

Depression and suicide: What an evidence-based clinician should know

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1 | INTRODUCTION

Major depressive disorder is a debilitating and common mental disorder with a prevalence of nearly 5%, affecting more than 280 million people worldwide (Global Health Data Exchange, 2021) and characterized not only by depressed mood but also by family distress, substance abuse, suicidal ideation and suicide.

In the first article in this Special Issue, a meta-ethnography of 21 qualitative studies exploring Mindfulness-based Cognitive Therapy for people with major depression is reported (Williams et al., 2022). This study supports the view that Mindfulness-based Cognitive Therapy enables the development of new skills and different ways of responding. 'Acceptance' proved to be an overarching theme encompassing many changes in the relationship with depression, self and others. Clear recommendations for practice for Mindfulness-based Cognitive Therapy by clinicians and researchers are reported.

Difficulty in accessing specific autobiographical memories about one's personal past experiences, referred to as reduced memory specificity or overgeneral memory, has been established as a cognitive marker of depression. Past research has revealed that difficulty in recalling specific memories is a predictor of future depressive symptoms (Hallford et al., 2021). In this issue Hallford et al. (2022) provide a systematic review and meta-analysis of empirical studies evaluating whether or not remitted depression is associated with retrieving fewer specific and more overgeneral autobiographical memories. Results provide some evidence for a cognitive deficit that persists beyond episodes of major depression, suggesting that poorer autobiographical memory may be a vulnerability for future episodes.

Recent research has shown that Emergency Departments are important environments for suicide prevention, particularly in providing clinicians the opportunity to support those presenting with suicidal ideation (Griffin et al., 2019). In the third article in this issue, Fawcett and O'Reilly (2022), present a systematic literature review on hospital presenting suicidal ideation. The findings from this review show that people presenting to Emergency Departments with suicidal ideation vary in age, gender, ethnic background and socio-economic status. Importantly, previous suicide attempt appears to be a risk factor in such presentations. The authors' review identifies key gaps and weaknesses in the literature and a clear need for future research.

Although there is much evidence, over the years, that Cognitive Behavioural Therapy (CBT) is effective for major depression, not every patient responds to CBT and relapse rates remain high. Jelinek et al. (2016) developed a depression-specific low-intensity group programme (Meta-Cognitive Training for Depression) which addresses a broad range of depression-related (meta-)cognitive biases. In a recent version of this programme, two new modules were added to address suicidality (Jelinek et al., 2020). In this issue, a randomized controlled clinical trial is published in which Meta-Cognitive Training for Depression in acute-psychiatric inpatient care is investigated in Germany (Hauschildt et al., 2022). Results revealed that this treatment is highly accepted by patients in acute-psychiatric inpatient care, but that there was no additional effect of Meta-Cognitive Training for depression compared to inpatient care. However, individuals who received Meta-Cognitive Training for Depression showed a greater reduction of depressive beliefs and dysfunctional metacognitions after 3 months.

Sudden gains have been found to be a consistent phenomenon among depressed individuals in evidence-based psychological

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therapies, including Cognitive Therapy and Interpersonal Therapy. Such sudden gains early in therapy have been associated with better treatment outcomes. Most studies have assessed the occurrence of sudden gains on a weekly or biweekly basis. In the article in this issue (Terrill et al., 2022), rates of sudden gain occurrence, pretreatment factors and posttreatment outcomes were examined in US patients who received daily, intensive therapy. Depressed patients who experienced sudden gains reported significantly greater improvement at the end of treatment, not only on depressive and anxiety symptoms but also in coping skills, functioning and positive mental health. Results suggest that measuring sudden gains in patients who receive intensive treatment for major depression, on a daily basis and early in therapy, can help clinicians in conducting psychological treatment with these patients.

Sensory integration helps people, after having perceived sensory stimuli in the environment and body, to process it. Sensory processing disorders have been described in people with depression and might be a trait of individuals suffering from major depression (Engel-Yeger et al., 2018). In the article of Paquet et al. (2022; this issue), it was investigated whether sensory profiles assessed with the Adult/Adolescent Sensory Profile Scale among French patients with Major Depressive Disorder were associated with anxiety, depression, psychomotor retardation or self-esteem. Results revealed that extreme sensory processing patterns emerged among patients suffering from Major Depressive Disorder. Results suggest that further research is needed to investigate the interaction between body and environment in affective disorders.

A variety of negative mood states have been shown to be proximal predictors of suicide ideation in high-risk individuals (Ben-Zeev et al., 2012). In the sixth article of this issue (Lucht et al., 2022), the role of mood and affect as a proximal risk factor of suicidal ideation was investigated. This was done by using Ecological Momentary Assessment (EMA) in a high-risk sample of depressed patients in Germany with current and/or lifetime suicidal ideation. Results indicated that both negative valence of mood and low positive affect were predictors of subsequent intensity of suicidal ideation as well as predictors of change in suicidal ideation. The researchers advocate that both mood and affect should be taken into account as important proximal risk factors of active and passive suicidal ideation. The need for replication studies with larger samples and longer EMA follow-ups is noted.

Attachment insecurity is significantly more likely to be found among individuals experiencing psychological difficulties (Zortea et al., 2021). Previous reviews suggest that insecure attachments are a risk factor for suicidal thoughts and behaviours (Zortea et al., 2021). In the article of Turton et al. (2022) in this issue, the relationships between attachment insecurity and suicidal ideation and behaviour were examined in the UK in a sample of individuals with experience of suicidal ideation. Results showcased a direct relationship between avoidant attachment and suicide ideation after controlling for age and gender with multiple suicide attempters found to be higher in anxious attachment. Emotion dysregulation did not mediate the relationship between attachment insecurity and suicide ideation. The researchers

concluded that those experiencing suicidal ideation may benefit from exploring attachment-related difficulties. The researchers recommended that future studies investigate the mechanisms that may explain the association between attachment and suicidality in order to refine psychological interventions for suicidality.

The construct of sense of coherence (SOC) has garnered research interest over the last 40 years (Antonovsky, 1993); however, few studies have examined the role of SOC in adjustment to bereavement. In the last article of this issue, Boelen and O'Connor (2022) examine the role of SOC in recovery and loss in elderly spousally bereaved people in Denmark using a longitudinal research design. Results from the study show that the original three-factor model of the SOC 13-item scale demonstrates a good fit to the data. Furthermore, the SOC factors were found to be correlated with prolonged grief disorder, depression and satisfaction with life, predicting outcomes at Wave 2 and Wave 3 of the study. These findings, argue the researchers, indicate that meaningfulness may increase healthy and attenuate unhealthy responses to loss. The practical implication of this work is that helping bereaved people to experience life's demands is likely to be an important target for bereavement care.

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