Early Intervention Considerations after a Suicide Attempt

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National Institute of Mental Health

Crisis Jam
Invited Presentation
October 16, 2024

National Institute of Mental Health

Disclosure

- This presentation includes research that was completed prior to Dr. O'Connor joining the NIMH. The opinions expressed in this presentation are the author's own and do not reflect the view of the National Institutes of Health, the Department of Health and Human Services, or the United States government.

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  - National Institutes of Health (T32HD090230)
  - American Foundation for Suicide Prevention (YIG-0-098-13)
  - Louisville VAMC Clinical Research Foundation

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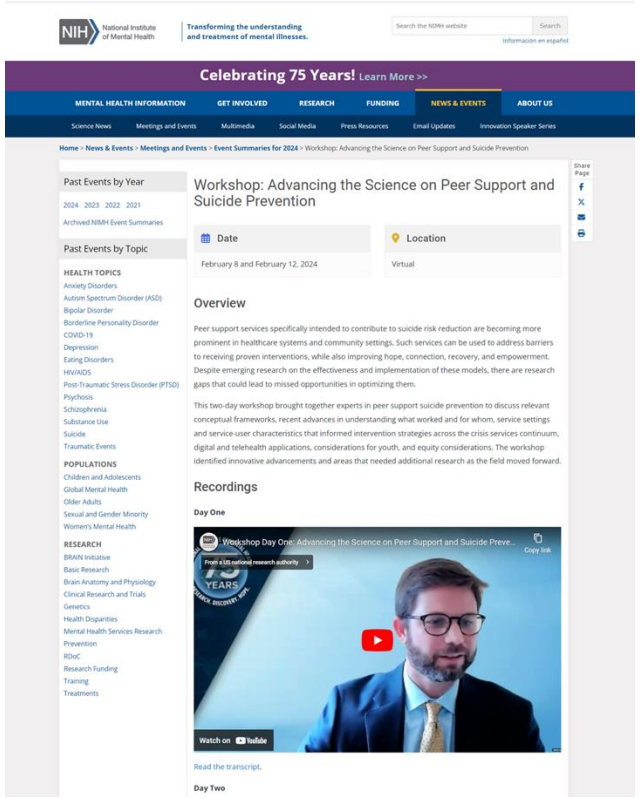
NIMH Crisis Response Suicide Prevention Initiatives

- Research Opportunities in Crisis Response Services for Suicide Prevention (RFA-MH-25-135; RFA-MH-25-136)
  - Effectiveness and implementation of crisis response services
  - Approaches to improve the quality and outcomes of services
  - Impact of state and local policy on implementation and outcomes.
- Research conducted in real-world settings
  - Wide range of clinical presentations, psychosocial factors, age-related characteristics (e.g., youth; adult; older adult), geographic context (rural/remote settings), racial, ethnic, and cultural considerations, and health disparities influence the types of care that are provided

- Second receipt date is June 2, 2025
- A Notice of Special Interest (NOT-MH-23-140) is also active through May 8, 2025

Peer Support Services for Suicide Prevention

- Experts in peer support suicide prevention discussed relevant conceptual frameworks, recent advances in understanding what works and for whom, service settings, and service-user characteristics that inform intervention strategies across the crisis services continuum, digital and telehealth applications, considerations for youth, and equity considerations
- https://www.nimh.nih.gov/news/events/2024/workshop-advancing-the-science-on-peer-support-and-suicide-prevention



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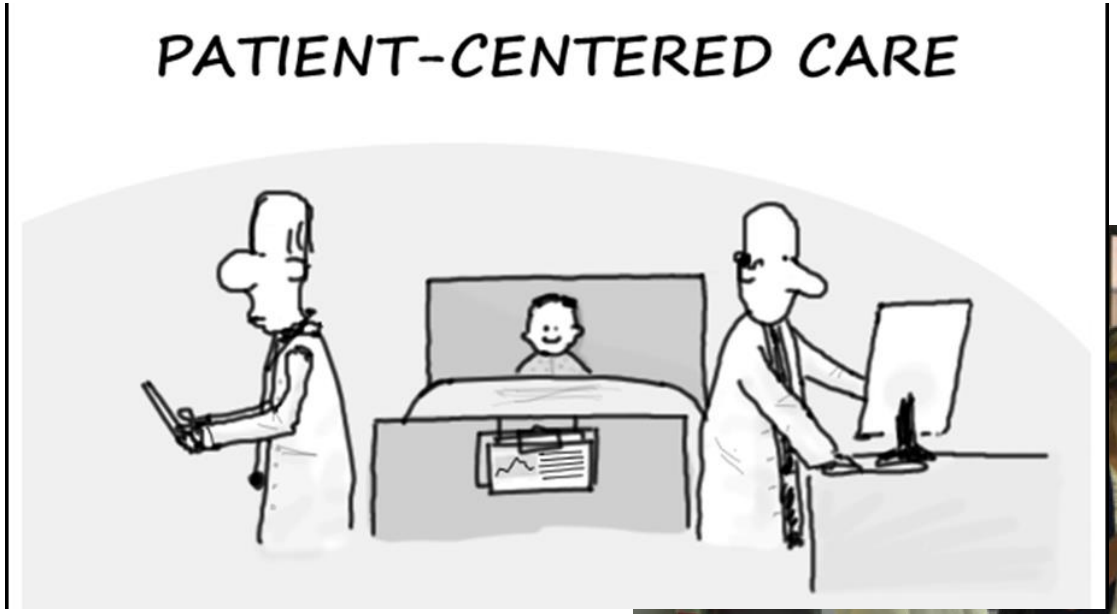
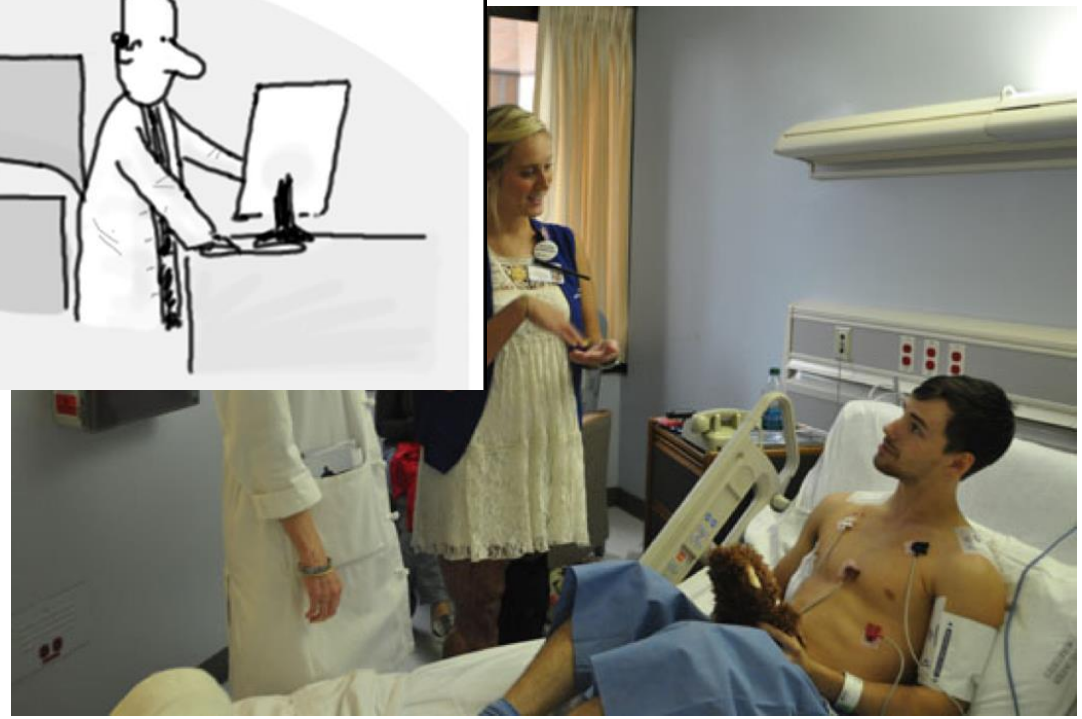
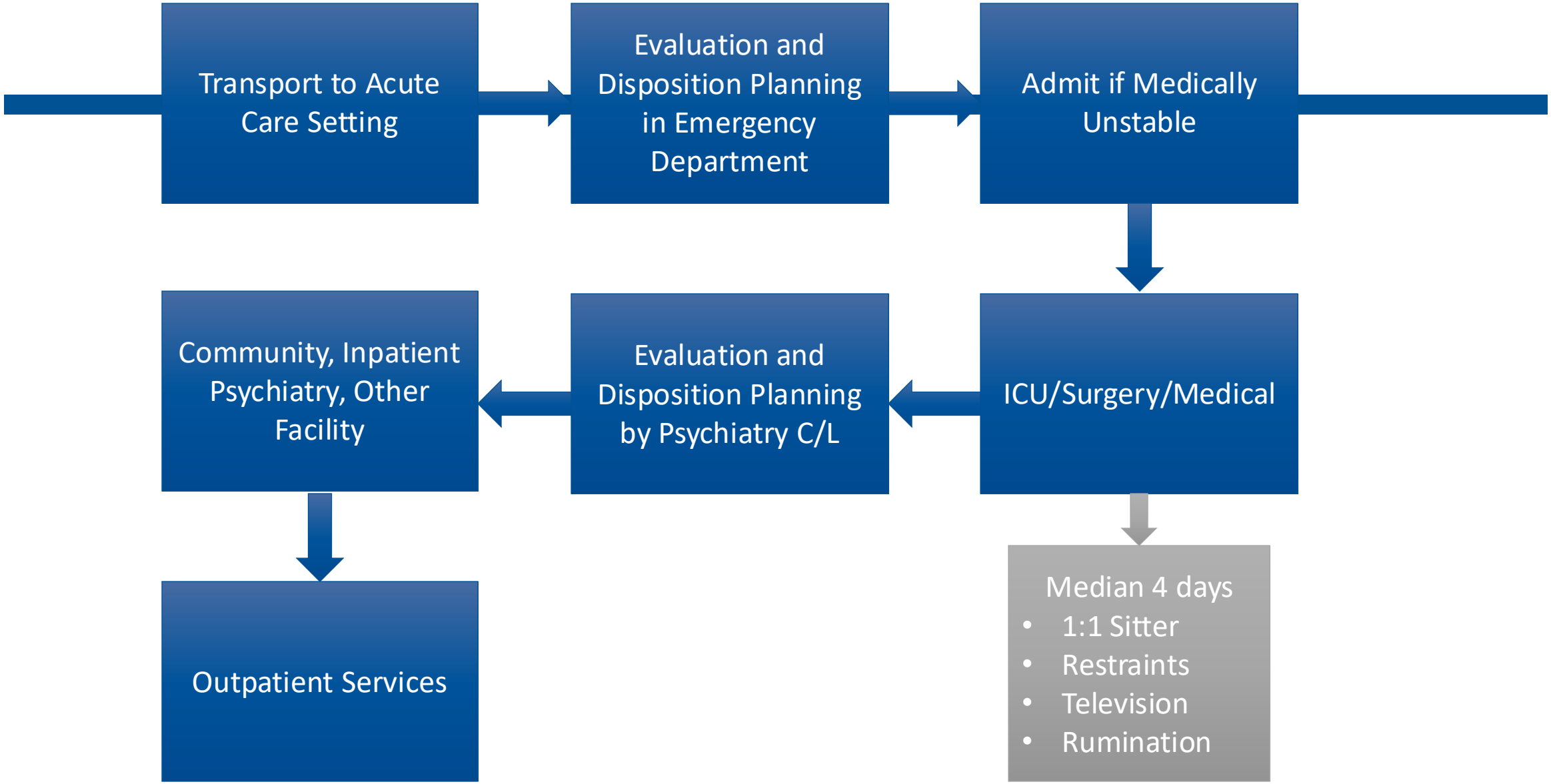
Helping Someone after a Suicide Attempt







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The Ultimate Goal

- How do we find the “sweet spot” where we are:
  - Maximizing the population impact of our interventions
  - Providing the appropriate “dose” that will lead to significant improvements
  - Introducing new approaches that can be scaled up rapidly and maintained
  - Matching individual preferences
  - Delivering an intervention that maps onto the key aspects of a conceptual model

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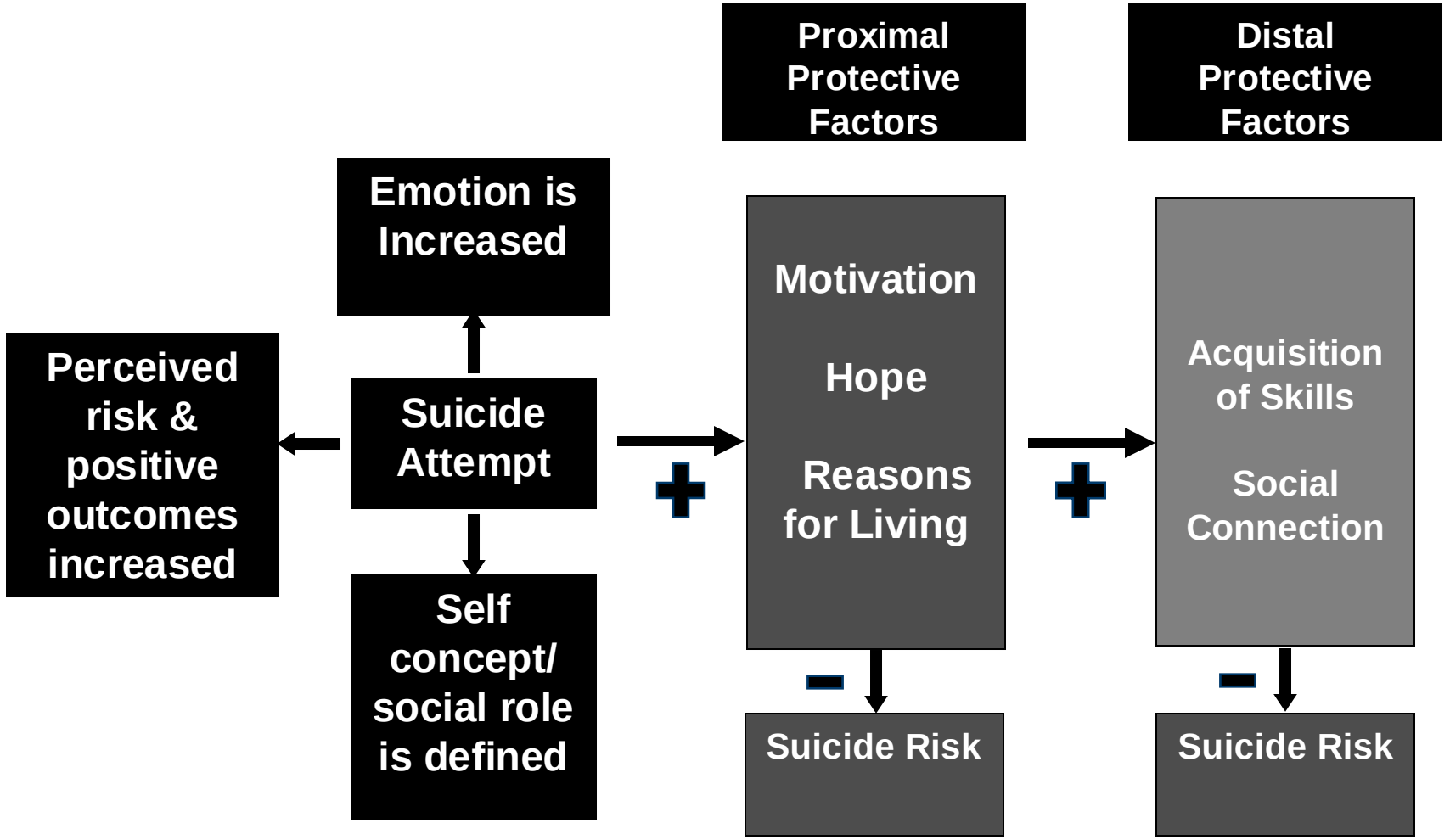
Conceptual Model Informing Intervention Targets



Adapted from McBride, Emmons, & Lipkus, 2003; Informed by Boudreaux, Bock, & O'Hea, 2012

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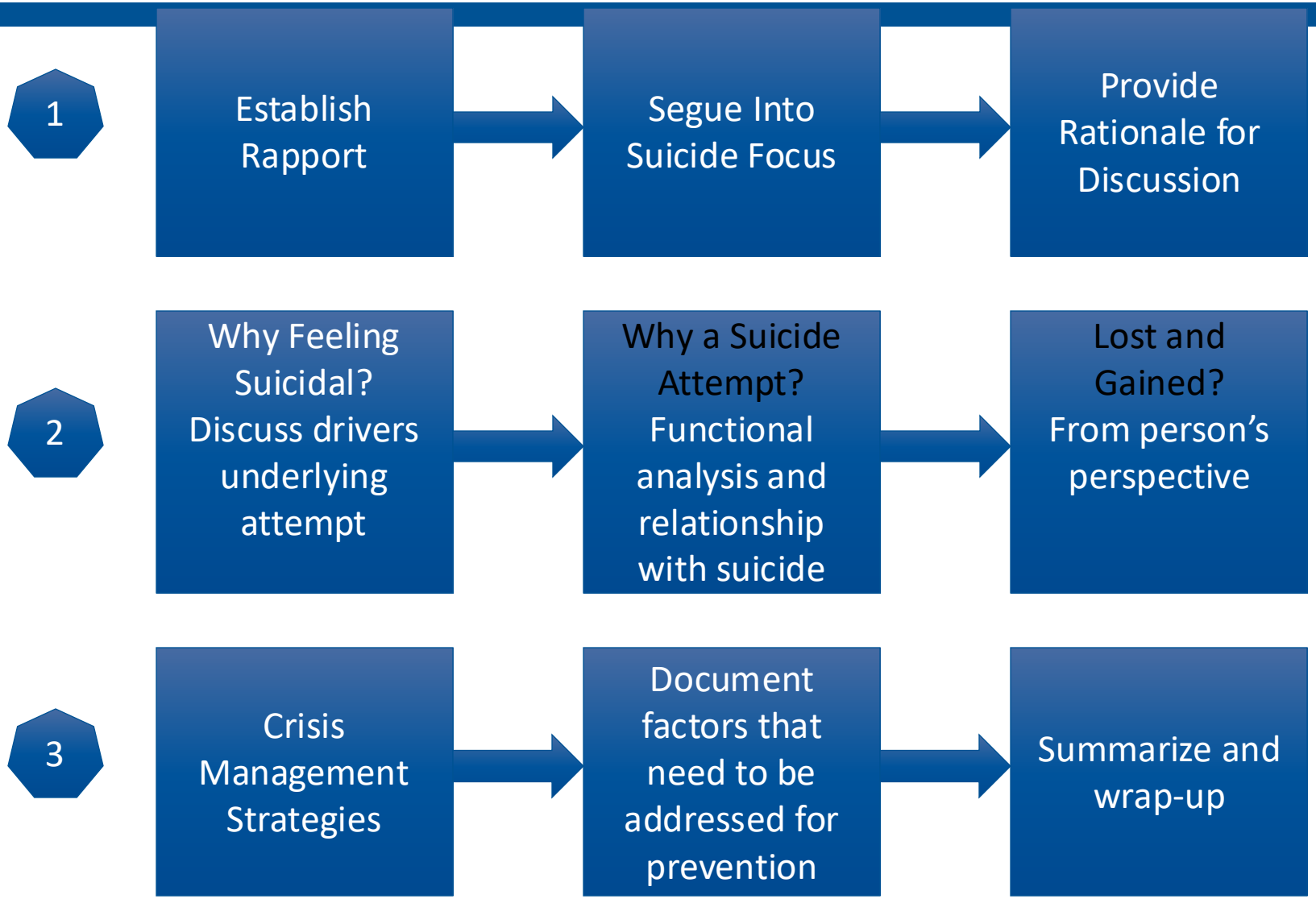
Teachable Moment Brief Intervention



(Jobes, 2006; Linehan, 1993; O'Connor et al., 2015)

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The development
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Abstract

Objective—The curre
intervention for medica

Method—Fifty patient
attempt. The first 10 pa
informed the creation o
informed refinement of
randomized in a pre-po
usual care or usual care
blinded research assista
problematic behaviors,

Results—Patients rate
satisfaction. Significant
S.D.=3.73, *P*=.02) and
improvement for those

Conclusions—Patien
intervention that compl
suicide attempt in a coll

Keywords

Suicide attempt; Brief i

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Research paper

Pilot randomized clinical trial of the Teachable Moment Brief Intervention for hospitalized suicide attempt survivors☆

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ABSTRACT

Objective: The aim of this study was to further evaluate the acceptability and feasibility of the Teachable Moment Brief Intervention (TMBI).
Method: A single blind, pilot randomized controlled trial of the TMBI + care as usual (CAU) compared to CAU was conducted for patients who survived a recent suicide attempt that required medical inpatient hospitalization. The intervention was delivered on medical/surgical and inpatient psychiatry units in the medical center. Interviews were completed at baseline, 1, 3, and 12 months.
Results: Patients reported high ratings of satisfaction with the TMBI. Interventionists representing fields of Psychiatry, Social Work, and Counseling were able to deliver the intervention with fidelity to the treatment manual with equal adherence ratings. The TMBI patients were more likely to maintain a positive recovery trajectory on motivation and engagement in mental health services at 3 months.
Conclusion: The TMBI provides an option for targeted intervention to health care providers as they engage patients admitted to an acute medical setting after a serious suicide attempt. This is the second pilot study demonstrating enhanced motivation in the post-hospitalization period.

1. Introduction

Suicide is a global concern, accounting for approximately 800,000 deaths worldwide each year [1]. Suicide is the 10th leading cause of death in the United States, yet is the 2nd leading cause of death for people aged 15–34, the 3rd leading cause of death for adults aged of 35–44, and the 5th leading cause of death among persons aged 45–54 [2]. In essence, suicide accounts for a disproportionate amount of premature mortality for individuals that would otherwise live to an older age and contribute in greater ways to society. While other causes of mortality like heart disease have steadily decreased [3], the rate of

times more likely in the week after hospital discharge and continues to be elevated for years [6–8]. For individuals treated on medical/surgical floors for injuries related to a suicide attempt, previous research suggests significantly elevated rates of suicide compared to the general population (odds ratio = 56, CI = 27–120) [9].

Previous research on smoking cessation [10] and alcohol-associated trauma hospitalizations [11] suggests that impactful cueing events (e.g., injuries, procedures) may lead to substantial behavior change over time. McBride and colleagues describe the intrapersonal factors following a cueing event in their conceptual model of teachable moments as involving a rapid increase in emotion, recognition of risks and

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Suicide and Life-Threatening BEHAVIOR

ORIGINAL ARTICLE

Measuring the impact of suicide attempt posttraumatic stress

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Abstract

Objective: To examine the associations be
(PTS) following a medically serious suicide
interpersonal constructs, and outpatient menta
Methods: The study utilized an existing data
patients recruited at a level 1 trauma center fo
attempt. Measures of suicide attempt-related
ceived burdensomeness, thwarted belongingn
health utilization were completed at 1 and 3 m
sion models were used to analyze the data.
Results: Greater SA-PTS at 1 month was as
cidal ideation, thwarted belongingness, and p
3 months.
Conclusions: Addressing PTS following a me
in addressing suicide-specific constructs and
ing hospitalization.

	β	Robust standard error	95% CI: lower	95% CI: upper	p
Suicidal ideation					
PCL total score	0.05	0.02	0.02	0.08	0.02
Cluster B (re-experiencing)	−0.03	0.05	−0.13	0.07	0.61
Cluster C (avoidance)	0.07	0.05	−0.03	0.18	0.16
Cluster D (arousal)	0.05	0.06	−0.07	0.17	0.41
Perceived burdensomeness					
PCL total score	0.20	.06	0.07	0.32	0.002
Cluster B (re-experiencing)	0.06	0.24	−0.41	0.52	0.82
Cluster C (avoidance)	0.16	0.19	−0.21	0.54	0.39
Cluster D (arousal)	0.31	0.22	−0.12	0.74	0.16
Thwarted belongingness					
PCL total score	0.19	0.09	0.02	0.36	0.03
Cluster B (re-experiencing)	−0.36	0.36	−1.06	0.34	0.32
Cluster C (avoidance)	0.49	0.33	−0.17	1.15	0.14
Cluster D (arousal)	0.15	0.40	−0.64	0.94	0.71

Emphasize a Recovery Perspective

- Recovery should be emphasized and supported at every step in the process
- A suicide attempt is an opportunity to understand someone's personal recovery and how to support them moving forward
- Focus on strategies and recovery outcomes that complement those that typically focus on risk reduction
- NIMH has encouraged post-acute intervention strategies (from RFA-MH-22-125):

> "NIMH seeks applications to evaluate the preliminary effectiveness of therapeutic and service delivery interventions that utilize interpersonal treatment strategies to **reduce risk among suicidal individuals following acute care by enhancing perceived social supports and connections that contribute to life-affirming beliefs, intentions, and behaviors** and/or by promoting adherence/sustained engagement in appropriate mental health services."

Thank you
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