

How effective are suicide interventions?

8 April 2021, by Nicole Militello



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With a significant array of papers and opinions circulating about what treatments might work best to reduce suicidal thoughts and behaviors, one University of Denver professor set out to complete a comprehensive analysis of the effectiveness of different interventions. Along with a team of researchers from Florida State University and Columbia University, Kathryn Fox, an assistant professor in the Department of Psychology in the College of Arts, Humanities and Social Sciences, aims to focus on improving the understanding and treatment of self-injurious thoughts and behaviors in order to help reduce them. She shared her new analysis with the DU Newsroom.

What inspired you to start this research?

There are so many treatments and interventions currently used to try to reduce [suicide](#) and self-harming thoughts and behaviors, but it wasn't clear how, as a field, we were doing overall in terms of these interventions. For example, it wasn't clear which of these were strongest and what factors impacted treatment strength. We decided to do a meta-analysis to examine our current treatments for these critical outcomes. With this approach, we wanted to look at what treatments have been

tested, on who, as well as how treatments are doing overall and what factors impact their ability to reduce suicide and self-harming thoughts and behaviors.

What were your big takeaways?

Overall, we found that our "active" treatments are effective at reducing some suicide and self-harming thoughts and behaviors, but that these treatments are weak *at best*. Moreover, we did not find that any one treatment stood out as particularly strong or effective. This is particularly notable given that we did find that there has been a huge increase in the number of studies on these interventions. Despite this, we have not gotten better at reducing these outcomes.

Did anything surprise you during this research?

Honestly, a lot of things surprised me. But a few things that stood out most were that our current treatments for suicide and self-harming thoughts and behaviors are not nearly as strong as we'd like to think, and moreover, that the treatments typically lauded as most effective for these outcomes did not emerge as stronger than other treatments.

Why are these takeaways so important?

These takeaways are particularly important given that suicide and self-harming thoughts and behaviors are a major public health problem, [but] we do not yet have strong treatments to help to reduce them. Moreover, many of the gold-standard treatments for suicide and [self-harm](#) are particularly time-consuming and costly. Results suggest that these approaches may not actually have better outcomes than other approaches that may be more accessible for people.

What impact does this research have moving forward?

Moving forward, I think there are several important steps for researchers. First, causes of suicidal and

self-harming thoughts and behaviors remain unclear. Greater consideration of the complexity of these thoughts and behaviors may hold critical keys toward understanding causes and designing stronger treatments in the future. Second, there are so many barriers to accessing treatments, and these barriers tend to disproportionately impact minoritized people. In addition to more traditional, in person treatment approaches, creating and disseminating briefer interventions (e.g., leveraging the internet) may be a critical next step. Third, and finally, offshoots of this initial meta-analysis are revealing that most of our treatment studies have centered cisgender, heterosexual, white people. More research testing interventions in diverse populations is sorely needed.

Provided by University of Denver

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