

10. Research outcomes relating to NHS implementation potential.

Within 'Choose Life', the national suicide prevention strategy, people who self-harm are one of the priority groups. This proposal will help us to understand better this priority group and those factors which are associated with short-term recovery following attempted suicide. This research also fits with NHSScotland's mental health research priority. What is more, *Delivering for Mental Health* (SEHD, 2006) now tasks Choose Life with providing active suicide prevention strategies within the NHS. To this end, we will gather invaluable Phase I evidence which defines the components for intervention, as outlined in the MRC research framework for developing complex interventions (Campbell et al., 2000). Before we develop complex interventions to prevent repetitive self-harm and completed suicide it is imperative that we identify the crucial components of any intervention and the mechanisms by which they have their effect. In short, this research will inform the development of a psychological intervention targeted at those at high risk of suicide. A recent systematic review of the literature suggests that psychological interventions with a problem-solving component offer the most therapeutic promise (Hawton et al., 1998). Such an intervention would be developed within a problem-solving framework, employing cognitive behavioural techniques to modify core beliefs (e.g., perfectionism and rumination) and improve one's positive future thinking. In addition, Williams' ground-breaking work has already led to the development of a mindfulness-based cognitive therapy intervention which is presently being trialled with formerly depressed patients with and without a suicidal history (Wellcome Programme grant).

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SH is one of the most common presentations to Emergency Departments in Scotland. Consequently, if this low cost intervention is shown to be effective, the economic benefits to the NHS are important. The NHS costs associated with SH are considerable (Sinclair et al., 2010) so even a modest reduction in SH would be associated with considerable savings. In addition, the recently published refresh of the national suicide prevention strategy (which established the National Suicide and Self-Harm Monitoring and Implementation Group of which O'Connor is a member) and the Scottish Government consultation on responding to SH highlighted the importance of tackling SH in NHS Scotland. This research also fits with the CSO's strategic focus on translational research. It is also consistent with the MRC guidelines (Craig et al., 2008) and Rounsaville and colleagues' stage model of psychosocial research (Rounsaville, Carroll, & Onken, 2001) on the development of complex interventions as we have already completed the development, feasibility and piloting phases of this project.

Public engagement in science

We have a long track record of communicating our findings to the lay public. O'Connor regularly presents at events targeted at the general public as well as standard academic, clinician, and policy-planner conferences. We presented the findings of the pilot study at a number of invited conferences and received positive feedback from those who have been directly affected by SH and suicide. As this is a sensitive topic area, we will ensure that the dissemination is carefully organised and consistent with the International Association of Suicide Prevention's guidance on reporting on suicide (and related issues) in the media. Psychology at Stirling is committed to maximising the wider impact of our research and indeed, a formal policy on public engagement is currently being developed by the Department.