

General review



Efficient interventions on suicide prevention: A literature review

Les interventions efficaces dans le champ de la prévention du suicide : analyse de la littérature

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Abstract

Aim. – This review focuses on interventions to prevent suicide. It excludes psychotherapy evaluations and pharmaceutical clinical trials. The aim of this article is to provide useful input to the reflection on and the development of actions for professionals who may be concerned by suicide prevention.

Method. – This research is based on 41 published evaluation studies presenting results on at least one of the three following outcomes: completed suicides, suicide attempts, and suicidal ideations. These studies have been classified into seven categories of preventive action.

Results. – According to data from the literature selected for our analysis, the three most efficient categories of intervention seem to be the limitation of access to lethal means, the preservation of contact with the patients hospitalized for a suicide attempt after hospitalization, and the implementation of emergency call centers. The four other categories of intervention examined in this study — the training of general practitioners, the reorganization of care, programs in schools, and information campaigns — have not yet shown sufficient proof of their efficacy. Nevertheless, these interventions, under certain conditions, can also contribute significantly to the prevention of suicide.

Conclusion. – The majority of effective interventions minister to people already suffering from psychological disorders, but health promotion initiatives prior to situations of psychological disorders also deserve to be considered, in particular the implementation of services for the isolated elderly.

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Keywords: Literature review; Suicide prevention; Suicidal ideations; Evaluation of interventions; Public health; Suicide; Psychological distress

Résumé

Objectif. – Les interventions évaluées dans le champ de la prévention du suicide, autres que les essais cliniques portant sur l'évaluation des médicaments ou encore l'évaluation des psychothérapies, font l'objet d'une littérature relativement restreinte. Cet article se propose d'analyser cette littérature afin d'apporter des éléments utiles à la réflexion ainsi qu'à l'élaboration d'actions pour les professionnels susceptibles d'être concernés par la question.

Méthode. – Ce travail s'appuie sur un corpus de 41 recherches évaluatives ayant fait l'objet de publications scientifiques et présentant des résultats sur au moins l'un des trois indicateurs suivants : suicides accomplis, tentatives de suicide ou pensées suicidaires. Sept grandes catégories d'interventions sont analysées : la restriction des moyens létaux, le maintien d'un contact avec les patients, les lignes et centres d'appel, la formation des médecins généralistes, les interventions en milieu scolaire, l'organisation de la prise en charge suite à une tentative de suicide et les campagnes d'information du public.

Résultats. – Essentiellement trois catégories d'intervention se dégagent dans la littérature comme ayant apporté les preuves de leur efficacité. C'est le cas de la restriction de l'accès aux moyens létaux, du maintien d'un contact avec les patients sortis de l'hôpital après une tentative de suicide ainsi que de l'implantation de lignes d'appel. Les quatre autres catégories d'intervention, bien que n'ayant pas encore démontré la robustesse de leur efficacité, sont également susceptibles sous certaines conditions, de contribuer utilement à la prévention du suicide.

Conclusion. – Globalement, la majorité des interventions évaluées comme efficaces concernent d'une façon ou d'une autre la prise en charge de personnes déjà en souffrance psychique. Cependant, les approches de promotion de la santé, en amont de l'apparition des troubles, telles que le

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développement d'offres de services auprès des personnes âgées isolées, méritent d'être considérées comme des outils prometteurs pour la prévention du mal être.

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Mots clés : Revue de littérature ; Prévention du suicide ; Pensées suicidaires ; Interventions évaluées ; Santé publique ; Suicide ; Détresse psychologique

1. Introduction

France is classified among the Western countries with high suicide mortality, after Finland, Denmark, and Austria [1]. Suicide is the second leading cause of mortality in 15- to 24-year-old (14.6%), immediately after motor vehicle accidents, and is the leading cause of death in 25- to 34-year-olds. The latest data on mortality available in France date from 2008, recording a consistent downward trend since the end of the 1980s. Yet the recent data on suicide attempts suggests an upward trend between 2005 and 2010 [2]. This trend observed in France aligns with data showing an increase in mortality observed in other European countries, notably related to the 2008 economic crisis [3]. In this context, suicide prevention has received particular attention from the public authorities, and the experts in the field have raised questions as to which measures to implement.

To provide tools for this reflection and propose guidelines for action, we conducted a review of the literature on the evaluation of suicide prevention programs to extract the most salient data. This research was conducted as part of preparatory work within the 2011–2014 National Program for Action Against Suicide made public at the beginning of September 2011. It is largely based on a systematic review of the literature conducted by Leitner et al. published in 2008 [4]. Given the number of references used (235 articles, 37 of which were literature reviews) and its recent publication, this review undoubtedly presents the most complete database available to date in the field of assessment of suicide prevention actions. Our analyses and conclusions are based on this bibliographic corpus as well as complementary data from a 2008-European Community consensus document [5] on depression and suicide prevention, and a Scientific Advisory on Preventing Youth Suicide (*Avis scientifique sur la prévention du suicide chez les jeunes*) published in 2004 by the Quebec National Public Health Institute (Institut national de santé publique du Québec) [6].

Beyond the psychotherapies and drug therapies that will not be examined in this article, Leitner et al. identified certain types of intervention categories according to whether or not they have demonstrated their efficacy [4]. Beyond the methodological quality of the studies examined, their conclusions are mainly based on the quantitative criterion of the number of studies presenting proof of efficacy in relation to the number of studies evaluated. At least two limits to this quantitative outcome measure can immediately be emphasized. On one hand, despite a considerable literature review, relatively few studies outside of drug therapy and psychotherapy assessment studies were found, which limits the scope of an outcome measure based on the proportion of effective programs within an intervention

category. On the other hand, different modalities of action coexist within the intervention categories, such that they do not always make up homogenous groups. Considering these limits, we collected original studies and conducted a more qualitative analysis.

2. Methods and statistical analysis

The articles referenced in Leitner et al. [4] were completed by studies from two other sources mentioned in the introduction: the European Community consensus document [5] and the Quebec National Public Health Institute advisory [6]. The evaluations whose results and/or descriptions of interventions were insufficiently clear to draw conclusions were removed, as were the publications using the same data as articles already used. For the purposes of the analysis, we classified the articles according to seven intervention categories:

- limitation of access to lethal means (Table 1);
- preservation of contact (with individuals at risk for recurrence of suicide) (Table 2);
- implementation of emergency call lines and centers (Table 3);
- training of general practitioners (Table 4);
- school-based programs (Table 5);
- reorganization of care (Table 6);
- public information campaigns (Table 7).

Two readers (the authors) were involved in the data analysis. A table summarizing the studies examined was made for each intervention category. For each evaluation, this table includes a description of the intervention, presenting the data collection methodology, the population studied, and the results. Within each intervention category, all the studies presenting significant results on at least one of the three relevant indicators (completed suicides, suicide attempts, and suicidal ideations) were compared to identify the common features, and then compared with the studies that did not obtain significant effects, so as to identify the contrasting features. The observations of the two readers were then compared and a consensus was established on the characteristics that could contribute to the efficacy of an intervention category.

3. Results

All in all, the analyses were based on a corpus consisting of 41 assessment studies presenting results on one of the three following indicators: completed suicides, suicide attempts, and suicidal ideations. These results are presented separately for each of the seven categories of intervention retained.

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