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Remote interventions against suicidal behavior: a tool for hope

Suicide is one of the leading causes of preventable death worldwide. A systematic review and meta-analysis led by researchers from the UAB and the Parc Taulí Health Corporation Consortium has examined the effectiveness of synchronous interventions based on remote technology (such as calls or video calls) to prevent these behaviours. This analysis, which included 28 studies and more than 20,000 participants, shows that these strategies are effective in reducing the repetition of suicide attempts. The greatest effect was observed at six months, when the risk was reduced by almost half. It was also associated with a reduction in the risk of death by suicide in the long term. Still, its direct impact on suicidal thoughts is limited.

Suicide prevention is a global challenge. There is growing evidence that offering active contact to people who have attempted suicide has a significant impact on reducing the risk of fatal outcomes. Currently, synchronous interventions based on remote technology, such as telephone monitoring or telepsychiatry via videoconference, are gaining ground as strategies that facilitate immediate and flexible access to support during periods of increased vulnerability.

In order to investigate the effect of these new tools, a research team from the UAB and Parc Taulí Research and Innovation Institute (I3PT-CERCA) has carried out a systematic review and meta-analysis (Comendador et al., 2025) of 28 clinical trials that included more than 20,000 people with a history of suicidal behaviour who had received synchronous remote interventions.

The results obtained indicate that these interventions were effective in preventing the repetition of suicide attempts, since after one month the risk of participants making a new suicide attempt was 73% of the risk compared to patients without remote intervention (control group). This effectiveness reached a maximum after six months, during which time the probability of repeating the suicide attempt was 56% compared to the comparison group. This implies a 44% risk reduction in the intervention group. In addition, the beneficial effect was maintained for twelve months, with a probability of repetition of 68% compared to the control group.

The study also found a significant effect on reducing deaths from suicide in the long term. At eighteen months of follow-up, the probability of death by suicide was approximately five times lower (18% of the probability) in the group that received the remote intervention compared to a control group.

A notable aspect of the study is the difference observed between the behaviour and the impact on the cognitive dimension, since no statistically significant reduction in suicidal ideation was found that accompanied the reduction in both reattempts and completed deaths. This suggests that the mechanism behind efficacy may be more related to risk management and prevent the shift from suicidal ideation to action, rather than to decreasing thoughts per se.

The research concludes that emerging evidence supports the use of telemedicine in suicide prevention, as these interventions would increase social bonding (or 'connectivity') and foster adherence to usual treatment. To maximize efficacy in reducing suicide mortality, it is recommended to adopt intervention protocols that include early contact interventions, preferably within seven days after hospital discharge, and with long-term follow-up of about 12 months.

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