

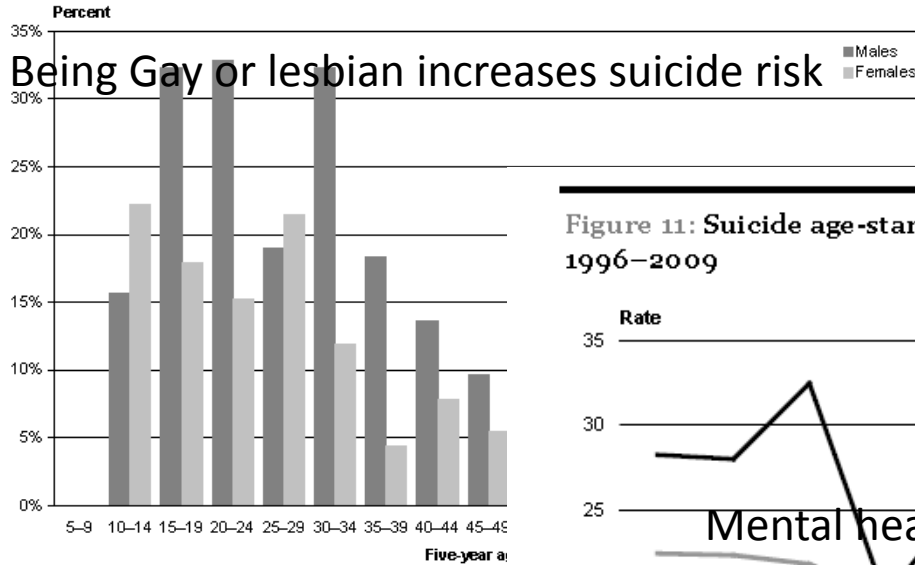
The Follow Up of People Who Present in ED with Suicidal Behaviour

A project in translational research

Statistics for Risk Factors

Relationship difficulties

Figure 3: Suicide as a percentage of all deaths, 2009



e-standardised death rates, by sex, 1948-2009

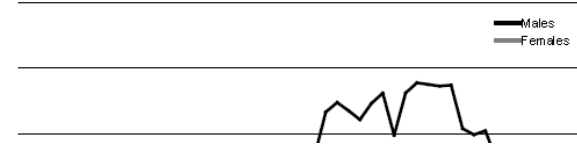
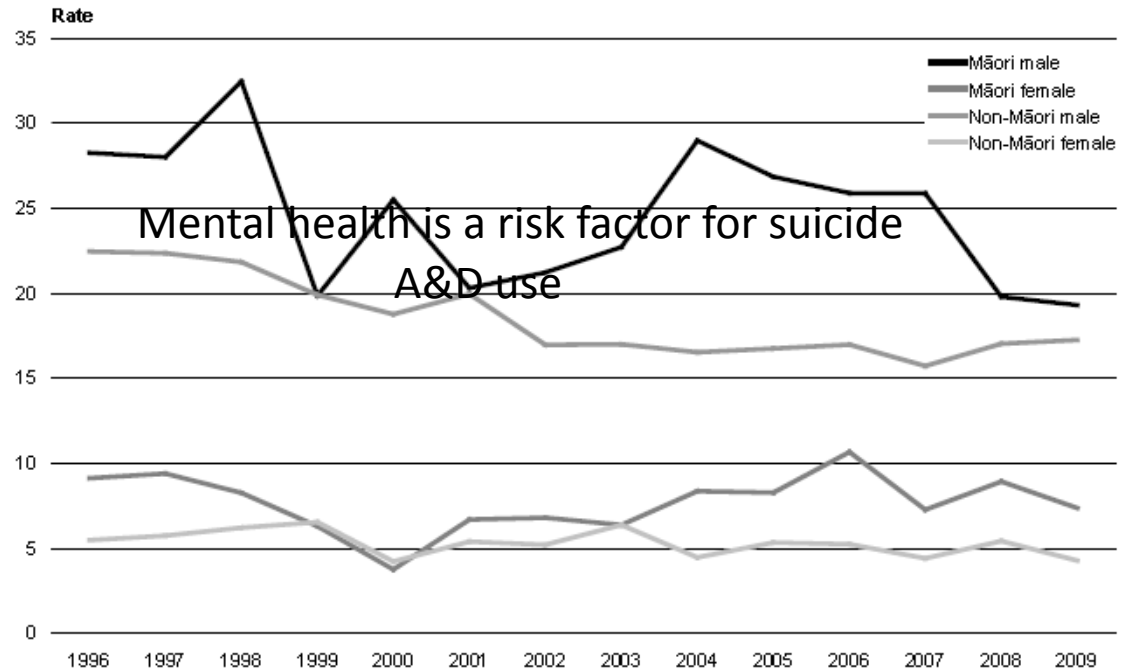


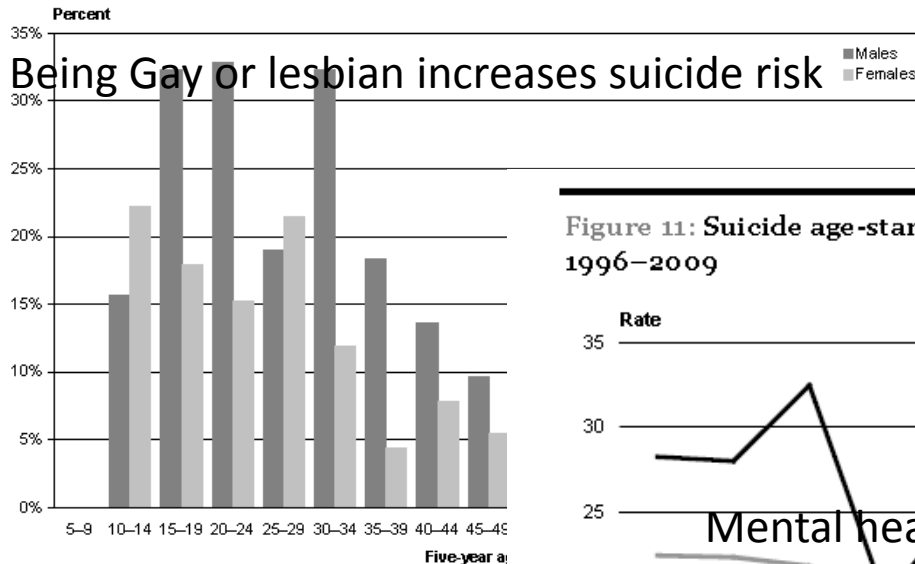
Figure 11: Suicide age-standardised death rates for Māori and non-Māori, by sex, 1996-2009



All of this is about the problem but we need a solution

Relationship difficulties

Figure 3: Suicide as a percentage of all deaths, 2009



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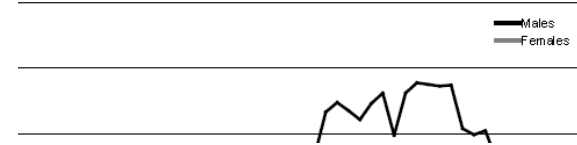
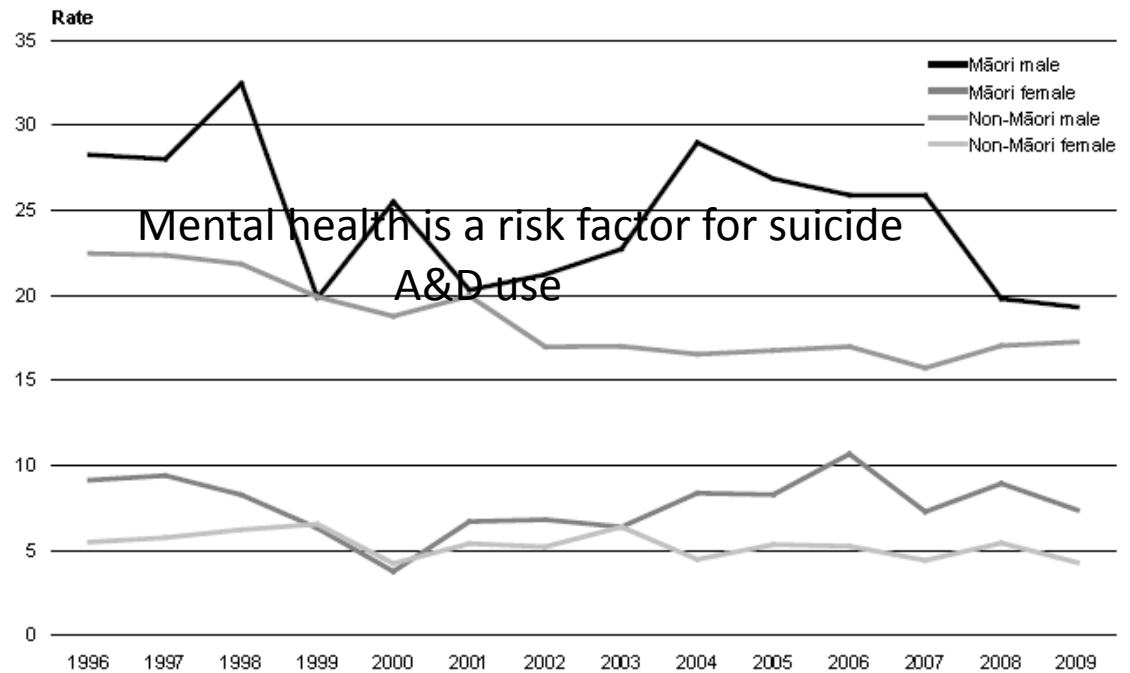


Figure 11: Suicide age-standardised death rates for Māori and non-Māori, by sex, 1996-2009



Connection with Justice

1948 1953 1958 1963 1968 1973 1978

How do we find the 11 in 100 000 who will suicide?



Research at Christchurch ED has indicated that

Amongst medically serious suicide attempts the risks of further suicidal behaviour are even higher, with 37% making a further attempt within 5 years and 6.7% dying by suicide



So what is the answer?

People in studies were less likely to die by suicide

RCTs showed that phone calls, txt and postcards all reduced representations and increased attendance to follow up appointments

Top international suicideologists recommend follow up of ED presenters as the most promising and cost efficient intervention

An Excellent Summary

- Unfortunately, dissemination of effective treatments for suicide prevention is difficult due to a lack of treatment manuals and training opportunities in the efficacious treatments. Most of the information about these treatments is in published journals focusing on the research design rather than the treatments itself; thus providing insufficient information to incorporate the treatments into current practices.
- Comtois, K., & Lineham, M. (2006). Psychosocial treatments of suicidal behaviours: A practice friendly review. *Journal of Clinical Psychology: In Session* , 161-170.

Some Good Advice

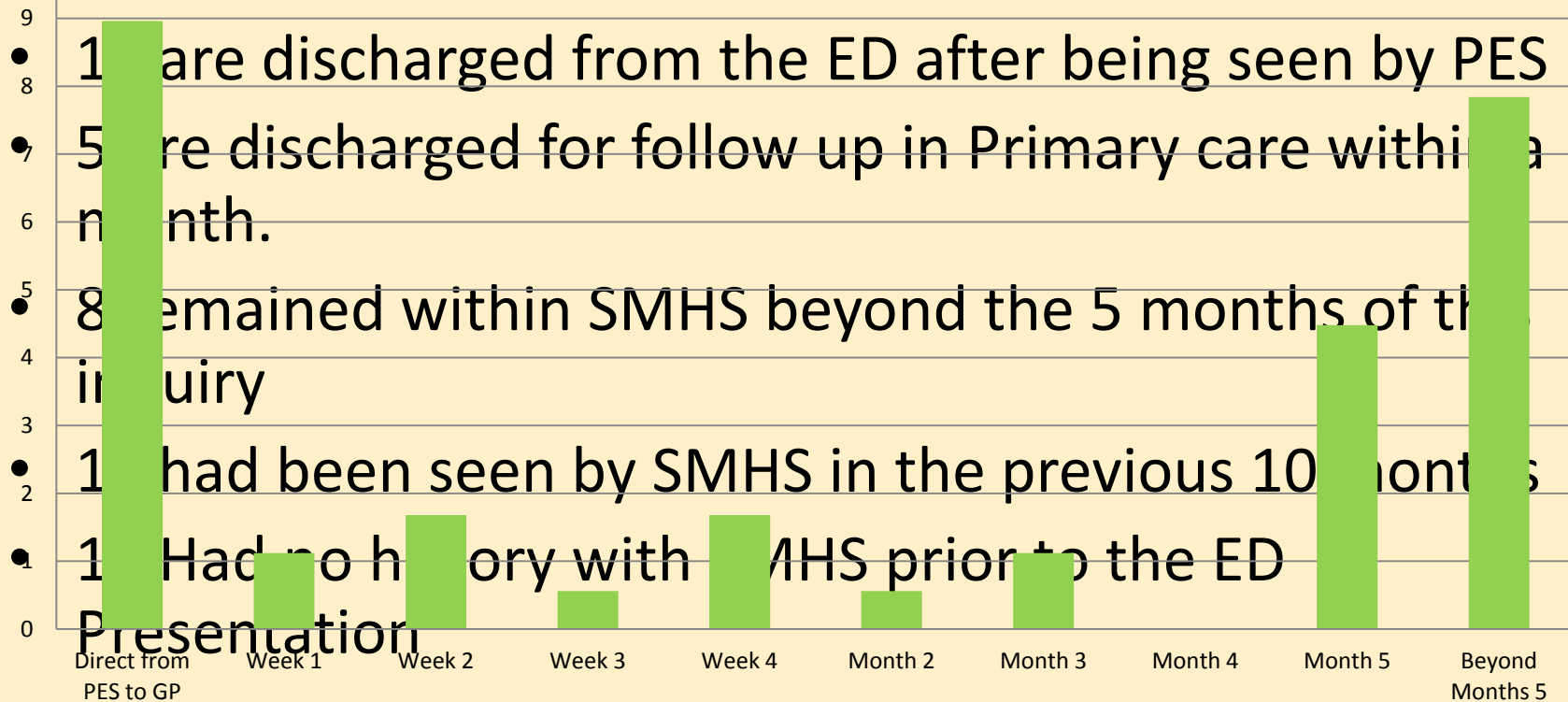
The International Taskforce on Suicide Prevention stated that the first stage of a prison suicide prevention plan is the development of a jail specific profile of the population at risk. Because you cannot understand the problem before you understand the people.

The ED Feasibility Study

- Study questions
 1. Can we engage with the population
 2. Can we remain engaged with them for three months
 3. Did they find the service helpful
 4. Do we increase attendance to follow up appointments
 5. Can we produce a manual that translates the evidence from RCTs into policies and procedures that can be applied at the Chch Ed

Referrals to PES

- Of the 30 people referred to PES for assessment each month.



- 1 are discharged from the ED after being seen by PES

- 5 are discharged for follow up in Primary care within a month.

- 8 remained within SMHS beyond the 5 months of the inquiry

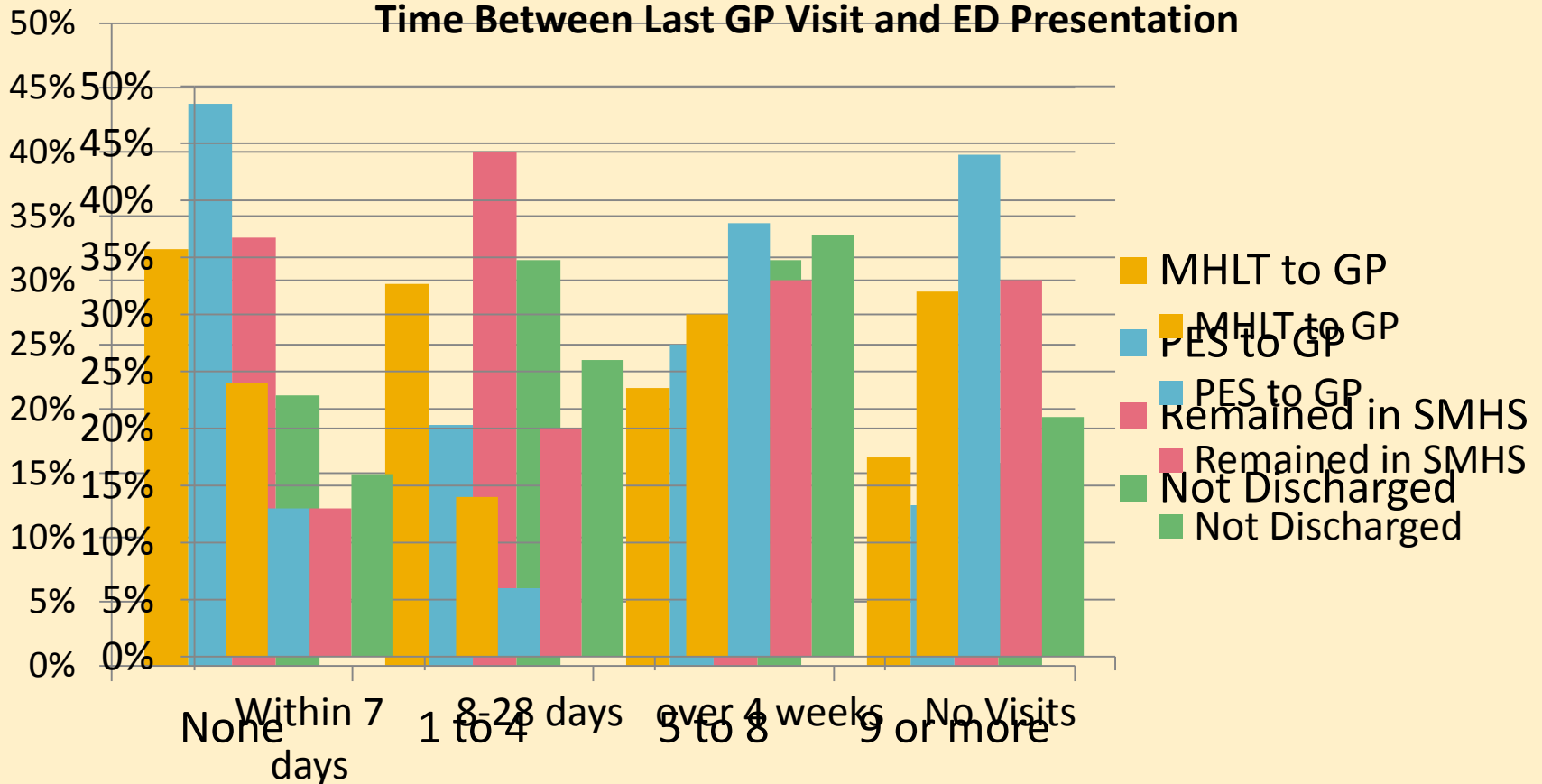
- 1 had been seen by SMHS in the previous 10 months

- 1 Had no history with SMHS prior to the ED

Primary Care Habits Pre ED Presentation

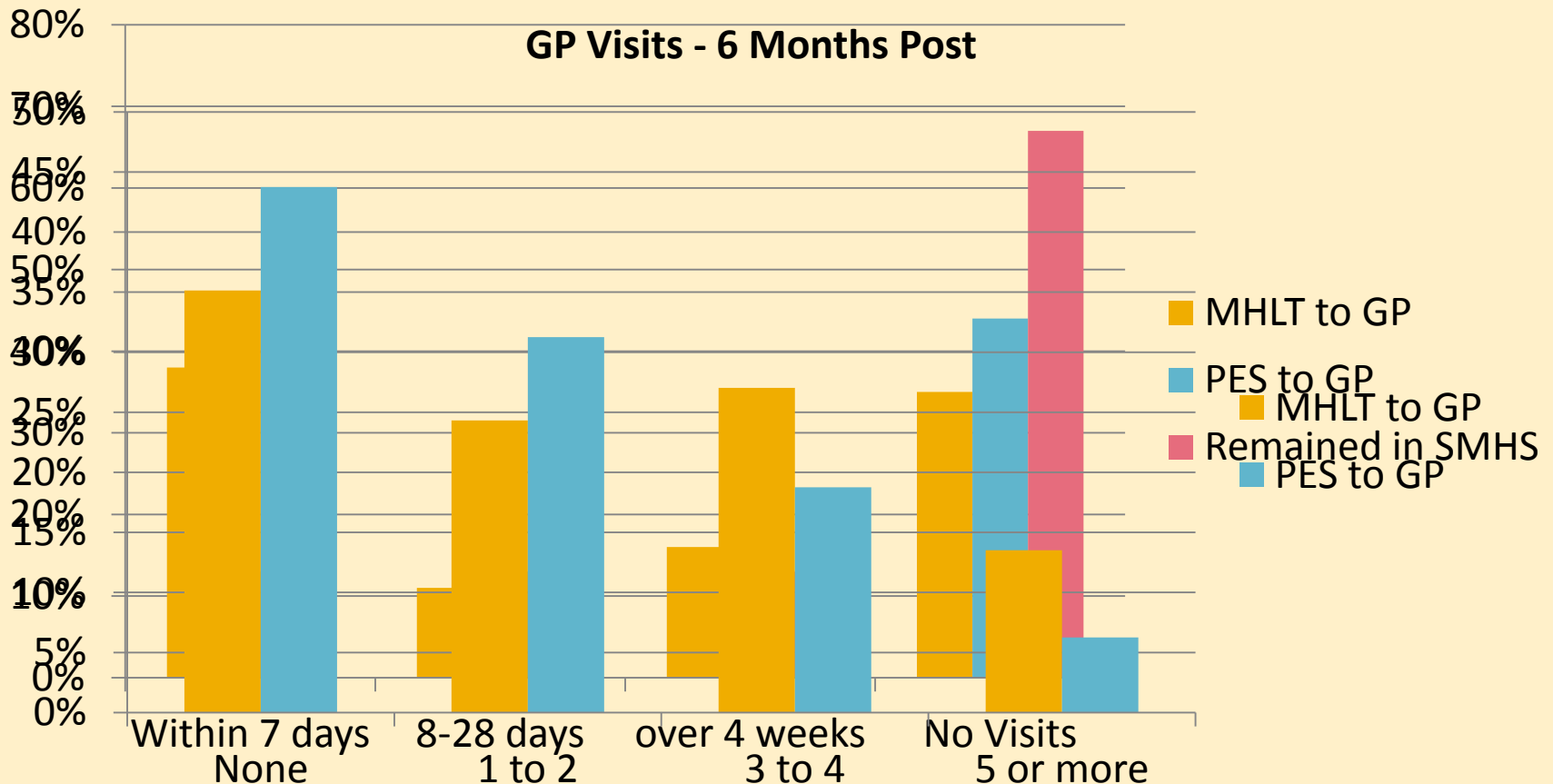
GP Visits - 12 Months Pre

Time Between Last GP Visit and ED Presentation



Primary Care Contact Post ED Presentation

Time Between Discharge and 1st Consultation - Post Discharge



The Intervention So Far

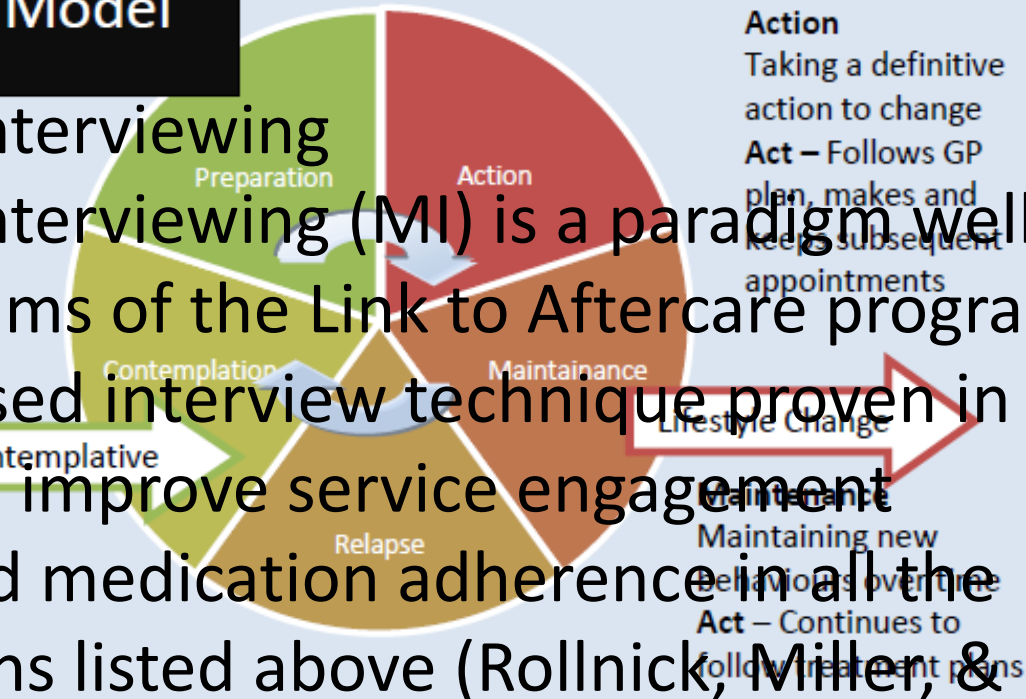
- A series of phone calls starting the day following ED presentation or as soon after as practical.
- Phone calls over a period of three months initially frequent but tapering off over the period
- The calls provide psycho-social support, encourage follow up engagement, promote life style changes.

Underlying theories

Stage of Change Model

Prochaska and DiClemente (1982)

Motivational Interviewing (MI) is a paradigm well suited to the aims of the Link to Aftercare programme. It is a client focused interview technique proven in clinical trials to improve service engagement and medication adherence in all the health situations listed above (Rollnick, Miller, & Butler, 2008) and it is applicable to motivating change in suicidal behavior.



Adapted from

Prochaska, J., DiClemente, C., & Norcross, J. (1992). In search of how people change. *Am Psychology*, 47, 1102-4.

The study so far

- Referrals Received - 21
- Referred but did not meet study criteria as they were receiving intensive SMHS interventions - 1
- Not eligible as they did not present with suicidal behaviour- 1
- Eligible Referrals - 19
- Received introductory phone call from the study and declined to enrol - 2
- Enrolled in the study - 17
- Enrolled but withdrew the next day - 1
- Have completed or currently enrolled - 16

The study so far

- +ves
-ves
- People seem to like the service
 - Low recruitment
- MI appears to be a very good approach
- Flexibility is important. In call frequency and method

Comments from Participants

- Thank you so much for your help. I'm not sure if this is what you signed up for but I do appreciate all your help. All I want is to feel normal and be happy and you are helping to get me there.
- I didn't want to die. I just want to find a better way of living.

What Next

- We need more recruits about another 15 -20
- Finish the study
- Consider if we have enough information to support a trial service for 18 months
- Write the manual

Questions

