



The Effectiveness and Safety of Suicide Postvention Programs

Research Literature Review & Recommendations: A Summary Report

December 2010

Background

In 2006, the provincial government and community partners released a strategy designed to help reduce suicide and attempted suicide in Nova Scotia. To support the carrying out of this framework, a series of research reports is being prepared to give suicide prevention partners the best available research and recommendations on suicide prevention, intervention, and postvention. These papers are being prepared in partnership by the Nova Scotia Department of Health Promotion and Protection, the Department of Health, the Canadian Mental Health Association (Nova Scotia Division), and the Sun Life Financial Chair in Adolescent Mental Health.

The following is a summary of a report prepared on the effectiveness and safety of suicide postvention programs.

Introduction

Postvention programs and services target individuals personally affected by a recent suicide. The intention of postvention programming is to help survivors (e.g., families, friends, loved ones, work-/classmates) with the grieving process and to reduce the chance of suicide contagion (i.e., copycat suicide) through counselling and education.

An extensive literature review on suicide postvention programs was done between October 2009 and February 2010. The purpose of this study was

- to work out the effectiveness of suicide postvention programs on mental distress and mental health
- to gain a better understanding of the evidence for the effectiveness and safety of suicide postvention programs so that policy makers, planners, and service providers are told about interventions that may be helpful, that are unlikely to be helpful, and that may be harmful
- to work out the cost-effectiveness of postvention programs
- to use this information for developing policy, planning programs, and delivering interventions



Methodology

When developing and carrying out policies, programs, and practice, it is important to collect and use the most substantive, high-quality evidence.

When considering scientific evidence, it is important to remember that high-quality research studies are preferred to those of lesser quality, and if the research is conflicting, evidence from higher-quality research should be used over evidence from lower-quality research.

As well, research used to develop policy, programs, and practice must be considered within frameworks designed to help policy makers, programmers, and practitioners decide if the evidence supports an intervention's effectiveness, safety, and cost-effectiveness.

Given this, evidence-based policies, programs, and practices must be based on the most substantive and highest-quality research available, and must pass the test of reasonable applicability (e.g., is the evidence strongly or weakly supportive?). A number of research methodologies address both of these criteria. First are methods that verify the quality of individual research studies. Second are methods that decide the weight of the evidence around effectiveness, safety, and cost-effectiveness.

The systematic review of the research literature on suicide postvention used both of these methods to produce a summary of the most substantive and high-quality evidence needed to develop policy, planning, and practice. Two evidence quality frameworks, the Centre for Evidence-based Medicine (CEBM) and the Office of Justice Programs (OJP) What Works Repository Framework, were used to evaluate the evidence.

Results

For reporting, areas of focus coming out of the literature review were categorized by settings: school-based programs, family-based programs, and community-based programs.

School-based Postvention Programs

Based on the available evidence, it is not possible to state that any school-based suicide postvention program has shown safety or effectiveness in preventing suicide attempts, preventing completed suicide, improving emotional distress, or preventing long-term mental health problems or mental disorders.

Findings:

- School-based postvention programs were not shown to prevent suicide attempts or completed suicides.
- There was no substantive evidence that any of the programs reviewed resulted in significantly improved outcomes in emotional distress or preventing mental health problems and/or mental disorders.
- There was limited evidence that school-based suicide postvention programs may have harmful effects; in one case report, rates of suicide attempts increased.
- There was limited evidence that one type of intervention, gatekeeper training of educators, was effective in increasing knowledge of crisis intervention in school personnel. This training did not address the issue of effectiveness or safety for preventing suicide attempts, completed suicide, emotional distress, mental health problems, or mental disorders.

Family-based Postvention Programs

Family-based suicide postvention studies addressed a variety of different interventions across many sectors. Based on the available evidence, it is not possible to state that any family-based suicide postvention program has shown strong evidence for reducing symptoms, preventing suicide attempts, preventing completed suicide, or preventing future mental health problems or mental disorders.

Overall, however, there is some promising evidence that both outreach to family members immediately post-suicide and bereavement support groups led by trained facilitators may be helpful for some individuals.

Findings:

- There was some promising evidence of positive effects of two types of interventions:
 - Outreach services to family member survivors resulted in increased use of services designed to help in the grieving process, compared to no outreach.
 - Group interventions conducted by trained facilitators resulted in some positive short-term reduction in emotional distress.



Community-based Postvention Programs

The available literature on community-based suicide postvention research is extremely limited and the studies available are not of high quality. Any interpretation of these findings must be made with great caution.

Findings:

- There is some promising evidence that guidelines for responsible media reporting of suicide may be associated with decreases in suicide attempts and in completed suicide.

Cost-effectiveness

Due to very limited available research, it is not possible to make any comment about cost-effectiveness. The report does note that this is a fundamental gap in the evidence base and needs further research.

Findings:

- No studies describing the cost-effectiveness of postvention programs for individuals bereaved by suicide were found.
- The few studies that discussed cost-effectiveness of bereavement programs for other groups found that costs were generally not higher than normal care or comparable outpatient therapy. Outcomes for these programs depended on individual or group characteristics at the start of the program.

Report Limitations

The quality of existing research is generally low and much of what is available in the suicide postvention literature is descriptive or theoretical. Evaluation studies, when conducted, were generally weak in design, methodology, and analysis. As well, there are many suicide postvention programs that have not been independently analysed. Without appropriate evaluation, the effectiveness, safety, or cost-effectiveness of any intervention cannot be worked out.

In many of the studies reported, there was no attempt to address the bias of researchers themselves. Studies that demonstrated potentially positive results were often conducted by individuals or groups who had either created the intervention under study or were closely related to those who had created it. This lack of independent assessment poses a considerable problem.

Conclusions and Recommendations

Given that good policy, planning, and practice must be based on the most substantive, high-quality, and appropriate evidence, this review of research about suicide postvention programs has led to two overarching recommendations:

- Government and its many suicide prevention partners should focus efforts to develop and carry out suicide postvention activities on those that are shown to be effective and safe.
- Further research is needed about the cost-effectiveness of postvention programs.

Specific recommendations include

- Do not use psychological debriefing or critical incidence stress debriefing/critical incidence stress management interventions with adults or youth.
- Avoid the use of school-wide suicide postvention programs that are based on everyone taking part.
- Look into gatekeeper training for school personnel.
- Reach out to family survivors of suicide to tell them about grief counselling programs in their communities.
- Offer group-based bereavement support using trained facilitators to those who ask for it.
- Look into effectiveness of guidelines for responsible media reporting of suicide.
- Identify research into suicide postvention as a priority area to be supported by existing provincial government funding sources, such as the Nova Scotia Health Research Foundation.
- If suicide postvention programs are carried out in the province, make sure that methodologically sound evaluations are done.



