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Authors' reply

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Safety planning-type interventions for suicide prevention: meta-analysis

Nuij and colleagues are too sanguine in concluding that their review has demonstrated the effectiveness of safety planning in reducing suicidal behaviour. They note the methodological limitations of the studies they summarise and the evidence of clinical heterogeneity and publication bias that make meta-analysis problematic, but they could say more about the problem of interpreting their primary outcome.

Not all the included studies offer a clear and standardised definition of suicidal behaviour or attempted suicide, and only one (Gysart-Mallart et al) makes clear how they dealt with acts of self-harm that were ambiguous or attributed (by clinicians or otherwise) to non-suicidal motives. This latter uncertainty is a major problem, because so-called non-suicidal self-harm is a significant risk for suicide. We need to know for each study whether the primary outcome was all acts of self-harm or only those that included an element of suicidal intent. If the latter then there is a serious problem of potential attributional bias.

In truth I think we cannot conclude much except that we need better studies of an intervention that it is tempting to support on grounds of common sense but which may lack the power to make real change in people's response to their distress.

Conflict of interest

None declared

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Authors' reply

We thank you for your reflections and comments on our paper. We understand your concerns but nevertheless believe that although the issues you highlight are important, they do not alter our overall conclusions.

The aim of the safety planning-type interventions as mentioned in this meta-analysis is to prevent suicide attempts (suicidal-self-harm; SSH) and not non-suicidal-self-harm (NSSH) specifically. However, we are aware that NSSH is an important risk factor for suicide attempts.

Nonetheless, you have identified an important challenge in the field, namely how best to operationalise suicidal behaviour as an outcome measure. It is true that not all studies included in our meta-analysis provide a clear and standardised definition of suicidal behaviour or attempted suicide, and it is possible that the exact definition of suicidal behaviour may differ between studies in terms of suicidal intent. However, each study's definition of suicidal behaviour has been applied to its treatment group and its control group and, therefore, will not have influenced the effect size. Of course, across the studies some instances of suicidal behaviour may have been missed. Therefore, we would urge the field to make further progress in agreeing standard nomenclature of suicidal behaviours to be used in such trials.

Notwithstanding the caveats noted above, therefore, we believe that suicidal behaviour, defined in this meta-analysis as the combined rate of suicide attempts and fatal suicides, is an appropriate outcome in order to draw conclusions about the effects of safety planning-type interventions, which were designed to reduce suicide attempts and suicides.

Conflict of interest

None declared

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