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HOPE: Help for people with money, employment and benefit problems

Submission date
12/09/2016

Recruitment status
No longer recruiting

Registration date
12/10/2016

Overall study status
Completed

Last Edited
08/11/2023

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[X] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Economic recessions are usually characterised by rises in unemployment, debt and increased home repossession. They are also often accompanied by increases in the rate of of suicide and self-harm. Evidence of the impact of the 2008 global economic recession on suicide has been steadily growing, with studies showing that rates of suicide have increased, particularly amongst men and in countries and areas with the highest rises in unemployment. Many countries have responded to the recession with a series of austerity measures and there is population-level evidence of the negative impact of these on health and suicide rates in Europe. Data from an earlier stage of the study team's National Institute of Heath Research (NIHR) funded research into the impact of the recent recession on self-harm and suicide in England, has highlighted that vulnerable individuals commonly experience difficulties navigating the benefits system and in accessing available sources of welfare and debt advice. This was especially the case for people with pre-existing mental health problems and whose self-harm was precipitated by financial, employment, benefits or housing problems arising from financial difficulties. There is very little information about suitable approaches to help people in this situation. The aim of this study is to conduct a small study looking at the effectiveness of a "navigator"-based program to help these people to navigate the benefits system to access available sources of welfare and debt advice, in order to see if a large scale study would be feasible.

Who can participate?
Adults who have self-armed or present to the hospital emergency department in acute distress in the context of financial, employment, benefits, and housing and associated problems arising from financial difficulties

What does the study involve?
Potentially eligible patients are identified and recruited by members of the liaison psychiatry team at the Bristol Royal Infirmary (BRI). If the patient agrees to contact with the researcher and navigator service, consent is taken by the clinician and patient details are then passed on to the researcher and HOPE Worker. Participants are then randomly allocated to one of two groups. Those in the first group receive one session with a HOPE worker assessing the participant's economic and mental health needs, checking benefits entitlements and signposting to appropriate services, plus providing relevant written materials. Those in the second group

receive up to six hour-long sessions with a HOPE worker assessing the participant's economic and mental health needs, checking benefit entitlements and guiding and signposting to appropriate services. Maintaining contact with the participant, making telephone calls, opening correspondence, and attending appointments with the participant if necessary to ensure attendance. The HOPE worker provides practical support and use motivational interviewing techniques (a method which works on helping and encouraging a person to become motivated to change behaviour) in their work with the client. The aim of the service is to support clients through a period of acute distress to a level where the situation initiating their self-harm is resolved. At the end of the study, the number of participants who took part are recorded to find out if a larger study would be feasible.

What are the possible benefits and risks of participating?
Participants distressed due to financial difficulties (but not reaching the criteria for secondary mental health care) will be receiving a navigator service to help them access support that is not currently on offer. No matter which group they are allocated to they will benefit from receiving guidance and support to help them move out of the crisis that precipitated their hospital admission. The aim of the intervention is not just to move people on from their situation but to help them feel more confident about managing future financial, employment or benefit difficulties. Participants may not be happy about being allocated to the no-treatment group and not the enhanced service. To address this, people in this group will still be offered a signposting session; a service not currently available to people in their situation. Participants who receive the enhanced navigator service may find the support too intrusive and/or inconvenient. Participants will be reminded at every session that participation is entirely voluntary and they are able to withdraw at any point without prejudicing further treatment (outside of the study). The follow-up interview may cause distress by asking questions about the participants' current or past situation. The research team has considerable experience of interviewing suicidal /distressed individuals have procedures to safeguard patient well-being

Where is the study run from?
Bristol Royal Infirmary (UK)

When is the study starting and how long is it expected to run for?
April 2015 to September 2017

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

Who is the main contact?
1. Dr Maria Barnes (scientific)
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2. Professor David Gunnell (scientific)
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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
CPMS 31149

Study information

Scientific Title
A practical support intervention (HOPE) for people presenting to the hospital emergency department in mental health crisis / following self-harm where financial, employment, welfare benefit and housing problems contributed to their crisis: pilot randomised controlled trial

Acronym

HOPE

Study objectives
The aim of this study is to investigate the feasibility of recruiting and randomising participants and collecting outcomes for a study looking at a “navigator”-based intervention for people who have self-harmed or present to the hospital emergency department in acute distress in the context of financial, employment, benefits, housing and associated problems arising from financial difficulties.

Ethics approval required
Old ethics approval format

Ethics approval(s)
South West - Central Bristol Research Ethics Committee, 12/04/2016, ref: 16/SW/0005

Study design
Randomized; Interventional; Design type: Process of Care, Education or Self-Management, Psychological & Behavioural

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Specialty: Mental Health, Primary sub-specialty: Study not assigned to a MH Clinical Studies Group; UKCRC code/ Disease: Mental Health/ Unspecified mental disorder

Interventions
-

Intervention Type
Other

Primary outcome(s)
1. Recruitment rate over the 9 month pilot as recorded as the proportion of people consenting and number of people being referred to the researcher for recruitment and randomisation
2. Acceptability of the intervention, randomisation and questionnaire based measures to be recorded through qualitative interviews with participants
3. Loss to follow-up at 3 months recorded as proportion of people not partaking in the full intervention
4. Identification of additional training needs of navigators through on-going training and qualitative interviews

Key secondary outcome(s))
No secondary outcome measures

Completion date
30/09/2017

Eligibility

Key inclusion criteria
1. People who have self -harmed, or expressed suicidal thoughts or are in mental health crisis but do not meet the criteria for referral to secondary mental health care but who, without intervention, would probably suffer further deterioration in their mental health and risk of suicide
2. Those whose psychosocial assessment indicates that job loss, difficulties finding a job, benefit changes and/or sanctions (actual or fear of changes and sanctions), debt and economic hardship or housing problems as a result of financial problems were a key contributory factor to their self harm
3. Aged 18 years and over

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Total final enrolment
19

Key exclusion criteria
1. Referred for secondary care psychiatric community or inpatient services by the hospital liaison psychiatry team
2. Experiencing a psychotic episode or are thought-disordered or unable to give consent
3. Patients with alcohol misuse problems
4. Aged below 18 years
5. Not fluent in English (as funding for the pilot navigator team is currently insufficient to provide people with different language skills / translators) or who would struggle with filling in forms or being interviewed
6. Living outside of the catchment area for the service

Date of first enrolment
16/05/2016

Date of final enrolment
31/01/2017

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Bristol Royal Infirmary
Liaison Psychiatry A214 Clinic
Queens Building
Upper Maudlin Street
Bristol
United Kingdom
BS2 8HW

Sponsor information

Organisation
University of Bristol

ROR
https://ror.org/0524sp257

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	13/11/2018		Yes	No
Protocol article	protocol	19/09/2017		Yes	No
HRA research summary			28/06/2023	No	No
Participant information sheet		29/02/2016	08/11/2023	No	Yes
Participant information sheet		29/02/2016	08/11/2023	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes