

## Broad Mental Health Service Changes Can Prevent Suicide

*Better organization and delivery of mental health services can improve rates of suicide, especially in the most impoverished patients.*

Prevention of suicide is a public health priority, but few studies have identified effective interventions. In 2001, a U.K. national commission on suicide recommended adoption of 11 mental health practices, few of which had been implemented previously. Some recommendations were 24-hour crisis teams; assertive outreach and hospital follow-up; policies on noncompliant and dually diagnosed patients; multidisciplinary review of suicides; and specialized training. These researchers examined data from 2002 to 2006 to determine rates of suicide in mental health patients in services that adopted seven to nine versus six or fewer of these practices.

Starting in 2004, suicide rates were significantly lower in services adopting more recommendations. Specific recommendations associated with lower rates were the provision of 24-hour crisis care and, to a lesser degree, the adoption of dual diagnosis policies and multidisciplinary postsuicide reviews. These effects were greatest in the most socioeconomically deprived catchment areas.

**Comment:** This study suggests — but does not definitively prove (because of its observational nature) — that some mental health service changes can be effective in reducing the rate of suicide, including round-the-clock availability of crisis interventions, aggressive treatment of patients with comorbid substance abuse and mental illness, and postsuicide review to identify risk factors that might be taken into account in the treatment of other at-risk patients.

Editorialists appropriately note that targeting at-risk individuals, while an important strategy, will have less effect than targeting the population at large, which produces many more suicides overall. Nonetheless, this study shows that the way we provide services (more access to care, more tailoring to complex needs, and more scrutiny when services fail) may be more important than simple efforts to improve the provision of specific treatments.

— Peter Roy-Byrne, MD

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