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# Beating Adolescent Self Harm (BASH)

**Submission date**
15/07/2019

**Registration date**
22/07/2019

**Last Edited**
17/06/2024

**Recruitment status**
No longer recruiting

**Overall study status**
Completed

**Condition category**
Mental and Behavioural Disorders

[X] Prospectively registered

[X] Protocol

[ ] Statistical analysis plan

[X] Results

[ ] Individual participant data

## Plain English summary of protocol

Background and study aims
Self-harm (intentional self-injury or poisoning) is common amongst young people aged 12-17 with up to one in six reporting self-harm at least once during the past year. Self-harm is linked to other mental health problems such as depression, anxiety and substance misuse and with an increased risk of suicide. Nearly all self-harm happens whilst the young person is on their own. However, most have access to a mobile phone at the time they harm themselves. Young people were consulted to develop an app that could provide them with help at times they were thinking of self-harming. Workshops were previously held with young people to design, develop and produce a smartphone app, BlueIce. The present study aims to test whether adding BlueIce to the usual care provided by specialist child and adolescent mental health services (CAMHS) for young people who self-harm reduces self-harm, improves how they feel and results in fewer emergency contacts.

Who can participate?
Young people aged 12-17 attending specialist CAMHS with a history of self-harm (i.e. 2 or more episodes of self-harm over the past 12 months).

What does the study involve?
The study will test whether adding BlueIce to the usual care provided by specialist child and adolescent mental health services (CAMHS) for young people who self-harm reduces self-harm, improves how they feel and results in fewer emergency contacts. Young people attending CAHMS will be allocated to usual care or usual care plus BlueIce. At the start of the study and after 12 and 26 weeks, self-harm, mood, feelings and any care received for self-harm (i.e. attending Emergency Departments) will be assessed.

What are the possible benefits and risks of participating?
We think that most young people taking part in this study will benefit from the research assessments which will monitor their progress. We do not expect any risks from participating in the study.

Where is the study run from?
Warneford Hospital, UK

When is the study starting and how long is it expected to run for?
January 2020 to December 2022

Who is funding the study?
National Institute for Health Research (NIHR)

Who is the main contact?
Prof. Paul Stallard
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**Study website**
https://www.oxfordhealth.nhs.uk/blueice

# Contact information

**Type(s)**
Scientific

**Contact name**
Prof Paul Stallard

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# Additional identifiers

**EudraCT/CTIS number**
Nil known

**IRAS number**

**ClinicalTrials.gov number**
Nil known

**Secondary identifying numbers**
CPMS 42159

# Study information

**Scientific Title**

A comparison of usual care versus usual care plus a smartphone self-harm prevention app (BlueIce) in young adolescents aged 12-17 who self-harm: Beating Adolescent Self-Harm (BASH) - Version 1

## Acronym
BASHv1

## Study objectives
The addition of BlueIce to usual care will result in less self-harm, improved psychological wellbeing and will be cost-effective

## Ethics approval required
Old ethics approval format

## Ethics approval(s)
Approved 11/06/2019, South Central - Oxford B Research Ethics Committee (Whitefriars, Level 3, Block B, Lewin's Mead, Bristol, BS1 2NT; 020 7104 8049; nrescommittee.southcentral-oxfordb@nhs.net), ref: 19/SC/0212

## Study design
Randomized; Interventional; Design type: Treatment, Prevention, Psychological & Behavioural

## Primary study design
Interventional

## Secondary study design
Randomised controlled trial

## Study setting(s)
Community

## Study type(s)
Treatment

## Participant information sheet
Not available in web format, please use the contact details to request a patient information sheet

## Health condition(s) or problem(s) studied
Self-harm

## Interventions
The study will test whether adding BlueIce to the usual care provided by specialist child and adolescent mental health services (CAMHS) for young people who self-harm reduces self-harm, improves how they feel and results in fewer emergency contacts. Young people attending CAHMS will be allocated to usual care or usual care plus BlueIce. At the start of the study and after 12 and 26 weeks, self-harm, mood, feelings and any care received for self-harm (i.e. attending Emergency Departments) will be assessed.

Our assessment of self-harm will consist of three parts: a brief interview, completion of the Risk-Taking and Self-harm Inventory and the provision of support and advice.

Part A: Interview. We will use items from the Avon Longitudinal Study of Parents and Children (ALSPAC) (http://www.alspac.bris.ac.uk). Young people will be asked "have you ever hurt yourself on purpose in any way (e.g. by taking an overdose of pills or by cutting yourself) over the past 3 months?" Those who answer yes will be asked further questions about frequency, method, reason for self-harming, whether they sought medical help and suicidal intent.

PART B: RTSHIA. Our primary outcome is self-reported self-harm assessed by the self-harm inventory of the RTSHIA. The RTSHIA was developed in the UK for use with adolescents (aged 11-19 years). It has been used as the primary outcome measure for a recent UK study evaluating a self-harm intervention for young people undertaken in the same setting (CAMHS teams) as we propose. The inventory assesses the presence and frequency of a range of intentional self-injury (e.g. cutting, burning, self-hitting, self-poisoning) over a defined period. We will quantify the frequency of self-harm and will ask additional questions to clarify whether they sought medical help and suicidal intent. The RTSHIA has good reliability and validity. We will use information from this to categorise changes in self-harm from baseline to 12 weeks and 6 months as reduced /stopped vs same/increased.

Part C: Support and Advice. At the end of the assessment young people will be given a list of contacts they can call if they are feeling worried about themselves.

## Intervention Type
Behavioural

## Primary outcome measure
Self-reported self-harm assessed by the self-harm inventory of the RTSHIA at baseline, 12 weeks and six months

## Secondary outcome measures
Current secondary outcome measures as of 15/06/2023:
1. Anxiety, measured by the Revised Child Anxiety and Depressions Scale (RCADS) at baseline, post-intervention (12 weeks) and follow-up (6 months)
2. Depression, assessed by the Mood and Feelings Questionnaire (MFQ) at baseline, post-intervention (12 weeks) and follow-up (6 months)
3. Hopelessness, assessed by The Beck Hopelessness Scale at baseline, post-intervention (12 weeks) and follow-up (6 months)
4. General behaviour, assessed by the Strengths and Difficulties Questionnaire (SDQ) at baseline, post-intervention (12 weeks) and follow-up (6 months)
5. Insomnia assessed by the Sleep Condition Indicator (SCI) at baseline, post intervention (12 weeks) and 6 months.
6 Health-related quality of life (HRQoL), assessed by the Child Health Utility 9D (CHUD 9D) at baseline, post-intervention (12 weeks) and follow-up (6 months)

Previous secondary outcome measures:
1. Anxiety, measured by the Revised Child Anxiety and Depressions Scale (RCADS) at baseline, post-intervention (12 weeks) and follow-up (6 months)
2. Depression, assessed by the Mood and Feelings Questionnaire (MFQ) at baseline, post-intervention (12 weeks) and follow-up (6 months)
3. Hopelessness, assessed by The Beck Hopelessness Scale at baseline, post-intervention (12 weeks) and follow-up (6 months)
4. General behaviour, assessed by the Strengths and Difficulties Questionnaire (SDQ) at baseline, post-intervention (12 weeks) and follow-up (6 months)
5. Health-related quality of life (HRQoL), assessed by the Child Health Utility 9D (CHUD 9D) at baseline, post-intervention (12 weeks) and follow-up (6 months)

## Overall study start date

01/06/2019

## Completion date

23/12/2022

# Eligibility

## Key inclusion criteria

1. Aged 12-17 years
2. Attending specialist CAMHS
3. History of self-harm (i.e. 2 or more episodes of self-harm over the past 12 months)

## Participant type(s)

Patient

## Age group

Child

## Lower age limit

12 Years

## Upper age limit

17 Years

## Sex

Both

## Target number of participants

Planned Sample Size: 170; UK Sample Size: 170

## Total final enrolment

170

## Key exclusion criteria

1. Suicidal
2. Diagnosed with psychosis
3. Current safeguarding concerns (i.e. the young person has suffered abuse within the last 6 months or is the subject of a safeguarding investigation),
4. Significant developmental disorder (e.g. autism) which interferes with their ability to use the app
5. Insufficient understanding of English in order to use BlueIce. At present, BlueIce is only available in English.

## Date of first enrolment

01/01/2020

## Date of final enrolment

07/07/2022

# Locations

## Countries of recruitment

England

United Kingdom

## Study participating centre
### Warneford Hospital
Warneford Lane
Oxford
United Kingdom
OX3 7JX

# Sponsor information

## Organisation
Oxford Health NHS Foundation Trust

## Sponsor details
Corporate Headquarters
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## Sponsor type
Hospital/treatment centre

## ROR
https://ror.org/04c8bjx39

# Funder(s)

## Funder type
Government

## Funder Name

# Results and Publications

## Publication and dissemination plan
Planned publication in a high-impact peer-reviewed journal

## Intention to publish date
01/06/2024

## Individual participant data (IPD) sharing plan
All data generated or analysed during this study will be included in the subsequent results publication

## IPD sharing plan summary
Other

## Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Protocol file | version 2.0 | 27/07/2021 | 19/05/2023 | No | No |
| HRA research summary | | | 28/06/2023 | No | No |
| Results article | | 10/06/2024 | 17/06/2024 | Yes | No |