Social Work Intervention following Self-Harm (SWISH)

A Randomised Controlled Trial

Nilufar Ahmed, Charlotte Davies, Richard Jones, Ashrafunnessa Khanom

Introduction

Self harm rates in the UK are amongst the highest in Europe, resulting annually in 220,000 emergency presentations to hospital presentations in England (Hawton et al. 2007), and 6,000 in Wales (NPHS 2008). The hospital costs of self-harm in the UK have been estimated to be £56m. However despite such high presentations the majority of incidences of self-harm do not present to hospital and are managed through primary care (Dennis et al 1990) or do not come to attention of health services (Guthrie et al 2001).

Self harm is a key predictor of suicide (Owens et al 2002). There is an elevated risk of repeat suicide attempts in the months following a suicide attempt (Ho 2003). The distribution of suicide is not geographically even and differences exist within and between countries (Rehkopf and Buka 2006). Suicide rates in Wales are high and male suicide rates in Wales are above the UK average and at the highest level since 1981.

Self harm has been found to be associated with negative life events and a range of psychosocial problems (Kielty et al 2014), including family problems, relationship breakdowns, unemployment, isolation and financial problems (Hawton et al 2003, Guthrie et al 2001). Poor social integration increases suicide risk and increased social interaction can buffer against risk (Duberstein et al 2004).

An intervention which includes social interaction can offer a vital source of support for isolated individuals. Follow up contacts for individuals can provide reassurance and sense of connectedness (Carter et al 2005)

This study adapts an Australian study which delivered a brief intervention to patients who presented to hospital with self harm. They report the intervention which reduced depression symptoms and increased quality of life (Petrakis and Joubert 2013). SWISH is a non-clinical service working with patients in hospital and primary care settings across Carmarthenshire to offer a brief contact intervention to support patients at a vulnerable time and link them into existing community services to encourage their sense of social connectedness. For those who are referred on to other health care services SWISH works as a 'bridging service' to keep patients engaged and supported whilst they wait for appointments.

Swansea University Prifysgol Abertawe

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Methodology

120 patients who present to Mental Health Services in Carmarthenshire, West Wales, UK, between January-October 2015 are invited to take part in a randomised controlled trial. All patients are reviewed by Mental Health Practitioners within Hywel Dda University Health Board before referral to SWISH.

Inclusion criteria:

- Person 18 or over who presents to Mental Health Services with self harm and/or suicidal ideation
- Mental Health Services are defined as;
  - A&E and CRHTs at two hospitals in Carmarthenshire
  - Local Primary Mental Health Support Service
  - Community Mental Health Team
  - Police Street Triage Team

Exclusion criteria:

- Unable to give informed consent
- Requires admission to a psychiatric bed
- Requires secondary mental health services (CRHT or CMHT)
- Assessed as high risk for violence
- Known or assessed to have a severe and enduring mental illness
- Is unable to communicate in English

The control group

Receive treatment as usual and in addition complete assessment pack (BDI-II, MANSA and CSRI - measuring depression, social wellbeing and service) use at baseline, 4 weeks and 12 weeks.

The intervention group

In addition to treatment as usual and completing assessments at baseline, 4 weeks and 6 weeks, the intervention group receive a 4-6 week mix of face to face and telephone contact programme.

The practitioner meets with the patient at a location of their choice (usually GP surgery) to discuss social issues surrounding their situation and signposts patients to relevant community organisations. They also offer a listening service.

Qualitative Follow Up

A subset of patients who complete the intervention and follow up assessments will be invited to take part in a qualitative interview to discuss their experiences of the intervention.

Social Work Intervention following Self-Harm (SWISH)

A Randomised Controlled Trial

Results

The trial ends in December 2015 and full results will be available from March 2016. The results will report on the trial objectives and discuss the range of social factors identified. Please contact the corresponding author for more information.

Descriptive statistics on the first 50 patients:

Age
Ranges from age 18 to age 68

Age range (based on ONS suicide reporting)	Frequency (%)
18-29	23 (46)
30-44	14 (28)
45-59	9 (18)
60-74	4 (8)
75+	0

Gender

Gender	Frequency (%)
Male	21 (42)
Female	29 (58)

Nature of Self Harm/Suicidal Ideation

Presentation	Frequency (%)
Overdose	13 (26)
Laceration/cutting	8 (16)
Overdose + laceration	1 (2)
Jumped from height	1 (2)
Suicidal ideation	27 (54)

Location of referral

Location	Frequency (%)
A&E/Hospital Ward	26 (52)
PCMHSS	22 (44)
CMHT	1 (2)
GP through CRHT	1 (2)

Discussion

The repetition of self harm increases the risk of a fatal outcome (Sakinofsky 2000). But whilst self harm is associated with death from suicide it is also linked with elevated risk of death from multiple other causes which may arise from lifestyle choices, social disadvantage and poor self care (Hawton et al 2006). An approach to supporting individuals who self harm that takes account of their wider social positioning and encourages their engagement with supportive agencies may increase their ability to address some of these causes.

There are high levels of non-attendance for after care for patients with attempted suicide (van Heeringen et al 1995). Oftentimes this can be related to waiting times for appointments with other services. A social contact intervention can keep patients engaged and encourages attendance to appointments. Engaging with patients to reduce self harm episodes can improve the wellbeing of individuals and have a significant reduction on costs of service delivery. Given that the period following discharge for patients from hospital is a time of increased risk, follow up contact may reduce this risk (Luxton et al 2013).

SWISH supports individuals at a time of vulnerability and increases their sense of connectedness by encouraging their engagement with other services. Embedding individuals into existing services available in their locality can help establish support networks that they can call on in future times of stress. Additionally, through assertive patient follow up SWISH keeps patients engaged whilst they wait for appointments with other agencies.

With increasingly tightening resources in the health service and a move towards more integrated health and social care provision, an intervention such as SWISH provides a cost-effective mode of supporting health and community services.

Acknowledgments

Funded by NISCHR
The authors thank the SWISH team (Professor Peter Huxley, Dr. Ann John, Mihaela Barbu, Saiful Islam, Professor Ian Russell, Lily Bidmead, Penny Llewelyn, Angie Darlington and Dr. Phil Jones) and Professor Lynette Joubert at Melbourne University

Correspondence to Dr Nilufar Ahmed:
n.ahmed@swansea.ac.uk

NISCHR
Sefydliad Cenedlaethol ar gyfer Ymchwil Gofal Cymdeithasol ac Iechyd | National Institute for Social Care and Health Research
Llywodraeth Cymru Welsh Government