

Suicide Prevention Programs

Review 3

Crawford, M. J., Thomas, O., Khan, N., & Kulinskaya, E. (2007). Psychosocial interventions following self-harm. *The British Journal of Psychiatry*, 190, 11–17. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17197651>.

Objectives	Examine the effectiveness of additional psychosocial interventions following an episode of self-harm in reducing the likelihood of subsequent suicide.
Studies Included	Eighteen studies published from 1987 to 2005
Participants in the Studies	Adolescents and adults who had harmed themselves in the period prior to entry into the trial (overdose, self-poisoning, attempted suicide)
Settings	Settings were not reported for all included studies.
Outcomes	Likelihood of suicide after an episode of self-harm
Limitations of the Studies	Lack of statistical power was apparent (limited power means the pooled estimate of differences in levels of suicide is imprecise, and it is possible that intention is associated with a clinically significant difference in the rate of subsequent suicide). None of the identified studies set out to examine whether intervention would lead to a reduction in the rate of suicide; data on a variety of psychosocial interventions were combined, which could minimize the true impact of specific forms of the interventions. A high proportion of participants were lost to follow-up, and it is possible some suicide deaths were not recorded (missing suicide data from nine studies).

Results

Meta-analysis results do not provide evidence that additional psychosocial interventions following self-harm have a marked effect on the likelihood of subsequent suicide. Randomized trials of manual-assisted cognitive therapy, outpatient cognitive behavioral therapy, and intensive outpatient care showed a trend toward lower levels of suicide. The remaining studies all showed no difference, or slightly higher levels among those in the active arm of the trial. Overall, there was no evidence of any difference in death rates. The relative lack of statistical power in this meta-analysis indicates caution when interpreting study findings.