1. A computational model of how mental-health practitioners quantify risk

Author  Christopher Buckingham
Institution  Aston University
Country  United Kingdom

AIMS AND QUESTIONS

The aims are to: provide a detailed analysis of the knowledge structures used by mental-health practitioners for assessing risks associated with mental-health problems; present a psychological model of how the practitioners process service-user information to quantify the associated risks of suicide, self harm, harm to others, self neglect, and vulnerability; and show how the psychological model has been used within a web-based decision support system to provide detailed advice on mental-health risk assessments.

Questions to be addressed are: Can the web-based system effectively disseminate mental-health advice across front-line services and within the community; can it help service users and carers assess and manage their own risks; and does it have the capacity to provide a seamless transmission of risk information across services and clinical disciplines, providing a bridge between the community and secondary mental-health services?

Abstract

This paper describes the development of the web-based Galatean Risk-Screening Tool,
GRiST, for assessing the risks associated with mental-health problems. GRiST is a computerised decision support system that records service-user data (cues) and provides risk estimates for suicide, self-harm, self-neglect, harm to others, and vulnerability. The tool is intended for use without specialist training and by any relevant professionals, not just those within health and social care.

The knowledge in GRiST was elicited from a panel of mental-health experts to produce a formal, validated representation of how cues relate to risks within a hierarchical conceptual structure. This knowledge structure quantifies risk by a psychological model of classification that focuses on the exceptional or hypothetically "perfect" representation of a class (called a "galatea" after Pygmalion's statue of his perfect woman). In terms of risk, each class (suicide, self-harm, etc.) has its own galatea and the level of risk associated with a service-user's data depends on how close the data are to the class galatea. This paper describes how the process enables GRiST to generate risk quantifications and illustrates it using anonymised service-user data.

The novelty of GRiST lies in its emancipating and flexible approach to risk assessment, which is holistic and transcends professional hierarchies, clinical disciplines and service boundaries. By being based on ordinary psychological processes, it can be intuitively understood and therefore dismantle unhelpful communication barriers. It is accessible over the web, both within and outside mental-health services, and does not require extensive training. Suitably customised interfaces mean it can be used by service users and their carers to monitor risk behaviours, the intention being to provide a seamless and pervasive risk communication system spanning the community and mental-health services. We are working with mental-health organisations, clinicians, and service-users to this effect, both within and outside the United Kingdom.

2. Preventing repetition of suicide attempts: identification of cases in hospital emergency services

Author
Barbara D'Avanzo

Institution
Mario Negri Institute for Pharmacological Research

Country
Italy

AIMS AND QUESTIONS
The communication would like to address obstacles to identification and registration of attempted suicides in the hospital emergency services, and difficulties in referral to specialist services.

Abstract
Suicidal behaviour frequently appears as a repetition of attempts, sometimes leading to a complete suicide after several repetitions. Although attempters are a high risk group, no
country can provide national statistics on non-fatal suicidal acts. Knowledge of the incidence of suicide attempts is based on surveys and studies carried out in some local areas, and, more reliably, on the WHO/EURO Multicentre Study on Parasuicide. However, there is evidence that only a small number of individuals receive appropriate treatment. On this basis, we have planned a project centred on identification of attempted suicide cases, registration, first evaluation in hospital emergency services, referral to specialist services for in-depth evaluation and treatment or support, and monitoring care in the specialist services.

The project will: 1) implement and test a method for better identification and registration of suicide attempts in the hospital emergency services; 2) implement effective procedures for referral to mental health services, non-medical support services, and general practice for treatment and support; 3) implement a monitoring of health status and tracking of clinical pathways; 4) produce more accurate and reliable suicide attempts statistics.

At the end of the study period we will observe how many subjects in each area committed definite suicide attempts; were successfully referred to specialist services; were in care for a sufficient length of time according to the referral service; repeated the suicide attempt; died from suicide; died from other causes.

The project will be discussed with specific attention to problems related to identification and registration of cases in the hospital emergency services.

3. Local audits - a strategy for suicide prevention?

Author Lina Eriksson

Institution Swedish National Institute of Public Health

Country Sweden

AIMS AND QUESTIONS

The aim is to present and discuss a model for suicide prevention in which already existing injury prevention groups perform local suicide audits based on coroner’s records in order to come up with and implement suicide prevention measures at settings such as schools, social work practices and traffic settings.

Abstract

Background: The Swedish National Institute of Public Health has been assigned by the Swedish government to make proposals on population-based strategies and measures for a national program for suicide prevention. Method: Evidence based determinants on suicide as well as evidence based suicide prevention interventions were identified through systematic searches in the Medline database for scientifically published articles. Also, implementation aspects were discussed with stakeholders from different sectors. Results: A systems approach on suicide prevention was applied in the overall analysis, including measures aimed at individuals, suicide means, physical environments, social environments and structural conditions affecting suicide rates. In acknowledging the potential in community approaches on suicide prevention, a new model which builds on lessons from injury prevention was proposed. In many Swedish municipalities there are local injury prevention groups who use injury data collected and analyzed by the health care administration as basis for implementing preventive measures. Corresponding suicide data
is collected by forensic departments through so-called psychosocial autopsies. If injury prevention groups were given information of circumstances leading to suicide they would be able to initiate suicide prevention measures at local level. Measures could for instance be aimed at schools, social work practices, organized leisure activities and traffic design.

Discussion: Suicide prevention has traditionally been an issue foremost embedded in the health care sector with a focus on treating mental illness. A widening perspective on suicide prevention could lead to improved preventive measures and probably also decreased suicide rates. We propose that local audits based on coronary investigations should be carried out by injury prevention groups at municipality level. This would highlight new areas of prevention and put suicide prevention on the agenda in other sectors than the health care sector.

4. Using large-scale psycho-educational workshops to improve the mental health of the public

Author: June Brown

Institution: Institute of Psychiatry, Kings College London

Country: United Kingdom

AIMS AND QUESTIONS

1. Can these psycho-educational workshops reach people who have mental health problems but who have not consulted with their GPs?
2. Which workshops will be most popular among members of the general public?
3. Are these workshops effective?

Abstract

Up to 24% of the general public experience mental health problems sometime in their lives (Goldberg and Huxley 1992). However, a number of obstacles prevent people from getting help for these problems. A major obstacle is reluctance to consult for mental health problems (Collins et al 2004); in the UK, only 30% will consult (Bebbington et al 2000). Another obstacle is that most people prefer psychological treatment rather than drug treatment (Angermeyer and Matschinger 1996). However, the capacity of psychological treatments is very limited, with long waiting lists. Finally, men are also less likely to seek help for their mental health problems (Moller-Leimkuhler, 2002).

As part of the London borough of Southwark’s mental health promotion strategy, psycho-educational workshops (PICS), each for 25 people, were run in leisure (or recreation) centres at the weekend, to which members of the general public could self-refer by telephone or e-mail. These workshops used evidence-based cognitive behavioural therapy. Previous workshops for stress (Brown et al 2000) and for self-confidence (Brown et al 2004) have been shown to attract large numbers of people who had not previously consulted their GPs (about 40%), and to be effective 3 months after the workshops. However, most of the workshops have attracted many more women than men.
It was decided to run - and evaluate - an enlarged set of mental health promotion workshop programmes. Over the course of the year, the programmes that were run were: self-confidence, sleep, anger, happiness, relationships and stress. Publicity material about the workshops was sent to GP practices, libraries, leisure centres, and other community centres and members of the general public were invited to self-refer.

This paper will describe the take-up of the workshops to the 6 types of workshops as well as their effectiveness.