A Randomised Controlled Trial (RCT) evidence of a telehealth approach for suicide prevention in Sri Lanka: an intervention study

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Only the Abstract is available

Abstract

Introduction: Suicide rate in Sri Lanka is double the world’s average but the healthcare resources remain insufficient. Tele-health and the delivery of healthcare over distance are being increasingly used globally. However, clinical effectiveness is yet to be established.

Objective: Main objective of this study was to test whether a Brief Mobile Treatment (BMT) can improve the outcome to a significant extent than Usual Care (UC) alone, among those who attempt suicide. Method: The BMT included a brief face-to-face training followed up by a mobile phone communication. The UC included whatever the care people have access to, in Sri Lanka. A total of 68 participants were randomly recruited from Colombo South Teaching Hospital in 2008. The results were measured at Baseline, 6 and 12 months, suicidal tendency, depression, social support and alcohol/drug use; using standardised instruments.

Results: Both groups did not have a significant variation at the Baseline (p > 0.05). The results (i.e. suicidal tendency, depression, social support and substance use) were generally improved with time. With regard to suicidal tendency, depression and social support, Condition x Time was significant but neither Gender x Time nor Condition x Gender x Time were significant. With regard to substance use, there was a significant Gender x Time effect but no significant effect on either Condition x Time or Condition x Gender x Time. A differential effect was noted when the time was broken down into two non-orthogonal contrasts. With regard to suicidal tendency, depression and social support, the Condition x Time was significant over Baseline vs. 6 months but not significant over Baseline vs. 12 months but for alcohol/other drug use it was vary.

Conclusion: The Brief Mobile Intervention (BMT) was superior in reducing suicidal ideation and depression than the Usual Care (UC) but not effective in reducing actual self-harm and substance use. However, BMT is effective in improving social support.

Keywords - Suicide rate, Depression, social support, BMT