

THE LANCET Psychiatry

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Zalsman G, Hawton K, Wasserman D, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry* 2016; published online June 8. [http://dx.doi.org/10.1016/S2215-0366\(16\)30030-X](http://dx.doi.org/10.1016/S2215-0366(16)30030-X).

Combined prevention strategies

Some publications identified since 2005 have addressed the impact of combination and multi-level prevention programmes on suicide and suicide attempts. These include four quasi-experimental studies, all with an intervention and control region. (Germany- Nuremberg vs. Wurzburg; Hungary- Szolnok vs. Szeged; Japan- Yuri vs. Chokai as well as Minami vs. Shingou). A 4-level community-based intervention programme was implemented over a period of at least two years in Germany (Nuremberg) and Hungary (Szolnok).^{1, 2} These programmes were identical and included: 1) training of primary care physicians in assessment and treatment of depression, 2) a public awareness campaign about depression, 3) training of community facilitators (e.g., social workers, priests, teachers, police officers, journalists), and 4) support for high-risk groups and self-help activities. In both studies, significant reductions were observed in suicide when the follow-up rates were compared to the baseline rates and to parallel rates in the control regions (Wurzburg; Szeged): in Hungary by 60% of completed suicides after three years and in Germany by 24% of attempted and completed suicides after two years. In the Nuremberg study, the effects were found to be sustainable in the follow-up year after the end of the two-year intervention.³ Additionally, the effects of the four-level intervention programme were analyzed in the city of Regensburg, where the implementation of this programme was again associated with a significant reduction of suicides compared with the baseline.⁴

Implementation of a multi-level intervention program targeting older people (≥ 65 years) in Yuri (Japan) over an eight-year period resulted in a significant reduction in suicide rates among older females, but not in males, when compared with baseline rates and with rates in the control region (Chokai).⁵ The multi-level intervention

programme covered: 1) mental health workshops, 2) a group activity programme, and 3) self-assessment of depression. This programme was also implemented in another region (Minami) in Japan from 1999-2004, including a control region (Shingou), with similar outcomes.⁶ Process analysis provides evidence that the combination of different intervention measures has not only additive but synergistic and catalytic effects.

References

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