



# FOCUS ON RESEARCH

## **A VOLITIONAL HELP SHEET (VHS) TO REDUCE HOSPITAL-TREATED SELF-HARM (SH): A RANDOMISED TRIAL (CZH/4/704)**

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**Aim** To investigate the efficacy of a Volitional Help Sheet (VHS) in the management of SH.

**Research Questions** (i) Does a VHS reduce the number of people who re-present to hospital with SH in the six months following an index episode of SH? (ii) Does a VHS reduce the number of SH episodes in the six months following an index episode of SH? (iii) What is the incremental cost per SH event averted?

### **Project Outline/Methodology**

Participants who had presented to hospital following suicidal SH were randomised into either the intervention (treatment as usual + VHS; n=259) or control (treatment as usual; n=259) arms of the trial. The VHS is a theoretically-derived brief behaviour change intervention which consists of a table with two columns containing a list of critical situations and appropriate responses, respectively. The critical situations tap the range of motives that typically underpin SH and the responses are potential responses to these triggers. Participants are asked to draw links between as many critical situations and appropriate responses as they want. Two months later, they are sent out a booster VHS. Six months after randomisation, we determined whether the intervention had an effect on the number of participants who re-presented to hospital for SH, the number of re-presentations and the time to SH re-presentation.

### **Key Results**

Twenty eight per cent (27.8%) of the total sample re-presented with SH in the six months following randomisation. Intention to treat (ITT) analysis (using zero-inflated statistical modelling) revealed that the intervention was associated with a significant reduction in number of SH repetitions individuals engaged in. The intervention did not reduce the number of participants who self-harmed, nor was it associated with time to SH repetition during the follow-up. The economic analysis suggests that the VHS is likely to be cost effective compared to usual

care alone, as it has lower expected costs to the NHS in addition to having more favourable clinical outcomes. The vast majority of patients who were offered the intervention (n=248/259) completed it. In sum, the VHS is associated with both lower costs and better outcomes than care as usual alone.

### **Conclusions**

The study achieved its aim in full. Taking the effectiveness and economic analyses together, we believe that the VHS offers considerable promise, however, closer inspection of the small minority of participants who are less likely to engage with the intervention is required.

### **What does this study add to the field?**

This study adds to the growing research which suggests that brief behaviour change interventions may have utility as adjuncts to usual care to reduce repeat SH.

### **Implications for Practice or Policy**

SH is one of the most common presentations to Emergency Departments. Any intervention which can reduce the rate of SH repetition and the associated cost of SH has important implications. Given that the VHS appears to be clinically and cost effective, consideration should be given to integrating the VHS into usual care. It is brief and easy to administer in general hospitals.

### **Where to next?**

To conduct a multicentre trial to investigate the utility of the VHS in the longer-term on self-harm repetition and suicide as well as investigating the differential effect of the VHS on sub-groups of those who self-harm (e.g., males vs females, overdose vs self-cutting)

### **Further details from:**

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