SAFETY PLANNING (SAFETEL) & SUICIDAL BEHAVIOUR STUDY: JANUARY 2019 UPDATE

PHASE 3 COMPLETE

We are happy to confirm that recruitment for Phase 3 of the study concluded in September 2018.

Our follow up telephone calls to participants concluded in October 2018.

We would like to share the successes of Phase 3 with you.

OVERVIEW OF PHASE 3

The Safety Planning Intervention (SPI) with Follow-up Telephone Contact to Reduce Suicidal Behaviour: A development and feasibility (SAFETEL) study

This MQ funded intervention study was conducted in acute receiving wards following an admission to hospital following a suicide attempt. SAFETEL was developed in the US to reduce suicide attempts and this study is investigating whether this intervention is feasible and acceptable in a UK setting.

Phase 3

- **Feasibility Trial/Process Evaluation**
- We aim to recruit 120 participants (*n* = 80 SPI + TAU*; *n* = 40 TAU only) from 4 UK hospitals.
- We are examining hospital readmissions for self-harm & attempted suicide within 6 months of participants' index admission to hospital
- We are conducting interviews and focus groups with participants, staff, & the research team to explore views about the intervention.

*TAU – Treatment as Usual

The **Safety Planning Intervention (SPI)** involves the identification of warning signs, coping strategies, and sources of support when patients experience suicidal crisis, as well as restricting access to lethal means. Patients are supported through a collaborative and structured process to develop an individualized Safety Plan for when they leave the hospital. Telephone follow-up calls offer continued support to maximise the utility of the Safety Plan and to facilitate treatment engagement and recovery.

PHASE 3: RECRUITMENT

We are pleased to report that we exceeded our recruitment goal of 120 participants in Phase 3 (*N* = 121) and we wish to extend our heartfelt thanks to the Liaison Psychiatry teams who supported us to identify and recruit patients from the 4 hospitals (QEUH, GRI, RAH, and RIE) to take part in this important research. Figure 1 (overleaf) shows the composition of our sample from each hospital site.

"The long-term aim is to reduce the load on A&E departments by reducing readmission to hospital wards following self-harm and suicide attempts"

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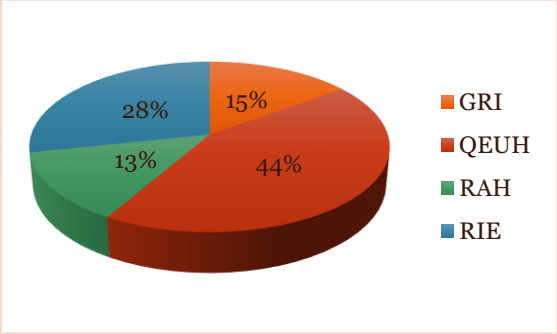

Figure 1: Phase 3 recruitment from each hospital

PROCESS EVALUATION CONTACT

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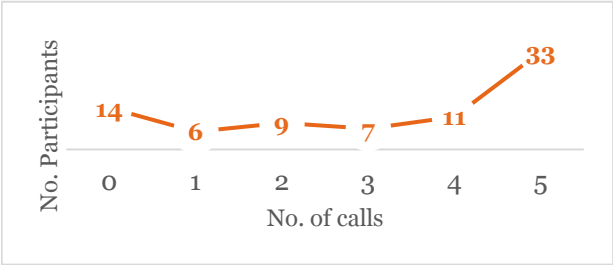

Figure 2: Follow up calls

"The embedded Process Evaluation in our study allowed clinical staff and patients to share their experiences and opinions of SAFETEL participation"


Dr Jenna-Marie Lundy


Dr Corinna Stewart


Heather McClelland


Seonaid Cleare


Andrea Clark


Claire Matrunola

NRS MH Network (Glasgow)

PHASE 3: FOLLOW UP CALLS

We have completed the follow-up telephone calls with participants from Phase 3. During these calls, we discussed participants' mood, use of the Safety Plan, and treatment engagement since discharge from hospital.

Participants were offered up to 5 follow up calls (at 72 hrs, then 1 call each week for 4 weeks post-discharge therafter). All aspects of the SAFETEL study are voluntary and participants were free to end contact calls at any point during the 4 weeks.

More than half (55%)of the participants from Phase 3 completed 4 or more phone calls with the study team, with 20% of participants opting for two or more calls (see Figure 2). Overall, more than 80% completed a Safety Plan and one phone call.

ENHANCING THE INTERVENTION: PROCESS EVALUATION

Staff and participants from all 4 hospital sites were invited to participate in interviews for the process evaluation element of the SAFETEL study. The interviews explored staff and participant experiences of the study and intervention, including potential benefits and improvements that could be made to study.

Many thanks to the clinical staff and participants from all 4 sites who took the time to share their thoughts and opinions with the SAFETEL team and we are grateful to them for this additional support. The analysis of this work is ongoing with findings planned for dissemination later in 2019.

If you would like any more information about the study, please contact the Suicidal Behaviour Research Lab at the University of Glasgow (details overleaf).