

Brief psychotherapeutic interventions for suicide attempters

Submission date 14/10/2016	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 20/10/2016	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 06/11/2025	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

The WHO estimates that about 800 000 individuals worldwide commit suicide every year. A history of attempted suicide is the single most important sign that a person is at risk of committing suicide, with around 10-20% of those who have previously attempted eventually succeeding. It is therefore important to develop treatment programs which help to reduce the risk of future suicide attempts. ASSIP is a promising new program which has been shown to be highly effective in reducing risk of repeating a suicide attempt. The aim of this study is to investigate the effectiveness of the ASSIP program in reducing suicide reattempts over the following two years, compared to usual treatment.

Who can participate?

Adults who have recently attempted suicide

What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group receive the ASSIP program. This is made up of three visits, with an optional fourth visit. The first visit involves patient telling in his/her own words the sequence of events leading to the suicide attempt, and this interview will be videotaped. During the next two visits the therapist and patients together watch the video, discuss it, and create a case formulation and individualized safety plan for possible future crises. Participants also receive letters from their therapist every three months for one year and then every six months for the next year. Participants in the second group receive usual care, which involves receiving a course of crisis counselling. This involves meeting with a trained counsellor for face-to-face individual treatment. The number of sessions varies from patient to patient, but the average is five sessions. Participants in both groups receive a follow up phone call one and two years after the start of the study so that suicidal thoughts and attempts can be recorded.

What are the possible benefits and risks of participating?

Participants benefit from receiving treatment for their mental health problems free of charge, either standard care or the new promising treatment. There are no known risks involved with participating, however in order to benefit, participants may need to remember and talk about experiences they may find distressing.

Where is the study run from?
The Finnish Association for Mental Health (Finland)

When is the study starting and how long is it expected to run for?
January 2016 to December 2019

Who is funding the study?
The Finnish Association for Mental Health (Finland)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
A randomized comparison of the brief ASSIP intervention vs. crisis counseling to prevent reattempting suicide

Acronym
LINITY

Study objectives

The brief ASSIP intervention is superior to crisis counseling in preventing suicide reattempts during a two-year follow-up.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Helsinki and Uusimaa Hospital District ethical committee, 24/03/2016, ref: 95/13/03/03/2016

Study design

Single-centre randomised parallel trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Suicide attempt (repeated)

Interventions

Participants are randomised to one of two groups using the Research Randomizer-program (www.randomizer.org) in blocks of 30 patients.

Group 1: Participants receive the manualised ASSIP brief psychotherapeutic intervention. This involves three visits, and regular letters being to the patients during the two-year follow-up. Letters are sent every three months during the first year and every six months during the second year. During the first ASSIP session a videotaped narrative interview is undertaken, the second session involves playback of the video with patient and therapist discussing it, and the third completing written case formulation and individualized safety strategies with the patient.

Group 2: Participants receive usual care which consists of crisis counselling. This involves meeting with a trained counsellor for face-to-face individual treatment. The number of visits is not predefined, but the mean number in clinical practice is five visits.

Follow up for all participants involves two telephone interviews by research assistants at the FAMH and blind to the treatment group. The first interview takes place one and the second two years after the intervention.

Intervention Type

Behavioural

Primary outcome(s)

Suicide attempt rate is measured by telephone interview over the course of the two year follow up.

Key secondary outcome(s)

1. Number of suicide attempts is measured by telephone interview over the course of the two year follow up

2. Severity of suicidal ideation is measured by using the Columbia Suicide Severity Rating Scale (C-SSRS) by telephone interview over the course of the two year follow up
3. Use of psychiatric and other health care services is measured from the psychiatric and health care records of the City of Helsinki Services over the course of the two year follow up

Completion date

31/12/2019

Eligibility

Key inclusion criteria

1. Recent suicide attempt (SA)
2. Somatic treatment of SA in the Haartman or Malmi general hospital emergency room in Helsinki
3. Fluency in Finnish
4. Aged 18 years and over

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

239

Key exclusion criteria

1. Presence of psychotic features
2. Substance abuse or dependence hampering treatment participation.

Date of first enrolment

20/08/2016

Date of final enrolment

31/12/2017

Locations

Countries of recruitment

Finland

Study participating centre
The Finnish Association for Mental Health
Maistraatinportti 4 A
Helsinki
Finland
00240

Sponsor information

Organisation
The Finnish Association for Mental Health (FAMH)

Funder(s)

Funder type
Charity

Funder Name
Finland's Slot Machine Association (Raha-automaattiyhdistys)

Results and Publications

Individual participant data (IPD) sharing plan

The dataset will not be publicly available due to constraints posed by the Finnish data protection legislation and ethical and research permissions.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Participant information sheet	20/01/2022	21/01/2022	Yes	No
Results article		23/03/2022	24/03/2022	Yes	No
Results article		01/12/2022	06/11/2025	Yes	No
Abstract results			07/01/2022	No	No
Participant information sheet		11/11/2025	11/11/2025	No	Yes