



Suicide (Prevention) Notes

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Conclusion: The studies that showed a reduction in suicidality in the adolescent population used motivational interviewing techniques, promoted sobriety, healthy sleep and strengthening the child/parent/adult relationship.

Title of Paper: Protecting Adolescents From Self-Harm: A Critical Review of Intervention Studies

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The Study: Was a review of peer-reviewed articles analyzing intervention studies found to be effective in diminishing suicidal ideation or attempts in the adolescent population

Results:

1. The studies that showed an effect on suicidal ideation, attempts, or self-harm had some focus on family interactions or nonfamilial sources of support.
2. Two of the most efficacious interventions also provided the greatest number of sessions.
3. Some other treatment elements associated with positive effects include addressing motivation for treatment.
4. In many studies, suicidal events tend to occur very early in the course of treatment prior to when an effective “dose” of treatment could be delivered.
5. Some important factors that might mitigate suicidal risk are sobriety, healthy sleep, and promotion of positive affect.

Discussion: Interventions to be considered in order to prevent recurrent adolescent suicidal behavior:

1. Motivation to change; use of motivational interviewing to promote adherence to treatment
2. Sobriety: Alcohol and drug use are predictive of early suicidal events, and of nonresponse in depressed adolescents. In the only randomized controlled trial that clearly showed a reduction in the rate of adolescent suicide attempts, motivational interviewing, along with other interventions, reduced alcohol and substance abuse, which paralleled a reduction in recurrent suicidal behavior.

3. Family or non- familial support; Family conflict is one of the most salient predictors of suicidal events in adolescents. Interventions that focus on the quality of parent–child or other adult relationships should be included in treatment.
4. Promotion of positive affect; The role of negative affect in risk for adolescent suicidal ideation, self-harm, and suicide attempt is well known, but there is increasing recognition that positive affect can protect against suicidal behavior in depressed adults and adolescents. Augmentation of protective factors is not necessarily the mirror image of targeting risk factors. For example, interventions that relieve negative mood are different from those that augment positive mood, and interventions to augment a positive relationship between parent and child are different from those that relieve parent–child discord.
5. Healthy sleep. Insomnia is one of the most potent imminent risk factors for adult completed suicide. Insomnia in the previous week predicted a 5-fold increased risk of suicide compared to that in controls, even after controlling for the severity of mood symptoms. In experimental studies, sleep deprivation and insomnia in adolescents and adults results in mood lability, lower positive and greater negative affect, and impulsivity in response to negative stimuli, all of which can increase suicidal risk. Finally, insomnia is a negative moderator of treatment response to antidepressants in adolescents, meaning that in patients with insomnia, antidepressants may be no more efficacious than placebo. Although intervention studies have linked improvement in sleep to improvements in mood, social relationships, and academic performance, no study has yet tested whether improvement in sleep quality will reduce suicidal ideation or risk for suicide re-attempt.
6. Timing: Especially in patients referred from inpatient units, suicidal events tend to occur early in outpatient treatment. Therefore, for psychiatrically hospitalized suicide attempters, treatment should be initiated when adolescents are hospitalized in an inpatient unit. Even during a brief (e.g., 3- to 10-day) inpatient stay, there is sufficient time to provide treatment focused on reducing the risk for early suicidal events before discharge. If a patient is seen in the ED and is not hospitalized, treatment could be initiated in the ED, and additional intervention sessions can be provided in home visits. These interventions, should they prove efficacious, could be delivered by mobile crisis teams that could be deployed to the inpatient unit, ED, or home.

Questions for further consideration:

Practical points of how to implement these interventions in a fast paced, managed care monitored environment were raised.

NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL’s Executive Committee. Each article is read and discussed at an Executive Committee and summarized for distribution.

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