

Suicide Prevention Programs

Review 2

Burns, J., Dudley, M., Hazell, P., & Patton, G. (2005). Clinical management of deliberate self-harm in young people: The need for evidence-based approaches to reduce repetition. *Australian and New Zealand Journal of Psychiatry*, 39, 121–128. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/15701059>.

Objectives	Examine the effectiveness of clinical interventions designed to reduce the repetition of deliberate self-harm in adolescents and young adults.
Studies Included	Ten U.S. and international studies from 1986 to 2004
Participants in the Studies	Youth from different racial groups, aged 12–22, with a recent suicide attempt, suicide attempt and ideation, incident of self-harm, overdose referred to mental health teams, hospitalization for suicidal or homicidal ideation or behavior, or psychosis
Settings	Settings reported included inpatient, outpatient, and emergency hospital departments; general practice; and community and home-based services.
Outcomes	Repetition of self-harm, adherence to treatment, and reduction in suicidal ideation
Limitations of the Studies	Study designs hinder interpretation (e.g., limited randomized control designs, selection bias, control group contamination, blinding and observed bias, discrepancies between self-reported and interviewer-rated effectiveness). The term “standard aftercare” is a misnomer since there is considerable heterogeneity. Prevention of repetition of self-harm was clearly not the primary objective of several of the treatments evaluated. Other methodological concerns include low participation rates; problems relating to the delivery or uptake of the intervention; the ascertainment bias inherent in the use of hospital records; and brief follow-up periods, which may give an inflated estimate of the effectiveness of the treatment.

Results

Group therapy as part of a randomized controlled trial was the only specific program that led to a significant reduction in rates of repetition of self-harm. Attendance at follow-up did not improve significantly regardless of the intervention, while one clinically controlled trial of intensive intervention resulted in poorer attendance at follow-up. One quasi-experimental study of family therapy resulted in a significant reduction in suicidal ideation. Although sometimes used as a proxy variable for suicidality, suicidal ideation is an unsatisfactory outcome measure since it appears to be highly State-dependent. None of the studies reviewed found any benefit of treatment in increasing adherence with follow-up. The evidence base for treatments designed to reduce the repetition of self-harm in adolescents and young adults is very limited. Too few studies reported

the impact of treatment on subsequent suicidal ideation to draw conclusions. Expensive interventions such as intensive aftercare offer no clear benefit over routine aftercare.