Introduction

- *Researcher explains the background to the research – NIHR study with the aim of designing an intervention to reduce the risk of suicide following.*
- ❖ *Researcher takes consent and explains 'rules of conduct' of the group – confidentiality, respect.*

Background

- Self-harm is the strongest predictor of suicide risk (at least ½ suicides previously self-harmed). Up 1% of those who presented to A&E with self-harm will die by suicide within a year, (3-5% in the longer term).1 in 3 repetitions of self-harm occur within a month following attendance at A&E with self-harm. Why do you think this is such a risky time for people?
  - *Probe - Do you think risk changes over time?*
- What services are there currently in place to help people cope at this very vulnerable time?
- What type of additional services or interventions [if any] do you think might help people further?

Designing interventions

- ❖ *Explain that we asked people recently discharged from A&E department what would be useful ways for them to stay in touch with service providers, and what would help them when they were feeling very distressed, particularly if they were feeling like self-harming.*
- ❖ *Having considered the information they provided, we have come up with some suggestions for interventions that could be used to help people. We would like your opinions on these in terms of both their feasibility and their likelihood of being successful.*

'Outreach' interventions - introduction

- Do you think staying in touch with people would be useful to reduce risk of repetition of self-harm? Why?
  - *Probe: Would it complement / duplicate other services?*
  - *Probe: importance of connectedness or just a route back to services?*
- Would it be more useful to some service users than others?
  - *Probe: age / 1st episode vs repeater / engagement with services*
- What barriers would people in extreme mental distress face to responding to such a contact?
- Do you think such an intervention could potentially be harmful to any groups of service users (self-harmed)?

'Outreach' interventions – detailed comments

- What do you think would be best way to contact service users following presentation at A&E after self-harm?
  - *Probe: post, telephone, text, email*
- How often do you think such contacts should be made, and over how long a period?
- Who should the contact come from – e.g. A&E / inpatient / community teams, psychiatrists / other doctors / other staff; *vol. sector org.*
- What do you think such a message should say?
  - *Probe: how personalised should it be / importance of interaction*
- ❖ *Distribute mock ups where available*
  - *Probe: format / wording*
- What would be the resource implications of introducing such an intervention (and how would these differ by contact type)? Could it be facilitated within existing resources?

Crisis contact card (*if shown to be useful option following analysis of 1:1 interviews*)

- ❖ *Explain another idea would be to give people a crisis contact card to carry with them.*
- Do you think this is likely to be useful in reducing suicide risk following discharge?
  - *Probe: Would it complement / duplicate other services?*
- Would it be more useful to some service users than others?
  - *Probe: gender/ age / 1st episode vs repeater / engagement with services*
- What barriers would people in extreme mental distress face to using this intervention?
- Do you think such an intervention could potentially be harmful to any groups of service users who have self-harmed? ?
- ❖ *Distribute mock up and ask for comments.*
  - *Probe: format/ wording. Who should the contact person be?*
  - *Whether it is appropriate to make an offer of consultation / inpatient care on the card*
- What would need to be in place after calling the crisis contact for the intervention to be useful?
- What would be the resource implications of introducing such an intervention? Could it be facilitated within existing resources?

Trial organisation

❖ *Explain that we want to test one or two of these interventions through a RCT.*

- Which [if any] of the interventions discussed should we try out? (I.e. which is most likely to reduce the risk of repetition of self-harm?)
- Do you think people who have self-harmed would be prepared to take part in such a trial?
    - *Probe: how could we encourage participation?*
- How should we measure whether the intervention has been successful?

Closure - Thank informants and offer summary of results