

# The COPING feasibility study

<b>Submission date</b> 17/11/2023	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 28/11/2023	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 08/12/2025	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Self-harm, defined as intentional self-injury or poisoning regardless of intention, in young people is an international health concern. The number of young people presenting to general practitioners (GPs) after self-harm is increasing. Evidence shows that currently there are no effective treatments for GPs to use with young people who have harmed themselves and this impacts on GPs' confidence of managing these patients. To address this, researchers have developed the COPING (CO-produced Psychosocial INTERvention delivered by GPs to young people after self-harm) treatment in partnership with young people aged 16-25 with experience of self-harm and GPs. The COPING treatment is a new coproduced treatment for GPs to use with young people aged 16-25 years to help them avoid future self-harm. The COPING treatment is to be delivered by GPs across two 10-minute GP appointments and is a talking treatment targeting psychosocial factors in the young person. The aim of this study is to deliver COPING to all participants across GP practices, to find out whether a clinical trial of COPING is doable in the NHS and to help inform a future larger study.

### Who can participate?

Young people aged 16-25 years with a history of self-harm in the last 12 months

### What does the study involve?

The researchers will recruit up to 12 GP practices across England and train practice GPs to deliver the COPING intervention. Participants will receive the COPING intervention and be asked to complete three follow-up questionnaires. They and GPs will be invited for an interview to hear their thoughts on COPING.

### What are the possible benefits and risks of participating?

It is hoped that participants will find the COPING intervention useful and acceptable. There is the potential that COPING leads to reduced participant distress, repeat self-harm, and suicide and death risk. There is risk that participants may describe self-harm or suicidal intent when returning self-report questionnaires or while partaking in an interview. Two risk protocols have been developed: should likely risk to participants be identified, the relevant risk protocol will be activated, and the participant's GP notified. All participants will receive a Staying Safe Sheet which lists free support services for use when needed.

Where is the study run from?  
Keele University (UK)

When is the study starting and how long is it expected to run for?  
December 2019 to July 2025

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

Who is the main contact?  
Dr Faraz Mughal, f.mughal@keele.ac.uk

## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

**Clinical Trials Information System (CTIS)**  
Nil known

**Integrated Research Application System (IRAS)**  
327529

**Central Portfolio Management System (CPMS)**  
58957

## Study information

**Scientific Title**  
The CO-produced Psychosocial INtervention delivered by GPs for young people who self-harm (COPING) feasibility study

**Study objectives**

The main objective of this study is to examine aspects of the feasibility of a main randomised clinical trial of the COPING intervention within the areas of recruitment, delivery, and retention and follow-up.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 13/11/2023, East of England, Cambridge East Research Ethics Committee (2 Redman Place, London, EC20 1JQ, UK; +44 (0)2071048181; cambridgeeast.rec@hra.nhs.uk), ref: 23/EE/0238

### **Study design**

Non-randomized study design

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Self-harm

### **Interventions**

The COPING intervention is GP-led and consists of eight behaviour change techniques (BCT) aimed at encouraging the young person to use new skills to avoid future self-harm and facilitate GPs to use COPING in daily NHS practice, across two COPING appointments. GPs will be instructed on how to use COPING with young people and will be offered a video demonstration of COPING in prior training. GPs will be recognised after the full delivery of COPING. COPING will be delivered across one face-to-face appointment and the format (face-to-face/remote) of the second appointment will be decided in the first COPING consult. The time (between 2 and 4 weeks) between both COPING appointments will be agreed upon between the GP and the young person.

### **Intervention Type**

Other

### **Primary outcome(s)**

1. Participant consent and willingness of enrolled participants and GPs to be randomised in a future RCT, estimated using rates of consent, participant, and GP self-report from the start of recruitment to the end, including at the 2-month participant follow-up timepoint
2. GP fidelity to COPING delivery and participant adherence to COPING, assessed retrospectively using case report forms and examining the proportion of participants who attend for a second COPING appointment
3. Participant follow-up data collection examined by total completions of the suicidal behaviours questionnaire-revised questionnaire at 2, 4, and 6 months
4. Acceptability of COPING for both participants and GPs, and deliverability of COPING for GPs, assessed using semi-structured interviews and a GP online survey post COPING delivery to end recruitment date

## **Key secondary outcome(s)**

Measured from the recruitment start date to the study end date (unless otherwise specified):

1. The response rate of invited general practices to participate, measured throughout the recruitment window
2. Whether GPs can be recruited, trained, and retained to deliver COPING
3. Identification of patients at GP site
4. Proportion of identified patients deemed eligible for inclusion
5. Participant recruitment uptake and baseline characteristics through each recruitment strategy
6. Participant attrition, follow-up, and withdrawal rates
7. Data collection procedures
8. Exploratory effectiveness data via participant-reported patient health questionnaire and suicidal behaviours questionnaire-revised at baseline, 2, 4, and 6 months

## **Completion date**

31/07/2025

# **Eligibility**

## **Key inclusion criteria**

Current inclusion criteria as of 25/07/2024:

General practices who are research active will be invited into the study and those who agree will become a study site.

Participant inclusion criteria:

1. Young people aged 16-25 years
2. History of self-harm (defined by NICE) in the last 12 months
3. Able to give informed consent

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Previous inclusion criteria:

General practices who are research active within the NIHR Local CRN West Midlands primary care will be invited into the study and those who agree will become a study site.

Participant inclusion criteria:

1. Young people aged 16-25 years
2. History of self-harm (defined by NICE) in the last 12 months
3. Able to give informed consent

## **Participant type(s)**

Patient

## **Healthy volunteers allowed**

No

## **Age group**

Mixed

## **Lower age limit**

16 years

**Upper age limit**

25 years

**Sex**

All

**Total final enrolment**

39

**Key exclusion criteria**

Participant exclusion criteria:

1. Acute risk of suicide or harm to others needing urgent referral or admission
2. Moderate to severe learning disabilities
3. Current psychotic episode or organic mental illness
4. Receiving current psychological therapy including NHS talking therapies
5. Unable to provide informed consent

**Date of first enrolment**

01/12/2023

**Date of final enrolment**

31/07/2025

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**NIHR CRN: West Midlands**

James House

Newport Road

Albrighton

Wolverhampton

England

WV7 3FA

## **Sponsor information**

**Organisation**

Keele University

ROR

<https://ror.org/00340yn33>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health and Care 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

Data sharing statement to be made available at a later date

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>		15/10/2024	28/10/2024	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes