

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

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Question: In adults with suicidal ideation how effective is inpatient admission compared with community intervention?

Clarification of question: Patients = adults with suicidal ideation, patients presenting following suicide attempt; Intervention = inpatient admission; Comparison = community intervention, Outcome = any.

What does the evidence say?

The BEST in MH search strategy identified 4 well-conducted systematic reviews of interventions following suicide attempt/deliberate self harm. Between them, three of these reviews identified 3 RCTs comparing inpatient admission with outpatient care. Two trials found that short hospital admission without additional medical/psychiatric treatment did not show a short-term benefit. One trial reported benefit for 10-day inpatient treatment with structured therapy, however, which treatment element was useful is unclear. At least one of these trials was likely to have been underpowered to detect a clinically important difference, the quality of the other two trials was not reported by the reviewers. Overall, there is insufficient evidence to determine the relative effectiveness of inpatient admission versus community intervention.

Comments

There are trials of a number of interventions following suicide attempt/deliberate self harm, some of these may have been conducted in inpatients. A BEST in MH answer to a clinical question concerning which interventions are effective following deliberate self harm may be of interest and can be found on our website.

This answer is a brief summary of the available evidence, if there is anything else you would like to know, please contact me on: contact@bestinmh.org.uk. This answer will shortly be posted on our website: www.bestinmh.org.uk.

This question was received on 10.11.2006; the answer was completed on 28.11.2006 by Elizabeth Barley PhD CPsychol. **This answer is > 1 year old and so may need updating.**

METHODS

Search date: 28.11.2006

Source of Evidence	Search Terms	Search Results	Evidence Identified
NLH guideline finder	Suicide; deliberate self harm	4; 5 relevant guidelines searched for trials of inpatient versus outpatient care	None (3 guidelines(1-3) related to suicide prevention/treatment of attempted suicide, but no references to trials comparing in and out patient care)
CDSR	Suicide; deliberate self harm (in title/abstract/key words)	18;2 relevant reviews searched for trials of in vs outpatient care	1 SR(4) (containing 1 relevant RCT) (search date 1999)
DARE		13; 2 relevant structured abstracts searched for trials of in vs outpatient care	2 SRs of psychosocial interventions following suicide attempt, 1(5) contained 3 relevant trials (search date Feb 2003), the other(6) contained no relevant trials (search date Dec 1995)
Clinical Evidence	n/a	Deliberate self harm section searched	1 SR(7) (search date Oct 2005) (1 trial from above SR(4))
PsiTri	Suicide OR deliberate self harm (health condition search)	59 hits, searched for trials published after 2003 (search date of most previous SR)	none

EVIDENCE SUMMARY

The BEST in MH search strategy identified 3 guidelines(1-3) concerning care following suicide attempt/deliberate self harm. None contained references to trials comparing in and outpatient care. The NICE guidance(1), which does not appear to be based on trial evidence, is as follows: Adults – “Temporary admission, which may need to be overnight, should be considered following an act of

self-harm, especially for people who are very distressed, for people in whom psychosocial assessment proves too difficult as a result of drug and/or alcohol intoxication, and for people who may be returning to an unsafe or potentially harmful environment. Reassessment should be undertaken the following day or at the earliest opportunity thereafter.”; Older adults – “Given the high risks amongst older adults who have self-harmed, consideration should be given to admission for mental health risk and needs assessment, and time given to monitor changes in mental state and levels of risk.”

Four systematic reviews(4-7) of treatments following suicide attempt/deliberate self harm were found. Three of these(4;5;7) identified relevant trials. All 3 reviews were well-conducted and indicate that there is a lack of evidence (in terms of both number and quality of trials) as to whether inpatient treatment is effective. Two of the reviews (4)(search date 1999) (7)(search date 2005) identified a single RCT (N = 77) comparing hospital admission (with no additional therapy) and immediate discharge. This found no significant difference between the treatment groups over 16 weeks. However, this study may have been underpowered to detect a clinically important difference(7). A third review(5) (search date 2003), identified 3 relevant trials (including the one just described). Two of these found that short hospital admission without additional medical/psychiatric treatment did not show a short-term benefit, and 1 trial reported benefit for 10-day inpatient treatment with structured therapy, however, which treatment element was useful is unclear. The quality of these trials was not reported.

EVIDENCE DETAILS

Systematic reviews:

author, date	source, type	search date	no. of trials	main findings
Hawton, 1999(4)	Cochrane SR	1999	1 RCT	No significant difference between hospital admission of a median of 17 hours and immediate discharge in proportion of people who repeated DSH over 16 weeks (n = 77)
Mustafa, 2006(7)	Clinical Evidence	2005	1 RCT	As above
Hepp, 2004(5)	DARE (provisional record only)		3 RCTs	Short hospital admission of patients without immediate medical or psychiatric treatment needs did not show a short-term benefit (2 trials including one reported above, n = 77 and n = 274) Suggested benefit for 10-day inpatient treatment with structured therapy,

				but, unclear which treatment element was useful. (1 trial, n = 24)
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Reference List

- (1) NICE guideline. Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. www.nice.org.uk 2004.
- (2) National Institute for Mental Health in England. Preventing Suicide: A tool kit for mental health services. www.nimhe.org.uk 2003
- (3) Department of Health. National Suicide Prevention Strategy for England. www.doh.gov.uk/mentalhealth 2002
- (4) Hawton K, Townsend E, Arensman E, Gunnell D, Hazell P, van Heeringen K. Psychosocial and pharmacological treatments for deliberate self harm. The Cochrane Database of Systematic Reviews 1999, Issue 4.Art.No.:CD001764.DOI: 10.1002/14651858.CD001764
- (5) Hepp U, Wittman L, Schnyder U, Michel K. Psychological and Psychosocial Interventions After Attempted Suicide: An Overview of Treatment Studies. *Crisis* 2004; 25(3):108-17.
- (6) CRD, van der Sande R, Buskens E, et al. Psychosocial intervention following suicide attempt: a systematic review of treatment interventions (Structured Abstract). *Database of Abstracts of Reviews of Effects* 2006
- (7) Mustafa Soomro G. Deliberate self harm and (attempted suicide) *Clinical Evidence*; 13: 1-3 BMJ publishing. www.clinicalevidence.com 2006

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