NIHR | Applied Research Collaboration North West Coast

ARCBITE

Brokering Innovation Through Evidence

"It has definitely reinforced in me the need to have patient and public participation in guiding all aspects of the research."

Aim of Study

The aim was to test the feasibility (can it be delivered) and acceptability (will people use it) of delivering a brief psychological intervention called the Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS), which seeks to reduce depression and self-harm. To the best of our knowledge no such studies have previously been undertaken in a community setting in the UK.

We wanted to:

- Find out whether it was possible to recruit people to take part in this intervention, and to see if they attended all sessions.
- Demonstrate whether GP practices could easily access and refer to the service.
- Establish if therapists could be trained to deliver the therapy.

How did we involve people?

Fourteen GP practices were involved in recruiting people to the study. People were either told about their study within a GP consultation, or GPs looked at who had contacted them in the last 6 months for self-harm and sent them a letter about the study or people could self-refer to the study. Fifty-seven participants with current depression and recent self-harm were recruited through the participating GP practices.

Twenty-eight of the participants were randomly allocated to the COPESS branch of the study and 27 to the treatment as usual (TAU) branch.

Background

Self-harm refers to any intentional self-injury (e.g. cutting, scratching, jumping from a height) or self-poisoning (overdose of medication or ingesting other substances), with or without the intention to end one's life. People who self-harm are at high risk of suicide, and often experience a range of social and mental health issues and considerable emotional distress. Depression is common with an estimated 70% of those who self-harm also experiencing depressive symptoms.

What did we do?

Fifty-seven participants aged 16 or over, who had depression and who had recently self-harmed were randomly allocated to receive either the COPESS psychological intervention or TAU as defined within National Institute for Health and Care Excellence (NICE) guidance 2018 'Managing self-harm in primary care'.

We initially developed a service user led stakeholder group to support the development of the project and then a Public Advisory Group was established to ensure the perspectives of service users were embedded throughout the life of the study and beyond. The public advisory group contributed to the design, monitoring, analysis and dissemination of the COPESS study. The public advisory group was led and co-ordinated by a Service User & Carer Lead who also has lived experience of mental health problems.

We evaluated the study by interviewing 16 participants, 9 from the intervention group and 7 from the TAU group. Four therapists who delivered the intervention were interviewed as were 4 staff from primary care.

The research is supported by the National Institute for Health Research (NIHR) Applied Research Collaboration North West Coast (ARC NWC)

What we found and what does this mean?

The results of the trial indicate that the COPESS therapy is suitable for a larger trial, as all the aims of this feasibility trial were achieved.

A secondary finding was, that within the limits of the small study numbers, participants reported positive therapeutic outcomes and benefits. For example, there were early indications that the COPESS intervention may lower levels of depression, general distress and urges to self-harm compared to treatment as usual.

The response to the therapy was very positive, with most participants attending all sessions.

COPESS was shown to have potential as a much-needed self-harm specific service.

We also found that having a public advisory group added a richness to the study, that would otherwise have been lacking. Feedback from members of this group was positive and they gave suggestions of how it could be improved in future. For example, members attending more frequent research meetings and to be more involved in the day to day running of a research study.

What Next?

The next stage of the process is to apply to conduct a full-scale efficacy trial using the COPESS model.
We will establish an extended public advisory group for the trial and as many of the COPESS participants belonged to the younger age group e.g. student population, we will endeavour to further diversify the age demographic of the group.

We also want to demonstrate flexibility as a full trial will run over 4 years and this may lend itself to having a rolling public advisory group recruitment and membership throughout the trial period.

Who was involved?

Six public advisors (Service User and Carer Lead), universities (Liverpool John Moores University, University of Liverpool, University of Manchester, University of Leeds – Chief Investigator, academics, researchers, statistician, health economist), mental health trusts (Mersey Care NHS Foundation Trust – Lead Clinician and NHS Sponsor organisation), general practices (Liverpool area - General Practitioner). Team members were involved at every stage including project design, data collection, adaptation due to COVID-19 pandemic, and dissemination of the findings.

ARC North West Coast?

ARC NWC aims to improve outcomes for patients and the public through collaboration working by bringing together academics, health and social care providers, members of the public, universities and local authorities. Its vision is to improve the quality, delivery and efficiency of health and care services; reduce health inequalities and increase the sustainability of the health and care system both locally and nationally.
Learn more: https://arc-nwc.nihr.ac.uk/

Reference

Saini, P., Hunt, A., Taylor, P. et al. Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS): a feasibility trial protocol. Pilot Feasibility Stud 7, 165 (2021). https://doi.org/10.1186/s40814-021-00902-3

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