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Letter to the Editor

Combining phone and postcard brief contact interventions for preventing suicide reattempts: A quasi-randomized controlled trial

Dear Editor,

A well-known strong predictor of suicide is a past history of suicide attempts. Therefore, the prevention of suicide reattempts may be critical for reducing the number of people who die by suicide. A Japanese study (Kawanishi et al., 2014) showed that assertive case management interventions for suicide attempters are an effective method to reduce the incidence of repeated suicide attempts over 6 months. However, such interventions require considerable resources, such as a trained specialist and extensive financing. A potentially useful alternative to such interventions is the brief contact interventions (BCIs). These interventions are relatively simple to adopt, and they involve the use of letters, postcards, or phone calls to maintain contact between healthcare personnel and patients. Several studies found that one BCI was not superior to TAU. To address this issue, Vaiva et al. proposed the approach of combining different BCIs, such as sending postcards and following these up with phone calls, to reduce suicide reattempts (Vaiva et al., 2011). The aim of this study was to determine whether the combination of these BCIs would be effective for preventing suicide reattempts, and whether this would change the patients' treatment behaviors. We hypothesized that the combined intervention would reduce the incidence of reattempting suicide and would have a positive impact on patients' treatment behavior.

The present study was part of a survey on suicidal individuals in Yamaguchi Prefecture. This study was carried out in the emergency unit of Yamaguchi University Hospital, Yamaguchi Prefectural Grand Medical Center, and National Hospital Organization Kanmon Medical Center. This study was approved by the institutional review board at each site. Individuals who were over 20 years of age and who were admitted to emergency units following suicide attempts were eligible to participate between November 1, 2011 and December 31, 2015. We alternately assigned participants to two groups in order of consent at the three hospitals: an intervention group (who underwent the combination of BCIs (phone call and postcard) in addition to TAU), and a control group (who engaged in only TAU). We contacted patients in the intervention group by phone between the 10th and the 21st day after discharge. The phone call was made by the psychiatrist. First, the interview focused on evaluating the degree of the future suicide risk. Next, a phone intervention was conducted based on the assessed risk. We also sent a postcard with the phone number of the participating psychiatric facilities to participants in the intervention group at the 4th and 8th weeks after discharge. The outcome assessment was performed by a trained psychologist by phone, and included an evaluation of suicide planning or suicide behaviors (primary outcome) and the use of psychiatric treatment in the 12 weeks after discharge. She also asked participants in the intervention group whether the phone call and the sending of postcards might be helpful for them to reduce thoughts about suicide. The statistical comparison of the groups was carried out using the chi-square test,.

Twenty-four participants were assigned to the intervention group and 24 to the control group. We did not find a significant difference between the intervention and control group in terms of number of participants who engaged in suicide planning ($n = 3$ (12.5%) vs. $n = 5$ (20.8%), chi-square = 0.6, $df = 1$, $p = 0.35$) or a suicide attempt ($n = 1$ (4.2%) vs. $n = 1$ (4.2%), chi-square = 0.0, $df = 1$, $p = 1.0$) during the study period. Eleven participants (78.6%) in the intervention group engaged in more psychiatric treatment after the suicide attempt compared to the 5 (41.7%) in the control group who did the same (chi-square = 3.72, df = 1, $p = 0.063$). Furthermore, 21 of the 24 participants in the intervention group felt that the intervention was helpful for reducing thoughts about suicide (chi-square = 31.8, $df = 2$, $P < 0.01$). Among the 15 participants who responded how they felt during the intervention, eight reported a feeling of encouragement, four reported a feeling of genuine interest from others, and one reported a feeling of gratitude.

We found no significant difference in the number of suicide plans or suicide attempts between the two groups. A systematic review of studies revealed that the BCIs might be able to reduce the frequency of suicide reattempts or self-harm compared to TAU (Milner et al., 2015). However, we found that participants in the intervention group tended to visit the psychiatric hospital more regularly after discharge. This may be attributed to the BCIs intervention, which was found in a prior study to help enhance patients' capacity to ask for assistance. A previous systematic review also showed that one of mechanisms by which BCIs is that they may reduce the threshold for help-seeking and improve engagement in psychiatric services (Milner et al., 2016).

Conflict of interest

None.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:https://doi.org/10.1016/j.psychres.2019.05.033.

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Toshio Matsubara[a,b,*], Koji Matsuo[a,c], Atsuko Matsuda[a,d], Yuko Ogino[a,e], Teruyuki Hobara[f], Yusuke Wakabayashi[g], Michihide Kawano[h], Ryosuke Tsuruta[i], Yoshifumi Watanabe[a,j], Shin Nakagawa[a]

[a] *Division of Neuropsychiatry, Department of Neuroscience, Yamaguchi University Graduate School of Medicine, Ube, Yamaguchi, Japan*

[b] *Health Service Center, Yamaguchi University Organization for University Education, Yamaguchi, Yamaguchi, Japan*

[c] *Department of Psychiatry, Saitama Medical University, Moroyama, Iruma, Saitama, Japan*

[d] *Sorairo, Ube City Develop Support Center, Ube, Yamaguchi, Japan*

[e] *Okayama Psychiatric Medical Center, Okayama, Okayama, Japan*

[f] *Department of Psychiatry, Yamaguchi Prefectural Medical Center, Hofu, Yamaguchi, Japan*

[g] *Department of Psychiatry, National Hospital Organization Kanmon Medical Center, Shimonoseki, Yamaguchi, Japan*

[h] *Yamaguchi Prefecture Center for Mental Health and Welfare, Hofu, Yamaguchi, Japan*

[i] *Advanced Medical Emergency and Critical Care Center, Yamaguchi University, Ube, Yamaguchi, Japan*

[j] *Southern Tohoku General Hospital, Fukushima, Japan*

E-mail address: t-matsu@yamaguchi-u.ac.jp (T. Matsubara).

[*] Corresponding author at: Yamaguchi University, Ube, Yamaguchi Prefecture, 755-8505 Japan.