Introduction:
Suicide is a major - yet largely preventable - global health problem (WHO)

Facts:
- One person dies by suicide every 40 seconds somewhere in the world.
- In the past 45 years, global suicide rates have increased by 60% including those involving youth.
- Suicide has a direct economic impact.
- The epidemiology of suicide is complex.

Objective:
- To review the published literature on the effectiveness of telehealth for suicide prevention.

Evolution of global suicide rates 1950 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>10</td>
</tr>
<tr>
<td>1960</td>
<td>15</td>
</tr>
<tr>
<td>1970</td>
<td>20</td>
</tr>
<tr>
<td>1980</td>
<td>25</td>
</tr>
<tr>
<td>1990</td>
<td>30</td>
</tr>
<tr>
<td>2000</td>
<td>35</td>
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Method:
A literature review was performed using electronic databases.

Step 1
Database search was done using relevant search terms on Ovid Medline & PubMed databases.

Step 2
Titles, abstract sections and keywords were scanned for every record.

Step 3
Full articles were retrieved for papers which described:
1. Interventions for individuals with suicide ideation or attempted suicide.
2. Interventions involving any telehealth mode (ie. telephony, email and videoconferencing) and
3. Randomised Controlled Trials - allocation of patients with a clearly defined control group.

Step 4
Past reviews were examined to check for any other papers.

Step 5
Forward search was performed using cited reference search of the Web of Science.

Results:
Telephony has been used in almost all telehealth studies related to suicide prevention with varying results

<table>
<thead>
<tr>
<th>Question</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a long-term benefit when the telephone is used as the only tool in suicide prevention?</td>
<td>X</td>
</tr>
<tr>
<td>Is there a benefit by providing an experienced psychiatrist to augment the effect of telephones in 'crisis consultations'?</td>
<td>X</td>
</tr>
<tr>
<td>Would it make a difference when the therapist is trained to conduct telephone consultations?</td>
<td>X</td>
</tr>
<tr>
<td>Are there any specific components, which should be included in the therapy if it is to be effective?</td>
<td>✓</td>
</tr>
<tr>
<td>Has any RCT been conducted to assess the benefits of 'new generation' mobile telephones?</td>
<td>X</td>
</tr>
</tbody>
</table>

Discussion:
What factors improve telephone interventions?

- Telephone follow-up was effective when preceded by a psychological intervention.2,5
- Telephone follow-up was also effective when the intervention incorporated components such as on-demand access to counseling, facilitating personal contacts or hospital referrals.3,4

Discussion:
We found no published evidence to demonstrate the potential of current generation mobile phones for suicide prevention.

Conclusions:
Telephones are commonly used for suicide prevention.
Considering the advanced capacity of mobile telephony and improved features such as:
- on-demand access,
- regular text based messages and
- improved utility in remote areas...

Reference:
1. Phoe MC, Redburn M, Strube MG, Self SM. Efficacy of brief telephone psychotherapy with callers to a suicide hotline. Suicide & Life-Threatening Behavior. 2005; 30(3): 189-197
3. Van E et al. Effect of telephone contact on further suicide attempts in patients discharged from an emergency department: a randomized controlled study. BMJ. 2006; 332(7552):1241-5