Effects of psychosocial interventions among people cared for in emergency departments after a suicide attempt: a systematic review

Ana Paula Silva, Margarida Henriques, Inês Rothes, Pim Cuijpers, José Carlos Santos, Tiago Zortea

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Review question

Among people (11+) who are admitted to emergency departments for attempted suicide (P), what are the effects of psychosocial interventions (I) compared to usual / usual improved treatment (C), on repeat suicide attempts, death by suicide, adherence to referral for health follow-up, psychological symptoms, and social functioning (O), at any follow-up period?

Searches

The databases used will be the Cochrane Library, PubMed, EMBASE, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Virtual Health Library (BVS), Index Medicus for the WHO Eastern Mediterranean Region (IMEMR), Index Medicus for South-East Asia Region (IMSEAR), Academic Google, Open Access Theses and Dissertations (OATD), EBSCO Open Dissertations, OpenGrey, Trials registers, National Guideline Clearinghouse and the Database of Abstracts of Reviews of Effects (DARE).

The period searched will be articles published until April 2019.

To ensure a wider search, and to minimise publication bias, we will include other sources of literature on the topic of the current systematic review.

The references cited in the included studies (snowballing technique) and citations present in the guidelines of intervention for suicide prevention will also be scrutinised.

Other sources of scientific information on suicide prevention, such as suicide societies, will also be accessed / addressed (e.g. the Portuguese Society of Suicidology, the International Association for Suicide Prevention, the International Academy of Suicide Research and others).

Finally, personal communication will also be made by email with study societies and experts in the subject to request any further information about other references.

Studies in any language will be included. Although the search terms will be in English, results may be generated in other languages. Google Translator and the Cochrane Task Exchange Platform will be used as an aid to translating articles.

Additional search strategy information can be found in the attached PDF document (link provided below).

Types of study to be included

Randomized clinical trials, non-randomized clinical trials, and observational studies of the controlled case study and cohort study design.

Condition or domain being studied

Suicide; emergency services as a tool for suicide prevention.

The focus will be on suicide prevention interventions implemented by the emergency services for individuals

who have come into contact with these services due to a suicide attempt.
The definition of a suicide attempt, as employed in the current review, will be understood as a "self-inflicted, potentially harmful behaviour with a non-fatal outcome, for which there is evidence, explicit or implicit, of intent to die" (Silverman et al., 2007, p. 273).

Participants/population

Inclusion: women and men, over 11 years old, of any ethnic group, using emergency services as a result of an attempted suicide.

Exclusion: self-harm without suicidal intention (non-suicidal self-injury), people diagnosed with autism, intellectual disability, organic brain syndrome, psychosis, and borderline personality disorder.

Intervention(s), exposure(s)
All types of psychosocial interventions initiated and / or carried out in the emergency services for suicide attempts in any country.

Comparator(s)/control
Placebo, usual treatment, and usual improved treatment practiced in each emergency in which the primary study has been conducted.

Main outcome(s)
Repetition of suicide attempts and death by suicide.

Additional outcome(s)
Adherence to referral for mental health follow-up, psychological symptoms, suicidal ideation, and social functioning.

Data extraction (selection and coding)
The eligibility of the studies will be assessed by six researchers, independently. This first selection will be made based only on the titles and abstracts of the studies captured by the search. In case the search strategy results in a high and intangible number of articles, a percentage of the selection just enough to make the task feasible from the point of view of its time limit for execution should be applied. The second part of the selection of studies will be conducted by four researchers, also independently, where the complete texts which meet the criteria of inclusion and exclusion will be screened.

Disagreements over the inclusion of studies will be dealt with together with an external researcher and review consultant. The consultant will be chosen based on the expertise in the area in which the divergence emerged. Measures of formal agreement, kappa statistics, may be used for agreement between reviewers if deemed necessary.

During the eligibility of the studies, a record will be created in order to justify why studies were excluded due to the pre-defined inclusion and exclusion criteria, despite their clinical and methodological relevance.

The data will be collected independently by four researchers, using a database previously built for this purpose. The information to be extracted will be: (i) author (s); (ii) date of publication; (iii) the country where the research was developed; (iv) study design; (v) characteristics of the population / sample (sex, age, comorbidities, means used to attempt suicide, discriminate between intervention group and control group); (vi) description of the intervention; (vii) description of the comparator; (viii) follow-up period; (ix) outcomes; (x) result data by outcome.

Disagreements will be identified and resolved through a scientific meeting with the researchers, and when necessary questions will be made to an external member.

Risk of bias (quality) assessment
Two investigators will independently evaluate the risk of bias in each included study. After a blind evaluation, a discussion will be carried out between the researchers to identify the concordances and disagreements,

with the latter being submitted to an external party.

The risk assessment of RCTs will be conducted using the Cochrane risk of bias tool, which includes reference to: random sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, selective reporting, other sources of bias.

The assessment of the risk of bias in the included observational studies will be performed using the Cochrane risk assessment tool for non-randomized studies (cohort-type studies version).

Intra-methodological quality evaluation will be synthesised using tables that will be made up of a summary of each study individually, identifying one by one their risks of bias.

The studies will also be evaluated and synthesised collectively according to their outcomes. For each outcome proposed by this review, the quality of the evidence will also be analysed. The method of this analysis will be GRADE approach (Grading of Recommendations, Assessment, Development and Evaluation) in order to finally have a summary of the evidence.

Strategy for data synthesis

Initially, a narrative synthesis will be carried out of the studies eligible for inclusion in the systematic review. This qualitative analysis will be conducted according to classification by type of intervention. For each group of studies with similar interventions, it should be reported their methodological characteristics and their results. The effects of the interventions will be duly reported and detailed, evidencing the probable heterogeneity between them. In this synthesis we will identify the type of heterogeneity, the existing reasons that lead to these, what were the biases identified and thus report the robustness of the results found.

The narrative synthesis will also seek to demonstrate the similarities and differences between studies. The differences should be explained as much as possible in order to collaborate with clinical practice decisions.

Our aim is to conduct a meta-analysis as long as the results will contribute to the practice of health professionals, i.e., if there are an acceptable number of clinical studies with sufficiently similar results available. Once a set of data is identified that supports the meta-analysis, a statistical analysis strategy will be constructed and this protocol will be updated.

In the existence of the meta-analysis will also be discriminated the publication bias and the funnel graph applied so that one can proceed with the analysis of this type of bias.

Analysis of subgroups or subsets

The review may include subgroup analyses, although a decision regarding implementation will only be possible after a detailed scrutiny of the studies selected.

Possible relevant characteristics for subgroup analyses include: period of follow-up, characteristics of the population, age, characteristics of the comparator, more specific types of interventions, etc.

Contact details for further information

Ana Paula Silva
apaulinh@yahoo.com.br

Organisational affiliation of the review

Faculty of Psychology and Educational Sciences, University of Porto, Portugal.
Federal University of Paraíba, Brazil.
https://sigarra.up.pt/fpceup/pt/web_page.inicial

https://www.ufpb.br/

Review team members and their organisational affiliations

Ms Ana Paula Silva. Faculty of Psychology and Educational Sciences, University of Porto, Portugal.
Dr Margarida Henriques. Faculty of Psychology and Educational Sciences, University of Porto, Portugal.
Dr Inês Rothes. Faculty of Psychology and Educational Sciences, University of Porto, Portugal.
Dr Pim Cuijpers. Department of Clinical, Neuro and Developmental Psychology, Amsterdam Public Health Research Institute, Vrije Universiteit Amsterdam, The Netherlands.
Dr José Carlos Santos. Nursing School of Coimbra, Portugal.
Ms Tiago Zortea. Institute of Health and Wellbeing, University of Glasgow, Scotland.

Type and method of review
Intervention, Meta-analysis, Service delivery, Systematic review

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Conflicts of interest
The other authors state that they have no conflicts of interest.
None known

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English, Portuguese-Brazil, Portuguese-Local

Country
Brazil, Netherlands, Portugal, Scotland

Stage of review
Review Ongoing

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Emergency Service, Hospital; Humans; Mental Health; Patient Acceptance of Health Care; Psychiatric Rehabilitation; Psychological Techniques; Psychosocial Support Systems; Suicidal Ideation; Suicide; Suicide, Attempted; Treatment Adherence and Compliance; Treatment Outcome

Date of registration in PROSPERO
08 April 2019

Date of first submission
03 April 2019

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

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