Profiling the IPT Acute Crisis (Scotland) Cohort

Lin Tan[1], Patricia Graham[2], Linda Irvine Fitzpatrick[2], Debra Bowyer[2], Robby Steel[3], Vikki Argent[3], Joyce Follan[3], Catherine Moar[3], Claire Bashford[3]

Contact info: lin.tan@outlook.com

1 University of Edinburgh, Department of Psychiatry, Edinburgh, Scotland
2 NHS Lothian, Scotland, Clinical Psychology, Edinburgh, Scotland
3 NHS Lothian, Scotland, Department of Psychiatry and Mental Health, Edinburgh, Scotland

INTRODUCTION

The purpose of this study was to form a descriptive characterisation of the IPT-AC RIE study cohort; document their engagement and take a tentative look at outcomes at 6 months post IPT-AC. This was done with a view to contributing to the wider IPT-AC proof of concept and evaluating feasibility for an RTC.

METHODS

The project was conducted on 115 patients accepted for IPT-AC between 22/08/14 – 31/10/18. Patient information was collected manually from the electronic system (TRAK), from sources such as IPT-AC referrals and psychiatric risk assessment. Data were supplemented by interviewing IPT-AC practitioners.
Statistical analyses were descriptive due to cohort size. A full list of data points collected is available on request.

MAIN FINDINGS

CHARACTERISATION

IPT-AC patients were mostly young females presenting with overdose

Most had experienced a recent adverse event; an existing psychiatric diagnoses or history of self poisoning.

ENGAGEMENT

71.3% of patients referred completed the intervention

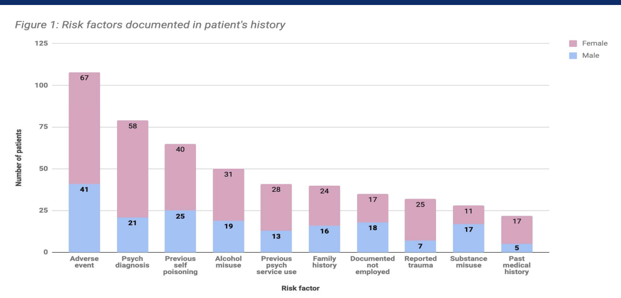
Scan with your phone camera to read full report

OUTCOMES

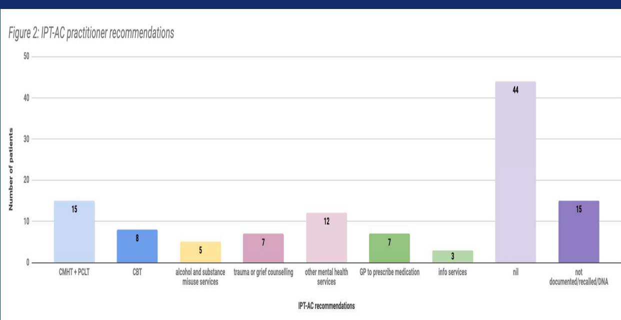
59.1% required no further follow-up from mental health services at 6 months

12.2% of patients receiving IPT-AC, re-attended with self-poisoning within 6 months.

RESULTS



The main findings are listed above. Figure 1 illustrates common risk factors identified in the IPT-AC patient cohort characterisation of 115 patients. Common adverse events included relationship disputes or breakup and family tensions.



Post IPT-AC, practitioners may choose to refer patients on for further treatment if deemed necessary. Figure 2 outlines the different branches of mental health services that patients went on to engage with post IPT-AC. 'Other' includes IHTT, stress and anger management etc.

DISCUSSION

This study will feedback into the IPT-AC proof of concept, to aid refinement of patient selection, both by improving implementation of existing criteria and advising on additional selection criteria.

Moving forward, more detailed analyses of IPT-AC patient outcomes are needed, using variables such as psychiatric service use post IPT-AC and questionnaire (PHQ9 and Core 10) scores.

Future studies should look to identify a control group and ultimately an RCT is needed to evaluate IPT-AC as an intervention in acute crisis.