**Problem solving approach [2015]**

**SCOPING QUESTION:** Is problem solving approach better than treatment as usual for persons with thoughts or plans of self-harm in the last month or acts of self-harm in the last year?

**Background**

Persons with thoughts or plans of self-harm in the last month means persons with report or family/associate report of current thoughts or plans of self-harm, OR thoughts or plans of self-harm in the last month, regardless of the stated intent. Persons with acts of self-harm in the last year means report or family/associate report of current act of self-harm, OR act of self-harm in the last year, regardless of the stated intent. Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package. This table states ADDITIONAL interventions needed for these persons.

This scoping question evaluates whether problem solving therapy is an effective intervention for persons with thoughts or plans of self-harm in the last month or acts of self-harm in the last year. Problem solving therapy can be considered as a form of social support in the broad sense.

**Population/Intervention(s)/Comparator/Outcome(s) (PICO)**

Population: persons with thoughts, plans or acts of self-harm

Interventions: problem solving approach

Comparisons: treatment as usual

Outcomes: suicide mortality

repetition of suicide attempts and acts of self-harm

thoughts or plans of self-harm, hopelessness

quality of life

functionality status

*Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.*
List of the systematic reviews identified by the search process

INCLUDED IN GRADE TABLES OR FOOTNOTES


*Problem solving therapy in the five studies of the systematic review refers to problem solving interventions, problem-oriented therapy, problem solving skills training, cognitive-behavioural problem-solving treatment, and manual assisted cognitive behavioural therapy including problem solving.

PICO Table

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Intervention/Comparison</th>
<th>Outcomes</th>
<th>Systematic reviews used for GRADE</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Narrative description of the studies that went into the analysis

Systematic review by Hawton et al (1999) reported a trend towards reduced repetition of deliberate self-harm for problem-solving therapy. Patients included in the analysis are mostly suicide attempters.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Reference</th>
<th>Description of the study</th>
<th>Results</th>
</tr>
</thead>
</table>

No systematic studies on the outcomes rated as important (thoughts and plans of self-harm, hopelessness, quality of life, functionality status) could be identified.

Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.
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**Additional information that was not GRADEd**

During updates in 2012 and 2015, the following systematic review and studies were found to be relevant without changing the recommendation:

**Systematic review:**


**Studies:**

A randomized control trial by Hatcher et al (2011) showed that Problem solving therapy intervention did not significantly impact the proportion of people who had presented again with self-harm when comparing all episodes or where the index episode was the first episode, but where the index episode was repeated self-harm, those who received therapy were less likely to present again with self-harm.

A study by Gyöngyi et al (2012) reported that administration of problem solving training assessments showed a significant decrease of level of depression and hopelessness, an increase of problem analysing and goal orientation scores, and a decrease in emotion centered coping scores. Patients included in the analysis were mostly suicide attempters. This short, structured form of therapy for in- and out-patients, was developed for the improvement of problem solving skills and can be an efficient, user friendly method in suicide prevention.

**References**


*Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.*


### From evidence to recommendations

<table>
<thead>
<tr>
<th>Factor</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative summary of the evidence base</strong></td>
<td>The evidence is inconclusive and so it is not possible to determine if there is a clinically important difference between problem solving therapy and treatment as usual for prevention of repeated self-harm (RR 0.71, 0.45 to 1.11). No studies are present on the outcome of suicide mortality.</td>
</tr>
<tr>
<td><strong>Summary of the quality of evidence</strong></td>
<td>The quality of evidence is moderate. One systematic review with formal meta-analysis is available.</td>
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</tbody>
</table>

Persons identified with any of the other priority conditions will receive the corresponding effective interventions within the package; this evidence profile states ADDITIONAL interventions needed regarding thoughts, plans or acts of self-harm.
**Balance of benefits versus harms**

As there are no meta-analysed data for adverse effects, the balance of benefits and harms seems favorable for a problem solving approach.

**Values and preferences including any variability and human rights issues**

All patients with thoughts or plans of self-harm in the last month or acts of self-harm in the last year should receive an intervention.

**Costs and resource use and any other relevant feasibility issues**


**Recommendation(s)**

A structured problem solving approach should be considered as a treatment for persons with acts of self-harm in the last year, if there are sufficient human resources (e.g. supervised community health workers).

Strength of recommendation: STANDARD