

Correspondence

Psychological Medicine, **46** (2016).

doi:10.1017/S0033291716000416

First published online 11 March 2016

Letter to the Editor

Self-injurious thoughts and behaviours: low predictive power, yet important risk factors?

In a recent and valuable review, Ribeiro *et al.* conclude that self-injurious thoughts and behaviours (SITBs) only provide a marginal improvement above chance in diagnostic accuracy for later suicidal thoughts and behaviours (Ribeiro *et al.* 2016). This result is seemingly in contrast to a widespread belief in the field that prior SITBs are some of the most important risk factors of future SITBs, and especially prior suicidal attempts has been regarded a robust risk factor for future suicide (Ribeiro *et al.* 2016).

An important factor that may help to explain some of the low diagnostic accuracy of SITBs is that one will always seek to prevent suicidal behaviour, even in an observational study. It appears that this important issue has been omitted in the discussion of the results. In observational studies with an endpoint representing an adverse or unwanted event (like suicidal behaviour), it is difficult just to observe and not to try to prevent the adverse event occurring. Both the healthcare and the community will try to prevent suicidal behaviour for obvious ethical reasons, independent of an ongoing research project or not. SITBs are well known risk factors for suicidal behaviour, both among professionals and among ordinary people. If a prior or present SITB has been expressed, there will be no neutral 'research' observation of a possible future SITB; family/peers or professionals will try to prevent new suicidal behaviour. Thus, a successful risk management could prevent suicidal behaviour, and then turn a possible true positive

prediction into a false positive prediction, and the predictive accuracy will be decreased. This implies that a good risk assessment might lead to a 'wrong' risk prediction, which might explain some of the 'ceiling effect' of risk assessment instruments (Coid *et al.* 2011).

In the light of these viewpoints it is important to emphasize that the interpretation of the low predictive accuracy of prior SITBs for future SITBs in the review by Ribeiro *et al.* should not be used to reduce the importance of SITBs as robust risk factors for suicidal behaviour. On the other hand, I fully agree with the authors' suggestions for further research in this complex and important field.

Declaration of Interest

None.

References

- Coid JW, Yang M, Ullrich S, Zhang T, Sizmur S, Farrington D, Rogers R (2011). Most items in structured risk assessment instruments do not predict violence. *Journal of Forensic Psychiatry and Psychology* **22**, 3–21.
- Ribeiro JD, Franklin JC, Fox KR, Bentley KH, Kleiman EM, Chang BP, Nock MK (2016). Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: a meta-analysis of longitudinal studies. *Psychological Medicine* **46**, 225–236.

J. O. ROALDSET^{1,2*}

¹Department of Neuroscience, The Norwegian University of Science and Technology, Norway

²Psychiatric Department, Ålesund Hospital, Møre & Romsdal Health Trust, Norway

*Address for correspondence: J. O. Roaldset, Psychiatric Department, Ålesund Hospital, Box 1600, 6026 Ålesund, Norway.
(Email: johnolr@gmail.com)