# Usefulness of regular contact [2015]

## SCOPING QUESTION: Is contact (telephone contact, home visits, letter, contact card, brief intervention and contact) better than treatment as usual for persons with thoughts or plans of self-harm in the last month or acts of self-harm in the last year?

### Background

Persons with thoughts or plans of self-harm in the last month means persons with report or family/associate report of current thoughts or plans of self-harm, OR thoughts or plans of self-harm in the last month, regardless of the stated intent. Persons with acts of self-harm in the last year means report or family/associate report of current act of self-harm, OR act of self-harm in the last year, regardless of the stated intent. Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package. This table states ADDITIONAL interventions needed for these persons.

This scoping question evaluates whether contact (i.e. different forms of contact) is an effective intervention for persons with thoughts or plans of self-harm in the last month or acts of self-harm in the last year. Contact with the person can be considered as a form of social support in the broad sense.

### Population/Intervention(s)/Comparator/Outcome(s) (PICO)

| | |
|---|---|
| Population: | persons with thoughts, plans or acts of self-harm |
| Interventions: | contact (i.e. different forms of contact) |
| Comparisons: | treatment as usual (no contact) |
| Outcomes: | suicide mortality |
| | repetition of suicide attempts and acts of self-harm |
| | thoughts or plans of self-harm, hopelessness |
| | quality of life |
| | functionality status |

*Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.*

## List of the systematic reviews identified by the search process

*INCLUDED IN GRADE TABLES OR FOOTNOTES*

Hawton KKE et al (1999). Psychosocial and pharmacological treatments for deliberate self harm. *Cochrane Database of Systematic reviews,* (4):CD001754.

**Search strategy**

A systematic search was conducted via Web of Knowledge, The Cochrane Library and PubMed to identify reports evaluating suicide prevention interventions. The key identifiers used for the searches were self-harm and suicide. Attached to these, the following key words were used for the searches: contact, brief intervention, follow-up. References of articles were checked for identification of further articles.

**Inclusion and exclusion criteria**

Observational studies, non-systematic reviews, randomized controlled trials, and systematic reviews, in English. No limitation for year of publishing.

## PICO Table

| Serial no. | Intervention/Comparison | Outcomes | Systematic reviews used for GRADE | Explanation |
|---|---|---|---|---|
| I | **Brief intervention and contact / Treatment as usual** | Suicide mortality | None available. One international multisite randomized controlled trial identified. | This is the only study that could be identified. |
| 2 | **Contact / No contact** | Suicide mortality | None available. One randomized controlled trial identified. | This is the only study that could be identified. |
| 3 | **Green card for contact with doctor/ Standard care** | Repetition of self-harm | Hawton et al (1999) Cochrane Review. | Only systematic review that could be identified. |
| 4 | **Home visits / Standard care** | Repetition of self-harm | Hawton et al (1999) Cochrane Review. | Only systematic review that could be identified. |

**Narrative description of the studies that went into the analysis**

The SUPRE-MISS study (Fleischmann et al, 2008) determined whether brief intervention and contact is effective in reducing subsequent suicide mortality among suicide attempters in low and middle income countries (international multisite randomized controlled trial).

The study by Motto & Bostrom (2001) compared the suicide rates between two treatment groups of suicidal patients after discharge from hospital who discontinued treatment. The one group was contacted by writing a letter at least four times a year for five years whereas the other group received no further contact.

The systematic review by Hawton et al (1999) reported that green card decrease repetition of self-harm.

The systematic review by Hawton et al (1999) reported that home visits decrease repetition of self-harm.

The study be De Leo et al (2002) (NOT GRADED) reported significantly fewer suicide deaths among elderly persons who received contacts by telephone compared to general community members.

No systematic studies on the outcomes rated as important (thoughts and plans of self-harm, hopelessness, quality of life, functionality status) could be identified.

| Author | Title | Reference | Description of the study | Results |
|---|---|---|---|---|
| Fleischmann A et al (2008). | Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. | Bulletin of the World Health Organization, 86:703-9. | Suicide attempters identified in emergency units in five different sites (in five countries) participated in a randomized controlled trial to evaluate brief intervention and contact (BIC) versus treatment as usual. | Significantly fewer deaths from suicide occurred in the brief intervention and contact (BIC) group at 18 months follow-up. |
| Motto JA, Bostrom AG | A randomized controlled trial of postcrisis suicide | Psychiatric services, 52:828-33. | A randomized controlled trial between two different treatment groups of patients with depressive or suicidal state. The one group received a contact letter | Patients in the contact group had a significantly lower suicide rate than the no-contact group in the first five years; the difference between |

| | | | | |
|---|---|---|---|---|
| (2001). | prevention. | | at least four times a year during 5 years whereas the other group did not receive further contact. | suicide rates in the contact and no-contact groups was greatest in the first and second years. Differences diminished gradually and there were no differences by 14 years. |
| Hawton KKE et al (1999). | Psychosocial and pharmacological treatments for deliberate self harm. | Cochrane Database of Systematic reviews, (4):CD001754. | Morgan HG et al, 1993: A randomized controlled trial of patients admitted to hospital following a first episode of deliberate self-harm, assigned to either green card (for contact with doctor) or standard care. | A trend towards less repetition of self-harm in the green card group. |
| Hawton KKE et al (1999). | Psychosocial and pharmacological treatments for deliberate self harm. | Cochrane Database of Systematic reviews, (4):CD001754. | 6 studies comparing home visits to standard care. | A trend towards less repetition of self-harm in the home visits group. |

| **Author** | **Title** | **Reference** | **Description of the study** | **Results** |
|---|---|---|---|---|
| De Leo D, Buono DM, Dwyer (2002). **(NOT GRADED)** | Suicide among the elderly: the long-term impact of a telephone support and assessment intervention in northern Italy. | British Journal of Psychiatry, 181:226-9. | Epidemiological study. Telephone contact and emergency response (TeleHelp-teleCheck) for elderly persons to prevent suicide. | A 4-year evaluation reported lower than expected suicide rates among TeleHelp-TeleCheck users than among comparable general community members. |

## GRADE Tables

Outcome: Suicide mortality

Table 1

**Author(s):** Fleischmann A
**Date:** 2009-06-17
**Question:** Should Brief intervention and contact vs Treatment as usual be used in Suicide attempters?
**Settings:** Emergency care settings
**Bibliography:** Fleischmann A et al (2008). Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. *Bulletin of the World Health Organization,* 86:703-9.

| Quality assessment | | | | | | | Summary of findings | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | No of patients | | Effect | | Quality | Importance |
| No of studies | Design | Limitations | Inconsistency | Indirectness | Imprecision | Other considerations | Brief intervention and contact | Treatment as usual | Relative (95% CI) | Absolute | | |
| **Suicide mortality (follow-up 18 months; Informant report)** | | | | | | | | | | | | |
| 1 | randomized trials | no serious limitations | no serious inconsistency | serious[1] | no serious imprecision | none | 2/872 (0.2%) | 18/827 (2.2%) | RR 0.10 (0.02 to 0.45)[2] | 20 fewer per 1000 (from 12 fewer to 21 fewer) | ⊕⊕⊕O MODERATE | CRITICAL |

[1] Even though international multi-site study, it is only one study which leaves some possibility of bias.
[2] Chi-square 13.83, p-value <0.001. RR was calculated from Table 2 of published paper, p.707.

Table 2

**Author(s):** Fleischmann A
**Date:** 2009-08-13
**Question:** Should Contact vs No contact be used in Patients admitted to psychiatric inpatient facilities because of a depressive or suicidal state and who declined or discontinued treatment within 30 days of discharge?
**Settings:** Discharged from hospital
**Bibliography:** Motto JA, Bostrom AG (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric services,* 52:828-33.

| Quality assessment | | | | | | | Summary of findings | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | No of patients | | Effect | | Quality | Importance |
| No of studies | Design | Limitations | Inconsistency | Indirectness | Imprecision | Other considerations | Contact | No contact | Relative (95% CI) | Absolute | | |
| **Suicide mortality (follow-up 5 years)** | | | | | | | | | | | | |
| 1 | randomized trials | serious[1] | no serious inconsistency | serious[2] | no serious imprecision | none | 15/389 (3.9%) | 21/454 (4.6%) | RR 0.90 (0.61 to 1.33) | 5 fewer per 1000 (from 18 fewer to 15 more) | ⊕⊕OO LOW | CRITICAL |
| | | | | | | | | 0% | | 0 fewer per 1000 (from 0 fewer to 0 more) | | |
| **Suicide mortality (follow-up 15 years)** | | | | | | | | | | | | |
| 1 | randomized trials | serious[1] | no serious inconsistency | serious[2] | no serious imprecision | none | 25/389 (6.4%) | 26/454 (5.7%) | RR 1.12 (0.66 to 1.91) | 7 more per 1000 (from 19 fewer to 52 more) | ⊕⊕OO LOW | CRITICAL |
| | | | | | | | | 0% | | 0 more per 1000 (from 0 fewer to 0 more) | | |

[1] Single-site study.
[2] Only one study, which leaves some possibility for bias

## Outcome: Repetition of self-harm

Table 3

**Author(s):** Fleischmann A
**Date:** 2009-08-18
**Question:** Should Green card for contact with doctor vs Standard care be used in Deliberate self-harm patients, first episode?
**Settings:** Discharge from hospital
**Bibliography:** Hawton KKE et al (1999). Psychosocial and pharmacological treatments for deliberate self-harm. *Cochrane Database of Systematic reviews,* (4):CD001754 (Morgan et al, 1993).

| Quality assessment | Summary of findings | Importance |
|---|---|---|

*Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.*

| | | | | | | | No of patients | | Effect | | Quality | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **No of studies** | **Design** | **Limitations** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Green card for contact with doctor** | **Standard care** | **Relative (95% CI)** | **Absolute** | | |
| **Repetition of self-harm (follow-up 1 years)** | | | | | | | | | | | | |
| 1 | randomized trials | serious[1] | no serious inconsistency | serious[2] | no serious imprecision | none | 5/101 (5%) | 12/111 (10.8%) | RR 0.45 (0.17 to 1.22) | 59 fewer per 1000 (from 90 fewer to 24 more) | ⊕⊕OO LOW | CRITICAL |
| | | | | | | | | 0% | | 0 fewer per 1000 (from 0 fewer to 0 more) | | |

[1] Single-site study.
[2] Only one study, which leaves some possibility for bias.

Table 4

**Author(s):** Fleischmann A
**Date:** 2009-08-19
**Question:** Should Home visits vs Standard care be used in Deliberate self-harm, suicide attempters?
**Settings:** Hospital
**Bibliography:** Hawton KKE et al (1999). Psychosocial and pharmacological treatments for deliberate self harm. *Cochrane Database of Systematic reviews,* (4):CD001754. (Allard et al, 1992; Chowdhury et al, 1973; Hawton et al, 1981; Van der Sande et al, 1997; Van Heeringen et al, 1995; Welu, 1977)

| Quality assessment | | | | | | | Summary of findings | | | | | Importance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | No of patients | | Effect | | Quality | |
| **No of studies** | **Design** | **Limitations** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Home visits** | **Standard care** | **Relative (95% CI)** | **Absolute** | | |
| **Repetition of self-harm (follow-up median 1 years; Various)** | | | | | | | | | | | | |
| 6 | randomized trials | serious[1] | no serious inconsistency | no serious indirectness | no serious imprecision | none | 92/580 (15.9%) | 107/581 (18.4%) | RR 0.84 (0.62 to 1.15) | 29 fewer per 1000 (from 70 fewer to 28 more) | ⊕⊕⊕O MODERATE | CRITICAL |
| | | | | | | | | 0% | | 0 fewer per 1000 (from 0 fewer to 0 more) | | |

[1] No information about masking.

## Additional information that was not GRADEd

Contact can be carried out with very modest resources of space, equipment and personnel and thus this method is applicable for the majority of countries.

During updates in 2012 and 2015, the following systematic reviews and studies were found to be relevant without changing the recommendation:

Systematic reviews:
Ougrin D, Latif S (2011). Specific psychological treatment versus treatment as usual in adolescents with self-harm: systematic review and meta-analysis. Crisis, 32(2):74-80.
The systematic review by Luxton et al (2013) reported that in general, repeated follow-up contacts may exert a preventive effect on suicidal behaviors.

Studies:
The study by Beautrais et al (2010) was a randomized control trial which examined whether sending postcards after discharge reduced the proportion of participants re-presenting with self-harm or the total number of re-presentations for self-harm. After adjustment for prior self-harm, there were no significant differences between the control and intervention groups in the proportion of participants re-presenting with self-harm or in the total number of re-presentations for self-harm.

In the study by Bertolote et al (2010), suicide attempters from 5 participating countries were randomly assigned to a brief intervention and contact (BIC) group, and others to a treatment as usual (TAU) group. Repeated suicide attempts over the 18 months following the index attempt were identified by follow-up calls or visits (international multisite randomized controlled trial). Overall, the proportion of subjects with repeated suicide attempts was similar in the BIC and TAU groups, but there were differences in rates across the five sites.

In the study by Hassanian-Moghaddam et al (2011), a randomized control trial of individuals who self-poisoned was conducted wherein the intervention consisted of nine postcards sent versus usual treatment. Outcomes assessed at 12 months were proportion and event rates of suicidal ideation, suicide attempts and self-cutting. There was a significant reduction in any suicidal ideation, any suicide attempt and number of attempts. There was no significant reduction in any self-cutting. The postcard intervention reduced suicidal ideation and suicide attempts in a non-Western population. Sustained, brief contact by mail may reduce suicidal ideation and suicide attempts in individuals who self-poison.

## References

Allard R, Marshall M, Plante MC (1992). Intensive follow-up does not decrease the risk of repeat suicide attempts. *Suicide & Life Threatening Behaviour,* 22:303–14.

Beautrais AL et al (2010). Postcard intervention for repeat self-harm: randomised controlled trial. *British Journal of Psychiatry, 197*: 55–60.

Bertolote JM et al (2010). Repitition of suicide attempts: Data from Emergency Care Settings in Five Culturally Different Low- and Middle-Income Countries Participating in theWHO SUPRE-MISS Study. *Crisis, 31*: 194–201.

Chowdhury N, Hicks RC, Kreitman N (1973). Evaluation of an after-care service for parasuicide (attempted suicide) patients. *Social Psychiatry,* 8:67–81.

De Leo D, Buono DM, Dwyer (2002). Suicide among the elderly: the long-term impact of a telephone support and assessment intervention in northern Italy. *British Journal of Psychiatry,* 181:226-9.

Fleischmann A et al (2008). Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. *Bulletin of the World Health Organization,* 86:703-9.

Hassanian-Moghaddam et al (2011). Postcards in Persia: randomised controlled trial to reduce suicidal behaviours 12 months after hospital-treated self-poisoning. *British Journal of Psychiatry, 198*:309-316.

Hawton K et al (1981).Domiciliary and out-patient treatment of self-poisoning patients by medical and non-medical staff. *Psychological Medicine,* **11**:169–77.

Hawton KKE et al (1999). Psychosocial and pharmacological treatments for deliberate self harm. *Cochrane Database of Systematic reviews,* (4):CD001754.

Luxton et al (2013). Can Postdischarge Follow-Up Contacts Prevent Suicide and Suicidal Behavior?: A Review of the Evidence. *Crisis, 34*(1):32–41.

Morgan HG, Jones EM, Owen JH (1993). Secondary prevention of non-fatal deliberate self-harm. The green card study. *British Journal of Psychiatry,* 163:111-2.

Motto JA, Bostrom AG (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric services,* 52:828-33.

Ougrin D, Latif S (2011). Specific psychological treatment versus treatment as usual in adolescents with self-harm: systematic review and meta-analysis. *Crisis*, 32(2):74-80.

van der Sande R et al (1997). Intensive inpatient and community intervention versus routine care after attempted suicide: A randomized controlled intervention. *British Journal of Psychiatry,* 171:35–41.

van Heeringen C et al (1995). The management of non-compliance with referral to out-patient after-care among attempted suicide patients: a controlled intervention study. *Psychological Medicine,* 25:963–70.

Welu TC (1977). A follow-up program for suicide attempters: Evaluation of effectiveness. *Suicide & Life Threatening Behavior,* 7:17–30.

## From evidence to recommendations

| Factor | Explanation |
|---|---|
| Narrative summary of the evidence base | There is evidence favouring contact with the patient, in the form of telephone contact, home visits, letter, contact card, and brief intervention and contact over treatment as usual in reducing suicide and repeated self-harm. |
| Summary of the quality of evidence | The quality of evidence is moderate to low. |
| Balance of benefits versus harms | None. |
| Values and preferences including any variability and human rights issues | All patients with thoughts or plans of self-harm in the last month or acts of self-harm in the last year should receive an intervention. |

| | |
|---|---|
| Costs and resource use and any other relevant feasibility issues | This is a low-cost intervention linked to personnel (trained non-specialist health workers) directly involved in the contact (once a week for two months, every second week in the third month, then once a month for six months in total).<br><br>One or two days of training depending on the kind of contact. |

**Recommendation(s)**

Regular contact (telephone contact, home visits, letter, contact card, brief intervention and contact) with the non-specialized health care provider is recommended for persons with acts of self-harm in the last year. The contact should be more frequent initially and less frequent as the individual improves. The contact should be more intensive or longer if needed, based on the condition.

Strength of recommendation: STRONG

Regular contact (telephone contact, home visits, letter, contact card, brief intervention and contact) with the non-specialized health care provider should be considered for persons who volunteer thoughts of self-harm, or who are identified as having plans of self-harm in the last month. The contact should be more frequent initially and less frequent as the individual improves. The contact should be more intensive or longer if needed, based on the condition.

Strength of recommendation: STANDARD