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Can distraction help ease suicidal thoughts? A study with patients hospitalized for depression

Submission date
09/09/2025

Recruitment status
Recruiting

Registration date
10/09/2025

Overall study status
Ongoing

Last Edited
10/09/2025

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
Suicide is a significant global public health concern, with approximately 700,000 deaths annually worldwide. In Finland, around 750 individuals die by suicide each year, the majority of whom have a diagnosed mental disorder, most commonly depression. Suicidal ideation is a core symptom of major depressive disorder and is particularly prevalent among psychiatric inpatients. Current treatments for depression-related suicidal ideation, including pharmacotherapy and psychotherapy, often have a delayed onset of action and limited immediate effectiveness. Therefore, there is a critical need for brief, easily implementable interventions that can provide rapid relief from suicidal thoughts.
This study aims to evaluate the immediate effects of a structured distraction-based intervention, derived from Dialectical Behavior Therapy (DBT), compared to supportive conversation. We hypothesize that distraction techniques will be more effective than supportive conversation in acutely reducing suicidal ideation among inpatients with depression.

Who can participate?
Adult patients aged 18 to 65 years, admitted to psychiatric inpatient units for unipolar depression and experiencing suicidal ideation, are eligible to participate. Patients with comorbid borderline personality disorder are also included. Participants must be capable of providing informed consent.

What does the study involve?
After providing informed consent, participants are randomly assigned to one of two groups. The intervention group will learn and practice specific distraction techniques aimed at redirecting attention away from suicidal thoughts. The control group will engage in supportive conversations, consistent with standard inpatient care. Each session lasts approximately 30 to 45 minutes and is conducted on the ward as part of routine care. Patients in the intervention group will practice 2–3 distraction techniques with a staff member and are encouraged to repeat them independently later the same day. All participants complete brief assessments before and after the session, as well as the following morning, to report their current psychological state.

What are the possible benefits and risks of participating?
There are no known risks associated with participation in either group, as both interventions are

based on established psychiatric practices. Participation in the study does not alter the standard inpatient treatment patients receive.

Where is the study run from?
The study is conducted in three psychiatric inpatient wards at Helsinki University Hospital (Finland)

When is the study starting and how long is it expected to run for?
November 2024 to October 2027

Who is funding the study?
Investigator initiated and funded

Who is the main contact?
Ilya Baryshnikov, ilya.baryshnikov@hus.fi

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
Distraction in relieving of suicidal thoughts in inpatients with depression - a randomized control trial

Study objectives
The distraction skills relieve suicidal thoughts in depressed inpatients better than treatment as usual

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 27/11/2024, The ethics committee of Helsinki University (Haartmaninkatu 8, Helsinki, 00290, Finland; +358 (0)29 4125000; eettinen-toimikunta@helsinki.fi), ref: HUS/6663/2024

Study design
Randomized controlled trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Suicidal ideation in inpatients with depression

Interventions
After providing written informed consent, participants are randomized into one of two groups: the distraction intervention group or a supportive conversation control group. Randomization is conducted by research team members working on the wards.

Both interventions are delivered as part of the patient's routine inpatient care. Sessions last approximately 30–45 minutes and are conducted by trained members of the research team, following detailed intervention protocols.

Distraction Intervention:
Participants are informed that they have been allocated to a group exploring the immediate effects of attention-shifting techniques on suicidal thoughts. During the session, the researcher introduces 3–4 distraction strategies (e.g., distraction by a strong different sensation or activity, distraction by an emotional contrast). These skills are derived from the DBT Skills Training Manual by Marsha M. Linehan (2nd edition, 2015, pages 440–442). The patient selects 2–3 preferred methods, which are then practiced together. Patients are asked to repeat the chosen techniques independently that evening (3–5 times for 1–3 minutes each) and record their use on a provided exercise card.

Supportive Conversation (Control):
This session follows standard psychiatric care practices. The focus is on the current mental state, the circumstances leading to hospitalization, and psychosocial background (e.g., family, relationships, work, studies). Patients receive encouragement to adhere to their treatment plan and are given general information on the importance of medication, sleep hygiene, physical activity, and structured daily routines. Information about community services may also be provided if relevant.

In both groups, a modified Psychological and Physical Pain Scale – Visual Analogue Scale (PPS-VAS) form is completed by the patient at the beginning and end of the session, and again the following morning to evaluate short-term changes in suicidal ideation.

Intervention Type

Behavioural

Primary outcome(s)
Suicidal ideation assessed using the PPS-VAS immediately after the intervention or treatment as usual (TAU), and again the following morning

Key secondary outcome(s))
Depression, anxiety, and psychological pain measured using the modified PPS-VAS immediately after the intervention or treatment as usual (TAU), and again the following morning

Completion date
01/10/2027

Eligibility

Key inclusion criteria
Unipolar depression with or without borderline personality disorder

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Upper age limit
65 years

Sex
All

Key exclusion criteria
1. Psychosis
2. Involuntary treatment

Date of first enrolment
01/10/2025

Date of final enrolment
01/09/2027

Locations

Countries of recruitment

Finland

Study participating centre
Helsinki University Hospital
Finland
02720

Sponsor information

Organisation
University of Helsinki

ROR
https://ror.org/040af2s02

Funder(s)

Funder type
Other

Funder Name
Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan
Due to Finnish data protection legislation, the dataset will not be made publicly available. Access to the data is restricted to ensure compliance with privacy and confidentiality requirements.

IPD sharing plan summary
Not expected to be made available