**Title of Paper:** “Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries.”

Alexandra Fleischmann, a Jose M. Bertolote, a Danuta Wasserman, b Diego De Leo, c Jafar Bolhari, d Neury J Botega, e Damani De Silva, f Michael Phillips, g Lakshmi Vijayakumar, h Airi Varnik, i Lourens Schlebuschj & Huong Tran Thi Thanhk

**The Study:** To determine whether brief intervention and contact is effective in reducing subsequent suicide mortality among suicide attempters in low and middle-income countries. The intervention studied consisted of a 1 hour brief information session followed by 8 follow-up contacts (of about 5 minutes each) over a period of 18 months.

**Results:** Significantly fewer deaths from suicide occurred in the Brief Intervention and Contact (BIC) than in the treatment-as-usual group (TAU) (0.2% versus 2.2% respectively; $c^2 = 13.83, P<0.001$). This low-cost brief intervention may be an important part of suicide prevention programs for under-resourced low- and middle-income countries.

**Discussion:** Although this WHO study was in under-resourced countries, the implication is important for our system of care. Using the principles of SBIRT (Screening and Brief Intervention and Referral for Treatment*) it was found that applying brief follow-up interventions with time high risk population of suicide attempters reduced the number of completed suicides significantly. Short but consistent telephone follow-up may be a very effective follow-up intervention.


**Questions for further consideration:**
1. Can HHC introduce a longitudinal brief contact model for chronic (mental) illnesses that can enhance compliance to treatment plans and encourage early intervention if there is instability?
2. Can this be implemented in a cost-effective manner?
3. Can outcomes be studied in the ACO as to their improvement in quality of care and cost effectiveness? Will it prevent costly re-hospitalizations?
4. Should the person doing the follow-up be the same person? Does the person doing the follow-up have an impact on outcome or is it the contact itself?

Conclusion: Focusing on suicide attempters by providing brief psychosocial counseling and supporting ongoing contact can significantly reduce mortality due to suicide.