

H.O.P.E

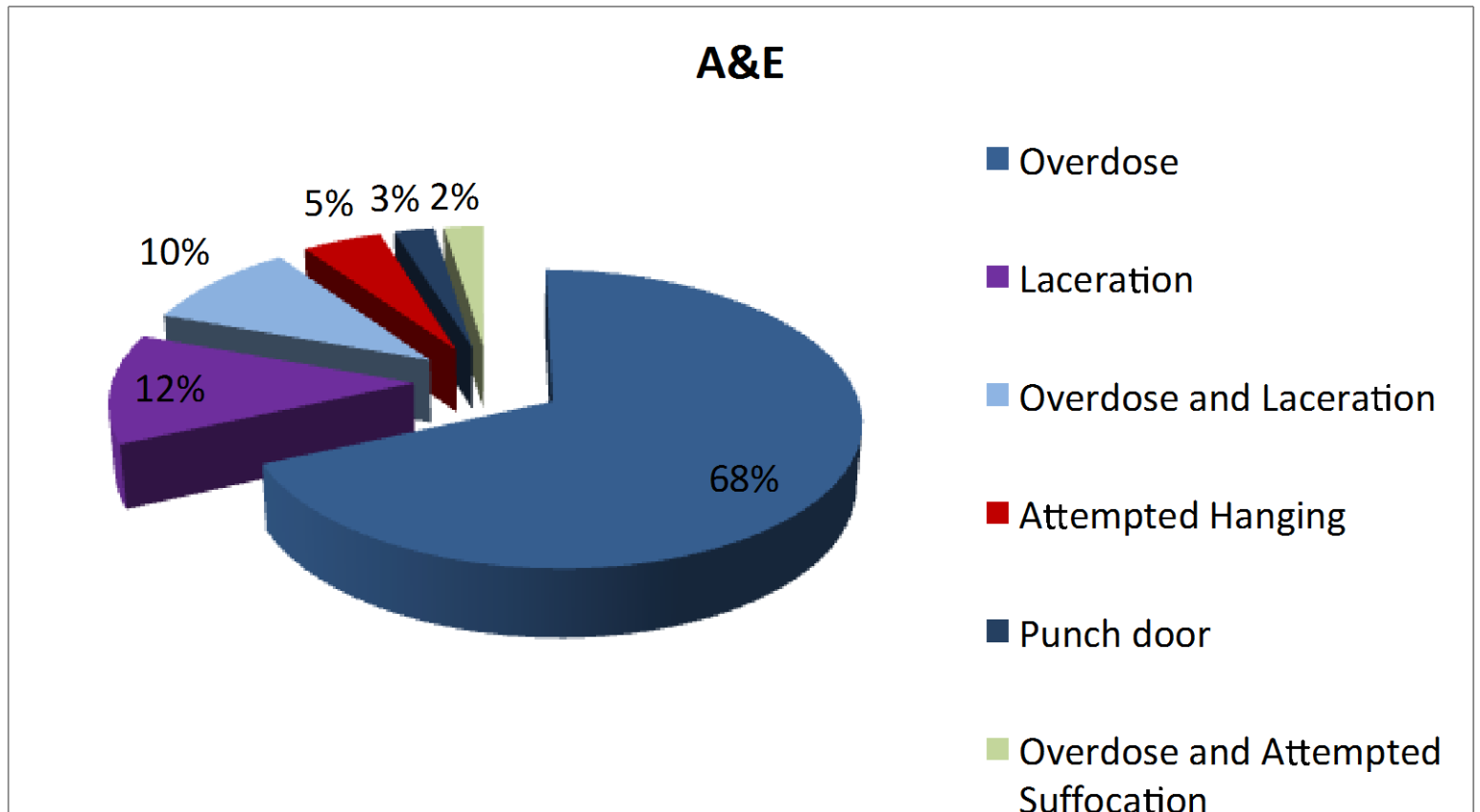


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- Mersey Care NHS Foundation Trusts – zero suicide prevention
- Zero Suicide Alliance
- Quality improvement projects to reduce self harm in the ward using Design Thinking
- Developing and using technology - SWiM
- Suicide prevention training for staff.

- Self harm is one of the most common reasons for general hospital admission.
- Considerable variation in care of people who self harm and present to emergency departments
- Audit data of Liaison referrals
 - 326 referrals in Feb 2015
 - 26% were for self harm

Type of Self Harm



Audit of response times and outcomes for attendances for self harm at RLUH

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166 cases audited

Female 57%

Male 43%

Mean Age - 26

Time to assessment

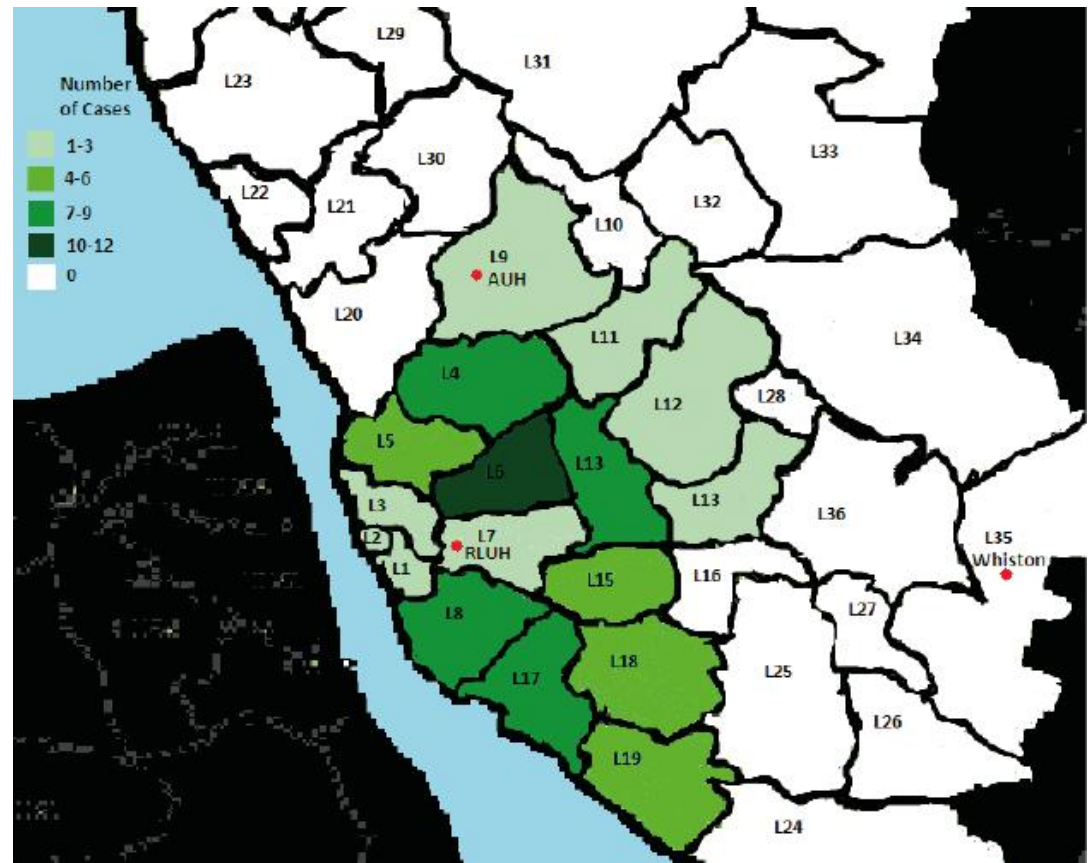
AED – 02:30 hrs

Wards – 35:00 hrs

Outcome

GP – 19%

IAPT – 8%



HOPE Liverpool Care Pathway & Evaluation: Rationale

- Studies demonstrate that self-harm can predict a suicide attempt over and above other well known correlates; BPD, Impulsivity, Depression (Klonsky, May & Glenn, 2013)
- Hospitals manage over 200,000 episodes of self-harm annually in England alone (National Institute for Health and Clinical Excellence, 2011).
- The risk of suicide in the first year following the initial self-harm presentation is 49 times greater than the general population, especially in the first 6 months. (Hawton et al., 2015)

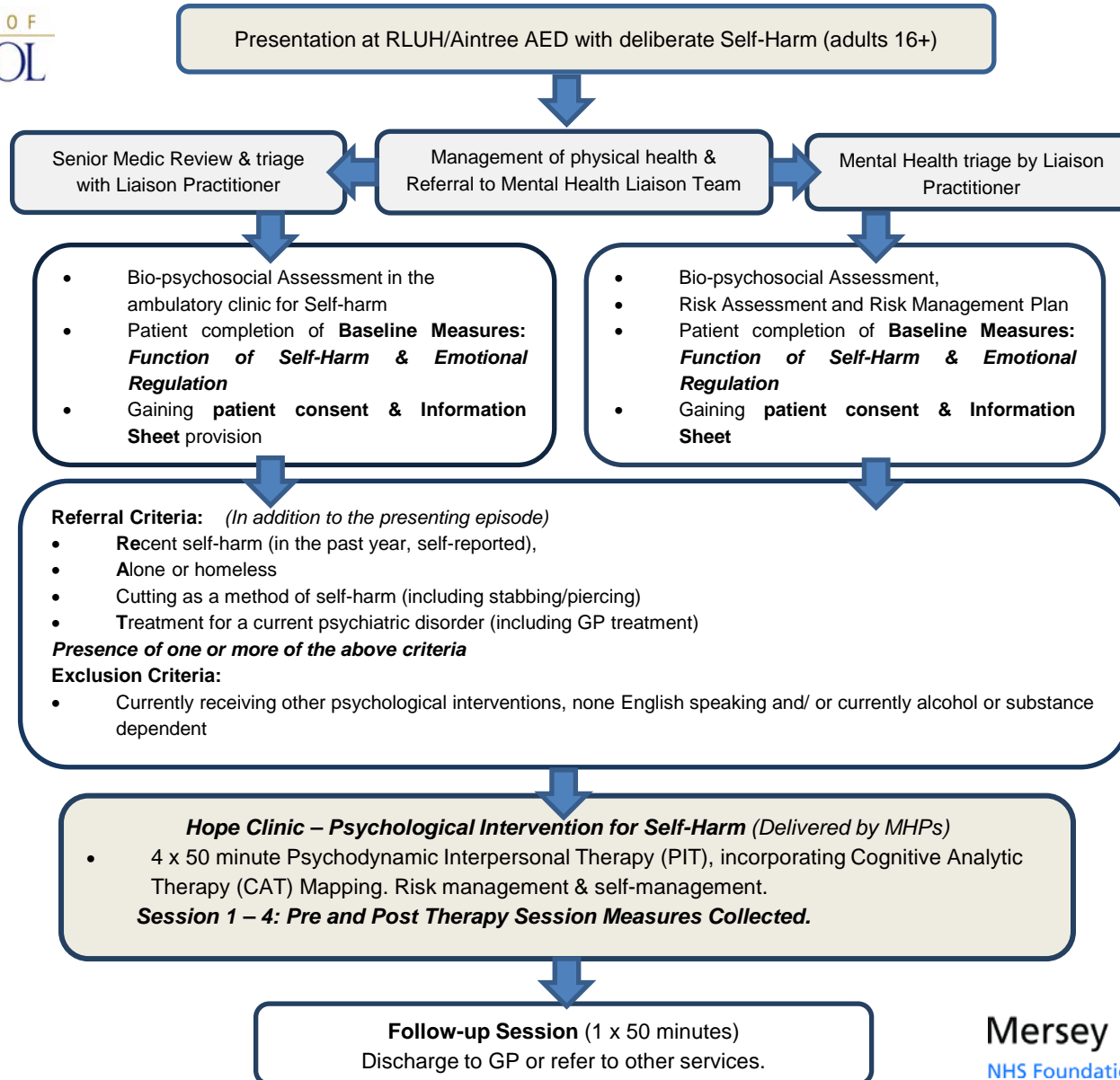
Providing evidence based treatment

- NICE guidelines for long term management of self harm recommend psychological intervention –problem solving, psychodynamic, Cognitive behavioral therapy

Therapy model

- Brief Psychodynamic Interpersonal Therapy specifically adapted for Self harm (Guthrie et al 2003,2001)
- Delivered over 4 consecutive weeks
- The circumstances that precipitate the self-harm episode are explored in detail and a rationale/formulation, linking feelings, problems and relationships is developed in a collaborative style.

HOPE Liverpool Care Pathway



HOPE Liverpool Evaluation

- Completed pre-therapy session:
 - **CORE 10 (Clinical Outcomes in Routine Evaluation)**
 - Widely adopted for the evaluation of psychological therapies
 - Comprising of depression (2), anxiety (2), functioning (3) general, social & close relationships, physical (1), trauma (1) & risk (1).
 - Scores Range from 0-4
 - **Additional Questions:** (Nock, Prinstein & Sterba, 2009)
 - Thoughts/Urge to self-harm (last 7 days)
 - Thoughts/Urge to attempt suicide (last 7 days)
 - Subjective Experience of emotions (last 7 days)
- Completed post-therapy session:
 - **Therapeutic Alliance** ((Miller et al., 2003)
 - Relationship
 - Goals
 - Approach
 - Overall

Summary

- **Sample Size 51 participants.**
- **70.6% of referrals to HOPE during the pilot evaluation were in the 16-25 years age group, 64.7% female.**
- **47.1% of patients completed therapy.**
- **Individual Clinical Change in Global Functioning: 13.88% significantly improved, 80.55% no clinical change and 5.55% clinically significant deterioration.**
- **Individual Clinical Change in Risk: 11.11% significantly reported a reduction in suicide risk, 88.88% no clinical change and zero patients report deterioration in suicide risk following therapy.**
- **Group Change post therapy: a statistically significant improvement in global functioning.**
- **Therapeutic Alliance: scores begin high and the difference post therapy remains insignificantly changed.**

Summary

- Providing rapid access to brief therapy is possible. Referral to start of treatment 14.71days.
- Trend to reduction in AED attendance by 50% compared to treatment as usual.
- Reduced onward referral to secondary care services
- Estimated annual saving of £52,000 by prevention of 1 day of admission.

Qualitative Quotes from HOPE Service Users

- *'...it was hard but relieving at the same time'*
- *'(the therapist) was just friendly and she did see me, she was concerned'*
- *'I get out my frustrations and things'*
- *'....it did make me feel better cause it's understanding myself'*
- *'...the connection with the person, and I just sort of got out what I felt and that stuff I've never talked about in-depth with people....'*

Psychodynamic interpersonal therapy for people with self harm attending AED

- During her teenage years, Emma had presented on numerous occasions following overdoses and more recently self-harm by cutting. Referred to the HOPE Clinic following her most recent presentation to AED department, she completed her therapy over 4 sessions. Emma was able to explore some of the core feelings she had been experiencing as overwhelming in a safe, therapeutic environment and described her HOPE Clinic experience as hard-work but insightful. Since discharge, Emma has returned to work as a nursery nurse and has not presented to AED in crisis.

Ongoing and Future projects

- COPE- “Making a Shift towards Community” A new care pathway for the management of self-harm in Liverpool: Assessing intervention efficacy, feasibility of community provision & an exploration of clinical trial research parameters.
- NIHR – research for patient benefit.

“There is always a light at the end of the tunnel.”

