

PSYCHIATRIC NEWS

ALERT

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Monday, February 22, 2021

Education, Outreach, and Firearm Restrictions Offer Effective and Scalable Suicide Prevention



Educating primary care physicians on depression management, increasing awareness about mental illness and suicide among high school students, and reaching out to previously hospitalized psychiatric patients after discharge represent several of the most effective and scalable approaches to suicide prevention, according to a review in *AJP in Advance*.

J. John Mann, M.D., and colleagues at Columbia University reviewed 97 clinical trials and 30 population-level studies published between 2005 and 2019 that explored interventions aimed at reducing suicides or suicidal behavior such as self-harm. "We focused on suicidal behavior as an outcome and not suicidal ideation, because there is a closer relationship between nonfatal suicide attempts and suicide deaths than there is between suicidal ideation and suicide deaths," they wrote.

The authors focused on a variety of suicide prevention strategies, including education campaigns, screening tools, medication, psychotherapy, follow-up contact with people who had attempted suicide, and restricting access to firearms. The authors evaluated each strategy on the following two criteria: evidence that the method prevented suicide attempts and the reliability with which it could be scaled up to city, county, state, and/or national levels.

Most studies found the interventions examined were superior to control at preventing suicide attempts. Among interventions that could be easily scaled up, four showed strong evidence of effect:

- Educating youth about suicidal behaviors (100% of studies included in this review found this approach to be an effective intervention)
- Firearm restrictions (98% of studies)
- General practitioner education (83% of studies)
- Outreach to recently discharged patients (70% of studies)

"Doctors in primary care and other nonpsychiatric care settings see 45% of future suicide decedents in the 30 days prior to suicide, and 77% within 12 months of suicide, about double the rate of mental health professionals," Mann and colleagues wrote. "Therefore, educating nonpsychiatrist physicians may prevent more suicides than further training for psychiatrists."

They added, "Further suicide rate reduction requires evaluating newer approaches, such as electronic health record-derived algorithms, internet-based screening methods, ketamine's potential benefit for preventing attempts, and passive monitoring of acute suicide risk change."

To read more on this topic, see the *Psychiatric News* article "Innovative Suicide Prevention Program Using Psychotherapy Shows Early Success."

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MBLFP

Labels: ajp in advance, firearm restrictions, outreach, primary care physicians, recently discharged, scalability, suicide prevention

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