Overdose and Self-harm CPI

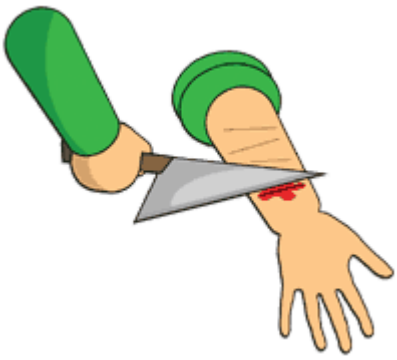
Background.

Compared to other European countries, rates of self-harm (SH) in the UK are high. The mean annual rate of people presenting to general hospitals in England and Wales following SH has increased in recent years and the latest estimate is 140,000. This puts considerable pressure on both medical and psychiatric services. The government published guidelines on the management of self-harm in 1984 which recommended that all those seen in the emergency department (ED) following an episode of SH be given a psychosocial assessment prior to discharge by a member of staff trained for the task. There was no requirement for the assessment to be carried out by a mental health specialist. Even so, most hospitals fell short of these standards when surveyed.

Patients who present with SH are at high risk of further self-harm and suicide.

The initial assessment of self-harm patients in most hospitals remains the responsibility of medical staff in the ED. Even those centres with specific psychiatric support are not able to provide psychosocial assessments on all patients. This would entail either 24-hour cover within ED by designated specialist teams or admission of all patients to a general hospital ward.

This audit is designed to assess the contribution of Emergency Departments to the psychological management of self-harm patients



Special points of interest:

- 140,000 patients attend EDs each year following SH
- Suicide by self-poisoning accounts for over 1,300 deaths per year in England
- Between 11% and 28% of individuals who die following deliberate ingestion of drugs reach hospital alive

Methods

Retrospective audit

Sample: 30-50 Emergency Department patient records

Criteria

Inclusions: All patients 16 years old and over attending with self-harm (whether physical or pharmacological)

Exclusions: None

Please ensure you register the audit with your Trust Clinical Audit Department

Notes can be obtained by computer search of the ED database. The coding system on the back of the ED cards should be searched using the terms :

The search should extend over a sufficient period to include the 30 most recent obtainable events as a minimum. Contact the ED information manager to obtain a list of case notes matching these criteria.

Cards may only be physically kept in the department for a couple of weeks and then sent for scanning and archiving electronically. This can take up to 4 weeks.

Once you have the cards for the relevant patients then you need to record the data in an accessible way. This should be entered into the excel spreadsheet that contains all the relevant cells and formulae. For some of the items on the spreadsheet you may want to include a number of options. To maintain a consistency between rolling audits we ask that you stick to the approved list of criteria.

Work plan

Week 1-2, background reading and ordering case notes

Week 3-4, accessing records and entering data onto spreadsheet

Week 5-6, preparing the Powerpoint presentation of your findings

Presentation of findings

The data should be collated and then presented using the associated PowerPoint presentation with the new data entered.

Data **MUST** then be uploaded onto www.st-emlyns.org.uk as instructed. Please obtain password from your audit lead.

For further information contact:

How to upload the audit data

- www.stemlyns.org/admin
- Username and Password
- Select Appropriate Audit Title
- Select EDIT RESULTS next to appropriate date
- Enter results and CONTINUE
- FINISH
- LOG OUT

Traffic lights within 5% of target 6-15% of target 16% + of target

Criteria	Standard (%)	Standard achieved Locally (%)	Standard Achived Regionally (%)	Standard Met?	Status
Patients offered preliminary psychosocial assessment at triage	100				
Psychosocial assessment by ED personnel prior to referral or dis-charge from the ED	100				
If diminished capacity/mental illness established, patient referred for urgent mental health assessment	100				
Appropriate follow-up arranged and documented for patients who leave after triage and prior to assessment, and GP informed	100				