

The importance of significant others in the prevention of suicidality.

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON45441

Source

ToetsingOnline

Brief title

The importance of significant others in the prevention of suicidality.

Condition

- Other condition

Synonym

Suicide/ killing yourself

Health condition

effect van suicidaliteit op familie en andere naasten, effect van steun aan familie op suicidaliteit.

Research involving

Human

Sponsors and support

Primary sponsor: GGZ Rivierduinen

Source(s) of monetary or material Support: Subsidie is verkregen bij ZonMw. Een deel van de kosten zijn voor rekening van GGZ Rivierduinen.

Intervention

Keyword: Psycho-education training, Significant others, Suïcide prevention

Outcome measures

Primary outcome

The group of family members will be asked to complete validated questionnaires concerning caregiver strain/ caregiver burden: Betrokkene Evaluatie Schaal (Schene & van Wijngaarden, 1991), Caregiver Strain Index (Robinson, 1983) Caregiver Reaction Assesment (Given et al, 1992) and Ervaren Druk door Informele Zorg (Pot, 1995). These measurements will be completed at baseline, directly after the intervention and after 6 and 12 months follow up.

The patient group will be asked to complete validated questionnaires, at the same moments as family members, about suicidal ideation and behavior, Columbia Suicide Severity Rating Scale, Posner et al, 2011, Herth Hope Index 1992, MANSA 16 Wiersma, 2002, Mental Health Confidence Scale, Carpinello et al 2000, Recovery Assessment Scale, Giffort et al 1995, Nederlandse Empowerment Lijst, Boevink et al 2009 and resilience (Mental Health Confidence Scale)

A process evaluation will be conducted three months after the end of the

intervention, in an interview of both participants and their patient-family members about the impact of the intervention for their recovery, the level of appreciation of the intervention and their suggestions for improvement.

Secondary outcome

Possible information will follow after the development of the intervention.

Study description

Background summary

Suicide remains a health care issue that is difficult to resolve. After a long period of decline the incidence of suicide is rising again. In 2015, 1,871 people committed suicide compared to 1,524 in 2009. Involvement of significant others is considered as one of the options to reduce suicide risk. The Dutch *Multidisciplinary Guideline for the diagnosis and treatment of suicidal behavior' (Hemert et al., 2012) recommends more co-operation between significant others and treatment staff (e.g. psychiatrist, psychiatric nurses). This may help to obtain relevant information for diagnosing, needs assessment and treatment, and at the same time to provide support to families in caring, accompanying and, if needed, guarding their loved ones. Little is known, however, about the effects of suicidality on significant others. Involvement of significant others is especially relevant in light of the recent tendency to treat suicidal patients at home given constraints on the capacity of psychiatric beds (Bestuursakkoord over de toekomst van de GGZ 2012, Min. van VWS).

Study objective

This study aims to explore perceptions of care and needs of support in a suicidal crisis family members and suicidal patients (in current remission). Mapping these experiences will contribute to an emerging theory to guide care for suicidal patients.

The aim of this study is the improvement of mental health care for suicidal people through the development of a new intervention:

- targeted psycho-education for family/partners of suicidal patients;

A pilot to evaluate the intervention is preceded by a new request to the Medical Ethics Committee.

Our research questions are:

1. What are the essential ingredients of psycho-education for significant others of suicidal patients?
 2. Is group-based psycho-education for significant others a valuable addition to the care for suicidal patients and their families?
 3. How do significant others evaluate the psycho-education offered ?
- Project

Study design

The intervention will be developed on the basis of a literature review and qualitative research, after which a pilot study will be conducted to evaluate outcomes as well as the process. The pilot will be conducted without a control group.

Due to the small sample and the qualitative study design, we will not be able to draw conclusions on any causal relationship between intervention and the quantitative findings. However, we will obtain qualitative data which will provide insights into the meaning of the interventions for the patients and their family members and their appreciation of the interventions. Additionally, the conditions for implementation in mental health care will be evaluated by qualitative interviews with stakeholders.

Intervention

- targeted psycho-education for family/partners of suicidal patients;

Study burden and risks

Burden: One interview duration max. 60 minutes. Survey 30 minutes. (T 0-T 1-T 2)
Focusgroups 1.5-2 hrs.

Risk: Aftercare is accounted for.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Sufficient command of the Dutch language

Age at least 18 years old

Being member of the family system of a suicidal patient

Exclusion criteria

Severe drugs or alcohol addiction

Severe mental retardation

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 10-05-2017

Enrollment: 44

Type: Actual

Ethics review

Approved WMO

Date: 28-03-2017

Application type: First submission

Review commission: METC Leiden-Den Haag-Delft (Leiden)

metc-ldd@lumc.nl

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL59218.058.16