

# Close contact with young people at risk of suicide has no effect

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Researchers, doctors and patients tend to agree that during the high-risk period after an attempted suicide, the treatment of choice is close contact, follow-up and personal interaction in order to prevent a tragic repeat. Now, however, new research shows that this strategy does not work. These surprising results from Mental Health Services in the Capital Region of Denmark and the University of Copenhagen have just been published in the *British Medical Journal*.

Researchers from Mental Health Services in the Capital Region of [Denmark](#) and the University of Copenhagen have just concluded a large study on the effect of an assertive outreach and intervention programme for young people after an attempted suicide. The surprising conclusion is that increased attention and support for the patient do not have a significant effect.

– Our results show that there is no difference between receiving standard treatment after an attempted suicide, or receiving assertive outreach intervention in addition, explains Britt Morthorst, research assistant, Psychiatric Centre Copenhagen and the Faculty of Health and Medical Sciences, who led the study.

The study was conducted at the Research Unit of Psychiatric Centre Copenhagen from 2007 to 2010. A total of 243 patients who had recently attempted suicide participated in the study; 123 in the additional intervention group and 120 in the control group. In the study, the frequency of repeated attempt was 17% for both groups. This figure can

also be found in the international literature on this topic, and describes the risk factor entailed by a prior suicide attempt.

## **Standard treatment just as good**

Standard treatment after an attempted suicide is usually provided by the patient's own general practitioner or a psychologist, and is adapted to the patient's physical and mental health. Generally it is up to the patient to seek help and initiate a course of treatment. In the study reported here, standard treatment was supplemented by treatment at the Competence Centre for Suicide Prevention under the auspices of [Mental Health Services](#) in the Capital Region of Denmark.

Under the additional intervention programme, specially-trained nurses visited patients a few days after their discharge from hospital and maintained especially close contact with them for up to six months, with between eight and 20 out-reach consultations in addition to standard treatment. Contact covered meetings with patients in the patient's home, and also included accompanying [patients](#) to [doctors'](#) appointments and meetings with social services. The option of telephone and texting contact was also part of the package.

## **Greater focus on danger signals prior to first suicide attempt**

However, close contact is not what it takes to stop the negative spiral involved in repeated suicide attempts. At the end of the study, researchers were forced to conclude that in the year after treatment, there were as many attempted suicides in the group that had received additional intervention as in the control group that received standard treatment. Thus there is no difference to be found in either hospital registers or in the data gathered from self-reporting by participants in the

study:

Unfortunately, the [conclusion](#) must be that neither standard treatment nor additional assertive outreach is good enough. My suggestion is that we try to get hold of young people at risk before they attempt suicide the first time. We are looking with interest at some American Teen-Screen programmes, which look at [young people's mental health](#) generally, to see if we can identify any danger signals to which we could respond earlier, explains Britt Morthorst.

**More information:** Read the article in British Medical Journal:  
[www.bmj.com/highwire/filestream/.../scan\\_filename=0.pdf](http://www.bmj.com/highwire/filestream/.../scan_filename=0.pdf)

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