

APP 1: Please complete for self-harm patients aged 18 and over attending A&E from xx to xx inc

Patient Name: DOB NHS No

(for identification by hospital staff only)

A&E attendance number: «HO1_ind» «HO1ep_id»

1. Sex: M¹ F² 2. Age 3. Date of arrival in A&E 4. Time of arrival in A&E: (24hr) ^ahour ^bmins.

5. Ethnicity: White¹ Black² South Asian³ Other⁴ (specify) Not stated⁵

6. a) Method of harm (tick all that apply):

self-poisoning (drugs)¹ self-poisoning (other)² self-laceration³
(please specify)

If self-poisoning by drug(s) state name of drug.....

Other method)⁴ 6 b) Were recreational substances taken within 6hrs of the attempt? Yes¹/No²
(please specify) 6 c) (If yes specify) alcohol Yes¹/No²/N/K³ rec drugs Yes¹/No²/N/K³

7. a) Was the patient admitted to a general hospital bed? Yes¹/No²

b) If yes, what type of ward was the patient admitted to?:-

A&E ward/bed¹ General medical/hospital bed² Other³
(short-stay medical assessment unit) (please specify)

8. Was there evidence of a risk assessment by A&E staff? Yes¹/No²/N/K³

9. a) Was a specialist psychosocial assessment requested? Yes¹/No²/N/K³

b) If not, please state the reason for this

10. a) Did the patient have a specialist psychosocial assessment at any stage during the hospital episode?
Yes¹/No²/N/K³

b) If not, please state the reason for this

(For the purposes of this audit: A specialist psychosocial assessment is an interview carried out by a member of mental health staff).

11. **If the patient had a specialist psychosocial assessment:** (24hr) ^ahour ^bmins

a) When was the assessment carried out?: (i) Date: (ii) Tick time:/

b) Who was the assessment carried out by? :-

Psychiatrist¹ CPN /MH Liaison Nurse² Other³
(please specify)

12. Had the patient previously self-harmed? Yes¹/No²/NK³

13. Is the patient currently in receipt of specialist mental health services? Yes¹/No²/NK³

14. a) Has the patient been a psychiatric in-patient in the last 12 months? Yes¹/No²/NK³

b) If yes, how recently? (tick first that applies)

current <1month ago 1m-<12 months ago N/K

15. Follow-up arrangements:-

a) Was the episode communicated to the GP? Yes¹/No²/NK³

b) Select all follow-up arrangements that apply:

GP¹ Social Worker² Inpatient psychiatric care³ Outpatient psychiatric care⁴
CMHT⁵ Other⁶ None⁷ Not Known (NK)
(please specify)

HO1_ind «HO1ep_id»

Appendix 2 – 21 Items of Service Quality

Item number	Service scale items
1	Is there a protocol/guideline/aide memoire for staff in the A&E department for the immediate medical management of self-harm?
2	Is there a protocol/guideline/aide memoire for staff in the A&E department for the immediate assessment of risk and severe mental disorder for self-harm patients?
3	Is there a designated self-harm specialist clinical service? (+A&E Liaison)*
4	Is there a local specific planning/working group (of the team who undertake the psychosocial assessments) which meets at least once a year to plan/oversee the service for self-harm patients?
5	Are there psychosocial assessment training sessions for new staff who are involved in the psychosocial assessment of patients?
6	Are there supervision arrangements in place for staff members (new and existing) who undertake psychosocial assessments?
7	Are there written guidelines/a checklist, to assist psychiatric clinicians in the psychosocial assessment of self-harm patients?
8	Does the A&E department have 24-hour access to a psychiatrist, psychiatric nurse or social worker who is able to undertake psychosocial assessments?
9	If yes to 8, is immediate (within 15 minutes) advice available over the telephone?
10	If yes to 8, is emergency attendance, when requested, available within 1 hour?
11	Do regular (at least once a year) service planning/strategy meetings take place between the self-harm team/psychiatric service and the general medical service involved in the care of self-harm patients?
12	Are rooms which allow for privacy and confidentiality available for conducting interviews with self-harm patients either in or close to the A&E department?
13	Are rooms which allow for privacy and confidentiality available for conducting interviews with self-harm patients either in or close to the inpatient unit where most of the patients are assessed?
14	Does a formal arrangement exist with Social Services to visit and offer advice to self-harm patients who have significant social difficulties?
15	Can those admitted as inpatients remain in hospital until they have received a psychosocial assessment?
16	Is there a policy stating that a patient's GP should be contacted within 24 hours of patient discharge from an A&E department?
17	Is there a policy stating that a patient's GP should be contacted within 24 hours of patient discharge from a medical inpatient unit?
18	Are self-harm patients routinely given printed material about local services, voluntary groups and how to obtain access to them?

19	Are there any formal links with non-statutory services (e.g. self-help groups, the Samaritans)?
20	Has a system been set up for the monitoring of hospital attendance/discharge and referral of self-harm patients?
21	Has there been any audit of the service for self-harm patients in the last 2 years?

* = 'any liaison psychiatric service with at least one member of staff located within the ED'

Appendix 3

Table: Differences in methodology between the present study and our earlier study

<u>Service audits</u>	<u>2001-2002</u>	<u>2010-2011</u>
<u>Inclusion criteria</u>	All self-harm attendances to one of the 32 participating EDs by adults aged 18 and over	
	Self-harm attendances for both studies were identified from hospital record systems using relevant search terms according to how patients' presenting complaints were coded at each hospital. The pilot phase was used to refine the methodology and was specific to each hospital but included cross-checking the generated list of cases against all ED attendances to ascertain if any cases had not been captured and search terms were adjusted. Lists were also cross-checked against mental health records. Examples of common search terms used are 'OD', 'overdose', 'DSH', 'self-harm', 'psychiatry', 'depression', 'poisoning', 'hanging', 'behaving strangely', 'drug abuse', 'laceration', 'burns', 'inhalation fumes/smoke', 'non trauma', 'jump/fall', 'neck injury'.	
<u>Study period</u>	<u>Eight week audit</u>	<u>Thirteen week audit</u>
<u>Sample</u>	<u>Episodes of self-harm</u>	<u>Individuals and episodes of self-harm</u>
<u>Service Interviews</u>		
<u>Inclusion criteria</u>	<u>Hospitals in England with an emergency department</u>	
<u>Sample</u>	<u>32 hospitals: selected at random from a stratified sampling frame (four hospitals selected from each of the eight former Health Regions in England)</u>	<u>32 hospitals: 31 of the same 32 hospitals selected in 2001/02. One hospital declined to take part so an alternative hospital was selected at random from the same strata.</u>

Appendix 4 - Table: Hospital characteristics and variation in management of self harm patients across 32 English hospitals in 2010/11

<u>Hospital</u>	<u>Service scale score (maximum 21)</u>	<u>Total individuals during audit</u>	<u>Total episodes during audit</u>	<u>No. (%) episodes receiving specialist psychosocial assessment^b</u>	<u>No. (%) episodes admitted to a medical bed^b</u>	<u>No. (%) episodes with referral for mental health follow-up care^b</u>	<u>No. (%) episodes admitted to a psychiatric ward^b</u>
<u>1</u>	<u>17.5</u>	<u>219</u>	<u>244</u>	<u>124(51)</u>	<u>207(85)</u>	<u>37(16)</u>	<u>8(3)</u>
<u>2</u>	<u>13.5</u>	<u>100</u>	<u>122</u>	<u>70(59)</u>	<u>55(45)</u>	<u>27(23)</u>	<u>13(11)</u>
<u>3</u>	<u>13.5</u>	<u>157</u>	<u>175</u>	<u>54(31)</u>	<u>94(54)</u>	<u>75(43)</u>	<u>7(4)</u>
<u>4</u>	<u>10.5</u>	<u>143</u>	<u>168</u>	<u>119(72)</u>	<u>98(58)</u>	<u>50(30)</u>	<u>13(8)</u>
<u>5</u>	<u>13.5</u>	<u>225</u>	<u>254</u>	<u>132(55)</u>	<u>131(52)</u>	<u>90(36)</u>	<u>14(6)</u>
<u>6</u>	<u>11</u>	<u>141</u>	<u>176</u>	<u>77(50)</u>	<u>109(62)</u>	<u>30(22)</u>	<u>5(4)</u>
<u>7</u>	<u>11</u>	<u>326</u>	<u>366</u>	<u>154(50)</u>	<u>277(76)</u>	<u>64(22)</u>	<u>17(6)</u>
<u>8*</u>	<u>15</u>	<u>189</u>	<u>238</u>	<u>58(24)</u>	<u>84(35)</u>	<u>44(22)</u>	<u>0(0)</u>
<u>9</u>	<u>11</u>	<u>194</u>	<u>233</u>	<u>132(58)</u>	<u>147(63)</u>	<u>41(19)</u>	<u>9(4)</u>
<u>10</u>	<u>14.5</u>	<u>199</u>	<u>225</u>	<u>92(42)</u>	<u>59(26)</u>	<u>62(28)</u>	<u>15(7)</u>
<u>11</u>	<u>12</u>	<u>300</u>	<u>369</u>	<u>255(75)</u>	<u>230(62)</u>	<u>103(32)</u>	<u>4(1)</u>
<u>12</u>	<u>11.5</u>	<u>142</u>	<u>157</u>	<u>78(50)</u>	<u>48(31)</u>	<u>37(24)</u>	<u>10(7)</u>
<u>13</u>	<u>17.5</u>	<u>129</u>	<u>158</u>	<u>94(60)</u>	<u>75(47)</u>	<u>42(30)</u>	<u>16(11)</u>
<u>14</u>	<u>16</u>	<u>296</u>	<u>395</u>	<u>158(42)</u>	<u>94(24)</u>	<u>120(32)</u>	<u>49(13)</u>

<u>15</u>	<u>18.5</u>	<u>450</u>	<u>518</u>	<u>343(69)</u>	<u>277(53)</u>	<u>185(38)</u>	<u>69(14)</u>
<u>16</u>	<u>17.5</u>	<u>275</u>	<u>318</u>	<u>185(59)</u>	<u>218(69)</u>	<u>72(23)</u>	<u>8(3)</u>
<u>17^a</u>	<u>15</u>	<u>85</u>	<u>90</u>	<u>=</u>	<u>49(56)</u>	<u>=</u>	<u>=</u>
<u>18</u>	<u>16</u>	<u>153</u>	<u>179</u>	<u>74(43)</u>	<u>74(47)</u>	<u>24(24)</u>	<u>2(2)</u>
<u>19*</u>	<u>12</u>	<u>178</u>	<u>220</u>	<u>83(39)</u>	<u>90(41)</u>	<u>43(20)</u>	<u>14(7)</u>
<u>20</u>	<u>13</u>	<u>171</u>	<u>205</u>	<u>127(64)</u>	<u>111(54)</u>	<u>77(41)</u>	<u>24(13)</u>
<u>21</u>	<u>18.5</u>	<u>178</u>	<u>198</u>	<u>139(70)</u>	<u>44(22)</u>	<u>72(38)</u>	<u>27(14)</u>
<u>22</u>	<u>15.5</u>	<u>182</u>	<u>195</u>	<u>97(61)</u>	<u>93(48)</u>	<u>37(23)</u>	<u>34(21)</u>
<u>23</u>	<u>14</u>	<u>112</u>	<u>125</u>	<u>74(59)</u>	<u>65(52)</u>	<u>30(24)</u>	<u>24(20)</u>
<u>24</u>	<u>11</u>	<u>123</u>	<u>141</u>	<u>115(88)</u>	<u>99(70)</u>	<u>56(43)</u>	<u>7(5)</u>
<u>25</u>	<u>16</u>	<u>193</u>	<u>232</u>	<u>184(80)</u>	<u>147(63)</u>	<u>111(48)</u>	<u>28(12)</u>
<u>26</u>	<u>16</u>	<u>132</u>	<u>162</u>	<u>113(71)</u>	<u>64(40)</u>	<u>92(57)</u>	<u>20(12)</u>
<u>27</u>	<u>19</u>	<u>339</u>	<u>466</u>	<u>333(72)</u>	<u>367(79)</u>	<u>219(57)</u>	<u>50(11)</u>
<u>28*</u>	<u>13</u>	<u>243</u>	<u>299</u>	<u>107(36)</u>	<u>198(66)</u>	<u>33(11)</u>	<u>22(7)</u>
<u>29</u>	<u>16</u>	<u>272</u>	<u>312</u>	<u>141(45)</u>	<u>107(34)</u>	<u>72(23)</u>	<u>17(6)</u>
<u>30</u>	<u>14.5</u>	<u>271</u>	<u>326</u>	<u>252(77)</u>	<u>257(79)</u>	<u>205(64)</u>	<u>12(4)</u>
<u>31</u>	<u>14.5</u>	<u>99</u>	<u>111</u>	<u>55(50)</u>	<u>53(48)</u>	<u>38(34)</u>	<u>7(6)</u>
<u>32</u>	<u>10.5</u>	<u>226</u>	<u>312</u>	<u>166(54)</u>	<u>194(62)</u>	<u>64(21)</u>	<u>14(4)</u>
<u>Summary: median</u>	<u>14.5</u>	<u>186 (85-450)</u>	<u>223 (90-518)</u>	<u>58% (24-88)</u>	<u>54% (22-85)</u>	<u>28% (11-64)</u>	<u>7% (0-21)</u>

(range) (10.5-19)

^aInformation on assessment and psychiatric follow-up was not widely available in hospital 17 because mental health records were not accessed

^{*}These hospitals had no designated self-harm service

^bBased on complete data