

## Use of social support [2015]

**SCOPING QUESTION: Is use of social support better than treatment as usual for persons with thoughts or plans of self-harm in the last month or acts of self-harm in the last year?**

### **Background**

Persons with thoughts or plans of self-harm in the last month means persons with report or family/associate report of current thoughts or plans of self-harm, OR thoughts or plans of self-harm in the last month, regardless of the stated intent. Persons with acts of self-harm in the last year means report or family/associate report of current act of self-harm, OR act of self-harm in the last year, regardless of the stated intent. Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package. This table states ADDITIONAL interventions needed for these persons.

This scoping question evaluates whether social support (in the form of social support services, e.g. case management, or community and family-based social support) is an effective intervention for persons with thoughts or plans of self-harm in the last month or acts of self-harm in the last year.

Community and family-based social support networks refer to physical and positive emotional support given by family, friends, co-workers etc. This support can also be defined as any information leading an individual to believe he or she is cared for, loved, valued and a member of a social network. Social support services are similar to community and family-based social support networks, but are prescribed by professionals such as health-care providers, care-givers and especially charity and social workers as opposed to friends and family. The organizations providing social support may introduce individuals to others receiving support to help them build friendships and a social network. Usually the individual receives this kind of support after referral.

### **Population/Intervention(s)/Comparator/Outcome(s) (PICO)**

Population: persons with thoughts, plans or acts of self-harm

Interventions: social support (in the form of social support services, e.g. case management, or community and family-based social support)

Comparisons: treatment as usual

*Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.*

Outcomes: suicide mortality

repetition of suicide attempts and acts of self-harm

thoughts or plans of self-harm, hopelessness

quality of life

functionality status

### **Search process**

#### **Search strategy**

A systematic search was conducted via Web of Knowledge, The Cochrane Library and PubMed to identify reports evaluating suicide prevention interventions. The key identifiers used for the searches were self-harm and suicide. Attached to these, the following key words were used for the searches: social support services, social support network. References for articles were checked for identification of further articles.

#### **Inclusion and exclusion criteria**

Observational studies, non-systematic reviews, randomized controlled trials, and systematic reviews, in English. No limitation for year of publishing.

### **Narrative description of the identified studies**

Author	Title	Reference	Description of the study	Results
De Leo D, Heller T (2007).	Intensive case management in suicide attempters following discharge.	Australian journal of primary health, 13:49-58.	Suicide attempters were randomly assigned to Intensive Case Management (social support through weekly face-to-face contact with a community	Intensive case management had positive impacts on suicidal patients. People in intensive case management had significant improvements in

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			case manager and outreach telephone calls from experienced telephone counselors) or Treatment As Usual.	depression scores, suicide ideation and quality of life.
Hegerl U et al (2006).  Hegerl U et al (2008).	The Alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality. The 'European Alliance Against Depression (EAAD)': a multifaceted, community-based action programme against depression and suicidality.	Psychological Medicine, 36:1225-33.  World Journal of Biological Psychiatry, 9:51-8.	A four-level intervention against depression and suicidality including training of community facilitators (priests, teachers, geriatric care-givers, counselling centres, helplines, psychotherapists, pharmacists, police, and prison officers).	Fewer suicide attempts and acts of self-harm in the intervention region; no difference in suicide mortality rate.
Ono Y et al (2008).	A community intervention trial of multimodal suicide prevention program in Japan: a novel multimodal community intervention program to prevent suicide and suicide attempt in Japan, NOCOMIT-J.	BMC Public Health, 8:315.	To examine whether NOCOMIT-J is effective in reducing suicidal behavior in the community. The program focuses on building social support networks in the public health system for suicide prevention and mental health promotion, intending to reinforce human relationships in the community.	Results expected in 2010.
Oyama H et al (2006).	Local community intervention through depression screening and group activity for elderly suicide prevention.	Psychiatry and Clinical Neurosciences, 60:110-4.	Group activity provided by public health nurses in Minami district of Japan.	Suicide mortality incidence rate for suicide reduced significantly for females in the region, not change for males.

Sun FK et al (2008).	Family care of Taiwanese patients who had attempted suicide: a grounded theory study.	Journal of Advanced Nursing, 62:53-61.	Families have an important role in caring for a member who is at risk of suicide. Interviews were conducted with suicidal patients who had just been discharged and family members to develop guidance in the care of a member who is at risk of suicide.	Categories that emerged as important were the family environment, support systems, coping mechanisms and helping skills.
Newman CF (2005).	Reducing risk of suicide in patients with bi-polar disorder: interventions and safeguards.	Cognitive and Behavioral Practice, 12:76-88.	Just a discussion.	Importance of family-based social support networks for sufferers of bi-polar disorder.
Granero R, Poni E, Poni C (2008).	Suicidal ideation among students of the 7th, 8th, and 9th grades in the State of Lara, Venezuela: the Global School Health Survey.	Puerto Rico Health Sciences Journal, 27:337-42.	Suicidal ideation in the the Global School Health Survey.	Loneliness showed to be a risk factor for suicidal ideation.
Liu BH et al (2008).	[Study on the factors influencing suicidal ideation among medical students in Beijing].	Zhonghua Liu Xing Bing Xue Za Zhi, 29:128-31.	Evaluation of health risk factors on suicidal ideation among medical students.	Loneliness was identified as a risk factor for suicide ideation.
Winfree LT, Jiang S (2010).	Youthful Suicide and Social Support: Exploring the Social Dynamics of Suicide-Related Behavior Within a National	Journal of Youth Violence and Juvenile Justice, 8(1):19-37.	This study used the National Longitudinal Survey of Adolescent Health, to examine the ties between	Parental expressive support reduced both suicide ideation and attempts. That is, adolescents who felt parental

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	Sample of US Adolescents		social support mechanisms and adolescent expressions of suicide ideation and suicide attempts.	love and caring were less likely to think about suicide or attempt it than those not reporting such bonds to parents
Poudel-Tandukar K et al (2011).	Social Support and Suicide in Japanese Men and Women	Journal of Psychiatric Research, 45:1545-1550	In this prospective study, A total of 26,672 men and 29,865 women aged 40-69 years enrolled in the Japan Public Health Center-based prospective study in 1993-1994 completed a self-administered questionnaire which included four items of social support, and were followed for death through December 2005.	Having esteem support was independently and significantly associated with a reduced risk of death from suicide in women, but not in men. Having four or more friends was significantly associated with a reduced risk of death from suicide in men and women.
Kleiman EM, Liu RT (2011).	Social Support as a Protective Factor in Suicide: Findings from Two Nationally Representative Samples	Journal of Affective Disorders, 150:540-545	Study analyzed the relationship between social support and lifetime history of a suicide attempt, controlling for a variety of related psychopathology and demographic variables, in the National Comorbidity Study Replication (NCS-R), a United States sample and the Adult Psychiatric Morbidity Study (APMS), an English sample.	Findings suggest social support is associated with decreased likelihood of a lifetime suicide attempt in both samples.
Wu et al (2011).	The impact of quality and quantity of social support on help-seeking behavior prior	General Hospital Psychiatry, 33:37-44	Over a year period, consecutive attendees at a general hospital emergency room in Taiwan, China with deliberate self-harm were	Social support/network potentially modifies help-seeking behavior prior to deliberate self-harm. Quality rather than quantity of social

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	to deliberate self-harm		asked about prior medical contact and informal help-seeking in the month prior to the event. Self-reported social support/network was measured using the Close Persons Questionnaire.	support was associated with seeking informal support, with the reverse pattern associated with prior medical contact.
Kleiman EM, Riskind JH, Schaefer KE, Weingarden H (2012).	The Moderating Role of Social Support on the Relationship between Impulsivity and Suicide Risk	Crisis, 33(5):273-279	Participants were 169 undergraduates who completed self-report measures of impulsivity and social support. Suicide risk was assessed using an interview measure.	Social support moderates the relationship between impulsivity and suicide risk, such that those who are highly impulsive are less likely to be at risk for suicide if they also have high levels of social support.

### **Narrative conclusion**

Social support in the form of social support services, e.g. case management, or community and family-based social support, seems to be beneficial, but systematic studies are scarce. Loneliness is a risk factor for suicide and social support adds a feeling of connectedness. Therefore, social support should be provided despite the lack of randomized studies. Social support is a relatively low-cost intervention.

### **References**

De Leo D, Heller T (2007). Intensive case management in suicide attempters following discharge. *Australian journal of primary health*, 13:49-58.

Granero R, Poni E, Poni C (2008). Suicidal ideation among students of the 7th, 8th, and 9th grades in the State of Lara, Venezuela: the Global School Health Survey. *Puerto Rico Health Sciences Journal*, 27:337-42.

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Wu CY, Stewart R, Huang HC, Prince M, Liu SI (2011). The impact of quality and quantity of social support on help-seeking behavior prior to deliberate self-harm. *General Hospital Psychiatry*, 33:37-44.

**From evidence to recommendations**

<b>Factor</b>	<b>Explanation</b>
<b>Narrative summary of the evidence base</b>	Social support in the form of social support services, e.g. case management, or of community and family-based social support seems to be beneficial, but studies are scarce. Loneliness is a risk factor for suicide and social support adds a feeling of connectedness. Therefore, social support should be provided despite of the lack of randomized studies.
<b>Summary of the quality of evidence</b>	The quality of the evidence is very low.
<b>Balance of benefits versus harms</b>	None.
<b>Values and preferences including any variability and human rights issues</b>	All patients with thoughts or plans of self-harm in the last month or acts of self-harm in the last year should receive an intervention.
<b>Costs and resource use and any other relevant feasibility issues</b>	<p>The exact nature of the intervention would depend on the context. Steps of doing this may involve a) assessment of the social resources, b) engagement of members of the social support system and c) locating external social resources.</p> <p>Low cost intervention linked to the personnel directly involved in the social support.</p> <p>One or two days of training depending on the kind of social support.</p>
<b>Recommendation(s)</b>  Use of social support (from available informal and/or formal community resources) should be facilitated for persons who volunteer thoughts of self-harm or who are identified as having plans of self-harm in the last month or acts of self-harm in the last year.  Strength of recommendation: STRONG	

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