

Can Post-discharge Follow-up Contacts Prevent Suicide and Suicidal Behavior? (A Review of the Evidence)

The time period following discharge from inpatient psychiatry and emergency department (ED) treatment is one of heightened risk for repeat suicide attempts for patients. Evidence reported in academic literature shows that follow-up contacts might reduce suicide risk. A paper by David D. Luxton, Jennifer D. June, and Katherine Anne Comtois in *The Journal of Crisis Intervention and Suicide Prevention*, Volume 34, #1, 2013 aimed to evaluate evidence of the effectiveness of suicide prevention interventions that involve follow-up contacts with patients.

The team reviewed several published empirical studies of follow-up interventions with suicidal behaviours (suicide, attempts and ideation) and various contact modalities including telephone, postal letter, post cards, in-person, and technology-based methods (e-mail and texting). Of the eight original studies reviewed, five showed statistically significant reduction in suicidal behavior, four had mixed results, and two did not show a preventive effect. They concluded that repeated follow-up contacts appear to reduce suicidal behaviour, but felt additional randomized controlled trials were necessary to determine what specific factors might make follow-up contact modalities or methods more effective than others.¹

Some of the specific findings of their research included the following:

- ▶ The majority of post-hospitalization suicides occur during the first month after discharge with the peak of suicides occurring within a week after discharge (Appleby, Shaw et al., 1999; Geddes, Juszczak, O'Brien, & Kendrick, 1997);
- ▶ Some studies have shown the rate of suicide during first month after discharge to be more than 100 times the rate in the general population (Goldacre et al., 1993; Ho, 2003);
- ▶ Emergency Departments (EDs) also discharge a significant number of patients admitted for self-inflicted injury and the risk for repeat attempts for these patients is as high as 25% (Beautrais, 2004, Larkine and Beautrais, 2010);
- ▶ Many psychiatric patients who die by suicide are not found to be at high or immediate risk at their last contact with mental health providers (Appleby, Dennehy, Thomas, Faragher, & Lewis, 1999);
- ▶ A potential reduction in clinical supervision and appropriate levels of support following hospitalization can increase risk of suicide (Appleby, Shaw et al., 1999);



► Although the majority of suicidal patients admitted to inpatient psychiatric services or seen in EDs are referred for outpatient treatment follow-up after discharge, only between 25 -50% actually attend outpatient appointments within one month of the attempt (van Heeringen et al., 1995);

► A French study (Vaiva et al., 2006) of the effectiveness of telephone follow-up contacts after discharge from EDs following a suicide attempt by self-poisoning of 605 patients had interesting results. Of those to whom the one-month call after discharge from ED treatment was placed, their reattempt suicide rate was significantly lower than those of no contact, and that this was observed for the six months following the making of the telephone contact. For those reached after three months, the results were not significant. These limited results suggested that contacting patients one month after hospitalization for deliberate self-poisoning may help to reduce subsequent suicide attempts;

► Chen et al., 2010, reported a pilot study of a mobile telephone text messaging intervention with 15 suicide attempters in China after discharge from an ED. The text messages consisted of brief positive and supportive statements and were sent one week after discharge and then once a week for four weeks. At the end of four weeks, the patients were contacted by phone follow-up. Twelve (80%) patients found the intervention acceptable and helpful and wanted to continue to receive the text messages beyond the four weeks. Researchers reported there were no suicide attempts during the intervention; however suicidal behaviour was not measured in the pilot study;

► Luxton and colleagues (2012) at the National Center for Telehealth and Technology evaluated repeat follow-up e-mails and regular mail contacts for suicide prevention at a large US military installation. During the first year of the study, 436 letters and e-mails were sent to 111 patients. Fifteen participants were subsequently re-admitted after enrollment in the program compared to 20 non-participating in- patients. The results also showed that the majority of participants (63%) preferred to receive follow-up contacts via e-mail versus postal mail;

► Researchers found that follow-up contacts can be utilized in a variety of treatment settings that encounter patients at high risk of suicide and can also target specific patient populations. For example, the ALGOS algorithm (Vaiva et al., 2011) describes use of telephone contacts for repeat attempters, crisis cards for first attempters, and postal letters or postcards for patients who refuse or do not continue in treatment.

ⁱ Crisis 2013, Vol.34(1); 32-41, David D. Luxton, Jennifer D. June, and Katherine Anne Comtois