



**Title:** Are we using the right evidence to inform suicide prevention in low- and middle-income countries?

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**Abstract:**

### **Background**

Suicide is a major issue globally with 800,000 people dying every year – 79% of these deaths occurring in low- and middle-income countries. We know relatively little about this behaviour in these contexts. A recent review has shown that whilst there has been a steady increase in the number of academic publications in suicide research, there are few papers originating from low- and middle-income countries. Systematic reviews are often used by policy makers and practitioners. Most suicide research originates from high income countries; yet reviews often make recommendations without the caveat that the results of the review are only applicable to a high-income setting.

### **Aims and objectives**

This study aims to evaluate the literature included in systematic reviews of suicide prevention and assess its relevance for low- and middle-income countries (LMICs). We will achieve this by firstly ascertaining the proportion of studies in systematic reviews of suicide prevention that are based in LMICs and secondly evaluating how the conclusions of systematic reviews would vary if the studies within the reviews were dichotomised into high-income countries (HICs) and LMICs.

### **Methods**

A systematic review will be carried out following PRISMA guidelines and registered with PROSPERO. Databases PubMed, Web of Science etc (ADD IN OTHERS YOU USED) will be searched alongside reference list and citation searching. Inclusion criteria will be systematic reviews of studies that examined suicide prevention interventions in humans, with no restrictions by age and population group. Data will be extracted using a standardised form, and studies will be critically appraised using a standardised checklist such as the CASP tool. We will calculate the proportion of included studies in each review that are based on HICs and LMICs. We will evaluate how the conclusions of each review would have been different if only HICs or only LMICs were included and if the conclusions for the reviews differ.

### **Results**

10,117 citations were identified, of which 993 were excluded for being duplicates leaving 9124 to be screened, a process which is ongoing.