

Intermediate outcome criteria and evaluation of suicide prevention programmes: a review

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Background

There is increasing evidence for the effectiveness of multi-faceted prevention programmes to reduce suicide and non-foetal suicidal behaviour. However, evaluations of the effectiveness of these programmes often focus exclusively on primary outcome measures, such as suicide and non-foetal suicidal acts. In order to build the evidence for the effectiveness of suicide prevention programmes it is therefore important to also include intermediate outcome measures, which is the focus of the review presented.

Method:

Intermediate outcome measures are defined as proximal effect indicators of single interventions of multi-level programmes and are directly linked to the objectives and content of each intervention. A review of the literature was conducted of suicide prevention studies including intermediate outcome measures and papers addressing psychometric characteristics of the measures used. Articles were identified through Pubmed, PsychInfo and ScienceDirect. Specific psychometric issues related to measuring change including content validity, construct validity, test-retest reliability and internal consistency were examined.

Results

Instruments used in previous suicide intervention programmes were identified. Measures relevant only to specific programmes were excluded. Eighteen commonly used instruments were selected for the psychometric analysis. Intermediate outcome measures used in previous suicide prevention studies included instruments to measure changes in awareness of depression and suicidal behaviour, changes in attitude towards depression and/or suicide, attitudes towards help-seeking, stigma surrounding depression and/or suicide, acquisition of relevant skills, confidence in dealing with suicidal or depressed patients and changes in antidepressant prescription rates. Few of the instruments reached an acceptable standard on all of the predefined quality dimensions.

Conclusions

Although intermediate outcome criteria are more common in recent studies evaluating the effectiveness of suicide prevention programmes, most measures lack sufficient psychometric quality. Researchers in the area of suicide prevention should ensure evidence-based decisions when defining and measuring changes in intermediate outcome measures.

Making the case for investing in suicide prevention interventions: an economic perspective

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Background

Reducing the rate of suicide remains a key public health target across Europe. This article looks at the potential case for investment in suicide prevention strategies from an economic perspective, estimating the lifetime costs of suicide and then considering how the potential cost effectiveness of an area based suicide prevention intervention.

Methods

Different elements of cost: direct costs (e.g. police, funeral services, health care), lost productivity and intangible costs of pain, grief and premature loss of life are described. Data on suicide rates and non-foetal suicide attempts, life expectancy and economic activity in Germany, Hungary, Ireland and Portugal are then used to model the lifetime costs of completed suicides, as well as the costs of non-foetal suicide attempts. Using decision-modelling techniques, we then consider what level of reduction in suicides a multi-level community-based prevention intervention, such as that used in the EC funded OSPI project, would need to achieve in order to be considered cost effective.

Results

Preliminary indications suggest that the average lifetime costs of each completed suicide are at least €2 million. This implies that even if an area-wide suicide prevention intervention were to achieve only a modest 1% reduction rate in the number of suicides, in most scenarios this remains highly cost effective.

Conclusions

The costs of suicide are substantial and impact across sectors. Increasingly policy makers want to know not only about effectiveness but also the cost effectiveness of interventions when determining how best to make use of budgets. In countries where long-term effectiveness data is not available, models can be used to adapt existing data on effectiveness from another context/setting and synthesize this with local cost data. This can help highlight, as in the case of some area based suicide-prevention strategies, that these are likely to be highly cost effective.

4.6. Sickness absence and disability

Work environment and sickness presenteeism in the Swedish Police Force

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Background

Sickness presence (SP) is an increasing problem which might have consequences for the employer, colleagues, clients, the

public and the sickness present person, and possibly lead to long-term health consequences. The aim was to describe the prevalence of SP and to explore possible related work characteristics among Swedish police officers.

Methods

We analysed a work environment survey conducted in 2007 among all employees of the Swedish Police Force. The response rate was 74%. The analytic sample comprised all respondents working as police officers ($n = 11\,793$). Relative risks (RR) for SP were calculated with modified Poisson regression. Employees were defined as SP if they stated that they had