

Suicide Prevention Programs

Review 5

Hawton, K. K. E., Townsend, E., Arensman, E., Gunnell, D., Hazell, P., House, A., & van Heeringen, K. (2000). Psychosocial and pharmacological treatments for deliberate self-harm. *Cochrane Database of Systematic Reviews*, 2, CD001764. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/10796818>.

Objectives	Identify and synthesize the findings from randomized controlled trials that have examined the effectiveness of treatments of patients who have deliberately harmed themselves.
Studies Included	Twenty-three U.S. and International studies from 1973 to 1998
Participants in the Studies	Male and female patients who shortly before entering a study had engaged in any type of deliberately initiated self-poisoning or self-injury
Settings	Settings reported included inpatient, outpatient, home-based, and community-agency clinic.
Outcomes	Rate of repeated, deliberate self-harm
Limitations of the Studies	Insufficient numbers of patients and lack of statistical power; insufficient evidence on which to make firm recommendations about the most effective forms of treatment; variability in standard care in different countries and regions may influence the relative effectiveness of experimental interventions in particular settings; self-harm not consistently defined and measured across the studies

Results

Deliberate self-harm is a serious problem associated with an increased risk of subsequent self-harm, including completed suicide. This systematic review evaluated the effectiveness of various treatments for deliberate self-harm patients to prevent further suicidal behavior. Considerable uncertainty remains about which forms of psychosocial and physical treatments of self-harm patients are most effective. Promising results were found for problem-solving therapy, provision of a card to allow emergency contact with services, use of depot flupenthixol for repeaters of self-harm, and long-term psychological therapy for female patients with borderline personality disorder and recurrent self-harm. Significantly reduced rates of further self-harm were observed for depot flupenthixol versus placebo in multiple repeaters, and for dialectical behavior therapy versus standard aftercare. At present, evidence is lacking to indicate the most effective forms of treatment for deliberate self-harm patients. Insufficient numbers of patients in nearly all trials limit the conclusions that can be reached.