

## Abstract

**Background:** Parasuicide has been identified as a major health problem. Some of them are repeaters and the risk of death by suicide is higher than in those without a history of past attempt. Because of the high default rate towards follow-up upon discharge, offering effective intervention to this group of patients within a limited resources and time span in consultation setting and resources is important in engaging them for follow up as well as alleviation of mental distress. Amongst the various forms of interventions, problem-solving therapy has been shown to reduce psychiatric morbidity and lower repetition rate.

**Aim:** To investigate the effects of one single session problem-solving therapy for parasuicide in-patients in general wards. The impact on the compliance to out-patient follow-up attendance, changes in anxiety, depression, hopelessness and repetition in early post discharge period were assessed.

**Method:** A prospective controlled intervention study was conducted. A total of 116 patients (mean age 31) meeting the inclusion criteria were recruited upon their consent and allocated consecutively into two groups: usual care (n=58) and problem-solving group (n=58). The sample consisted of both first-timers and repeaters. They did not require further psychiatric in-patient treatment, were of normal intelligence, had no substance dependence problems and were not currently receiving treatment from any psychiatric service. All the patients were offered psychiatric assessment. Patients in the usual care (control) group were discharged after the psychiatric assessment, whereas those in the intervention group were offered an additional single session of problem-solving therapy before discharge. The first out-patient appointment attendance rate,

changes in psychopathology and repetition rate within 3 months were the outcome indicators. Hospital Anxiety and Depression Scale, Beck Hopelessness Scale, Beck Depression Inventory were the assessment instruments used.

**Results:** There was 74% (116 out of 157) inclusion rate out of the total referral and 90% (104 out of 116) data completion rate on the pre and post discharge assessment ratings. Fifty-three percent in the usual care group and 52% in the intervention group turned up at first psychiatric out-patient appointment. There was no statistically significant difference in the attendance rate in these two groups. Logistic regression analysis showed that those with past history of attempt, without definite psychiatric diagnosis had significantly higher rate of non-attendance. Patients in the intervention group showed some improvement on depression as quantified by the HADS-Depression subscale (P=0.08) after adjusting for confounding factors. There was no significant difference in parasuicide repetition rate between the two groups 3 months following discharge although the intervention group had fewer repetition.

**Conclusion:** Pre-discharge single session problem-solving therapy had a modest effect on psychiatric morbidity. It had no effect on out-patient aftercare compliance rate. Further research is needed on the effective management of this group of patients.

**Declaration of interest:** none.