

Suicide (Prevention) Notes

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

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

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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.

*(Babor23. TF, Higgins-Biddle JC. Alcohol screening and brief intervention: dissemination strategies for medical practice and public health. *Addiction* 2000; 95:677-86)

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?

NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL’s Executive Committee.
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