoaffective disorder who received services from the Texas Department of Mental Health and Mental Retardation and suicide rates over a six-year period (1991-1996) among a subgroup of patients treated with clozapine. RESULTS: The annual suicide rate for all patients with schizophrenia and schizoaffective disorder was 63.1 per 100,000 patients, approximately five times higher than in the general population. In contrast, only one suicide occurred in six years among patients treated with clozapine who were of similar diagnosis, age, and sex, for a suicide rate of about 12.7 per 100,000 patients per year. CONCLUSIONS: The study results suggest that clozapine therapy is associated with a reduced risk of suicide among patients with schizophrenia and schizoaffective disorder.


Systematic review of interventions in A&E. Concluded there is inadequate information regarding the targeting of clients at risk of suicide; no specific intervention strategy in A&E has proven efficacy.


Abstract: The purpose of this study was to investigate the occurrence of antidepressants among suicides in the era since the introduction of newer less toxic antidepressants. Comprehensive post mortem toxicological examinations were performed on 94% of certain and uncertain suicides in Mobile County, Alabama, between October 1, 1990 and September 30, 1995. Comparisons were made between current data from Mobile and data from the San Diego study in 1981-83. About twice as many suicides in Mobile were positive for antidepressants than in San Diego (15% vs. 8%). The proportions of antidepressant overdose deaths were the same (5%), however. Antidepressants were found in significantly fewer males than females and blacks than whites in Mobile. Although antidepressants were found in a greater proportion of people who committed suicide in Mobile, they were not used more frequently as a means of suicide. The authors conclude that this may represent improvement in care received by people with depression. It remains to be determined what suicide preventive effects individual antidepressants or groups of antidepressants may have.

Abstract: Patients with terminal cancer are thought to be at high risk of committing suicide. In a population of 17,964 patients with terminal cancer cared for at home by 12 palliative-care teams, five patients committed suicide. We speculate that continuing care made up by symptomatic treatment and psychosocial support given to these patients may reduce the risk.


Abstract: Experience in providing consultation and survivor counseling to school personnel following student suicides led to the development of a program of prevention through training school personnel. The goal of the program was to increase the ability of resource persons available to adolescents--teachers, counselors and school nurses--to recognize signs of suicidal depression and to respond effectively to suicidal students. This report describes that program, the reaction of the participants and the observations of the project staff, and comments on the feasibility of this approach as a means of helping to prevent suicide among adolescents.


Abstract: Using statewide telephone screening, we identified and followed 98 adults with current major depression who made one or more visits to a primary care physician during the 6 months following baseline. Thirty-two percent of primary care patients with current major depression remained undetected for up to 1 year. Almost half of undetected patients developed suicidal ideation. Less than one-third of undetected patients made a visit during the month they reported their worst symptoms. Fifty-three percent of undetected patients reported five or more current symptoms at 1 year follow-up. Primary care patients with undetected major depression report persistently poor outcomes. Comparison of outcomes with detected patients suggests that quality improvement efforts directed at improving detection without improving management of detected patients may not improve outcomes.


Abstract: OBJECTIVES: METHODS: The authors recruited 74% of eligible participants (n = 470) from a 1992 telephone survey and followed up 95% of subjects for 1 year. The authors collected data from subjects on psychiatric problems and service use and from insurers/providers on treatment and expenditures. RESULTS: Although there were no rural-urban differences in the rate, type, or quality of outpatient depression treatment, rural subjects made significantly fewer specialty care visits for depression. Depressed rural individuals had 3.05 times the odds of being admitted to the hospital for physical problems and 3.06 times the odds of being admitted for mental health problems during
the year. Elevated rates of hospital admittance disappear in models controlling for
number of specialty care depression visits in the previous month. Rural subjects reported
significantly more suicide attempts during the period of 1 year. CONCLUSIONS:
Additional work is warranted to determine how to alter barriers to outpatient specialty
care if the rural health care delivery system is to provide cost-effective depression care.

adherence with a specialized emergency room program for adolescent suicide

Abstract: OBJECTIVE: The evaluation of outpatient treatment adherence among 140
Latina adolescent suicide attempters and their families. METHOD: Sequentially, 75
attempters received standard emergency room care and 65 attempters received a
specialized emergency room program including (1) training workshops for emergency
room staff, (2) a videotape aimed at modifying families' treatment expectations, and (3)
an on-call family therapist. RESULTS: Attempters receiving the specialized program
were more likely to attend one treatment session and were somewhat more likely to
attend more sessions than those receiving standard emergency room care; however, their
mothers were less likely to complete treatment. In addition, participants receiving the
specialized program reported reduced psychiatric symptoms, and mothers reported more
positive attitudes toward treatment and perceptions of family interactions.
CONCLUSIONS: Adherence was significantly improved by receiving the specialized
care program in the emergency room. Adherence was also associated with increased
suicidal ideation, more cohesive family relations, and lower self-esteem at baseline.

18-month impact of an Emergency Room intervention for adolescent female suicide

Abstract: A specialised ER care intervention was adopted to enhance adherence to
outpatient therapy (it included a soap opera video). The intervention was deemed to have
a positive impact, particularly for the parents of youth with high psychiatric
symptomatology.

suicide prevention in the Ukraine military environment. Crisis, 23, 171-177.

Abstract: The article deals with the problem of suicidal behavior in the Ukraine military
environment and gives an example of the successful prevention approach. The model of
prevention is based on (1) education of the responsible officers, (2) training of the
representatives of the most vulnerable risk groups, and (3) follow-up procedures based on
distribution of pocket books for soldiers, educational booklets, and sets of helpful
materials for officers. One of the main conclusions is that the prevention activity must be
organized as a continuum of actions, seminars, consultations, and materials distribution.

Abstract: OBJECTIVE: Lifetime rates of suicide attempts among patients with bipolar I disorder were compared to rates during a 2-year period of intensive treatment with pharmacotherapy and with one of two adjunctive psychosocial interventions. METHOD: Subjects entered the study during an acute mood episode. Subjects were treated with primarily lithium pharmacotherapy and with either psychotherapy specific to bipolar disorder or non-specific, intensive clinical management involving regular visits with empathic clinicians. RESULTS: The rate of suicide attempts was 1.05 per 100 person-months before patients entered the trial. Patients experienced a threefold reduction in the rate of suicide attempts during the acute treatment phase. CONCLUSIONS: A treatment program in a maximally supportive clinical environment can significantly reduce suicidal behavior in high-risk patients with bipolar I disorder.


Abstract: This study evaluated the effectiveness of a time-limited, outpatient intervention targeting suicidal young adults. Participants (N = 264) were randomly assigned to either the experimental treatment or the control condition (i.e., treatment as usual). In addition to intake assessments, participants completed follow-ups at 1, 6, 12, 18, and 24 months. Both treatment and control participants evidenced significant improvement across all outcome measures throughout the follow-up period. Reductions were reported in suicidal ideation and behavior, associated symptomatology, and experienced stress, along with marked improvement in self-appraised problem-solving ability. Results also indicated that the experimental treatment was more effective than treatment as usual at retaining the highest risk participants. Available data demonstrate the efficacy of a time-limited, outpatient intervention for suicidal young adults.


Systematic review of liaison psychiatry. Concluded many areas of liaison psychiatry are not based on high quality evidence; more research is needed.


Abstract: The two groups in most frequent contact with adolescents outside of the family are educators and mental health professionals. This article reports how these two professional groups on one occasion merged into a single unit to combat a serious problem. Their cooperative efforts prevented a more devastating incident and demonstrated how a difficult task can be accomplished when various resources are brought together in a single organized effort.

Abstract: In 1983-1984 the Swedish Committee for the Prevention and Treatment of Depression offered an educational program on diagnosis and treatment of depressive disorders to all general practitioners on the island of Gotland. The program has been carefully evaluated; 1982 was used as the baseline and the main evaluation was carried out in 1985. After the educational programs, the frequency of sick leave for depressive disorders decreased, the frequency of inpatient care for depressive disorders decreased to 30% of that at the baseline; the prescription of antidepressants increased, but prescription of major tranquilizers, sedatives and hypnotics decreased. The frequency of suicide on the island decreased significantly. This study describes the long-term effects. In 1988, 3 years after the project ended, the inpatient care for depressive disorders increased, the suicidal rate returned almost to baseline values and the prescription of antidepressants stabilized. Thus, the effects were strictly related in time to the educational programs, indicating that the effects were real and not only a coincidence with local trends on Gotland. Furthermore, the results indicate that educational programs that can have pronounced effects on the health care system have to be repeated approximately every 2 years if long-term effects are to be expected.


Abstract: The present review summarizes the author's work on the island of Gotland in Sweden, where the small size of the population permitted the institution of an educational and treatment program aimed at the general medical practitioners. The program was successful in reducing suicide rates by 60%. This was accompanied by reduction of different indices measuring depressive morbidity. Prevention was successful for as long as the program was instituted. The author provides his reflections on the public health implications of his data - particularly for Eastern Europe which is experiencing widespread stress in the workplace and in economic situations. More hypothetically, he presents his views on a serotonin-mediated 'male suicide syndrome'.


Systematic review of any treatment for depression in children and adolescents. Concluded Cognitive Behavioural Therapy and interpersonal therapy are better than treatment as usual; several antidepressants are more efficacious than placebo, there is a correlation between treatment with SSRIs and a decrease in completed suicide, however comparing all antidepressants as a single group the association is with an increase in suicide.

Abstract: Between 1973 and 1995, a total of 76 patients were treated with bilateral stereotactic, orbitomedial lesions for resistant severe depression at the Neuropsychiatric Institute, Sydney, Australia. On follow up after a mean 14.4 years, 24 (31.6%) subjects were confirmed dead, with six having committed suicide. Of the 52 patients still alive (mean age 62.9 years), 23 were interviewed in detail. Five (22.7%) were judged to be completely recovered and another 11 (50%) showed significant improvement. No definite predictors of improvement were identified.


Abstract: In a controlled trial, 20 patients at high risk of repeated suicide attempts were randomly allocated to either cognitive-behavioural problem solving or a 'treatment-as-usual' control condition. The group practising problem solving improved significantly more than controls on ratings of depression, hopelessness, suicidal ideation and target problems at the end of treatment and at follow-up of up to one year, and there was evidence of an effect on the rates of repetition over the six months after treatment.


Abstract: Previous studies have demonstrated that extracerebral applications of pulsed electromagnetic fields (EMFs) in the picotesla range rapidly improved motor, sensory, affective and cognitive deficits in MS. Therefore, the prediction was made that this treatment modality would result in attenuation of suicidal behavior in MS patients. The present report concerns three women with remitting-progressive MS who exhibited suicidal behavior during the course of their illness. All patients had frequent suicidal thoughts over several years and experienced resolution of suicidal behavior within several weeks after introduction of EMFs treatment with no recurrence of symptoms during a follow-up of months to 3.5 years. These findings demonstrate that in MS pulsed applications of picotesla level EMFs improve mental depression and may reduce the risk of suicide by a mechanism involving the augmentation of 5-HT neurotransmission and resynchronization of circadian melatonin secretion.


Abstract: In this study, the efficacy of paroxetine was compared with that of placebo in the treatment of 66 outpatients with the diagnosis of moderate-to-severe major depression. The research was a 6-week, prospective, double-blind design after a 1-week placebo baseline phase. Paroxetine did produce significantly greater improvement than placebo for patients whose illness had lasted more than 1 year, and there was a significant reduction in suicidal ideation. Significantly fewer dropouts were due to lack of efficacy in those patients treated with paroxetine compared with those in the placebo group.

Abstract: The aim of this retrospective study is to determine whether lipid levels rise in neuroleptic-resistant chronic schizophrenic patients during clozapine treatment and if this rise is correlated with a decrease in aggressive and suicidal behavior. Seventy neuroleptic-resistant schizophrenic patients treated with clozapine for at least 6 months were compared with 30 chronic schizophrenic patients treated with classic antipsychotic agents for the same length of time. A significant reduction in aggressive and suicidal behavior was noted in the clozapine-treated group but not in the classical antipsychotic-treated group. We conclude that serum cholesterol level does not play a role in the clozapine-induced attenuation in aggressive and suicidal behavior in neuroleptic-resistant schizophrenic patients, though the accompanying elevation in triglycerides may be relevant to a behavioral effect.


Abstract: OBJECTIVE: The authors' goal was to investigate the treatment received by suicide attempters with major depression before and after the index attempt. METHOD: Forty-three patients with current unipolar DSM-III-R major depression were identified in a diagnostic study from a systematic sample of suicide attempters in Helsinki. RESULTS: During the month just before the suicide attempt, seven (16%) of the patients had received antidepressants in adequate doses, seven had received weekly psychotherapy, and none had received ECT. Although almost all of the patients complied with the recommended aftercare following the suicide attempt, after 1 month only seven (17%) were receiving antidepressants in adequate doses, nine (22%) were receiving weekly psychotherapy, and none had been given ECT. CONCLUSIONS: It seems that few suicide attempters with major depression receive adequate treatment for depression before the suicide attempt and that, despite their well-known high risk for suicide, the treatment situation is not necessarily any better after the attempt. These findings suggest that the recognition of depression and the quality of treatment received for major depression among suicide attempters should be investigated and improved to prevent suicide.


Systematic review of Paroxetine or nortriptyline ‘federally funded treatment studies’. Concluded suicidal ideation resolves rapidly with pharmaceutical treatment but resolution of thoughts about death is more gradual.

Abstract: This study explored the intervention processes of an indicated prevention program for high-risk youth. It was hypothesized that intervention effects would be influenced by the direct and mediating effects of teacher social support on both peer group support and perceived personal control. In turn, personal control was hypothesized to mediate between teacher and peer group support, contributing to reductions in depression and suicide risk behaviors. The hypotheses were tested using a three-wave, longitudinal design incorporating data from preintervention, 5-month follow-up, and 10-month follow-up assessments of 106 high-risk youth divided into three comparison groups: two experimental, one control. For the two intervention groups, there were direct and/or indirect effects of teacher and peer group support on personal control, depression, and suicide risk behaviors. The general hypothesis that personal control mediates between support resources and reductions in depression and suicide risk behaviors received partial support across the study groups.


Abstract: OBJECTIVES: This study evaluated the efficacy of 2 indicated preventive interventions, postintervention and at 9-month follow-up. METHODS: Drawn from a pool of potential high school dropouts, 460 youths were identified as being at risk for suicide and participated in 1 of 3 conditions randomly assigned by school: (1) Counselors CARE (C-CARE) (n = 150), a brief one-to-one assessment and crisis intervention; (2) Coping and Support Training (CAST) (n = 155), a small-group skills-building and social support intervention delivered with C-CARE; and (3) usual-care control (n = 155). RESULTS: Analyses showed significant rates of decline in attitude toward suicide and suicidal ideation associated with the experimental interventions. C-CARE and CAST, compared with usual care, also were effective in reducing depression and hopelessness. Among females, reductions in anxiety and anger were greater in response to the experimental programs. CAST was most effective in enhancing and sustaining personal control and problem-solving coping for males and females. CONCLUSIONS: School-based, indicated prevention approaches are feasible and effective for reducing suicidal behaviors and related emotional distress and for enhancing protective factors.


Systematic review of fluoxetine. Concluded substantial suicidal ideation emerged less frequently with fluoxetine than with placebo in patients with mood disorders. Too few occurrences of suicidality in patients with non-mood disorders were noted to draw comparisons.

Abstract: In this 8-week, double-blind, randomized, parallel trial, 124 subjects with agitated depression were randomized to either imipramine (IMI) or fluoxetine (FLU). Both compounds proved to be similarly effective, however, a statistically significant difference in early discontinuations because of intolerable adverse events emerged. In conclusion, among subjects with major depression, subtype agitated, the risk:benefit profile favored FLU over IMI. The results are important when striving to maximize compliance with pharmacotherapy in order to minimize recidivism and associated psychological and economic morbidity.


Abstract: METHOD: Risk of life-threatening suicidal acts over time and associated factors were analyzed in 310 patients with bipolar I (N = 186) or II (N = 124) disorder evaluated for a mean of 8.3 years before, and prospectively during, a mean of 6.4 years of lithium maintenance in a mood disorder clinic; 185 were also followed for a mean of 3.7 years after clinically discontinuing lithium. RESULTS: In 5233 patient-years of observation, 58 patients made 90 suicide attempts (8 were fatal). Suicidal acts were more common early in the course of illness before lithium and were associated with prior suicide attempts, greater proportion of time depressed, and younger age. After the discontinuation of lithium, suicidal acts were more frequent in the first year than at later times or before start of lithium treatment. Fatalities were 9 times more frequent after versus during treatment. CONCLUSION: Lithium maintenance was associated with marked reduction of life-threatening suicidal acts, the number of which sharply increased after discontinuing lithium. Suicidal behavior was strongly associated with prior suicide attempts, more time depressed, and younger age or recent onset.


Systematic review of lithium. Concluded suicide risk was consistently lower during long-term treatment with lithium in all identified studies.


Abstract: PURPOSE: To evaluate the impact of parent education groups on youth suicide risk factors. The potential for informal transmission of intervention impacts within school communities was assessed. METHODS: Parent education groups were offered to volunteers from 14 high schools that were closely matched to 14 comparison schools. The professionally led groups aimed to empower parents to assist one another to improve
communication skills and relationships with adolescents. Australian 8th-grade students (aged 14 years) responded to classroom surveys repeated at baseline and after 3 months. RESULTS: Students in the intervention schools demonstrated increased maternal care, reductions in conflict with parents, reduced substance use, and less delinquency. Parent education group participants were more likely to be sole parents and their children reported higher rates of substance use at baseline. Intervention impacts revealed a dose-response with the largest impacts associated with directly participating parents, but significant impacts were also evident for others in the intervention schools. Where best friend dyads were identified, the best friend's positive family relationships reduced subsequent substance use among respondents. This and other social contagion processes were posited to explain the transfer of positive impacts beyond the minority of directly participating families. CONCLUSIONS: A whole-school parent education intervention demonstrated promising impacts on a range of risk behaviors and protective factors relevant to youth self-harm and suicide.


Mortality and suicide risks have been found to be higher in schizoaffective patients who had not received ECT compared to those having received ECT. The data in this study are from a follow-up study of 74 schizoaffective patients admitted to University of Iowa Psychiatric Hospital between 1934 and 1944; these patients were traced in 1975. Even though the nature of schizoaffective disorder is still unknown, patients who present both schizophrenic and affective features, particularly with suicide risk, may benefit from ECT by lowering their mortality risk.


Abstract: This article reports the results of a naturalistic investigation comparing the effectiveness of a dialectical behavior therapy-oriented treatment (DBT) with a client-centered therapy control condition (CCT) for borderline personality disorder patients (BPD). Twenty-four patients diagnosed with BPD were randomly assigned to either DBT or CCT. Blinded, independent rater evaluations and a battery of patient self-report measures were completed at baseline, 6 months, and 1 year during the course of treatment. Measures of suicide attempts and self-harm episodes were collected on a weekly basis. The number of psychiatric hospitalization days per 6-month period was also measured. Outcomes showed the DBT group improved more than the CCT group on most measures. The quality of the therapeutic alliance accounted for significant variance in patients' outcomes across both treatments.

Abstract: BACKGROUND: We carried out a large randomized trial of a brief form of cognitive therapy, manual-assisted cognitive behaviour therapy (MACT) versus treatment as usual (TAU) for deliberate self-harm. METHOD: Patients presenting with recurrent deliberate self-harm in five centres were randomized to either MACT or (TAU) and followed up over 1 year. MACT patients received a booklet based on cognitive behaviour therapy (CBT) principles and were offered up to five plus two booster sessions of CBT from a therapist in the first 3 months of the study. RESULTS: Four hundred and eighty patients were randomized. Sixty per cent of the MACT group had both the booklet and CBT sessions. There were seven suicides, five in the TAU group. The main outcome measure, the proportion of those repeating deliberate self-harm in the 12 months of the study, showed no significant difference between those treated with MACT (39%) and treatment as usual (46%). CONCLUSION: Brief cognitive behaviour therapy is of limited efficacy in reducing self-harm repetition, but the findings taken in conjunction with the economic evaluation (Byford et al. 2003) indicate superiority of MACT over TAU in terms of cost and effectiveness combined.


Abstract: A total of 480 patients were treated in a large, multicenter randomized trial of a brief form of cognitive therapy, manual-assisted cognitive behavior therapy (MACT) versus treatment as usual (TAU) for recurrent deliberate self-harm. Each patient was randomized after a self-harm episode assessed at an accident and emergency center and followed up over 1 year. The main hypothesis tested was that those allocated to MACT would have a lower proportion of self-harm episodes in the succeeding year. Although the results showed no significant difference between those repeating self-harm in the MACT group (39%) compared with the TAU group (46%), the treatment was cost effective (10% cheaper than TAU) and the frequency of self-harm episodes was fewer (50%) in the MACT group. A total of nine of 10 patients had some personality disturbance (42% of these with disorder), and for those where information on parasuicide events was collected, the proportion having a repeat episode ranged from 33% to 63% for different personality disorders. Those with BPD were most likely to repeat episodes quickly with dissocial personality disorder the slowest to repeat. Total costs were significantly greater in those with personality disorder and were reduced in those allocated to MACT; this saving was reversed in those with borderline disorder. On average, MACT appeared to increase the cost of those patients with BPD and reduce the cost of those with other personality disorders. It is concluded that MACT has value in preventing self-harm cost effectively but this appears to be confined mainly to those who do not have BPD.


CONTEXT: OBJECTIVE: To examine the potential link between antidepressant treatment and suicide attempts among adolescents aged 12-18 years. DESIGN: A
retrospective longitudinal cohort using paid insurance claims for all healthcare and prescription fills for adolescents who were newly diagnosed with major depressive disorder (MDD) and had at least 6 months of follow-up data. RESULTS: 24,119 adolescents met inclusion criteria. CONCLUSIONS: Antidepressant medication use had no statistically significant effect on the likelihood of suicide attempt in a large cohort of adolescents across the US after propensity adjustment for treatment allocation and controlling for other factors.


Systematic review of psychosocial intervention. Concluded currently there is evidence only to support CBT approaches in preventing repeated suicide attempts.


Abstract: BACKGROUND: A randomised clinical trial was carried out in suicide attempters to assess clinical efficacy of an intensive psychosocial intervention compared with treatment as usual. METHOD: Two hundred and seventy-four suicide attempters presenting for medical treatment were randomly assigned to either intensive psychosocial treatment or 'care as usual'. Intensive psychosocial treatment consisted of brief admission to a special crisis-intervention unit and problem-solving aftercare. 'Care as usual' included any form of treatment the assessing clinicians thought appropriate. RESULTS: No differences in outcome were found. Patients in the experimental group attended significantly more out-patient treatment sessions. CONCLUSIONS: General implementation of an intensive in-patient and community intervention programme for suicide attempters does not seem justified.


Abstract: Investigated an experimental referral procedure, by means of a randomized controlled study, to get attempted suicide patients to comply with referral for out-patient after-care. 516 patients (aged 15+ yrs) were randomly allocated to the experimental and control groups. Noncompliant subjects in the experimental group were visited in their homes by a community nurse in order to assess reasons for non-compliance and to motivate them to comply with referral. One year after their suicide attempt, subjects were visited in their homes in order to assess repetition of suicidal behavior. Analyses showed a significant beneficial effect of the experimental procedure on compliance with referral. A near-significant effect of the experimental procedure on the rate of repetition of suicidal behavior was also found.

Abstract: AIMS: To compare the effectiveness of DBT with treatment as usual for patients with BPD and to examine the impact of baseline severity on effectiveness. METHOD: Fifty-eight women with BPD were randomly assigned to either 12 months of DBT or usual treatment in a randomised controlled study. RESULTS: Dialectical behaviour therapy resulted in better retention rates and greater reductions of self-mutilating and self-damaging impulsive behaviours compared with usual treatment, especially among those with a history of frequent self-mutilation. CONCLUSIONS: Dialectical behaviour therapy is superior to usual treatment in reducing high-risk behaviours in patients with BPD.


Abstract: METHOD: The authors conducted a 1-year double-blind study comparing paroxetine and placebo in 91 patients who had recently attempted suicide for at least a second time. None of the patients had experienced a major depressive episode or had any other major DSM-III-R axis I diagnoses. At least one cluster B personality disorder was present in 74 patients. RESULTS: With adjustment for the number of previous suicide attempts, paroxetine showed significant efficacy in the prevention of recurrent suicidal behavior. CONCLUSIONS: This study indicates that enhancing serotonergic function with an SSRI may reduce suicidal behavior in a subgroup of patients who have attempted suicide more than once but who do not suffer from major depression.


Abstract: In a long-term follow-up of a study designed to assess the impact of school-based suicide prevention curricula on high school students, a group of 174 students from two high schools who were exposed to a prevention program were compared with a group of 207 control students from two additional high schools who were not exposed to the curriculum. A questionnaire, designed to measure the effects of the prevention program on actual help-seeking behaviors and suicide morbidity during the follow-up period, was administered 18 months after delivery of the program. The study failed to find convincing evidence of any program effect.

Systematic review of olanzapine with adjunctive lithium or fluoxetine. Concluded adjunctive use of lithium or fluoxetine was not associated with suicide attempts; no significant differences were noted between rapid-cycling and non-rapid cycling bipolar disorder.


Abstract: Amitriptyline and mianserin were compared in a double-blind trial. Most of the depressive symptoms were influenced by both drugs, though quantitative and qualitative differences became evident. Amitriptyline predominantly influenced anxiety, despair and suicidal tendencies, while mianserin was particularly effective in psychomotor inhibition and the reduction of vegetative complaints. Mianserin did not show anticholinergic side effects.


Abstract: OBJECTIVE: Escitalopram is a selective serotonin reuptake inhibitor antidepressant indicated for use in adults. This trial examined the efficacy and safety of escitalopram in pediatric depression. METHOD: Patients (6-17 years old) with major depressive disorder were randomized to receive treatment with escitalopram (n = 131) or placebo (n = 133). RESULTS: A total of 82% of patients completed treatment. Escitalopram did not significantly improve scores compared to placebo at endpoint. Potential suicide-related events were observed in one escitalopram- and two placebo-treated patients. There were no completed suicides. CONCLUSIONS: Although there were no significant differences between escitalopram and placebo in the total population, the data suggest that escitalopram may have beneficial effects in adolescent patients.


Systematic review of clozapine. Concluded in the one RCT available (InterSEPT trial) clozapine had a greater preventive effect on suicidality in patients at high risk of suicidality than olanzapine.


Abstract: Suitably trained junior doctors selected parasuicides with no immediate medical or psychiatric treatment needs on initial assessment in a casualty department. This group was then randomly allocated to hospital admission (38 cases) or discharge home (39 cases). One week later there were no significant differences between groups on diverse outcome measures, including repetition rate, psychological symptoms, and social
functioning. A second follow-up using the same measures at 16 weeks also failed to demonstrate any differences between groups, both of which showed considerable overall improvement. A parasuicide management policy consisting of assessment in a casualty department and selective discharge was appropriate for 15% of a hospital-referred population.


Systematic review of Fluoxetine combined with adjunctive centrally-acting medication. Concluded Fluoxetine is associated with a significantly superior reduction in suicidal acts and ideation than placebo, independently of concomitant medication. Fluoxetine is superior to tricyclic anti-depressants in patients not taking concomitant medication in respect of suicidal acts and ideation.


Abstract: The objective of this study was to examine the effect of freely accessible consultation hours in secondary schools by youth health care departments, on population rates for suicide and parasuicide. To this end, an ecologic case-referent study design was used, with data from the Netherlands Bureau of Statistics, the National Hospital Discharge Register, the High-School Students Study, the youth health care departments in the Netherlands and relevant census. This study does not support the hypothesis that regions, where youth health care departments have instituted freely accessible consultation hours in secondary schools, show lower rates of suicide or parasuicide compared to regions where no consultation hours were implemented.


Abstract: The current study examined compensation and capitalization treatment models with specific reference to problem-solving appraisal and problem-solving treatment of suicidal behavior. A sample of 98 young adults (mean age = 22), who had recently attempted suicide or ideated about suicide to the degree that they came to clinical attention, were randomly assigned to either problem-solving or control treatment. Participants with poorer problem-solving appraisal at baseline responded better than did participants with greater problem-solving appraisal to problem-solving treatment at 6-month follow-up, as would be predicted by the compensation model. Results suggest that treatment of suicidality for individuals with problem-solving skill deficits may be most effective by targeting these deficits rather than capitalizing on strengths.

Abstract: OBJECTIVE: To compare group therapy with routine care in adolescents who had deliberately harmed themselves on at least two occasions within a year. METHOD: Single-blind pilot study with two randomized parallel groups that took place in Manchester, England. Sixty-three adolescents aged 12 through 16 years were randomly assigned to group therapy and routine care or routine care alone. RESULTS: Adolescents who had group therapy were less likely to have repeated deliberate self-harm on two or more further occasions than adolescents who had routine care. They were also less likely to use routine care, had better school attendance, and had a lower rate of behavioral disorder than adolescents given routine care alone. The interventions did not differ, however, in their effects on depression or global outcome. CONCLUSIONS: Group therapy shows promise as a treatment for adolescents who repeatedly harm themselves, but larger studies are required to assess more accurately the efficacy of this intervention.


Abstract: This article describes management of two cases in a short-term medical/surgical setting developed by a crisis intervention service in a general community hospital. These patients have common links of suicidal threats, ambivalence about psychiatric hospitalization, and noncompliant character structures that lead to a manipulation of the mental health system. Cases selected are representative of a subset of patients who historically don't do well on a regular inpatient unit. We examine the clinical change during short-term hospitalization, explore psychodynamic issues, and describe the integration within the overall mission of an acute care general hospital. The cost-saving implication for brief hospitalization in a medical/surgical setting for maintaining chronic mental patients in the community is also discussed.


Abstract: A 5-year longitudinal study of suicidal behavior of students attending Dade County Public Schools (DCPS) in Miami, Florida, between the 1989-1990 and 1993-1994 school years, is described. Statistical data are analyzed to determine the degree and direction of self-destructive behavior among youth in a culturally and linguistically diverse school population following the introduction of a suicide prevention and intervention program. Evaluative data regarding the effectiveness of the program as well as implications for suicide prevention and intervention are discussed.
Effectiveness of Interventions to Prevent Suicide and Suicidal Behaviour: A Systematic Review

Annotated Bibliography