

Please visit <https://www.evidentlybetter.org/bulletins/suicide-prevention/> to view our webpage featuring key links and emerging reports about suicide prevention.

Studies

[A deep dive into trauma-informed care in crisis, emergency and residential mental health settings](#)

Summarises a scoping review that finds significant evidence gaps around the implementation of trauma-informed care in emergency care, crisis teams, crisis houses and acute day hospitals.

[Care gaps among people presenting to the hospital following self-harm: observational study of three emergency departments in England](#)

Care gaps were higher among hospital-presenting groups known to have increased risks of suicide: men, those in middle age, unemployed individuals and those misusing substances. Improved access to mental health, social and VCSE services and general practice care is vital to reduce inequities in access to self-harm aftercare.

[Suicide among post-Arabellion refugees in Germany](#)

Despite the many and varied stresses associated with flight, comparison of the pre- and post-2015 time intervals showed that the suicide risk of the populations studied did not change and was considerably lower than that of the German reference population. We attribute this to lower suicide rates in the countries of origin but also to flight-related selection processes that favour more resilient individuals.

[Association of holidays and the day of the week with suicide risk: multicountry, two stage, time series study](#)

Suicide risk was highest on Mondays and increased on New Year's day in most countries. However, the risk of suicide on weekends and Christmas varied by country and territory. The results of this study can help to better understand the short-term variations in suicide risks and define suicide prevention action plans and awareness campaigns.

[Suicide in young and middle-aged individuals: lessons from a psychosocial autopsy study](#)

Our data provide a topology of the needs of individuals at risk for suicide. Suicide prevention strategies can be improved by better transition support and explicit suicide monitoring in young adults with a developmental disorder, active waitlist policies in mental healthcare, and improved collaboration between debt counsellors and mental care professionals based on shared accountability.

[The "noise" of suicide attempts – relating LGBTQ+-specific vs. non-specific factors](#)

Our study implies the need to adapt health promotion, suicide prevention, and early detection and intervention strategies according to the identified types of suicidal processes.

[Real-time exposure to negative news media and suicidal ideation intensity among LGBTQ young adults in a high-stigma US state](#)

Findings have important public health implications related to media reporting, policy, and clinical intervention. Interventions targeting media organizations should promote responsible reporting practices and increase awareness of the potential suicidogenic impact of negative LGBTQ news coverage. This study joins numerous others in documenting the potential mental health harms of policies that restrict LGBTQ visibility and rights. Mental health professionals play a vital role in promoting coping in the face of exposure to LGBTQ negative news/media content.

Report

[Creating conditions for learning from deaths and near misses in inpatient and community mental health services: Assessment of suicide risk and safety planning](#)

The aim of this report is to highlight the importance of staff in mental health inpatient units and community mental health services, taking a person-centred approach to patient safety assessment and safety planning.

Editorial

[Suicide and self-harm in prisons: The challenge of service evaluation and prevention](#)

This explores the very high rates of suicide and self-harm in prisons worldwide and emphasise the need for evidence-based approaches to prevention. This study is about Mersey Care's work with HMP Liverpool and the reduction in suicide, and includes contributions from Prof Joe Rafferty, Professor Nav Kapur, Noir Thomas and Sarah Pilling.

News

[Access to Crisis Care via NHS 111 Mental Health, April to August 2024](#)

This publication introduces a newly established data collection for demand and call handling data items related to accessing crisis care via the NHS111 'select MH option'. This data will provide important insights into how accessible the crisis care system is helping to identify any gaps or inefficiencies. Additionally, the data will be used to support demand and capacity planning across services enabling better resource allocation and service provision. Benchmarking data will also be made available allowing providers to compare their performance and identify areas for improvement. This information will be invaluable for both operational decision making and strategic planning across the crisis care system.