

## Suicide Prevention Programs

### Review 12

Robinson, J., Hetrick, S. E., & Martin, C. (2011). Preventing suicide in young people: Systematic review. *Australian and New Zealand Journal of Psychiatry*, 45,3–26. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21174502>.

<b>Objectives</b>	Assess the effectiveness of interventions for adolescents and young adults who have presented to a clinical setting with risk of suicide attempt, suicidal ideation, and/or deliberate self-harm.
<b>Studies Included</b>	Twenty-one U.S. and international studies from 1994 to 2010
<b>Participants in the Studies</b>	Youth aged 12–25 who presented to a clinical service with suicide-related behaviors within the 6 months prior to study entry; some youth were diagnosed with mood disorders, depression, borderline personality disorder, adjustment disorder, alcohol abuse, or psychotic disorder
<b>Settings</b>	Settings reported include inpatient, outpatient, and community mental health clinic.
<b>Outcomes</b>	Suicide-related behaviors (suicide, suicide attempt, deliberate self-harm, or suicidal ideation)
<b>Limitations of the Studies</b>	Studies were relatively small with sample sizes ranging from 22 to 448 participants. The reporting of the conduct of trials was poor, making it difficult to assess the risk of bias. The reporting of random sequence generation, allocation concealment, the use of intent-to-treat analysis, and masking was poor, making assessment of the potential for biased estimates of treatment effects difficult. Most studies were not adequately powered to measure suicide as an outcome. An additional limitation was the absence of standardized definitions of the key outcomes of interest and the use of variable outcome measures across the included studies. Some studies had a high dropout rate.

### Results

Evidence regarding effective interventions for adolescents and young adults with suicide attempt, deliberate self-harm, or suicidal ideation is extremely limited. Cognitive behavioral therapy (CBT) shows some promise, as evidenced in one of the studies that found individual CBT to be better than treatment as usual. No differences were found in other studies comparing treatment to control groups. One small study compared dialectical behavioral therapy (DBT) to client-centered therapy in people with borderline personality disorder. Participants in the the DBT group demonstrated fewer suicide attempts and less suicidal ideation at both 6- and 12-month follow-up. However, caution is required, given this was a small study with an extremely high dropout rate, which could possibly overinflate the treatment effect. Many more methodologically rigorous trials are required.