



RESPONDING TO SELF-HARM

AN EVALUATION OF THE SELF-HARM
INTERVENTION PROGRAMME (SHIP)

Executive Summary



Foreword

“Responding to Self Harm” was commissioned by the National Office for Suicide Prevention, Mental Health Division and I am pleased to have the opportunity of writing the Foreword. The report is an account of a comprehensive evaluation of the SHIP counselling service which was undertaken by Quality Matters Ltd. The report highlights the SHIP counselling service as a good example of the high quality standards of practice in service delivery and underpinned by an evaluation and research framework which is required by “Connecting for Life”. The SHIP counselling service was first established in Wexford in 2004 and then expanded across the rest of the south east in 2012. It is fully aligned with Action 4.2 of “Connecting for Life” on “improving access to effective therapeutic interventions” and also fully aligned with Action 4.1 in “providing care pathways for people vulnerable to suicidal behaviour”.

The clear message in the report based on feedback from service users and a broad range of other stakeholders is that the SHIP counselling service is both clinically effective and cost effective. Whilst the SHIP service is embedded in and integrated with other HSE Counselling services such as the National Counselling Service (NCS) and Counselling in Primary Care (CIPC) the report also highlights the importance of the SHIP service as part of a continuum of services in suicide prevention. It achieves this by complementing and providing onward care pathways to front line assessment services such as the Liaison Psychiatric Nurse Service in the Emergency Departments and the Suicide Crisis Assessment Nurse (SCAN) service.

The report also notes that whilst the day to day management of the service is provided by the Director of Counselling and the SHIP Counselling Coordinator the service also benefits from the support and expertise of an Interdisciplinary Steering Group consisting of the Suicide Resource Officer, Mental Health Services General Manager, Regional Coordinator for Social Inclusion & Substance Misuse and a Psychology Manager. This is another clear example of the collaborative partnerships which yields rich learning which is envisaged under Connecting for Life.



Anne O'Connor
National Director Mental Health

Introduction

This is an executive summary of the report on the evaluation of the Self-Harm Intervention Programme (SHIP). The SHIP service provides non-crisis time-limited specialist counselling support to people who are self-harming or at risk of suicide across the South East of Ireland. The SHIP service, which is a HSE provided service, is unique within Ireland in terms of its approach, its model and the structures that underpin how the service is run. A full description of the SHIP counselling service including both the therapeutic model and the service delivery model are included in Chapter Five of the main report.


SHIP is supported by an Interdisciplinary Steering Group who also oversaw the tendering and implementation process of the evaluation ensuring this was comprehensive, detailed and robust. Quality Matters, in partnership with Dr Ladislav Timulak were successful in this tendering process.

The evaluation included the views of former and current clients and their families, counsellors, management, and professionals in other organisations. Full ethical approval for the study was provided by the HSE University Hospital Waterford Research Ethics Committee in October 2014.

This executive summary provides the following:

- An overview of the research methodology
- A summary of research findings
- A summary of recommendations
- A summary of the Social Return on Investment (SROI) evaluation and conclusions

The full report contains detailed information on the evaluation, methodology and limitations, analysis of CORE-OM clinical outcome measures, discussion of programme outcomes and recommendations, as well as in depth analysis of the SROI evaluation of the service. The full report is available from http://www.hse.ie/eng/services/list/4/Mental_Health_Services/National_Counselling_Service/



Methodology

Overview

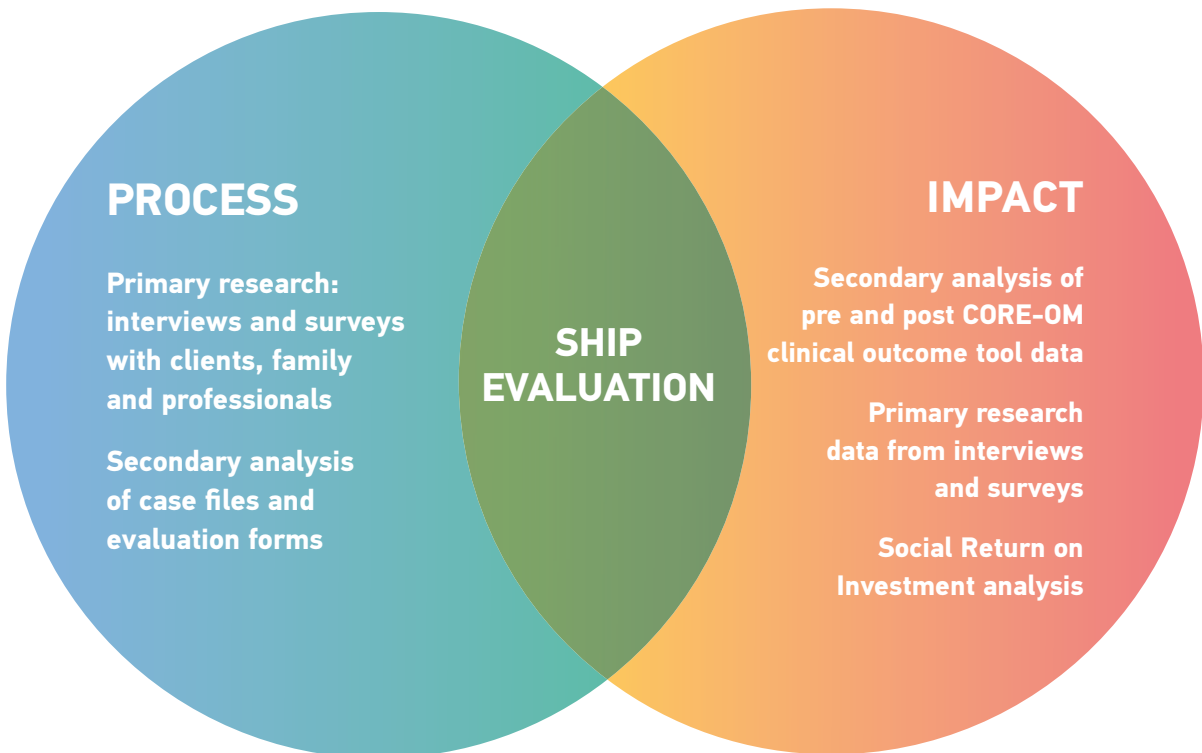
The evaluation of SHIP had the following objectives:

- To analyse outcomes for clients of the SHIP counselling services across the domains of well-being, problems/symptoms, life functioning and risk to self and others
- To evaluate the SROI (cost-benefit) of SHIP
- To analyse the experience of stakeholders involved in the provision or receipt of SHIP
- To evaluate the process of implementation of SHIP

To meet the aims and objectives of the study, the evaluation consisted of both a process evaluation and an impact evaluation.

The process evaluation involved primary research with key stakeholders, including referrers, clients, family members of clients, and counsellors, using surveys and semi-structured interviews. The impact evaluation involved analysis of anonymised pre and post outcomes data collected by SHIP counsellors from their clients using the CORE-OM tool.

This information alongside data from surveys and interviews was used as part of the SROI, which is a cost benefit analysis undertaken using a specific methodology in order to assess the value of outcomes from the programme against the full costs associated with running the programme over a period of nine months. This is depicted in the image below:



Research Summary Findings

The SHIP Client Group is at High Risk of Suicide

SHIP is reaching its intended client group. An analysis of service self-reported suicide risk, involving 120 client evaluation forms, as well as an analysis of counsellor assessed client risk, identified through a client file audit involving 85 files evidences the high risk nature of the client group and the high levels of support needed by these individuals.

The analysis of the service user evaluation which includes clients' self-reported reasons for attending SHIP show that a substantial proportion of service users reported experience of self-harming behaviours (75%), suicidal thoughts (81%), and suicidal intent (78%) prior to engaging with SHIP. At the time of presenting to SHIP, 15% of service-users were experiencing suicidal ideation, while the remaining 85% had either attempted suicide at least once, or had a history of self-harming. Additional risk indicators were apparent through the file audit: 45% of clients had a diagnosis of depression and more than 10% of the sample suffered from anxiety as a primary psychiatric diagnosis. The file audit also indicated that substance misuse was a common feature among SHIP service-users with 30% reporting misuse of alcohol and 16.5% reporting use of illicit drug misuse. At presentation to the service, there were also very large numbers of service users who reported recent disruption to or loss of a relationship (more than 75%) as well as social isolation (more than 55%).

There are Clinically Significant Improvements in Wellbeing among SHIP Clients as a Result of the Intervention

SHIP clients show a general improvement in terms of client wellbeing, problems, functioning and risk to self and others after engaging in counselling with SHIP. An analysis of pre and post therapy data from CORE-OM, a validated clinical outcome tool, was undertaken with 80 clients. The tool measures changes in; wellbeing, problems (or symptoms), functioning, risk, total distress, and total non-risk. The analysis found, that with the exception of female risk scores, for men and women, scores across all six areas went from clinically distressed into normal ranges following therapy.

Although a limitation was noted in relation to the numbers of incomplete post evaluations, the findings provide strong evidence for the effectiveness of SHIP's brief therapeutic intervention. SHIP is clearly demonstrated to provide an effective clinical intervention to those people who are self-harming and may be at risk of suicide.

'There has been a massive change. Before attending SHIP, I was very suicidal and was self harming, but since I have attended SHIP I am no longer self harming.'

CLIENT 14

Clients Report Significant Decreases in Suicidal and Self Harming Behaviours and Increased Protective Factors

Reflecting the outcomes of the CORE, the majority of clients stated that they had made a 'big improvement' across the domains of self-harm (62%), suicidal thoughts (69%), and suicidal intent (60%). Service users also reported that they had made a 'big improvement' across the following protective factor categories: ability to solve problems (48%), general coping skills (62%), optimism (54%), ability to deal with stress (52%), self-esteem (45%), and relationships with family and friends (44%). The agreement of clinical assessment and client self-assessment of positive change as a result of attending SHIP, adds additional weight to the assertion that SHIP is an effective and important intervention for those at risk of suicide and self-harm.

'I had attempted suicide at a younger age after ending a harmful relationship in my life and I was still dealing with these issues while attending SHIP. I definitely have more control over it, and I still have some thoughts about self-harm but SHIP has helped me block it.'

CLIENT 16

The Time Limited Aspect of the Service is Well Managed

The majority of the clients (82.5%) were satisfied with the number of sessions they received from SHIP. A large majority of 76 service-users (74.5%) said they were happy with how the therapy had ended. This indicates that this evidence based time limited intervention is fit for purpose and generally well managed in relation to service users.

SHIP Counsellors are Committed and Confident in their Role

An adapted version of a validated tool, The Mental Health Problems and Perceptions Questionnaire, was used to measure the therapeutic commitment and perception of competency for their role with SHIP counsellors. There were high ratings for both therapeutic commitment and perceptions of competency, supporting the assertion that the SHIP counselling team are committed to their client group and confident in their role providing a specialised psychosocial intervention to this group.

'Self-harm and suicidal ideation become options for some people to cope with their stress. When they discover that there are other ways of dealing with stress, it is very empowering for them and for the therapist.'

COUNSELLOR #12

SHIP Supporting Structures for Counsellors are Effective and Fit for Purpose

Counsellors scored the support they receive in their role in SHIP almost perfectly. The risks attendant in providing specialised services to a high-risk client group are considered by the counselling team to be thoughtfully and effectively mitigated by a wrap-around professional support system, a strong collegial culture, a robust policy framework and an appropriate and effective induction and training programme.

SHIP is Regarded Positively by all Referring Agencies

All referring agencies including GPs, HSE mental health services, addiction and youth services had positive regard for the professionalism of the SHIP service. Services stated that SHIP reduces the time they spend on issues related to suicide and self harm, and reduces staff stress as they are able to refer clients to a specialised, appropriate and well regarded service provider.

'I am a clinical psychologist, SHIP has freed me up to work with a different client group.'

HSE RESPONDENT 5

Organisational Learning has led to the Continual Development and Improvement of the Service

Reflective of the commitment of the SHIP service to continual learning and quality improvement, this evaluation shows that the service has been continually developed from its establishment in 2004, to the current iteration of the model. The research reveals this model to be well regarded by all stakeholders with the model being considered coherent, clear and fit for purpose..

Significant developments to the model, originally based on the NCS model, have included: the extension of the service to new geographical areas using an adaptation of the CIPC service model; the development and on-going improvement of structured induction, training and supervision and support systems; the clarification of processes in relation to service user communication, particularly in relation the time limited nature of the service; efficiencies and systematisation of referral and administration processes; and the introduction of validated outcome tools.

The clarity of the current model and its related systems and processes, supports potential replication to other areas within Ireland.



There is Support for Extension of the SHIP Service to a Younger Client Cohort

SHIP services are currently provided to people aged 16 and over. The file audit revealed that 13% of SHIP's clients are aged between 16 and 18. There is no similar service for younger people provided in the region, or indeed nationally. This was considered by professionals interviewed as an urgent gap to be filled, given the prevalence of suicide among young people in Ireland. Counsellors, steering group members and other service providers within mental health, youth and addition services were widely supportive of a potential extension of the SHIP service to a younger age group, namely 14 and 15 year olds, with appropriate training provided to counsellors to undertake this.

There is Potential to Increase Access and Appropriate Referrals through a Revised Promotion Strategy

There were variable pathways of referral into SHIP with the majority of service-users (71%) being referred to SHIP by another person or service, 44% of these referrals came from GPs. The counsellors perceived a need for more robust promotion of the SHIP service and identified a small number of inappropriate referrals, indicating a potential need for increased promotion of the service.

Other service providers also identified that annual information provision would assist in ensuring consistent high quality referrals. The purpose of additional promotion would be to ensure that people who need to know about the service know about it, and can be appropriately referred. This is particularly relevant to Carlow, Kilkenny and South Tipperary.

There is Potential for Further Reduction of Waiting Times

An area identified as having potential for improvement is the management of waiting times. Client evaluations showed that just under half of clients waited for the service for more than three weeks, with nine clients waiting more than thirteen weeks for their first session. Reducing waiting times would be dependent on a number of factors, including need, which is variable, resources to respond to need, the number of counsellors available and the potential locations available for the service to run from.

The CORE-OM Tool is a Useful Outcome and Assessment Tool

The tool has provided a robust outcome framework from which to evaluate the service. In particular benchmarking has supported an in-depth analysis of findings. It is recommended that the HSE review CORE-OM software for continued formalised use within the SHIP service.

The Social Return on Impact Evaluation Indicates that SHIP Provides Good Value for Money

The Social Return on Investment (SROI) ratio is calculated by dividing the value of the total impacts by the total inputs in a given time period. The SROI ratio for SHIP is €1: €9.10. This means that for every euro invested into SHIP service there is a return the individuals and services of over nine euro.

This final SROI figure is comparatively high in relation to general SROI terms. As discussed one reason for this is the effectiveness of the programme in creating change, the other reason is the low cost model on which the service is based, largely due to the outsourced counselling model, time-limited nature of the service and low overheads.

Social Return on Investment

Overview

Social Return on Investment (SROI) is a type of cost benefit analysis; it uses a specific methodology, underpinned by seven principles, to assess the impact and value of a service. These underpinning principles include not overvaluing outcomes, engaging stakeholders in agreeing the value of the service from their perspective and having the report verified by an independent body to ensure that the principles have been met.

SROI assesses the value of outcomes to those who are affected, either positively or negatively, by the service. It evaluates a services return to society compared to the resources invested in it. In order to establish value a monetary amount is assigned to all the resources that go into the project and all the outcomes that result from the project.

In order to establish the value of each outcome the process involves communicating with stakeholders on their perception of how much the change is worth to them as well as referencing relevant research into the monetary value of various outcomes. In order to provide as thorough assessment as possible of how the service has created value for people, the monetary amount assigned to each outcome is then downwardly adjusted to account for:

- The change that would likely have occurred without the service existing (known as deadweight),
- The amount that other people or services contributed to the change (attribution).
- Some outcomes will have a value over a number of years, in this case the length of time that values will last is also estimated and the values after year one are adjusted to reflect that the service will have less influence on these outcomes each year (drop-off).

These calculations are all available in a impact map, which provides detailed information on how the value for each outcome has been calculated and the data sources used to substantiate these values.

Verification of the Report

The SROI evaluation was successful in achieving verification by the international SROI standards body: Social Value U.K. This involved a rigorous peer review of the evaluation to ensure it was in line with the seven SROI principles, including not overvaluing the impact of the service.

Outcomes from SHIP

87% of the total value of outcomes from SHIP was experienced by clients of service (€2,531,533), with savings to other HSE services, such as mental health services representing 12% of the value of the programme (€338,823).

While SHIP held value for other referring groups, this represented less than 1% the total value of the service for GP referrers and youth and addiction services. Family members of SHIP clients received around 1% of the value of the service (€20,652).

The outcomes received by each stakeholder group are detailed below.

- SHIP clients experienced five main outcomes, these are outlined below and those affected by each outcome are estimated based on interviews and service data:
 - An Improvement in mental health was experienced by 76% of clients
 - Increased feelings of stress related to depression or anxiety related to the idea that they may have to finish SHIP were experienced by 12% of clients (this was a negative outcome)
 - A reduction in self-harm was experienced by 69% of clients
 - Reduction in feelings of social isolation was experienced by 42% of clients
 - An improvement in physical health and diet was experienced by 46% of clients
- 60% of Family members experienced a reduction in worry or stress.
- The HSE received benefit from three outcomes:
 - Reduction in staff time spent with clients within other areas of the service, estimated at a savings of five hours per client
 - Reduction in staff stress in relation to managing high risk clients, as clients have an appropriate referral route
 - Reduction in treatment costs for self-harm, i.e. A&E services, the value of which is estimated at just under €2,000 per person
- Other referrers, GPs and youth and addiction services benefit from two outcomes, a saving in staff time as clients can be referred to SHIP, and staff with GPs surgeries also stated that having somewhere appropriate to send high risk clients also reduced workplace stress.

The Value of SHIP

The Social Return on Investment (SROI) ratio is calculated by dividing the value of the total impacts by the total inputs in a given time period.

THE SROI RATIO FOR SHIP IS
€1: €9.10. THIS MEANS THAT FOR EVERY
 EURO INVESTED INTO SHIP THERE IS
 A RETURN TO THE INDIVIDUALS AND
 SERVICES OF OVER NINE EURO.

In order to assess the range of possibilities that this SROI sits within a number of alternate logical scenarios are assessed, this sensitivity testing found that the SROI figure sits within a range of €7.98 and €11.40. While the value of SHIP in reducing suicide has not been estimated and valued within the SROI process, it is worth noting this omission and the likely increase in the social return of SHIP if even one suicide could be shown to have been prevented. Of note is that within the interviews a number of clients stated that from their perspective SHIP had saved their lives.

If the impact of the prevention of 13 suicides is included in the SROI analysis, this results in an increase of the SROI figure from €9.10 to €19.09. The value of just one prevented suicide increases the SROI to €12.88.

This final SROI figure is comparatively high in relation to general SROI terms. One reason for this is the effectiveness of the programme in creating change, namely an improvement in mental health and a reduction in self-harm. The other reason is the low cost model on which the service is based, largely due to the outsourced counselling model, time-limited nature of the service and low overheads.

Recommendations

RECOMMENDATION 1

Continue to Provide the Service Regionally and Support National Roll Out

The SHIP service to continue to be provided in the South Eastern Region, with the HSE providing confirmation of secure funding into the future. It is recommended that the service is replicated nationally and that this is supported by all relevant regional and local agencies, as a core part of a national suicide prevention strategy.

RECOMMENDATION 2

Develop a Programme Manual to Support Programme Replication

Programme sustainability, improvement and replicability will be well-supported by the development of a programme manual. This manual should describe the service in detail including the vision, values, model and approach, the training and support requirements for staff at all levels, the outcomes framework and system for collecting pre and post evaluative data, referral criteria and pathways to and from the service, health and safety issues and risks and their prevention and management, and promotion and communications about the programme.

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 - The training and support requirements for staff at all levels
 - The outcomes framework and system for collecting pre and post evaluative data
 - Referral criteria and pathways to and from the service, health and safety issues and risks and their prevention and management
 - Promotion and communications about the programme

RECOMMENDATION 3

Extend Service Provision to a Younger Cohort

The SHIP programme should be extended to the 14 – 16 year old age group. This would benefit from training supports for counsellors, internal review at mid way and end points of the first year of implementation, as well as engagement of youth services in relation to provision of premises and referrals.

RECOMMENDATION 4

Identify and Implement a Suitable Information Management and Outcome Reporting System

To improve monitoring of client progress, outcomes and programme effectiveness, identify and implement a suitable IT system for information management, with particular reference to CORE-OM which has proven a beneficial and robust outcome measure within this evaluation. Such an information management system should be complementary to the outcomes framework for the programme, and facilitate collecting of, analysis of, and reporting on clinical outcomes for clients, as well as supporting management of waiting times, as highlighted in the point below.

RECOMMENDATION 5

Management of Waiting Times

To continue the process of reducing waiting times, it is essential to have a clear understanding of patterns and potential blockages within the process so that resources can be appropriately targeted. While there is currently on-going monitoring of waiting lists, and steps are being taken to mitigate waiting times, a number of additional steps can be undertaken to help manage this issue more effectively. It should be noted that any efforts to improve waiting times should be considered in tandem with steps to secure a funding stream enabling sustainable resourcing decisions to be made.

Providing Additional Information to those on the Waiting List

Review the content of the opt-in letter to ensure it provides sufficient information on how the client can get onto the waiting list (e.g. by opting in) and where they can get further information:

- Include information on useful services clients can access whilst waiting for their appointment
- Provide a text confirmation once the client has opted in, informing them that they are on the waiting list with their position on the waiting list, and provide weekly texts updating the client about their position on the waiting list

Monitoring and Recording: Implement an improved data collection system in relation to waiting lists, the researchers suggest using a control chart¹ or similar system to identify any waiting times that fall outside normal or acceptable ranges. It is recommended that four data points are included in this review: date of receipt of referral, date of sending opt-in letter, date of opt-in being received and initial appointment. Cases that fall outside of the target times will then be evident, and analysis of the reasons can be used to generate process improvements.

Reducing Waiting Times: A number of the following measures should be considered for reducing delays and waiting times:

- All referring agents to be able to refer by email (reducing postage time), and be encouraged to do so. This may require a review of data protection for non HSE referrals.
- The counselling coordinator to review referrals daily (reducing delay between receipt of referral and response to it).
- Notify clients with a phone call or text (with a letter to follow) to inform clients that they are appropriate for the service, facilitating immediate opt-in.
- Ensure counsellors have a minimum time between being allocated a client and the first appointment (or minimum number of slots that must be offered in a two week period), and that this is monitored.

RECOMMENDATION 6

Implement a Formalised Annual Promotion Strategy

To optimise awareness and referrals to the service to implement a formalised annual promotion strategy, which may include circulation of leaflets/posters/project information, as well conducting agency visits with identified organisations in health, mental health and addiction and youth services.

¹ Control charts are a core technique used in Lean Health Care (Six Sigma methodologies) to monitor processes and to reduce anomalies in elements of a process in order to meet targets. A control chart can be used to reduce processing times such as waiting lists. Targets can also be increased over time, by altering the threshold at which cases are reviewed and actions implemented to respond to factors, which are considered to have led to the target not being met. Underlying this idea is the overall concept of continuous improvements.

RECOMMENDATION 7

Consider Extension of Referral Pathways

A number of organisations working with people at increased risk of self-harm under current structures cannot refer their self-harming clients to SHIP. The Steering Group to consider extending referral access to community and voluntary organisations in receipt of HSE funding, in order to expedite access to the service for people in need of it and reduce potential barriers to entry.

Conclusion

Deliberate self-harm is a major health problem associated with considerable risk of subsequent self-harm and completed suicide. The provision of time-limited psychosocial interventions for people experiencing self-harm or suicide-related issues is recommended in international good practice guidelines. This evaluation of SHIP shows that the service is serving a client group at high risk of suicide, given a risk profile which includes high rates of previous suicide attempts and repeated acts of self-harm, mental health diagnoses, problematic alcohol and substance use and recent relationship difficulties.

The service was shown to be successful in supporting short-term outcomes that are associated with longer-term reduced suicide risk, bringing a number of risk factors from well below to normal functioning levels over the course of treatment. Clients of SHIP also benefited from an increase in well-being in a number of domains, which is positively associated with reduced suicide risk and includes optimism, emotional stability, problem solving skills (including help-seeking), a developed self-identify and good self-efficacy. These outcomes were achieved in a manner which presented excellent value for money, with a social return on investment of €9 for every euro invested in the programme by the state.

The research indicates that there may be a correlation between the programme's success and the robust structures that underpin it. A comprehensive policy framework, an intensive, tailored support system for counsellors and a targeted training programme ensure the development and maintenance of a confident and capable team of service providers for this high-risk client group.

