Addressing mental health crisis and risk of suicide: service level and patient-level interventions

Domenico Giacco

East London NHS Foundation Trust
Queen Mary University of London

What will we talk about?

- Observational studies on usual practice (in hospital)
- What works on a service-level?
- What works foir an individual patient?

Observational studies on usual practice (in hospital)

What do we want to know?

- Do risk of suicide and risk of aggressive behaviours significantly improve following hospitalization?
- Are there patients for whom risk (of suicide and/or aggressive behaviour) do not improve at all? What are their characteristics?

Study design

- Pooled analysis from two large observational studies on coercive treatments
- **INVOLVE**: National study in the UK
- **EUNOMIA**: European study in 11 countries (Germany, Bulgaria, Czech Republic, Greece, Italy, Lithuania, Poland, Slovak Republic, Spain, Sweden, UK)

Giacco and Priebe, 2016

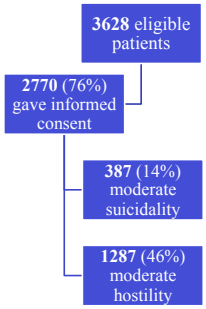
Procedures

- Patients interviewed within a week from admission
- Follow-up: 1 month-3 months in EUNOMIA-INVOLVE; 1 year in INVOLVE

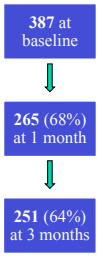
Measures

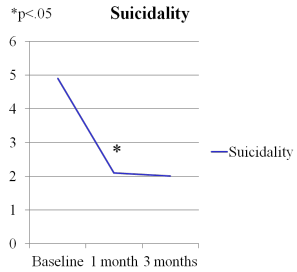
- **Suicidality**: BPRS item 4
- **Hostility**: BPRS item 6
- 1 (not present) to 7 (extremely severe)
- Patient were included if they had at least moderate levels of suicidality and hostility (> =4)

Results

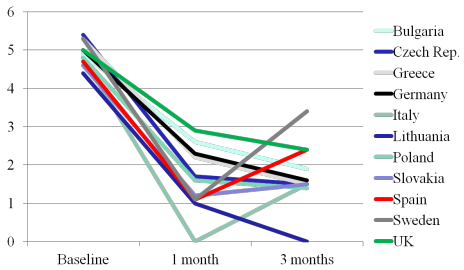


Results - Suicidality

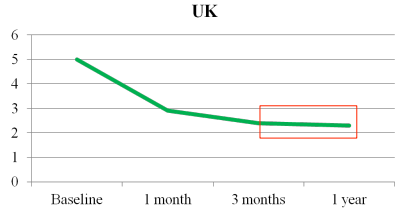




Results - Suicidality

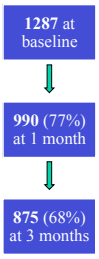


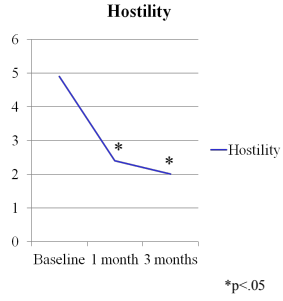
Results - Suicidality



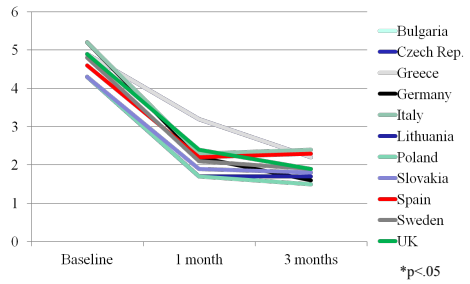
In the UK average level of suicidality of high risk patients is stable between 1 month and 1 year after an involuntary admission

Results - Hostility



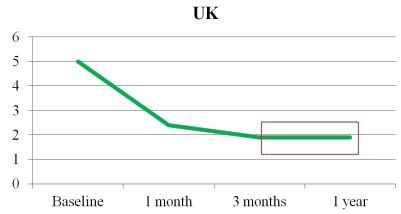


Results - Hostility



*p<.05

Results - Hostility



In the UK average level of hostility oh high risk patients is stable after 3 months and 1 year after an involuntary admission

Are there patients for whom risk do not improve at all?

- Only 13 patients were persistently suicidal throughout 3 months (6 still suicidal at one year)
- 53 patients (4.1%) had persistently significant levels of hostility throughout 3 months (30 still at one year) ⇨ Higher levels of hostility at baseline

Conclusions

- Suicidality and hostility decrease significantly after involuntary hospitalizations
- They seem to be transitory in nature
- This finding is consistent in countries with very different legislation and practices

Service-level interventions

Organising mental health services: two models

Continuity

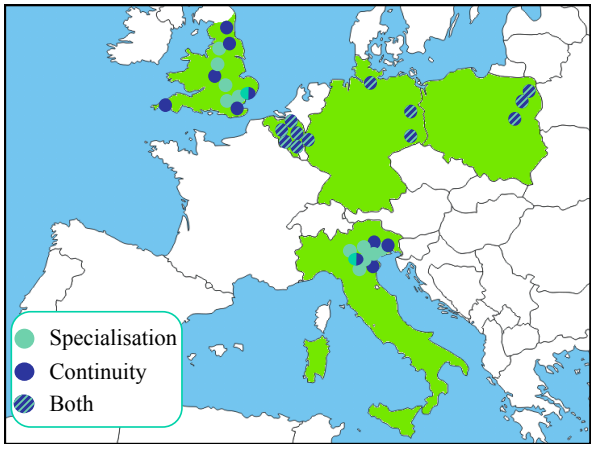
- Same consultant across inpatient-outpatient

Specialisation

- Different consultants and teams in distinct services (inpatient and outpatient)

The "COFI" Study

- Natural experiment
- Comparing outcomes of patients with and without continuity of care
- 1 Year following admission to inpatient ward
- Across five countries with both approaches
- Recruited 7304 participants



Participants

- Patients approached within two days of hospital admission and followed for 1 year.
- Participants had a diagnosis of psychotic disorders (F2), affective disorders (F3) or neurotic / somatic disorders (F4)
- Baseline: 7302
- Follow up sample: 6369 (87%)
- Qualitative interviews: 188 patients / 63 clinicians

Hospital Readmission – PRIMARY OUTCOME

- Percentage of patients readmitted

	Specialisation	Continuity
Yes (unadjusted)	35.7%	38.1%
Yes (adjusted)	**37.1%**	**38.9%**
Odds Ratio= 1.08; CI: 0.94-1.25		P=**.28**

Untoward events

	Total	PC	S	OR (CI) p-value
Unadjusted proportion, N (%)	1127 (17.7%)	425 (18.0%)	701 (17.3%)	0.93 (0.75 – 1.15) p-value: **.49**
Adjusted proportion		**17.4%**	**16.9%**	

Deaths and suicides

- Deaths:
38 (1.6%) in continuity
39 (1%) in specialisation)

- Suicides:
20 (0.8%) in continuity
36 (0.6%) in specialisation

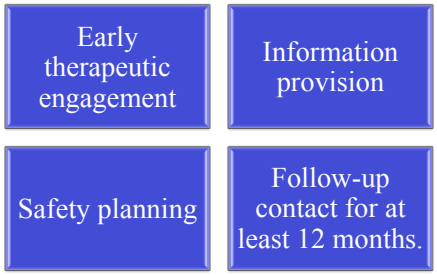
Patient-level interventions

What is the evidence

- Four controlled studies of brief psychological interventions addressing suicide risk
- Carried out in Switzerland, the U.S. and across low and middle-income countries
- Three studies included adults and one study included adolescents.

McCabe et al., 2018

Effective interventions: components



Effective on what?

- Not on suicidal ideation

But:

- Reduction of suicide and suicide attempts
- Effect size are widely ranging but generally low-moderate

Interventions are effective if:

- Build a therapeutic relationship with a comprehensive but patient centred assessment
- Develop a shared safety plan
- Follow-up the patients with regular contacts

Conclusions

- Suicidal risk (and risk to others) can be transitory in nature and are (fortunately) rare which makes evaluation challenging
- Service-level interventions do not seem to make a difference
- Patient-centred practices, shared safety plans and regular follow-up can prevent suicides