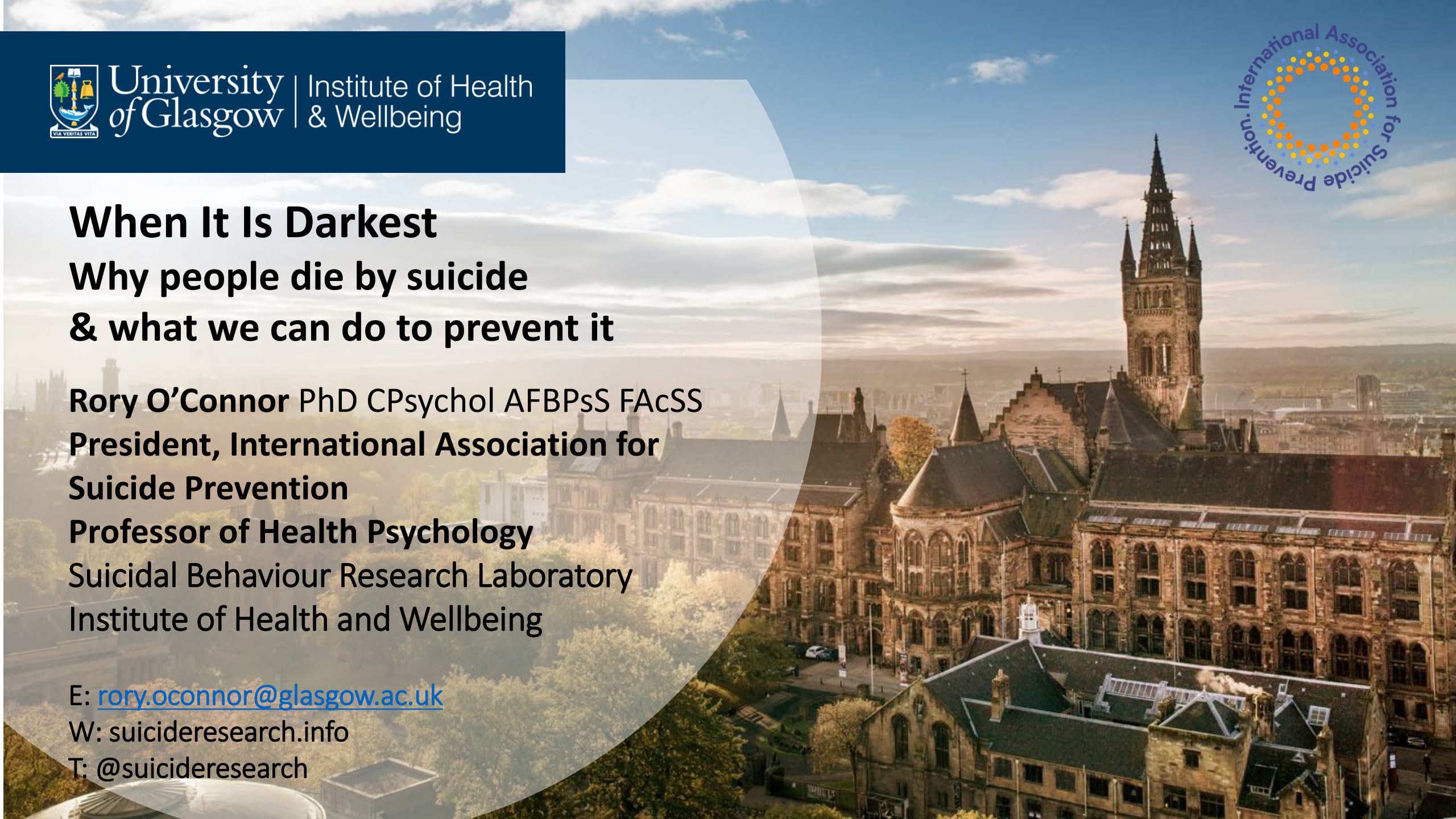
University of Glasgow | Institute of Health & Wellbeing

When It Is Darkest

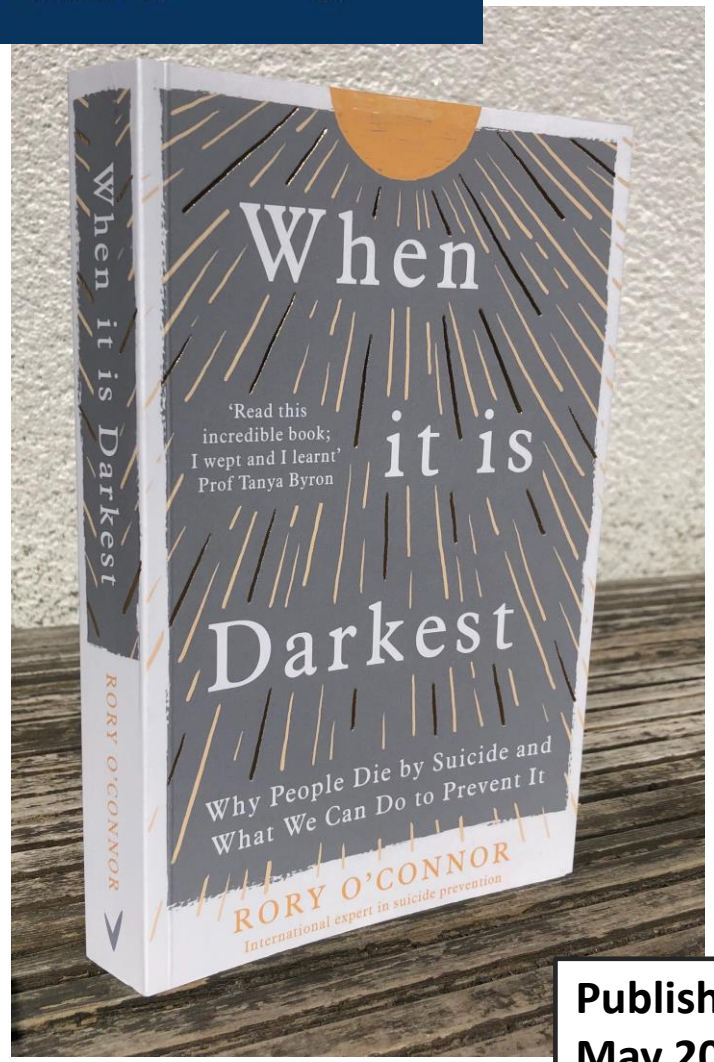
Why people die by suicide & what we can do to prevent it

Rory O'Connor PhD CPsychol AFBPsS FAcSS
President, International Association for Suicide Prevention
Professor of Health Psychology
Suicidal Behaviour Research Laboratory
Institute of Health and Wellbeing

E: rory.oconnor@glasgow.ac.uk
W: suicideresearch.info
T: @suicideresearch

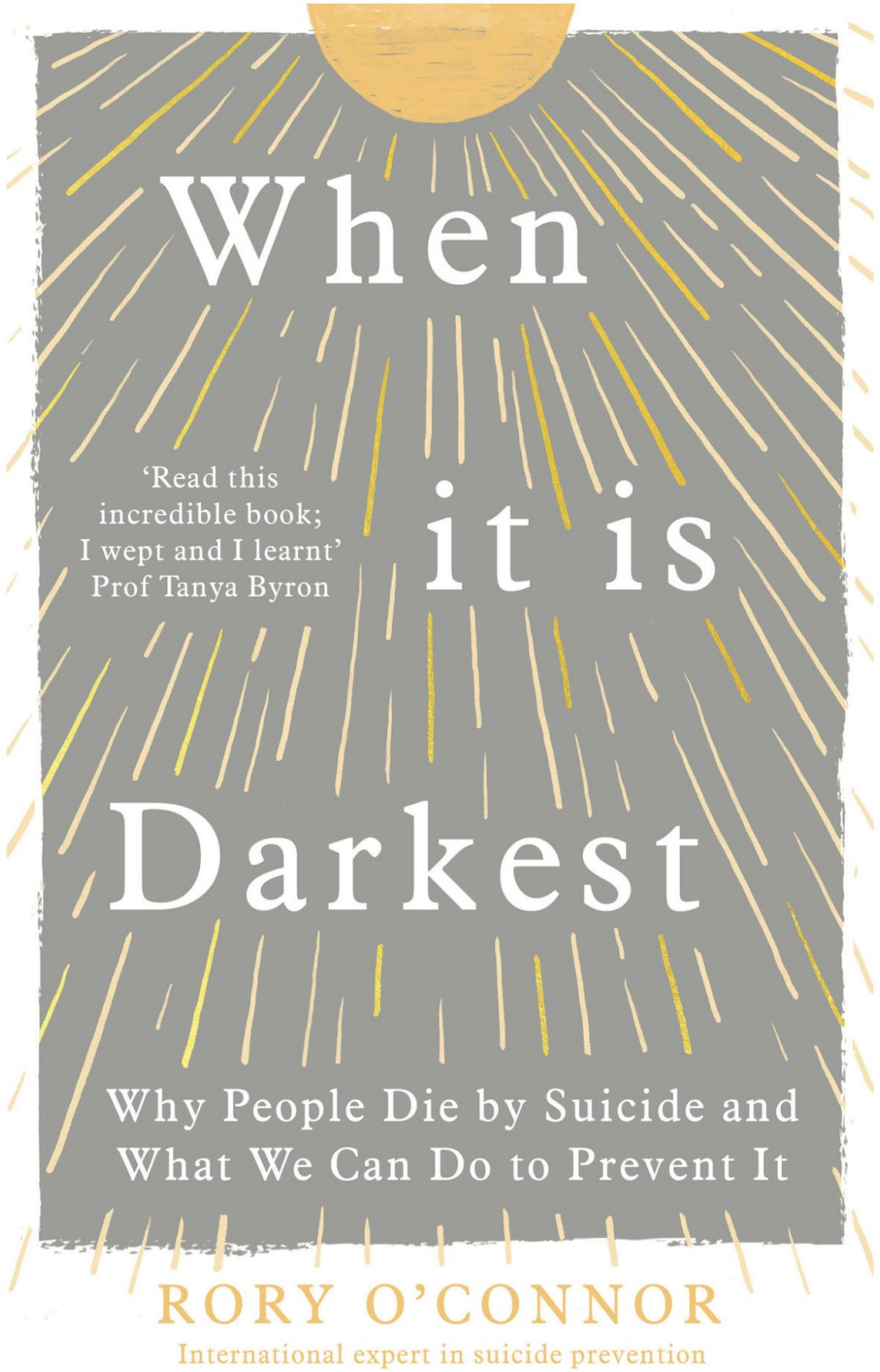


University of Glasgow



Published May 2021

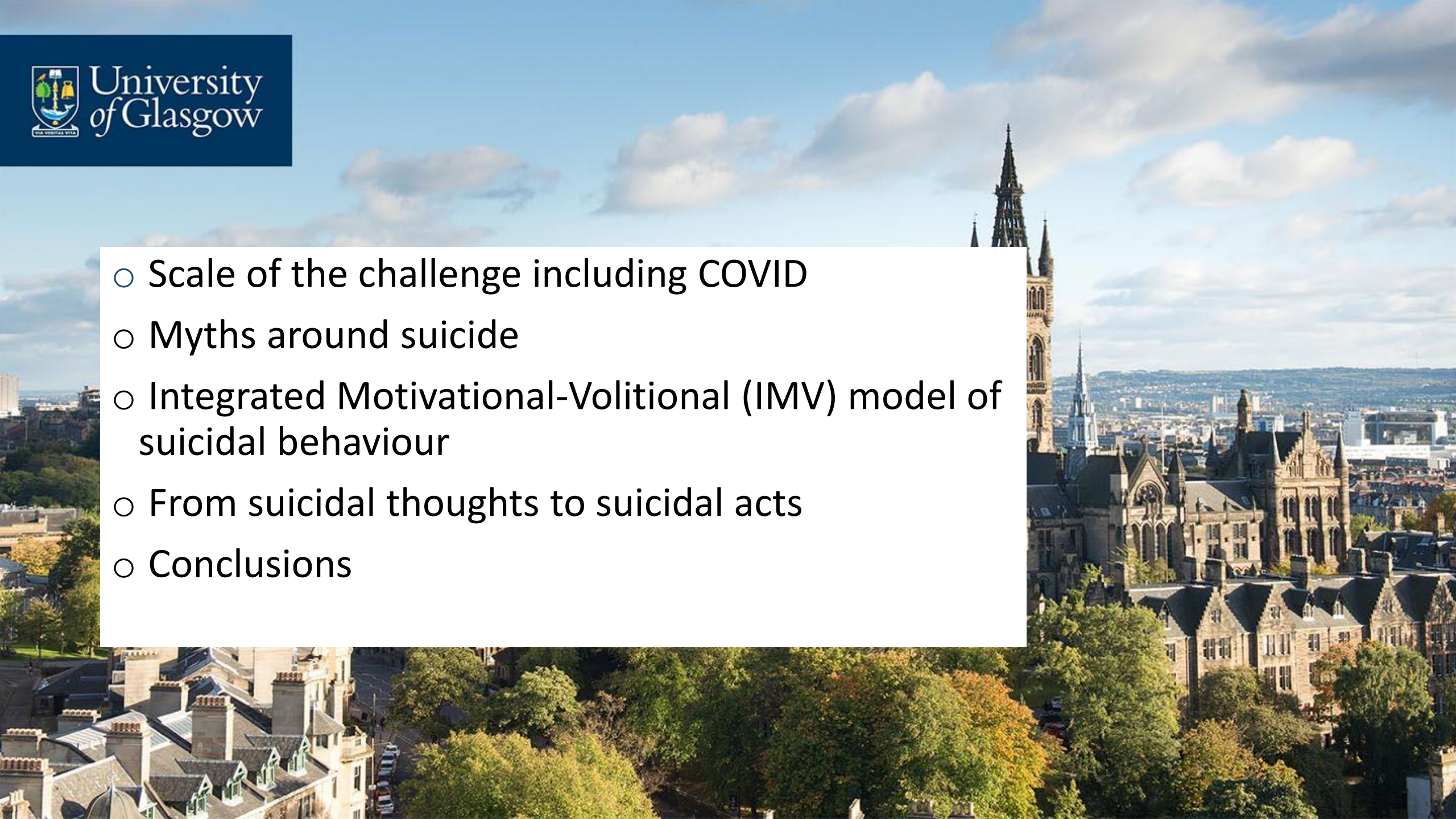
Vermilion | Penguin Random UK



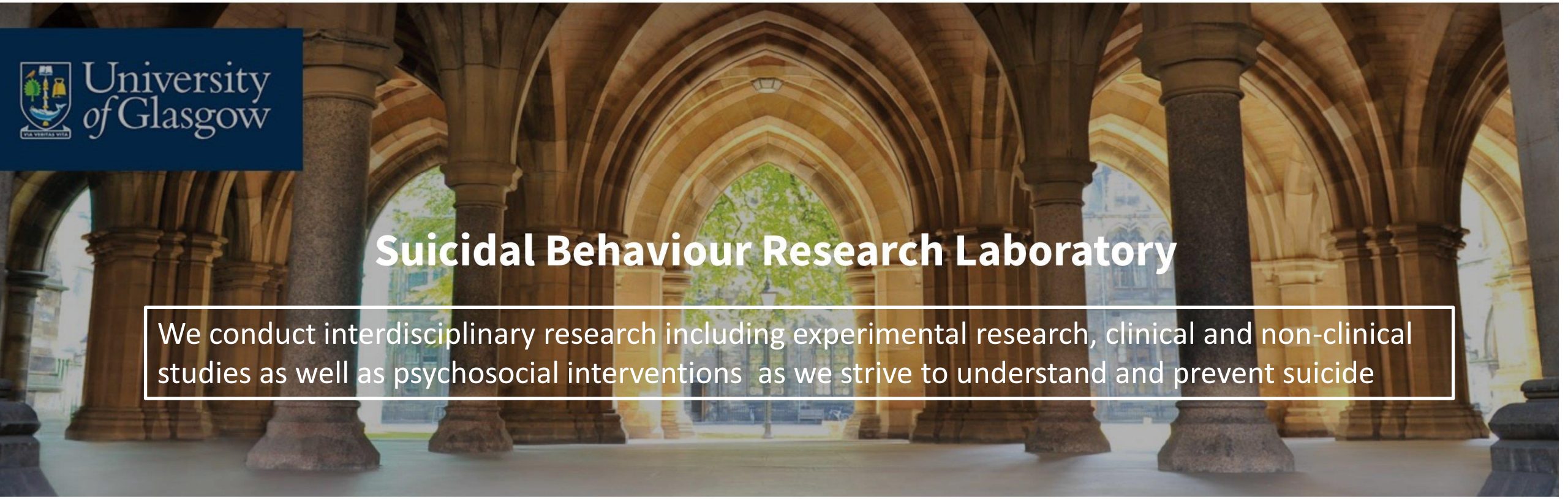
2021

I have combined the personal with the professional – by telling something of people's stories, including my own, I have tried to convey a sense of what I have learned from my life and from my research into this most devastating of phenomena.

This is my journey through research into suicide, including how suicide has touched me personally. In this book, I try to make sense of suicide by drawing from the experiences of people I've met and in so doing I'll share the stories of those who have been suicidal and those who have lost loved ones to suicide.



- Scale of the challenge including COVID
- Myths around suicide
- Integrated Motivational-Volitional (IMV) model of suicidal behaviour
- From suicidal thoughts to suicidal acts
- Conclusions



Suicidal Behaviour Research Laboratory

We conduct interdisciplinary research including experimental research, clinical and non-clinical studies as well as psychosocial interventions as we strive to understand and prevent suicide

The Suicidal Behaviour Research Laboratory (SBRL) at the University of Glasgow

www.suicideresearch.info

The ripples of suicide

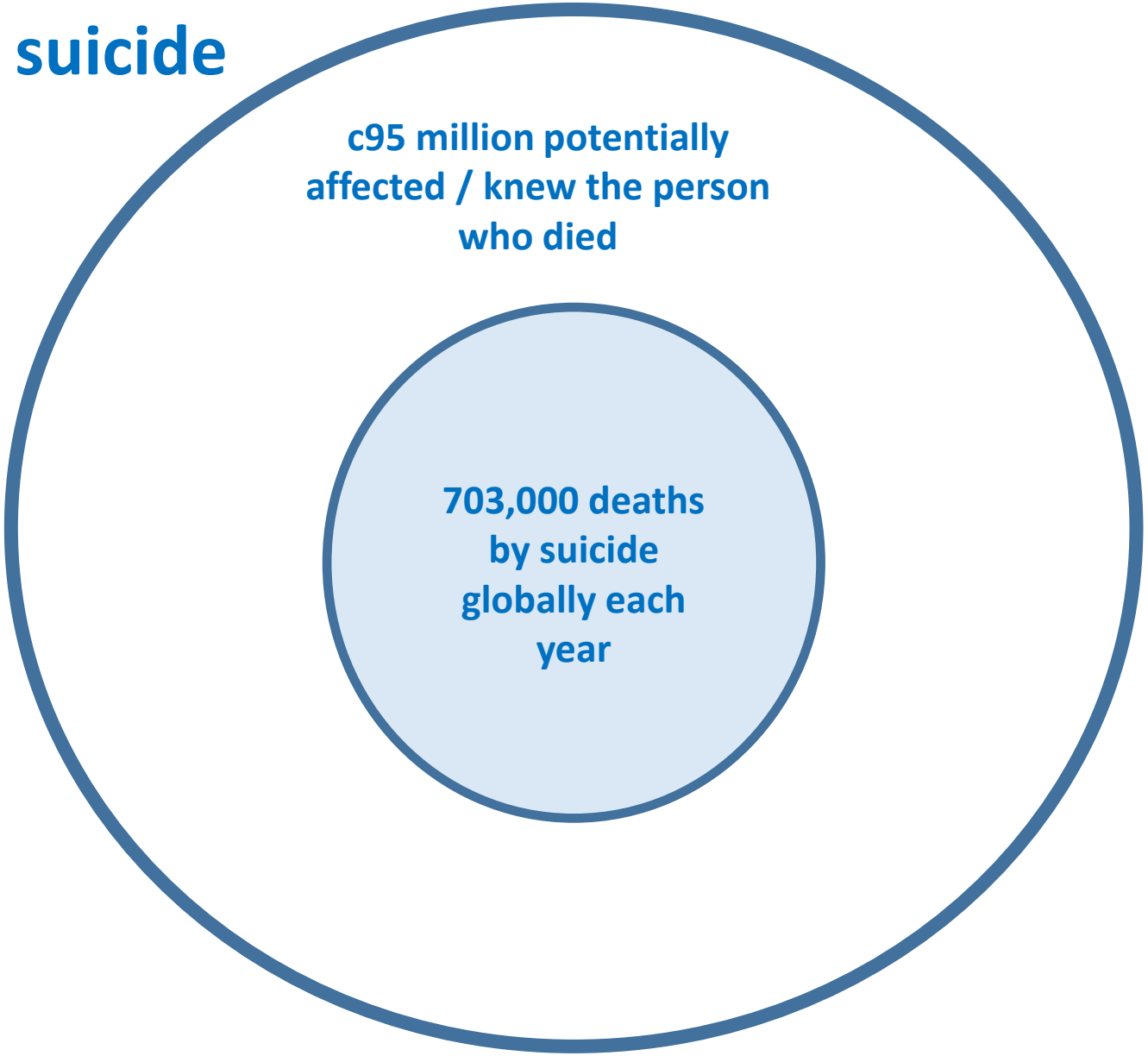
Globally, every **40 seconds**

One person dies by suicide

20 people will attempt suicide

In UK, **75%** of suicides are by men

Suicide **leading cause** of death among men aged **35-49** and for men and women aged **20-34** years



WHO (2021); Cerel et al. (2019); ONS (2020)

University of Glasgow

Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries

Jane Pirkis, Ann John, Sangsoo Shin, Marcos DelPozo-Banos, Vikas Arya, Pablo Analuisa-Aguilar, Louis Appleby, Ella Arensman, Jason Bantjes, Anna Baran, Jose M Bertolote, Guilherme Borges, Petrana Brečić, Eric Caine, Giulio Castelpietra, Shu-Sen Chang, David Colchester, David Crompton, Marko Curkovic, Eberhard A Deisenhammer, Chengan Du, Jeremy Dwyer, Annette Erlangsen, Jeremy S Faust, Sarah Fortune, Andrew Garrett, Devin George, Rebekka Gerstner, Renske Gilissen, Madelyn Gould, Keith Hawton, Joseph Kanter, Navneet Kapur, Murad Khan, Olivia J Kirtley, Duleeka Knipe, Kairi Kolves, Stuart Leske, Kedar Marahatta, Ellenor Mittendorfer-Rutz, Nikolay Neznanov, Thomas Niederkrotenthaler, Emma Nielsen, Merete Nordentoft, Herwig Oberlerchner, Rory C O'Connor, Melissa Pearson, Michael R Phillips, Steve Platt, Paul L Plener, Georg Psota, Ping Qin, Daniel Radeloff, Christa Rados, Andreas Reif, Christine Reif-Leonhard, Vsevolod Rozanov, Christiane Schlang, Barbara Schneider, Natalia Semenova, Mark Sinyor, Ellen Townsend, Michiko Ueda, Lakshmi Vijayakumar, Roger T Webb, Manjula Weerasinghe, Gil Zalsman, David Gunnell, Matthew J Spittal**

Summary

Interpretation This is the first study to examine suicides occurring in the context of the COVID-19 pandemic in multiple countries. In high-income and upper-middle-income countries, suicide numbers have remained largely unchanged or declined in the early months of the pandemic compared with the expected levels based on the pre-pandemic period. We need to remain vigilant and be poised to respond if the situation changes as the longer-term mental health and economic effects of the pandemic unfold.

included with populations of less than 5 million. We used an interrupted time-series analysis to model the trend in monthly suicides before COVID-19 (from at least Jan 1, 2019, to March 31, 2020) in each country or area within a country, comparing the expected number of suicides derived from the model with the observed number of suicides in the early months of the pandemic (from April 1 to July 31, 2020, in the primary analysis).

Findings We sourced data from 21 countries (16 high-income and five upper-middle-income countries), including whole-country data in ten countries and data for various areas in 11 countries). Rate ratios (RRs) and 95% CIs based on the observed versus expected numbers of suicides showed no evidence of a significant increase in risk of suicide since the pandemic began in any country or area. There was statistical evidence of a decrease in suicide compared with the expected number in 12 countries or areas: New South Wales, Australia (RR 0·81 [95% CI 0·72–0·91]); Alberta, Canada (0·80 [0·68–0·93]); British Columbia, Canada (0·76 [0·66–0·87]); Chile (0·85 [0·78–0·94]); Leipzig, Germany (0·49 [0·32–0·74]); Japan (0·94 [0·91–0·96]); New Zealand (0·79 [0·68–0·91]); South Korea (0·94 [0·92–0·97]); California, USA (0·90 [0·85–0·95]); Illinois (Cook County), USA (0·79 [0·67–0·93]); Texas (four counties), USA (0·82 [0·68–0·98]); and Ecuador (0·74 [0·67–0·82]).

Interpretation This is the first study to examine suicides occurring in the context of the COVID-19 pandemic in multiple countries. In high-income and upper-middle-income countries, suicide numbers have remained largely unchanged or declined in the early months of the pandemic compared with the expected levels based on the pre-pandemic period. We need to remain vigilant and be poised to respond if the situation changes as the longer-term mental health and economic effects of the pandemic unfold.

ICSPRC International COVID-19 Suicide Prevention Research Collaboration

(Prof J Pirkis PhD, S Shin MPH, V Arya MRes, J Dwyer PhD, M J Spittal PhD); **Swansea University Medical School, Swansea, UK** (Prof A John MD, M DelPozo-Banos PhD); **Translational Health Research Institute, Western Sydney University, Campbelltown, NSW, Australia** (V Arya); **Ministry of Public Health, Department of Health Promotion, Quito, Ecuador** (P Analuisa-Aguilar MPH); **National Confidential Inquiry into Suicide and Safety in Mental Health** (Prof L Appleby FRCPsych) **and Centre for Mental Health and Safety and National Institute for Health Research Patient Safety Translational Research Centre** (Prof N Kapur FRCPsych, Prof R T Webb PhD), **University of Manchester, Manchester,**

But…

There is a need to ensure that efforts that might have kept suicide rates down until now are continued, and to remain vigilant as the longer-term mental health and economic consequences of the pandemic unfold. There are some concerning signals that the pandemic might be adversely affecting suicide rates in low-income and lower-middle-income countries, although data are only available in a small minority of these countries and tend to be of suboptimal quality. Even in high-income and upper-middle-income countries, the effect of the pandemic on suicide might vary over time and be different for different subgroups in the population.

Pirkis et al. (2021) *Lancet Psychiatry*

UK COVID-19 Mental Health and Wellbeing study (UK COVID-MH)

To investigate the immediate and medium-term impact of the COVID-19 pandemic and the required social distancing and self-isolation measures on people's mental health and wellbeing in the UK.

Using a national, non-probability sample of adults from across the UK (n=3,077) with at least 7 follow-ups over 12-15 months, we asked people questions about their mental wellbeing in the weeks and months following the COVID-19 outbreak.

Research Team: Rory C O'Connor, Karen Wetherall, Seonaid Cleare, Heather McClelland, Ambrose J Melson, Claire L Niedzwiedz, Ronan E O'Carroll, Daryl B O'Connor, Steve Platt, Elizabeth Scowcroft, Billy Watson, Tiago Zortea, Eamonn Ferguson, & Kathryn A Robb

University of Glasgow

BJPsych | The British Journal of Psychiatry (2020)
Page 1 of 8. doi: 10.1192/bjp.2020.212

Waves 1 to 3

Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study

Rory C. O'Connor, Karen Wetherall, Seonaid Cleare, Heather McClelland, Ambrose J. Melson, Claire L. Niedzwiedz, Ronan E. O'Carroll, Daryl B. O'Connor, Steve Platt, Elizabeth Scowcroft, Billy Watson, Tiago Zortea, Eamonn Ferguson and Kathryn A. Robb

Background

The effects of coronavirus disease 2019 (COVID-19) on the population's mental health and well-being are likely to be profound and long lasting.

Aims

To investigate the trajectory of mental health and well-being during the first 6 weeks of lockdown in adults in the UK.

Method

A quota survey design and a sampling frame that permitted recruitment of a national sample was employed. Findings for waves 1 (31 March to 9 April 2020), 2 (10 April to 27 April 2020) and 3 (28 April to 11 May 2020) are reported here. A range of mental health factors was assessed: pre-existing mental health problems, suicide attempts and self-harm, suicidal ideation, depression, anxiety, defeat, entrapment, mental well-being and loneliness.

Results

A total of 3077 adults in the UK completed the survey at wave 1. Suicidal ideation increased over time. Symptoms of anxiety, and levels of defeat and entrapment decreased across waves whereas levels of depressive symptoms did not change significantly. Positive well-being also increased. Levels of loneliness did not change significantly over waves. Subgroup analyses showed that women, young people (18–29 years), those from more socially disadvantaged backgrounds and those with pre-existing mental health problems have worse mental health outcomes during the pandemic across most factors.

Conclusions

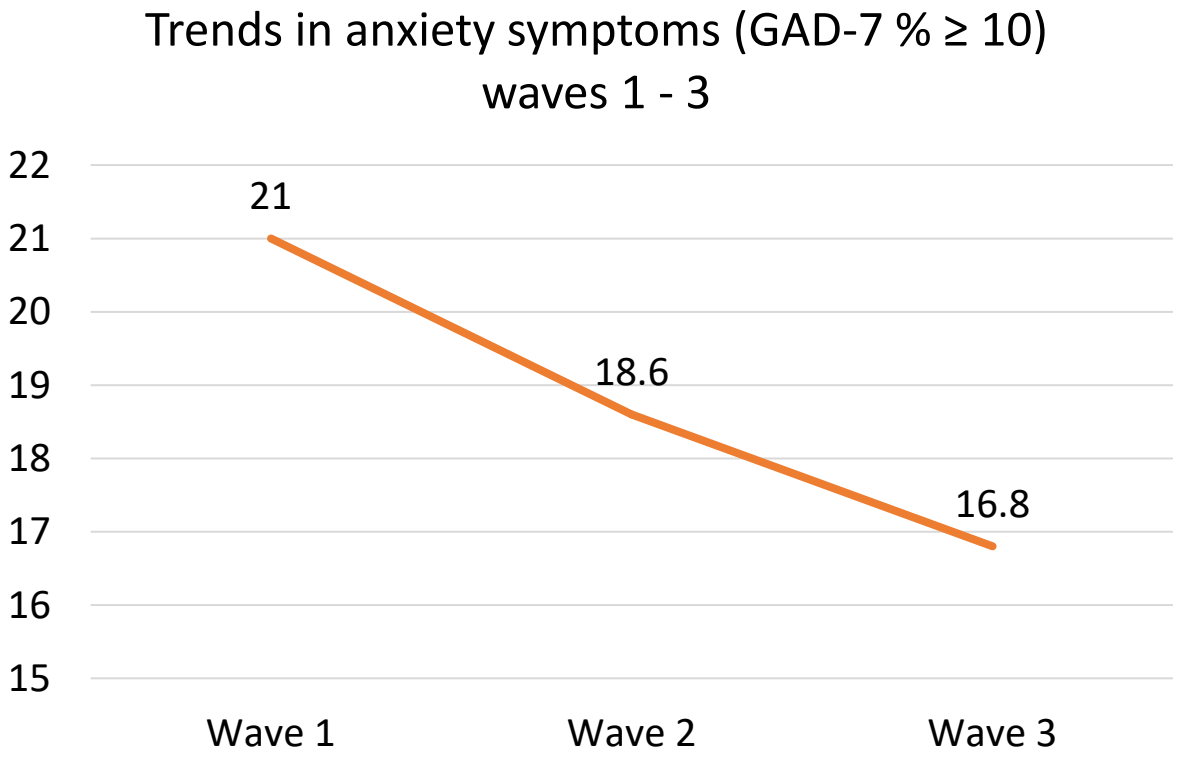
The mental health and well-being of the UK adult population appears to have been affected in the initial phase of the COVID-19 pandemic. The increasing rates of suicidal thoughts across waves, especially among young adults, are concerning.

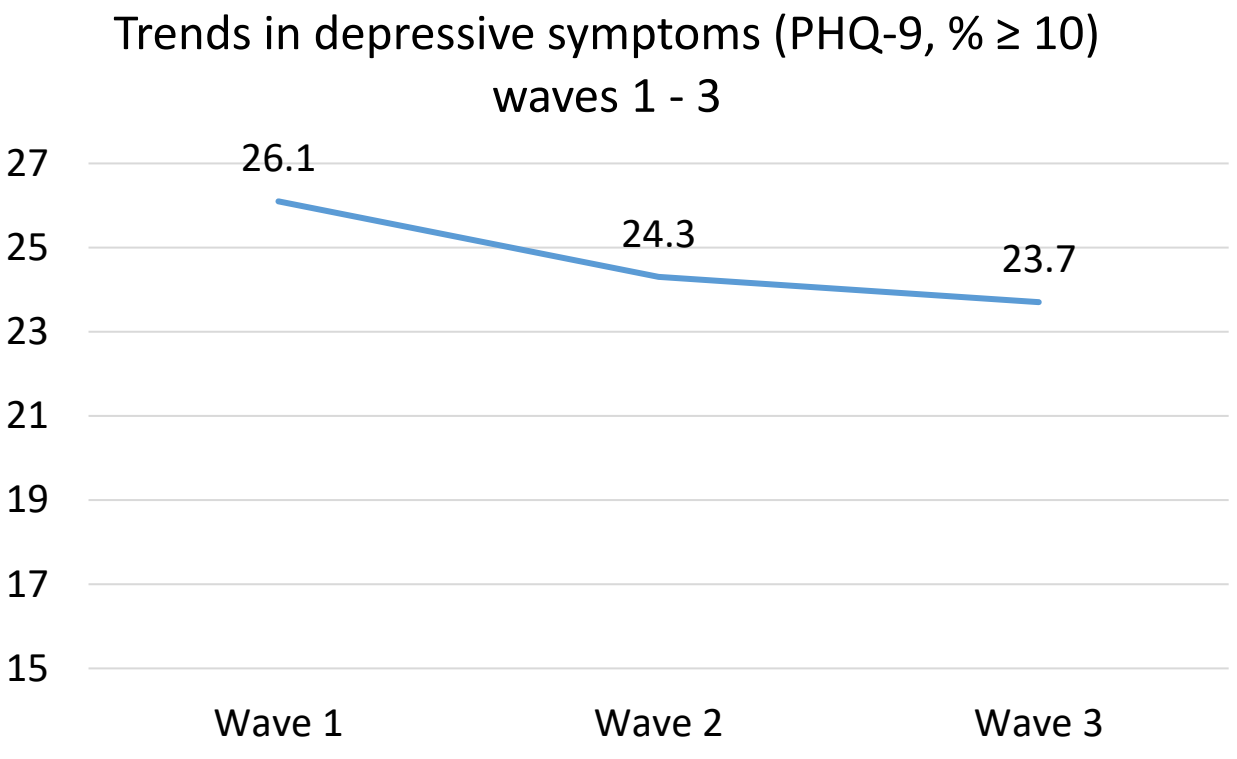
Keywords

COVID-19; mental health; suicidal ideation; general population; depression.

University of Glasgow | Institute of Health & Wellbeing

Trends in anxiety and depressive symptoms

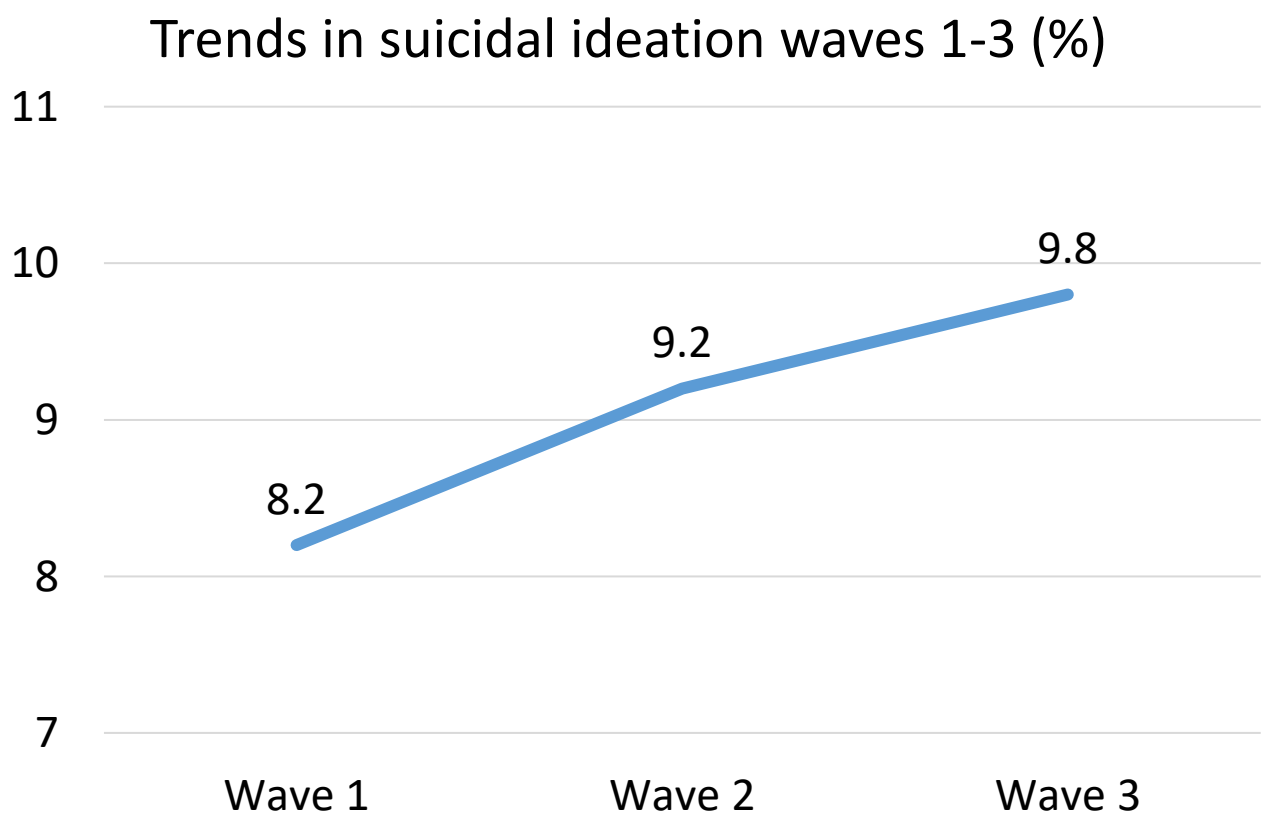




- Anxiety symptoms (moderate cut-off GAD-7 ≥ 10) decreased significantly across wave 1 – 3
- Depressive symptoms (moderate depression cut-off PHQ-9 ≥ 10) decrease was not significant

University of Glasgow | Institute of Health & Wellbeing

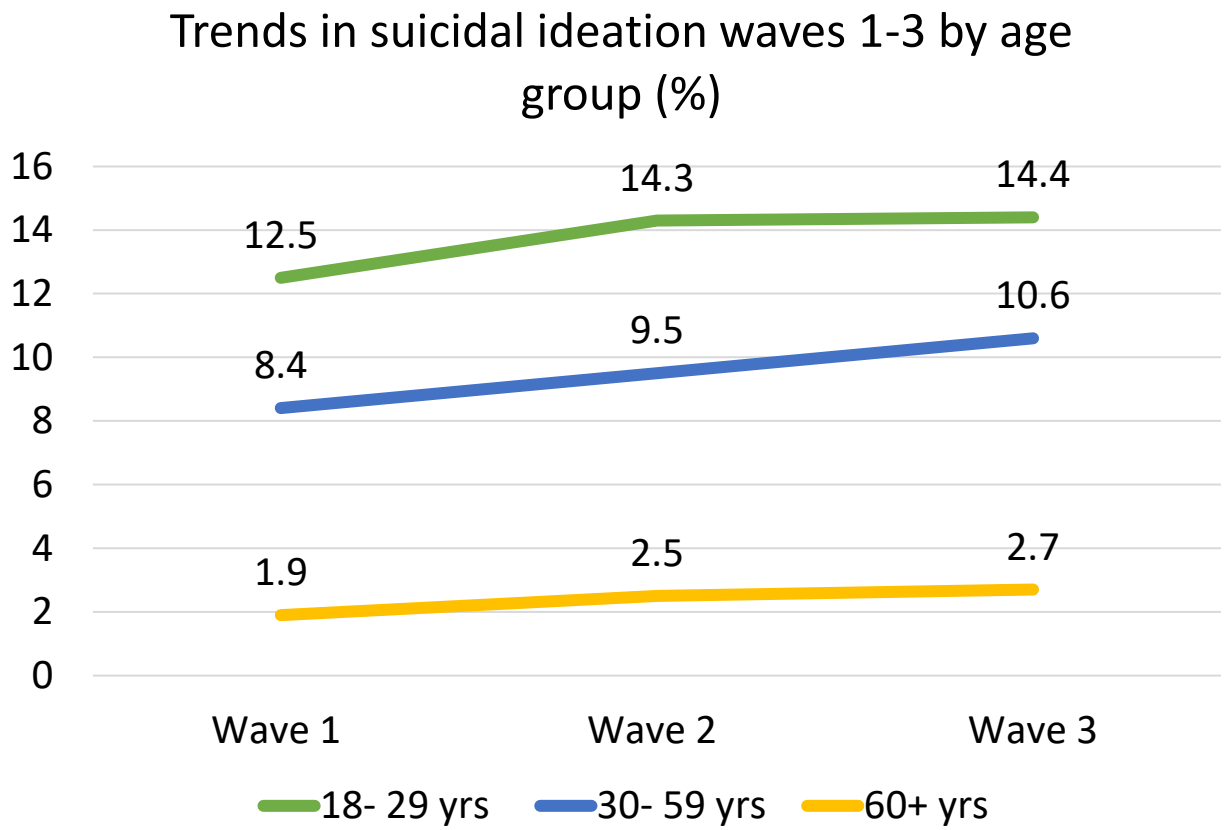
Trends in suicidal ideation in last week

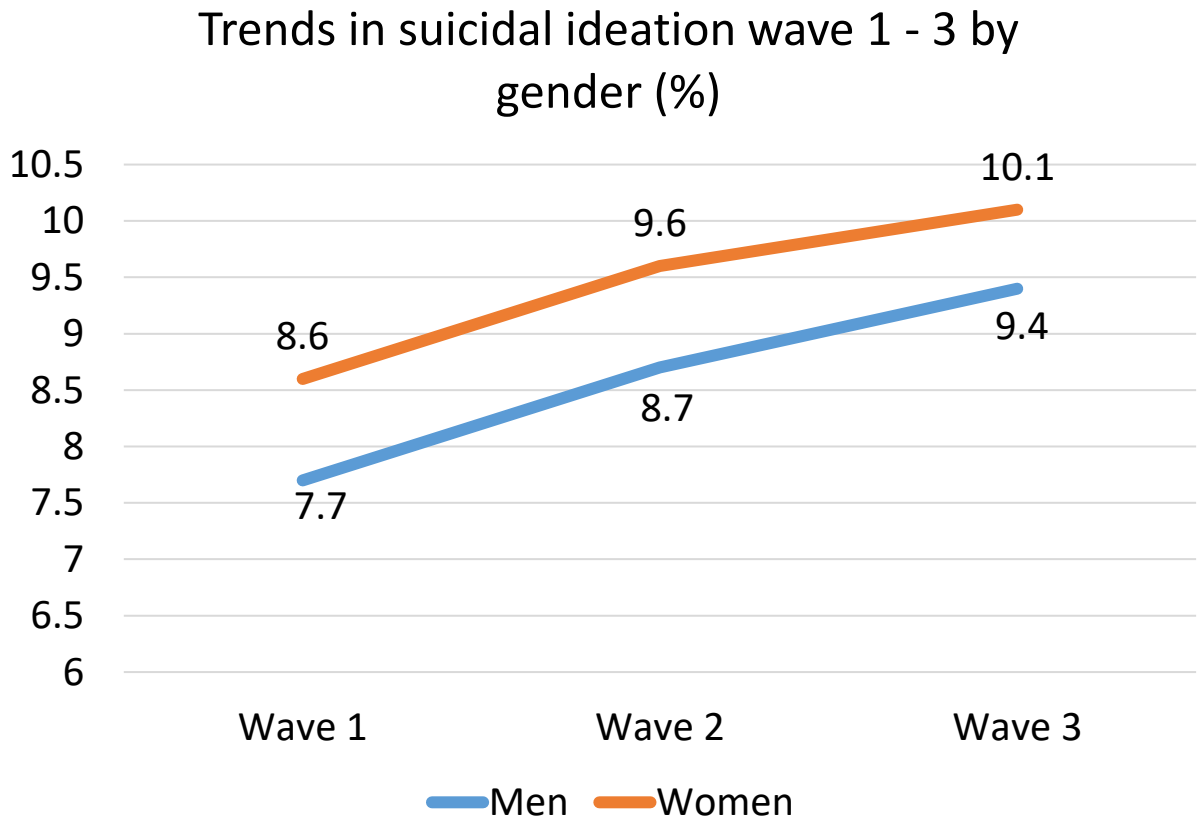


- Participants were asked: "How often have you thought about taking your life in the last week?" ('never', to 'nearly everyday')
- Suicidal ideation= at least one day/week
- Rates of suicidal ideation in the last week increased from wave 1 to wave 2 and from wave 1 to wave 3

University of Glasgow | Institute of Health & Wellbeing

Trends in suicidal ideation by age and gender

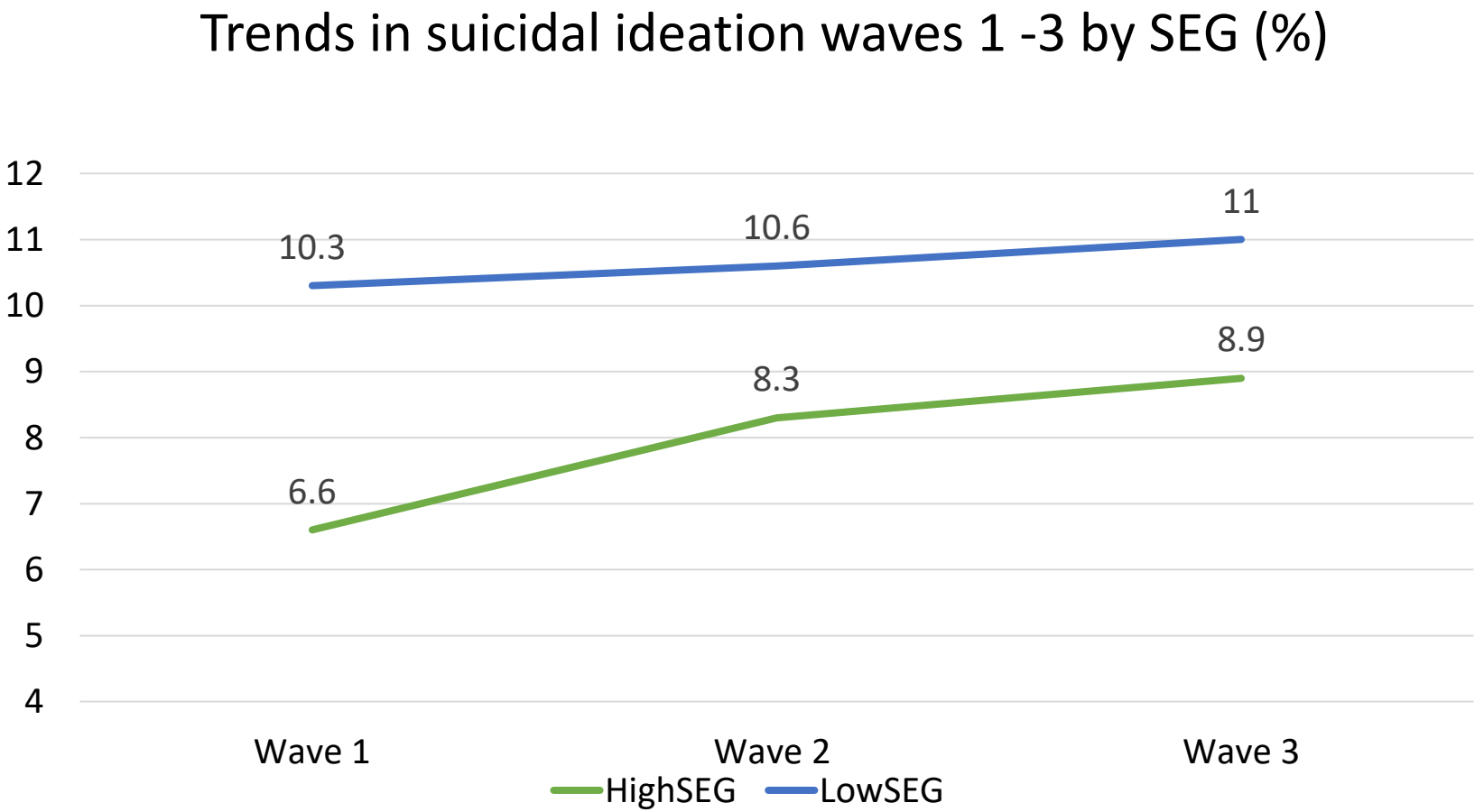




- Young people (18-29 year olds) reported the highest rates of suicidal ideation, and older adults reported the lowest levels
- Women reported slightly higher levels of suicidal ideation, but this was not significantly different

University of Glasgow | Institute of Health & Wellbeing

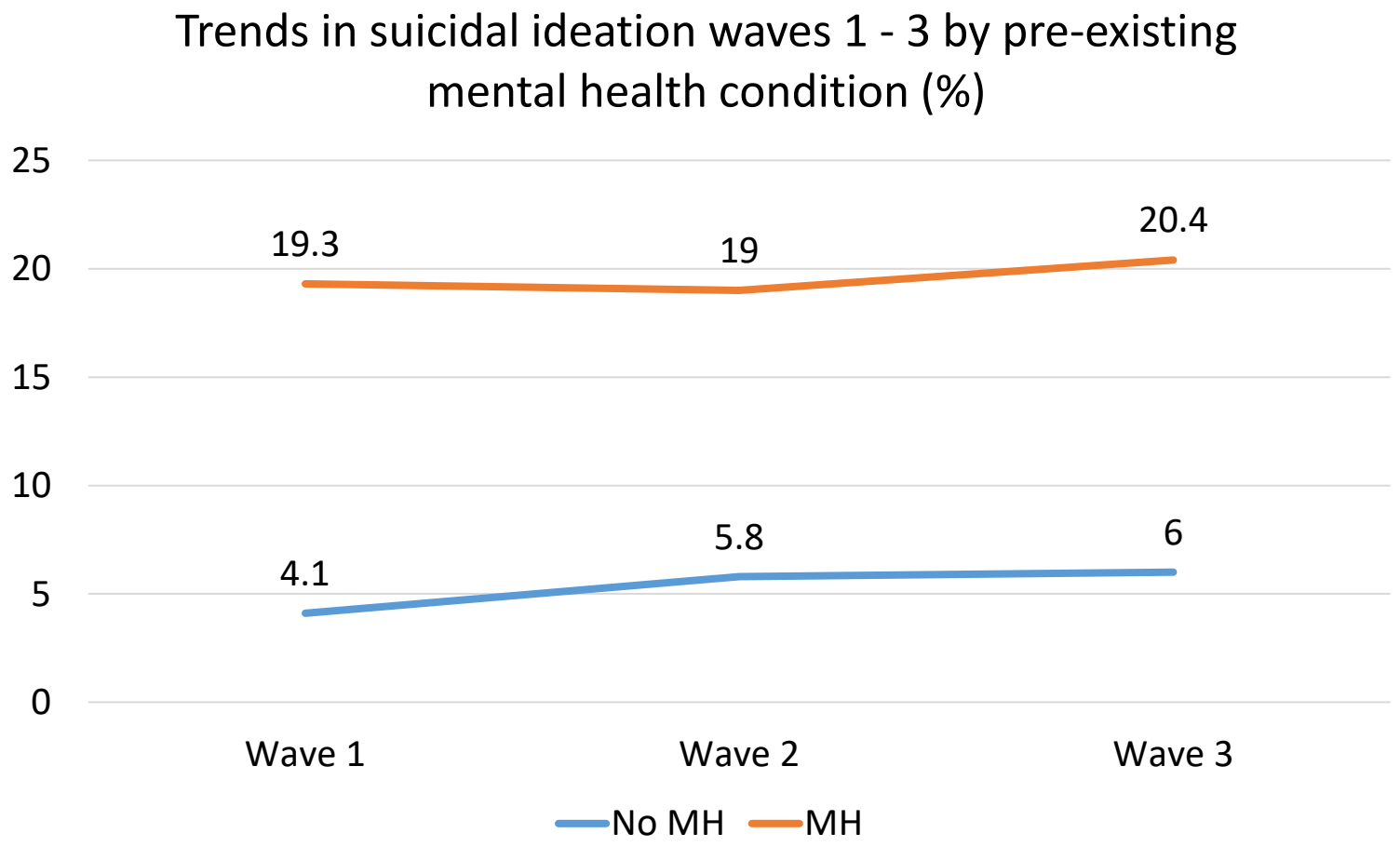
Trends in suicidal ideation by socio-economic grouping (SEG)



- Participants were split into high and low SEG based upon the occupation of the main earner
- Those of a lower socio-economic grouping reported higher suicidal ideation over each wave

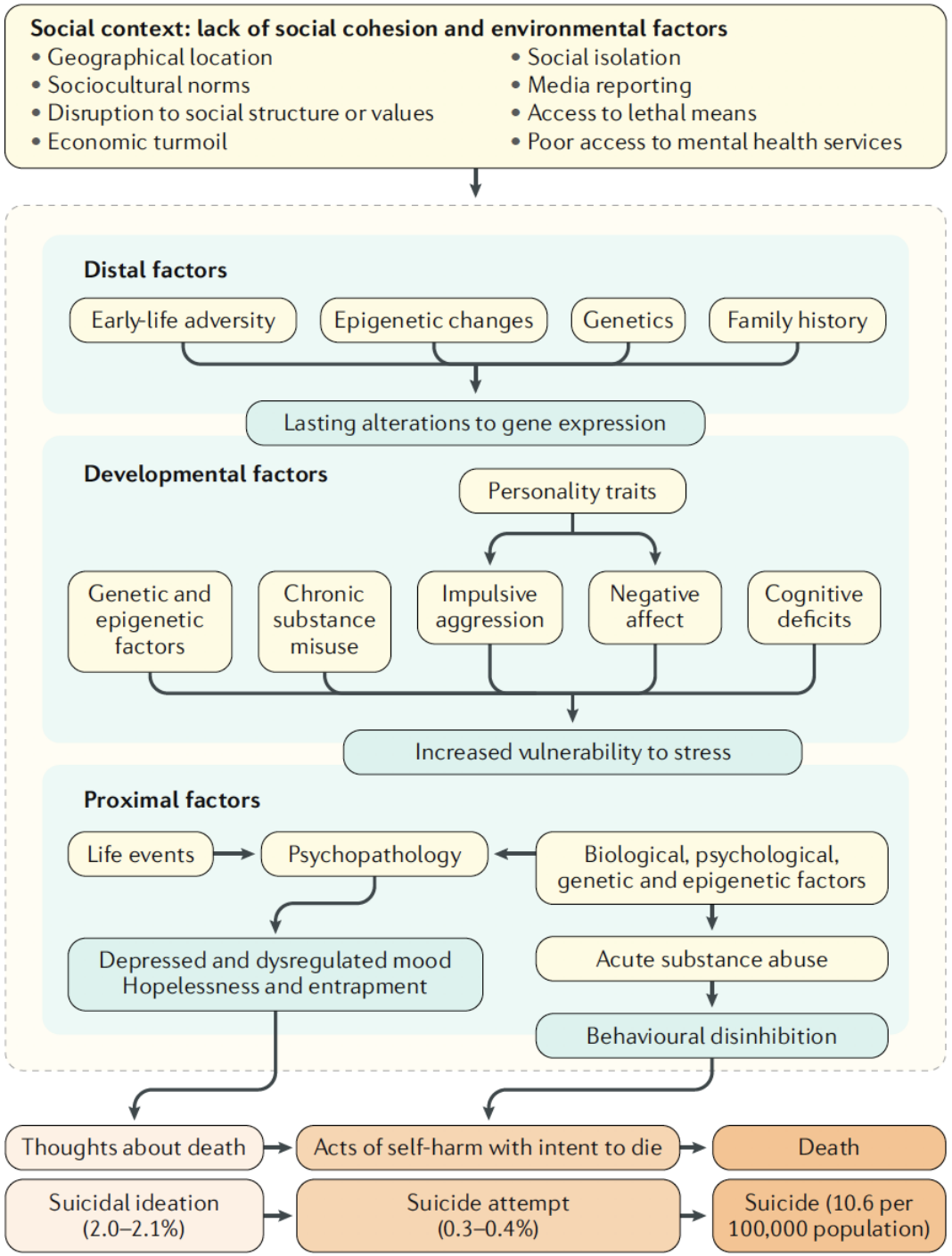
University of Glasgow | Institute of Health & Wellbeing

Trends in suicidal ideation by pre-existing mental health condition (MH)



- Participants were asked if they had a pre-existing mental health condition
- Of those who did (n=852) more people reported anxiety (21.5%) or depression (18%)
- Those with a MH condition reported higher suicidal ideation over each wave

University of Glasgow



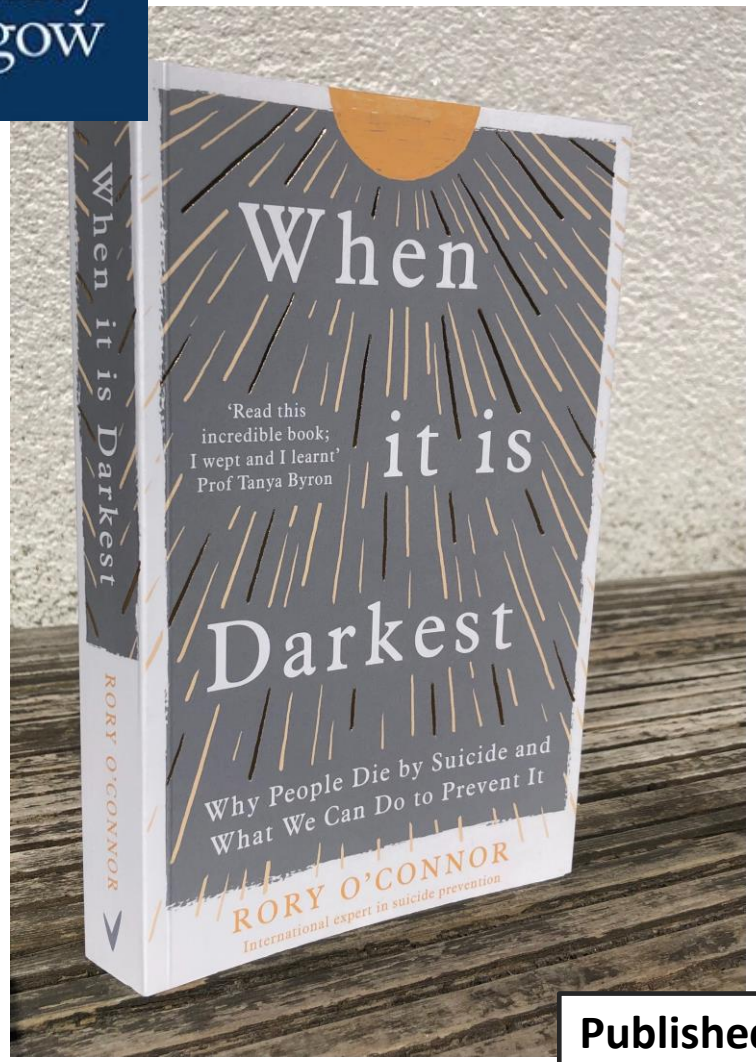
Biopsychosocial model of suicide risk

nature reviews disease primers

Gustavo Turecki[1], David A. Brent[2], David Gunnell[3,4], Rory C. O'Connor[5], Maria A. Oquendo[6], Jane Pirkis[7] and Barbara H. Stanley[8]*

2019

University of Glasgow



Published May 2021

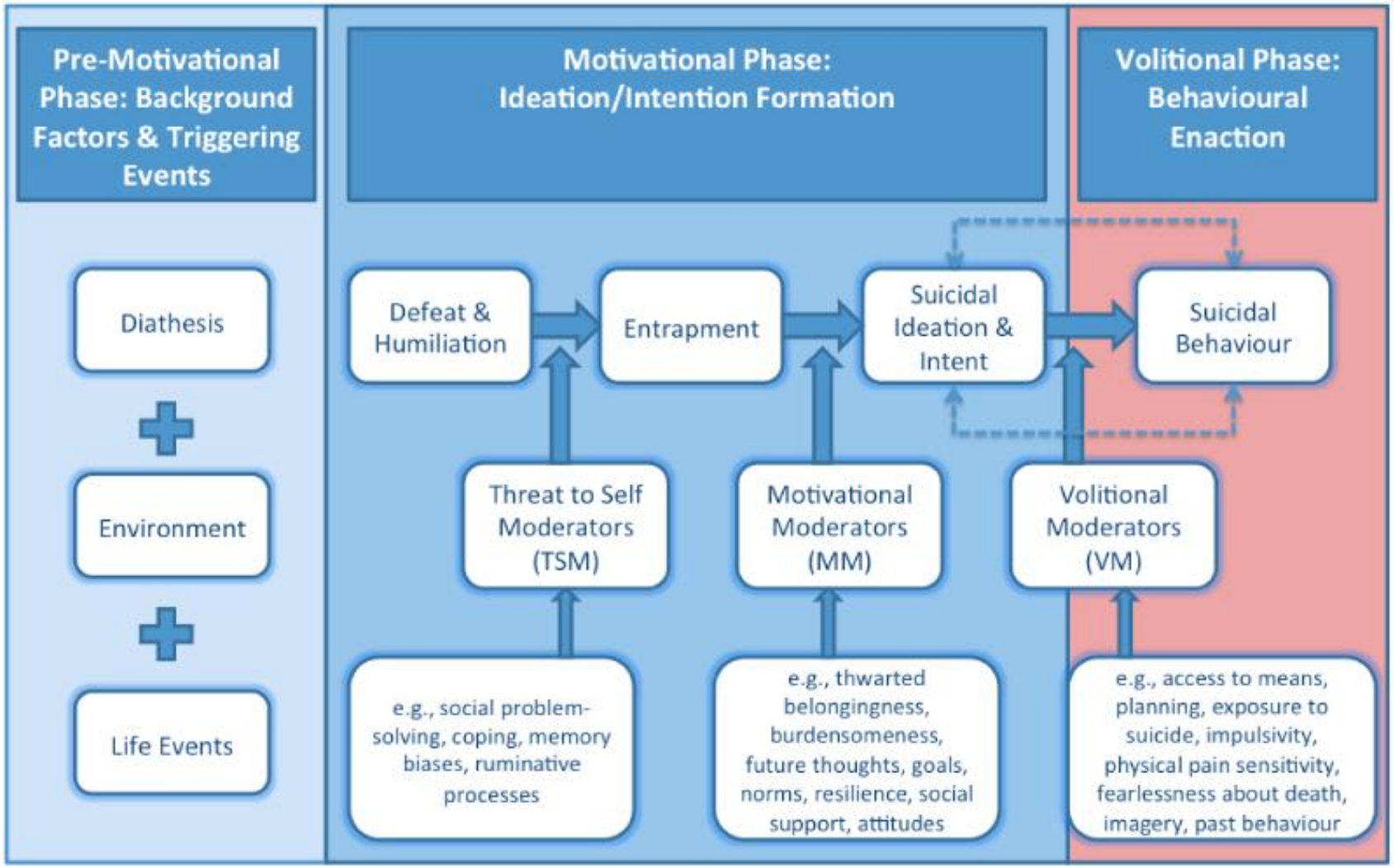
Vermilion | Penguin Random House UK

MYTHS ABOUT SUICIDE

1. Those who talk about suicide are not at risk of suicide.
2. All suicidal people are depressed or mentally ill.
3. Suicide occurs without warning.
4. Asking about suicide 'plants' the idea in someone's head.
5. Suicidal people clearly want to die.
6. When someone becomes suicidal they will always remain suicidal.
7. Suicide is inherited.
8. Suicidal behaviour is motivated by attention-seeking.
9. Suicide is caused by a single factor.
10. Suicide cannot be prevented.
11. Only people of a particular social class die by suicide.
12. Improvement in emotional state means lessened suicide risk.
13. Thinking about suicide is rare.
14. People who attempt suicide by a low-lethality means are not serious about killing themselves.

University of Glasgow | Institute of Health & Wellbeing

Integrated motivational-volitional (IMV) model of suicidal behaviour



O'Connor, R.C., Kirtley, O.J. (2018). The Integrated Motivational-Volitional Model of Suicidal Behaviour *Philosophical Transactions of the Royal Society B.* 373: 20170268

University of Glasgow

Predicting suicidal ideation in a nationally representative sample of young adults: a 12-month prospective study

Psychological Medicine

2020

Karen Wetherall[1], Seonaid Cleare[1], Sarah Eschle[1], Eamonn Ferguson[2], Daryl B. O'Connor[3], Ronan E. O'Carroll[4] and Rory C. O'Connor[1]

Table 1. Multiple linear regression models testing the extent to which baseline variables predict suicidal ideation at 12 months ($n = 2382$)

Variables	β	S.E.	95% CI
Baseline suicidal ideation	0.43***	0.03	0.38–0.48
Depressive symptoms	−0.02	0.01	−0.05–0.003
Thwarted belongingness	0.002	0.01	−0.03–0.03
Perceived burdensomeness	0.07***	0.02	0.04–0.10
Defeat	0.01	0.01	−0.01–0.04
External entrapment	−0.004	0.02	−0.03–0.03
Internal entrapment	0.07**	0.02	0.02–0.12

** $p < 0.01$ *** $p < 0.001$.

Development of the 4-item Entrapment Scale Short-Form (E-SF)

Both classical & modern test theory methods applied to Gilbert & Allan (1998) **16 item Entrapment Scale**

Clinical sample (n= 497) patients following self-harm

Population sample (n= 3457)

Correlations between the **4-item** short-form and the **16-item** full scale were nearly perfect:

0.94 for the clinical sample
0.97 for the population-based sample

De Beurs, Cleare, Wetherall, Byrne, Ferguson, O'Connor & O'Connor (2020). *Psychiatry Research*

The 4-item Entrapment Scale Short-Form (E-SF)

1. I often have the feeling that I would just like to run away
2. I feel powerless to change things
3. I feel trapped inside myself
4. I feel I'm in a deep hole I can't get out of

De Beurs, Cleare, Wetherall, Byrne, Ferguson, O'Connor & O'Connor (2020). *Psychiatry Research*

Loneliness and Suicide Risk

Review article

Loneliness as a predictor of suicidal ideation and behaviour: a systematic review and meta-analysis of prospective studies

Heather McClelland[a,*], Jonathan J. Evans[b], Rebecca Nowland[c], Eamonn Ferguson[d], Rory C. O'Connor[a]

Loneliness was a significant predictor of both suicidal ideation and behaviour and there was evidence that depression acted as a mediator.

Model	Study name	Outcome	Statistics for each study				
			Correlation	Lower limit	Upper limit	Z-Value	p-Value
	Ayalon and Shiovitz-Ezra	Ideation	0.180	0.162	0.197	19.987	0.000
	Bennardi et al. (2019)	Ideation	0.009	-0.031	0.049	0.425	0.671
	Bonner and Rich (1988)	Ideation	0.350	0.188	0.494	4.086	0.000
	Fulginiti et al. (2018)	Ideation	-0.100	-0.161	-0.038	-3.160	0.002
	Gallagher et al. (2014)	Ideation	0.235	0.074	0.384	2.844	0.004
	Groholt et al. (2006)	Behaviour	0.000	-0.205	0.205	0.000	1.000
	Hom et al. (2019)	Ideation	0.345	0.225	0.455	5.372	0.000
	Joiner and Rudd (1996)	Ideation	0.300	0.179	0.412	4.704	0.000
	Joling et al. (2017)	Ideation	0.728	0.654	0.789	12.721	0.000
	Junker et al. (2017)	Behaviour	0.372	0.354	0.390	36.991	0.000
	Lasgaard et al. (2011)	Ideation	0.200	0.118	0.280	4.702	0.000
	Nickel et al. (2006)	Behaviour	0.104	0.035	0.171	2.965	0.003
	Pietrzak et al. (2017)	Ideation	0.251	0.210	0.291	11.725	0.000
	Stolz et al. (2016)	Ideation	0.167	0.143	0.191	13.602	0.000
	Wistrom (2009)	Behaviour	0.162	0.129	0.194	9.663	0.000
Fixed			0.213	0.204	0.223	42.730	0.000
Random			0.227	0.154	0.298	5.965	0.000

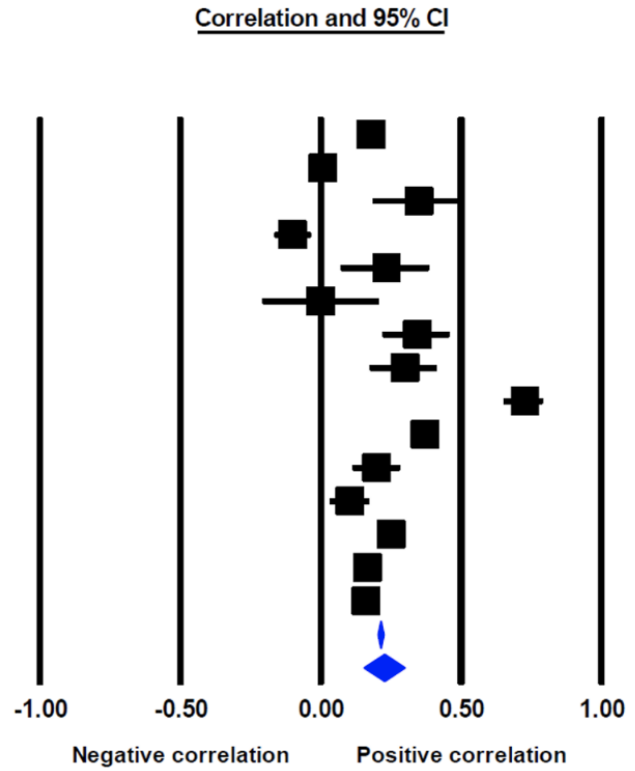


Fig. 2. Forest plot of overall effect sizes from whole participant group

University of Glasgow

Exploring the role of loneliness in relation to self-injurious thoughts and behaviour in the context of the integrated motivational-volitional model

Heather McClelland [a,*], Jonathan J. Evans [b], Rory C. O'Connor [a]

Fig. 2. Loneliness as a moderator between defeat and entrapment.

Fig. 3. Loneliness as a moderator between Entrapment and Suicidal Ideation.

4. Discussion

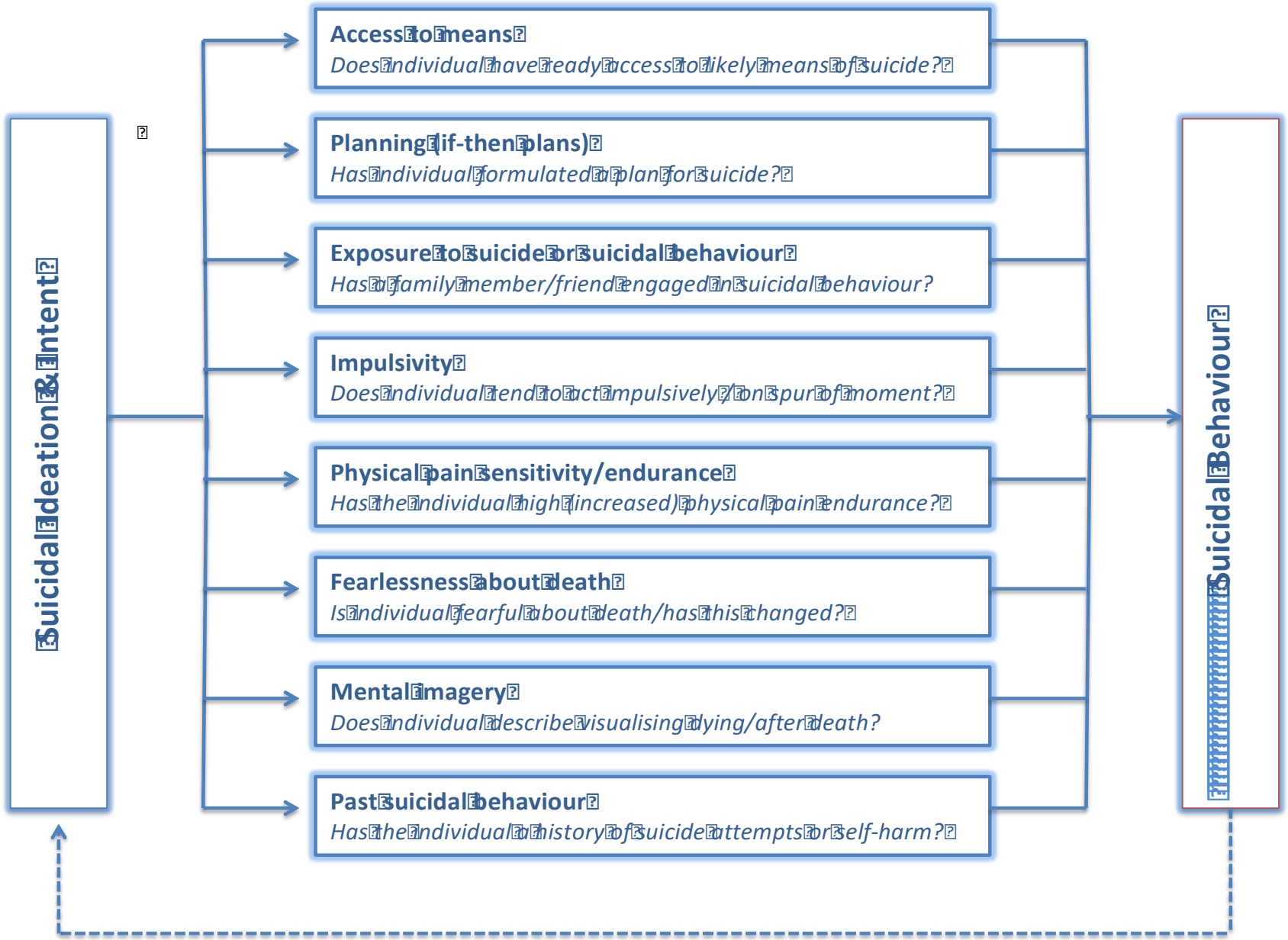
Crossing the Precipice: From Thoughts of Suicide to Suicidal Behaviour

I never thought he'd do it. A few weeks before his death, he had told me that he had thoughts about being dead, but I was too scared to ask him directly whether he would kill himself. I haven't stopped asking myself why I didn't ask him. Not a day passes when I don't torment myself with this question. When I look back on it now, I just didn't think he was the type of person who would kill himself. I know how ridiculous that sounds, but he was just always so full of life.

O'Connor (2021). *When It Is Darkest*

University of Glasgow

From Suicidal Thoughts to Suicidal Behaviour: Volitional Factors



O'Connor, R.C., Kirtley, O.J. (2018). The Integrated Motivational-Volitional Model of Suicidal Behaviour *Philosophical Transactions of the Royal Society B.* 373: 20170268

Scottish Wellbeing Study: Differentiating Suicide Ideation from Suicide Attempts

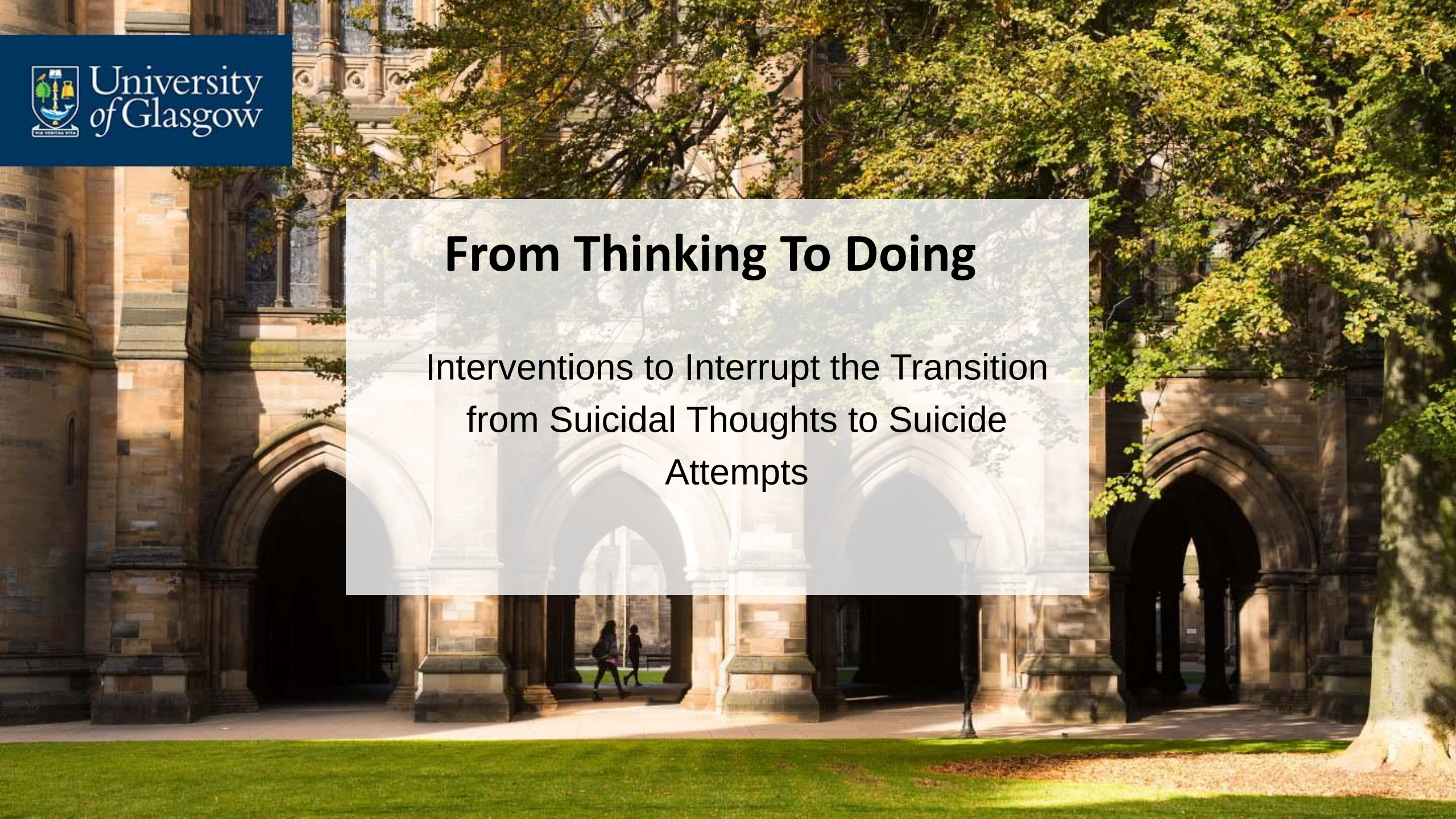
- Representative sample of young adults (18-34 years) from across Scotland (n=3508)
- Three groups identified within the sample:
  - **Controls with no suicidal history (n=2534)**
  - **lifetime suicide ideation (n=498)**
  - **lifetime suicide attempt (n=403)**
- According to IMV model, volitional phase factors most important in differentiating IDEATION from ATTEMPTS

Wetherall et al. (2018). *Journal of Affective Disorders*

Multivariable multinomial logistic regression

Demographics and Mood	
Age and gender	**ATTEMPTS significantly older and female**
Ethnicity, marital status, economic activity	No difference between IDEATION vs ATTEMPTS
Depressive symptoms	No difference between IDEATION vs ATTEMPTS
Motivational Phase Factors (ideation)	
Defeat	No difference between IDEATION vs ATTEMPTS
Entrapment	No difference between IDEATION vs ATTEMPTS
Burdensomeness	No difference between IDEATION vs ATTEMPTS
Belongingness	No difference between IDEATION vs ATTEMPTS
Goal regulation	No difference between IDEATION vs ATTEMPTS
Social support	No difference between IDEATION vs ATTEMPTS
Resilience	No difference between IDEATION vs ATTEMPTS
Volitional Phase Factors (attempts)	
Impulsivity	**ATTEMPTS significantly higher than IDEATION**
Acquired capability	**ATTEMPTS significantly higher than IDEATION**
Mental images of death	**ATTEMPTS significantly higher than IDEATION**
Exposure to suicidal attempt of friend	**ATTEMPTS significantly higher than IDEATION**
Exposure to suicidal attempt of family	No difference between IDEATION vs ATTEMPTS
Exposure to suicide death	No difference between IDEATION vs ATTEMPTS

Wetherall et al., (2018) *Journal of Affective Disorders*



From Thinking To Doing

Interventions to Interrupt the Transition from Suicidal Thoughts to Suicide Attempts

University of Glasgow

2019

nature reviews disease primers

Box 2 | Interventions for suicidal ideation and suicidal behaviour

Psychosocial

Longer-term psychosocial interventions

- Cognitive behavioural therapy
- Dialectic behavioural therapy
- Collaborative assessment and management of suicidality
- Acceptance and commitment therapy
- Mentalization
- Interpersonal psychotherapy

Brief interventions

- Caring contacts
- No suicide contacts
- Safety planning intervention
- Crisis response planning
- Attempted suicide short intervention programme
- Volitional help sheet

Pharmacological

Pharmacological agents with potential effect on suicidal behaviour

- Lithium
- Clozapine[a]
- Ketamine
- Selective serotonin reuptake inhibitors
- Buprenorphine

[a]Clozapine is indicated in treatment of patients with schizophrenia who present with suicidal ideation.

Gustavo Turecki[1], David A. Brent[2], David Gunnell[3,4], Rory C. O'Connor[5], Maria A. Oquendo[6], Jane Pirkis[7] and Barbara H. Stanley[8]*

BJPsych | The British Journal of Psychiatry (2021)
219, 419–426. doi: 10.1192/bjp.2021.50

Review

Safety planning-type interventions for suicide prevention: meta-analysis

Chani Nuij, Wouter van Ballegooijen, Derek de Beurs, Dilfa Juniar, Annette Erlangsen, Gwendolyn Portzky, Rory C. O'Connor, Johannes H. Smit, Ad Kerkhof and Heleen Riper

Background

Safety planning-type interventions (SPTIs) for patients at risk of suicide are often used in clinical practice, but it is unclear whether these interventions are effective.

Aims

This article reports on a meta-analysis of studies that have evaluated the effectiveness of SPTIs in reducing suicidal behaviour and ideation.

Method

We searched Medline, EMBASE, PsycINFO, Web of Science and Scopus from their inception to 9 December 2019, for studies that compared an SPTI with a control condition and had suicidal behaviour or ideation as outcomes. Two researchers independently extracted the data. To assess suicidal behaviour, we used a random-effects model of relative risk based on a pooled measure of suicidal behaviour. For suicidal ideation, we calculated effect sizes with Hedges' *g*. The study was registered at PROSPERO (registration number CRD42020129185).

Results

Of 1816 unique abstracts screened, 6 studies with 3536 participants were eligible for analysis. The relative risk of suicidal behaviour among patients who received an SPTI compared with control was 0.570 (95% CI 0.408–0.795, $P = 0.001$; number needed to treat, 16). No significant effect was found for suicidal ideation.

Conclusions

To our knowledge, this is the first study to report a meta-analysis on SPTIs for suicide prevention. Results support the use of SPTIs to help preventing suicidal behaviour and the inclusion of SPTIs in clinical guidelines for suicide prevention. We found no evidence for an effect of SPTIs on suicidal ideation, and other interventions may be needed for this purpose.

Keywords

Suicide; suicide prevention; safety planning; meta-analysis.

Safetel Safety Plan v1.0 03.07.17

Safety Plan

Participant ID: _____
Researcher ID: _____
Date of completion: _____

Step 1: Warning signed (thoughts, images, mood, situation, behaviour) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without collecting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. _____ Phone: _____
2. _____ Phone: _____
3. Place: _____
4. Place: _____

Step 4: People where I can ask for help:

1. _____ Phone: _____
2. _____ Phone: _____
3

Step 5:

Clinic

GP

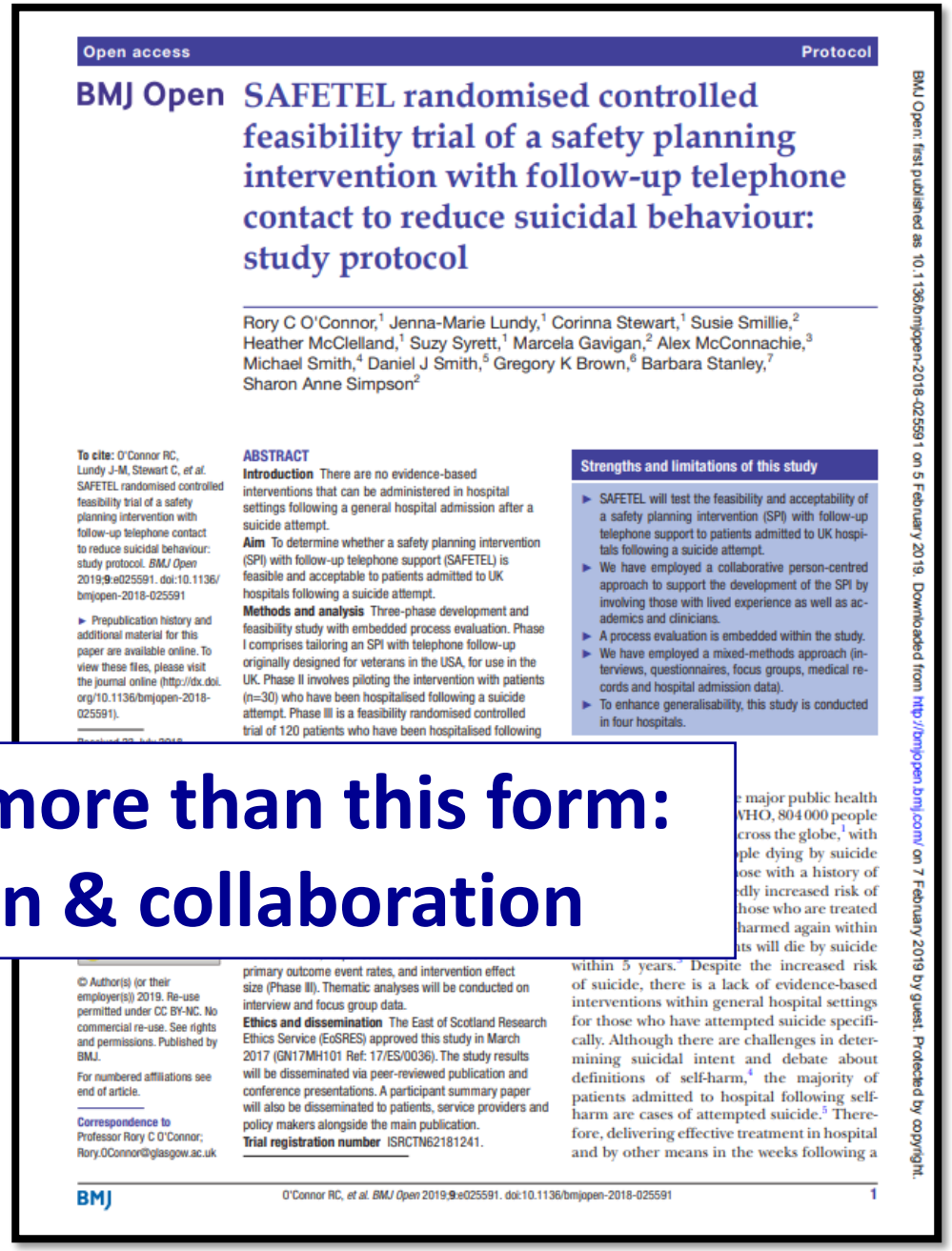
Local

Sama

Breathing Space: 0800 83 85 87

Step 6: Making the environment safe:

1. _____
2. _____
3. _____



Open access Protocol

BMJ Open

SAFETEL randomised controlled feasibility trial of a safety planning intervention with follow-up telephone contact to reduce suicidal behaviour: study protocol

Rory C O'Connor,[1] Jenna-Marie Lundy,[1] Corinna Stewart,[1] Susie Smillie,[2] Heather McClelland,[1] Suzy Syrett,[1] Marcela Gavigan,[2] Alex McConnachie,[3] Michael Smith,[4] Daniel J Smith,[5] Gregory K Brown,[6] Barbara Stanley,[7] Sharon Anne Simpson[2]

To cite: O'Connor RC, Lundy J-M, Stewart C, *et al*. SAFETEL randomised controlled feasibility trial of a safety planning intervention with follow-up telephone contact to reduce suicidal behaviour: study protocol. *BMJ Open* 2019;**9**:e025591. doi:10.1136/bmjopen-2018-025591

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2018-025591).

For numbered affiliations see end of article.

Correspondence to
Professor Rory C O'Connor; Rory.OConnor@glasgow.ac.uk

ABSTRACT

Introduction There are no evidence-based interventions that can be administered in hospital settings following a general hospital admission after a suicide attempt.

Aim To determine whether a safety planning intervention (SPI) with follow-up telephone support (SAFETEL) is feasible and acceptable to patients admitted to UK hospitals following a suicide attempt.

Methods and analysis Three-phase development and feasibility study with embedded process evaluation. Phase I comprises tailoring an SPI with telephone follow-up originally designed for veterans in the USA, for use in the UK. Phase II involves piloting the intervention with patients (n=30) who have been hospitalised following a suicide attempt. Phase III is a feasibility randomised controlled trial of 120 patients who have been hospitalised following

primary outcome event rates, and intervention effect size (Phase III). Thematic analyses will be conducted on interview and focus group data.

Ethics and dissemination The East of Scotland Research Ethics Service (EoSRES) approved this study in March 2017 (GN17MH101 Ref: 17/ES/0036). The study results will be disseminated via peer-reviewed publication and conference presentations. A participant summary paper will also be disseminated to patients, service providers and policy makers alongside the main publication.

Trial registration number ISRCTN62181241.

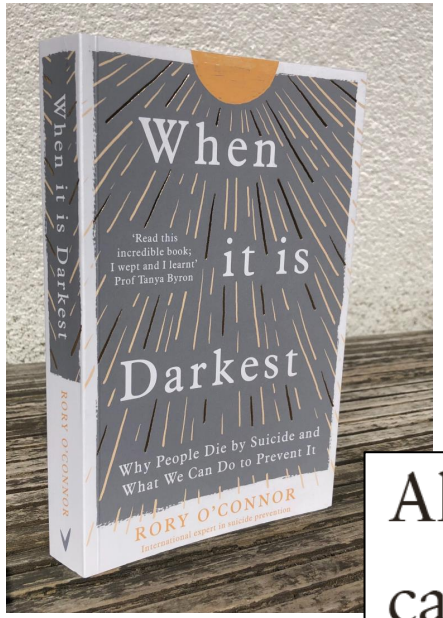
Strengths and limitations of this study

- SAFETEL will test the feasibility and acceptability of a safety planning intervention (SPI) with follow-up telephone support to patients admitted to UK hospitals following a suicide attempt.
- We have employed a collaborative person-centred approach to support the development of the SPI by involving those with lived experience as well as academics and clinicians.
- A process evaluation is embedded within the study.
- We have employed a mixed-methods approach (interviews, questionnaires, focus groups, medical records and hospital admission data).
- To enhance generalisability, this study is conducted in four hospitals.

major public health
WHO, 804 000 people
cross the globe,[1] with
ple dying by suicide
ose with a history of
dly increased risk of
hose who are treated
harmed again within
ts will die by suicide
within 5 years.[2] Despite the increased risk of suicide, there is a lack of evidence-based interventions within general hospital settings for those who have attempted suicide specifically. Although there are challenges in determining suicidal intent and debate about definitions of self-harm,[4] the majority of patients admitted to hospital following self-harm are cases of attempted suicide.[5] Therefore, delivering effective treatment in hospital and by other means in the weeks following a

Safety Planning is so much more than this form: importance of compassion & collaboration

- Suicide is more about ending pain than ending one's life
  - Trapped by mental pain
- To prevent suicide takes more than treating mental health problems
  - Tackling inequality, stigma, discrimination, COVID-19
  - We can support each other
  - Compassion and collaboration are key
- The factors that lead to suicidal thoughts are different from those associated with suicide attempts/death



Although we can never bring back those who we have lost, we can better support those left behind and, if we work together, we can save more lives. My ultimate hope is that, as a society, if we are kinder and more compassionate, both to ourselves and to those around us, then we will go some distance in protecting all of us from the devastation of suicide.

Vermilion
Penguin Random House UK

A RENEWED WORLDWIDE COMMITMENT TO PREVENT SUICIDES: "CREATING HOPE THROUGH ACTION"

IASP announces the new World Suicide Prevention Day theme for 2021-2023.

International Association for Suicide Prevention