

Please visit <https://www.evidentlybetter.org/bulletins/suicide-prevention/> to view our webpage featuring key links and emerging reports about suicide prevention.

Studies

[Evidence-based brief interventions targeting acute mental health presentations for children and adolescents: systematic review](#)

We synthesised 30 articles on the effectiveness of brief interventions in the form of (a) crisis intervention, (b) integrated services, (c) group therapies, (d) individualised therapy, (e) parent-child dyadic therapy, (f) general services, (g) pharmacotherapy, (h) assessment services, (i) safety and risk planning and (j) in-hospital treatment, to improve outcomes for CYP with an acute mental health condition. Among included studies, one study was rated as providing a high level of evidence based on the National Health and Medical Research Council levels of evidence hierarchy scale, which was a crisis intervention showing a reduction in length of stay and return emergency department visits. Other studies, of moderate-quality evidence, described multimodal brief interventions that suggested beneficial effects.

[A pilot study examining hemomania behaviors in psychiatry outpatients engaged with nonsuicidal self-injury](#)

Hemomania could be considered a specific impulse control disorder, characterized by heightened impulsivity and a persistent urge to obtain one's own blood. However, further studies are needed to validate this hypothesis.

[Suicide prevention in Hong Kong: pushing boundaries while building bridges](#)

The information and digital revolutions require that we work apace with this constant state of innovation. CSRP continues to explore the use of different advanced and emerging methods and technologies. Artificial intelligence (AI), natural language processing (NLP), and machine learning (ML) are tools being adapted to evaluate risk and potentially prevent suicide. The recent emergence of Generative Pre-Trained Transformer (GPT) offers more, as yet unseen opportunities for prevention and mental health promotion in social media. Apart from advanced technologies, other behavioral strategies and culturally relevant interventions, such as the use of expressive arts (music, play and drama, etc.) therapy and physical activities, should be evaluated for their effectiveness and relevancy for older persons, as well as distressed and suicidal individuals, many of whom may be less open to traditional "talk therapies."

[Sleep and circadian rhythms in adolescents with attempted suicide](#)

Major differences were observed between the sleep of adolescents in the 4 weeks prior to a suicide attempt and the sleep of non-suicidal adolescents, with a shorter total sleep duration and longer sleep latency on school days. Reduced sleep duration was associated with poorer psychological well-being, as well as with school-related difficulties. Our results suggest the potential value of including sleep assessment in the clinical assessment of suicide risk, and that these symptoms may be used as a potential biomarker for risk of suicidal behavior as part of efforts in suicide prevention and adolescent mental health.



[Exploring the lived experience of receiving mental health crisis care at emergency departments, crisis phone lines and crisis care alternatives](#)

The findings bring into sharp focus the lived experience of people accessing crisis care and contribute to the shortage of literature on subjective experiences. Providers may better meet the needs of those experiencing mental health crises by understanding the enduring impact of these interactions and the role of human connection beyond a focus on risk assessment, thereby providing opportunities for a joint understanding of risk and meaning-making. Furthermore, understanding the subjective experience of crisis care can guide reforms to ED and develop crisis alternatives to better meet the needs of people in crisis.

[Substance use and self-poisoning in schizophrenia: 11-year findings from a national clinical survey of suicide in mental health patients in England](#)

Over the 11-year period from April 2010 until March 2020, we received notifications of 68,357 deaths by suicide. Of these, 18,403 (26.9 %) were confirmed to have been in contact with mental health services in the 12-months prior to death. Completed questionnaires were received on 17,025 cases (92.5 % response rate). Of these, 2718 (16.0 %) had a primary diagnosis of schizophrenia or other schizophrenia-spectrum disorder. Within this group, 1753 (65 %) had a history of substance use, 1278 (49.2 %) had alcohol use and 1415 (53.9 %) had drug use. Frequencies of suicide deaths in those with schizophrenia and in those with schizophrenia and a history substance use (a subgroup) followed roughly similar patterns over time, though frequencies of suicide deaths in those with substance use were characterised by greater year-by-year fluctuation.

Online Conference

[NCISH 10th Conference Tickets, Tue 7 May 2024 at 10:00](#)

Please join us for our free half day virtual conference presenting the latest UK-wide findings relating to people who died by suicide between 2011 and 2021.

Online training

[NEW Autism and Suicide Awareness Training has officially launched!](#)

Zero Suicide Alliance have launched their new Autism and Suicide Awareness Training. The training was launched as part of an online webinar which shared more about why and how the training was developed, included personal stories, and a preview of the training and how it works.

Statistics

[Suicides in UK armed forces veterans, England and Wales](#)

Suicide rates among UK armed forces veterans, based on death registration records linked to Census 2021 and the Ministry of Defence (MOD) Service Leavers Database (SLD).

[Quarterly suicide death registrations in England](#)

Provisional rate and number of suicide deaths registered in England per quarter. Includes 2001 to 2022 registrations and provisional data for Quarter 1 (Jan to Mar) to Quarter 4 (Oct to Dec) 2023.

