

Implementing and evaluating an intervention to reduce suicide risk in mental health service users

Dr Lorraine Bell

Consultant Clinical Psychologist

Dr Paul Bayliss

Principal Clinical Psychologist,
Acute & Crisis Care

Dr Thomas Richardson

Principal Clinical Psychologist,
Research Lead



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The context

- Suicide is a personal and societal tragedy.
- 6,500 suicides per year in the UK; around 18 per day.
- Unclear how the COVID-19 pandemic will impact this.
- National and local policy emphasises suicide prevention (e.g. NHS-England Five Year Forward View and Long-term Plan; WHO Mental Health Action Plan.)
- Most people who complete suicide are found to have a diagnosable mental health condition.

The intervention



The intervention

- A comprehensive and collaborative assessment of suicide risk, encouraging empathy for suicidal states.
- A shared framework for identifying direct and indirect drivers to suicide, and addressing them using a clinician's existing skills.
- Outpatient-oriented, aiming to keep people out of hospital wherever possible.
- Incorporates a collaboratively-developed safety plan.
- Assessment and documentation of risk at every contact.



Existing evidence for the CAMS approach

- CAMS is supported by evidence from randomised controlled trials and effectiveness studies in several countries and in several clinical populations.
- Several studies show a positive effect on clinicians' confidence in working with suicide risk.

Implementation in Solent NHS Trust

- A two-day training in January 2020, covering the CAMS model and a refresher on skills to address drivers of suicide.
- On-going supervision (external then peer.)
- Many CAMS sessions have been offered remotely during COVID-19.
- A further training day has recently been offered to all remaining qualified staff (September 2020.)

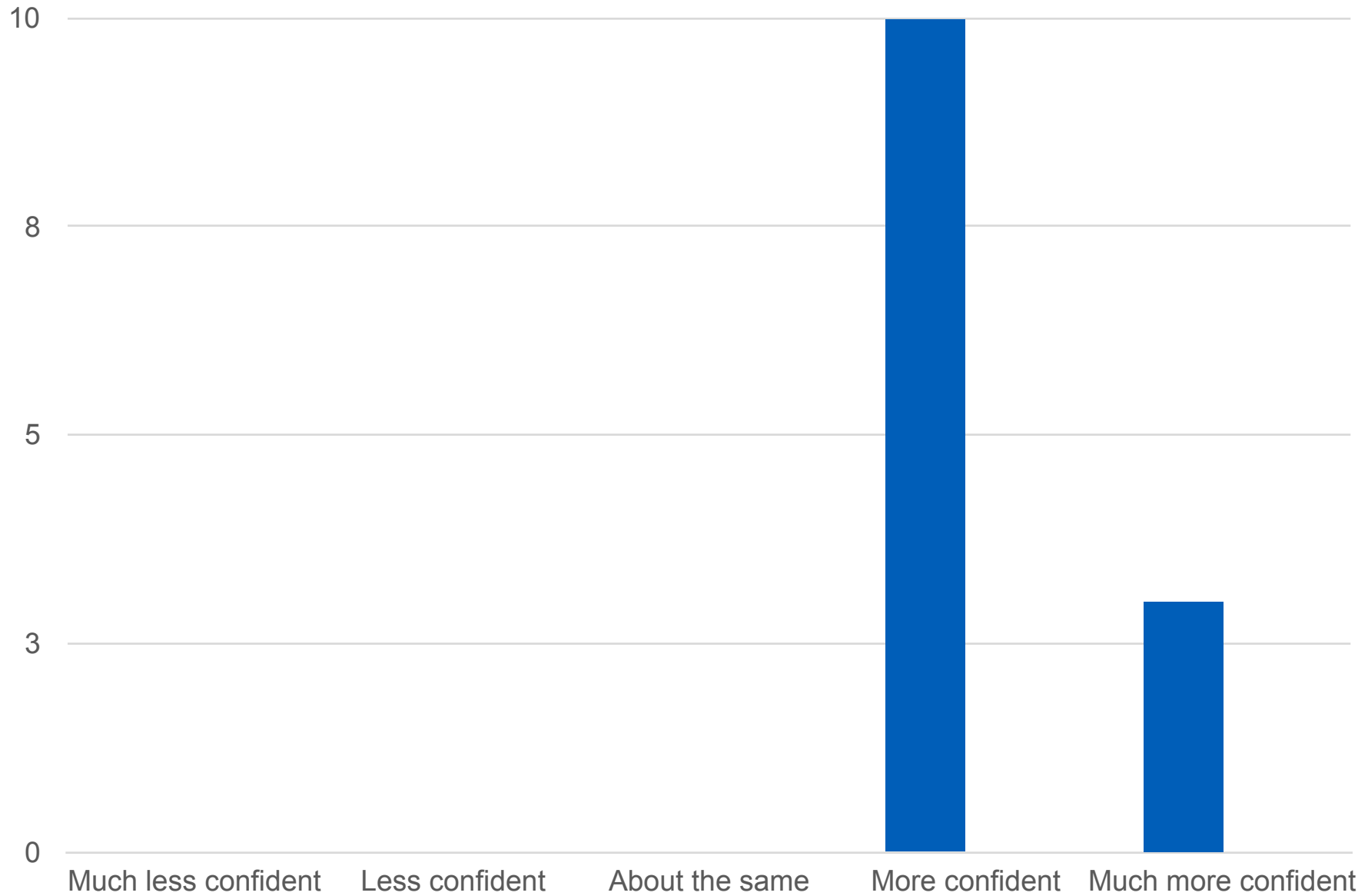
Evaluation

- A survey was sent around one month after training.
- Data collected with clients during treatment were analysed.

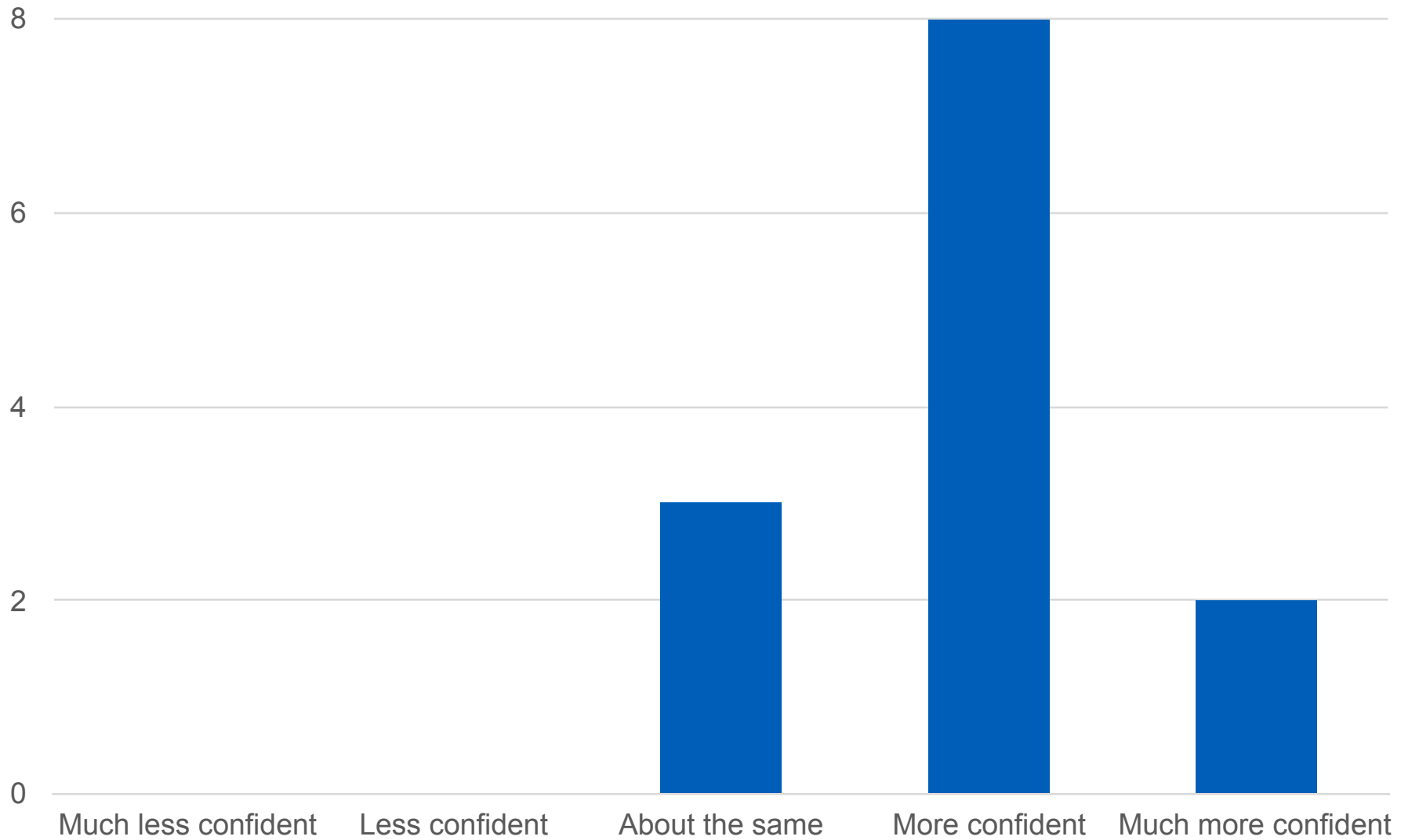
Training survey

- Poor response rate (33%) – possibly as it coincided with emerging phase of COVID-19.

How confident do you feel in assessing suicidal patients since taking the CAMS training (compared to before)?



How confident do you feel in helping patients manage suicide risk since taking the CAMS training (compared to before?)



Qualitative themes:

- **Are you doing anything differently with your patients since taking the CAMS training?**
 - Working more collaboratively (7)
 - Focusing more on drivers to suicide (6)
 - More robust safety planning (3)
 - Talking about suicide outside of acute crises (1)

Qualitative themes:

- **What obstacles have you experienced to using CAMS with your patients?**
 - Time / role pressure (6)
 - Remote working (4)
 - Difficulty identifying drivers (2)
 - Lacking skills to address drivers (2)
 - Difficulty engaging patient (1)

Qualitative themes:

- **What would help you use CAMS with your patients more effectively?**
 - Practice (5)
 - Supervision / discussion with colleagues (3)
 - More training on addressing drivers (2)
 - Reviewing training materials (1)

Analysis of CAMS data

- Twenty cases with complete data were analysed.

Engagement

- **The number of sessions attended** ranged from 3 to 12, with a mean of 5.6.
- **The number of sessions missed or cancelled** ranged from 0 to 5, with a mean of 0.6.
- **15 patients (75%) missed no sessions.**
- 19 (95%) has a planned ending to their treatment.
- One person was hospitalised.

Outcomes

- 13 patients (65%) showed a reduction in overall suicide risk rating.
- The remaining 7 (35%) showed no change.
- No-one had an increase in suicidality.
- Overall, there was a statistically significant reduction in suicide risk ($p < 0.001$).

After CAMS was completed...

- 7 (35%) continued receiving support from their usual mental health team
- 8 (40%) had a new psychological therapies referral
- 2 (10%) continued receiving their usual mental health support and had a psychological therapies referral
- 3 (15%) were discharged to primary care

Conclusions

- CAMS fosters excellent patient engagement.
- Around two thirds of patients showed reductions in suicidality, within an average of six sessions.
- Around fifty percent went on to longer-term psychological therapy, often to address vulnerabilities or drivers to suicidality.
- We are working to increase the availability of CAMS, through further training and supervision.
- We will continue to evaluate CAMS.