



# Dignity and Self Harm

## A project to find out about patients' experiences

September 2018



### What was the project about?

Healthwatch Bucks wanted to find out about the experiences of people treated in Accident and Emergency (A&E) after a self-harm injury. We wanted to see if the NICE (National Institute for Health and Care Excellence) guidelines (National Institute for Health and Care Excellence, 2004) are followed. We worked with Buckinghamshire Mind, who carried out the interviews. We asked service users:

- Whether they were treated with respect.
- What waiting for treatment was like.
- If they understood treatment options and had a choice.
- If they had pain relief offered and if treatment was ever refused.
- Whether they got a choice of staff and could be accompanied by someone.
- About confidentiality.

We also got feedback on other services used by our interviewees.

### Why did we do the project?

Mental Health and Wellbeing is a priority area for Healthwatch Bucks. A Bucks resident talked to us about their concerns with their treatment in A&E after a self-harm injury. We wanted to find out more. We knew that this would be a challenging area to get feedback about. This project allowed people to talk about their experiences who might not use our normal ways of collecting feedback.

### What did we do?

We put together a set of questions for use as part of an in-depth interview. It was hard to find people to talk to about such a sensitive and personal topic. In the end, Buckinghamshire Mind interviewed eight people. They told people who to contact if they needed help after the interview and provided emotional support at the time of interviewing.

All the people we spoke to were women. Their ages ranged across from 18-25 (four people), 26-55 (3 people) to 56 to 65 (one person). The experiences in this report took place from March 2017 onwards. Some of these people had visited A&E for a self-harm injury on more than one occasion. One person had not visited A&E and told us about their experience of visiting a GP.

Our report is about the treatment given at Accident and Emergency (A&E) at Stoke Mandeville. It also includes sections on feedback we got about other services. These were PIRLS (Psychiatric In-

reach Liaison Service) at Stoke Mandeville, the Urgent Treatment Centre at High Wycombe, local GP surgeries and the Out of Hours Helpline which is available to those already receiving treatment through the Adult Mental Health Team.

## What did we discover?

### Stoke Mandeville Accident and Emergency

Seven people spoke to us about their experiences. Some described more than one visit.

#### Respect

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*People who have self-harmed should be treated with the same care, respect and privacy as any patient. In addition, healthcare professionals should take full account of the likely distress associated with self-harm (NICE)*

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There was a general view that the treatment of the physical injury was good. Some people felt the treatment was kind. Others referred to it as practical.

They were really nice to me.

I would say I was treated very objectively and it was something that they had to fix, they did it and that was it really. Umm so yeah, I was don't think there was an effort to go that bit further and understand how I feel. I don't think they did make sure that I felt supported.

The members of staff treated me really well, no judgement, very professional. It's a physical injury and it was treated as such. All the staff I came across were lovely.

I felt like the staff weren't very... I can't even remember if they even asked me what happened? They just took my blood pressure and they were more concerned with the course of treatment.... But I do think that I was treated with respect most of the time.

Some people were concerned that they were being judged.

It was the nurse .... She didn't give me any eye contact, she didn't really look at me.... I don't know if this is me just jumping to conclusions but I felt a bit judged really.

When they found out I had self-harmed they said I was “attention-seeking” and that made me feel worse.... They put me in a gown. I asked for a blanket, but they refused. .... The nurse was really nice on day shift and let me talk to her and the night staff weren’t interested... The staff made me feel like I am doing something wrong and like I was misbehaving.

## Waiting for treatment

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*If a person who has self-harmed has to wait for treatment. He or she should be offered an environment that is safe, supportive and minimises any distress. For many patients, this may be a separate quiet room with supervision and regular contact with a named member of staff to ensure safety. (NICE)*

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I was just in the main bit. It was pretty busy... it was loud, there were kids running around. It wasn’t ideal.

No one said they had been offered a choice about where to sit, “they decided for me”. People had waited in a variety of areas including:

- The main waiting area
- A smaller area next to reception
- On a bed

## Treatment and Pain Relief

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*People who have self-harmed should be offered treatment for the physical consequences of self-harm, regardless of their willingness to accept psychosocial assessment or psychiatric treatment. (NICE)*

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No-one we spoke to had been refused treatment. Everyone we spoke to was happy with the level of pain relief they had received.

## Choice of staff

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*Wherever possible, people who have self-harmed should be offered the choice of male or female member staff for both assessment and treatment. When this is not possible the reason should be explained to the service user and written in their notes. (NICE)*

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No-one we spoke to remembered being asked about this or being given any explanation.

## Relatives and Carers

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*People who self-harm should be allowed, if they wish, to be accompanied by a family member, friend or advocate during assessment and treatment. (NICE)*

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They allowed my mum to come in with me. So, I was supported by her, which was good.

Four people said they could have someone with them if they wanted. This included friends and relatives.

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*If you go to an emergency department, the healthcare professional you see should discuss with you where you would like to wait and whether you would like a member of staff to sit with you. (NICE)*

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Two who were not accompanied said they had not been offered the choice of having a member of staff wait with them. This is recommended in NICE's Information for the Public (National Institute for Health and Care Excellence, 2004). One person said they were not allowed to have someone with them. This may reflect the fact that some interviews need to take place with the service user alone maintain confidentiality and to allow discussion about issues that may relate to the relationship between the service user and carers.

## Consent

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*Staff should provide full information about treatment options, and make all efforts necessary to ensure that someone who has self-harmed can give, and has the opportunity to give informed and meaningful consent.... (NICE)*

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One person said they were involved in decisions about their treatment and care. The others did not remember giving consent to their treatment.

I just do what they tell me.

In some cases, they did not feel this was necessary or were happy to just to follow recommendations. In one case, the patient had resisted treatment. It was given anyway. In this case, according to the patient herself, it had been correctly decided that she did not have the capacity to decide.

## Confidentiality

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*You should also be provided with information about your rights concerning confidentiality and consent. Any written information should be clear and in a language you can understand. Your personal choice about options for treatment will be a major factor in any decisions about your care. (NICE)*

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One person said that they had been given information about confidentiality. Four said that they had not. Two could not remember.

### PIRLS (Psychiatric In-reach Liaison Service)

PIRLS saw all the patients we talked to after they had been treated for their physical injury. For those who had been to A&E in the past, there was a general agreement that their experiences had improved.

I have had some awful experiences with the mental health team before, going back several years. But I must say this A&E experience was positive.

The PIRLS team come and see you, only last time they were really nice.

Most remembered being given information (all of them mentioned leaflets). Five of people remembered being talked to about how to help themselves. Two people said this had not happened, although one of those said they had been given support of this kind at “the mental hospital”. One person we spoke to found their experience with PIRLS helpful:

He encouraged me to find other ways to cope.... The approach he took was very good and was not berating me for what I had done. The PIRLS team were really good to me.

The others found it harder to see the value in it for them.

It was just a massive risk assessment I would describe it as. If I was going to harm myself any more, if not I was good to go really.

Because you can't get discharged from the hospital until they have come to talk to you. But it is all face value stuff like “how do you feel and are you going to do it again?”

Each time they gave a leaflet, I think that they had written. I think they wrote down the plan going forward.... If I said that wouldn't work, they put it in anyway.

With one exception, feedback from all other participants did not suggest that there were long waits to see the PIRLS team. One person was very distressed because the PIRLS team had talked to her in the waiting room.

Yes, they were actually interviewing me in the waiting room. Talking about the fact that I had cut myself. 'You're here because you cut yourself', they were talking about it in the waiting room. So, I just got a taxi and just left.

## Minor Illnesses and Injuries Unit (MIU)

Two people had been to the MIU. One had found the experience difficult. The other said that it was good.

I left. I had to go in and I had to try to explain to the receptionist what had happened, when I was in a full waiting room and there was a massive queue. Obviously, I felt really uncomfortable and she asked me 'Is it this or is it this?'

This patient suggested that if they could write down their problem, they would feel more comfortable in going in to be treated in places where there was an open reception.

## GP

Two people talked to us about their experience of going to their GP for treatment. The two experiences were very different. One respondent felt that the GP they saw had not responded in a helpful way.

Her immediate reaction was, when I showed her what had happened, she tutted..... It was difficult with that reaction, if I had had a more sensitive and non-judgmental attitude I would feel more comfortable seeking medical attention.

Another respondent had an excellent relationship with their GP surgery. The surgery let them wait somewhere private (not the main waiting room). It also gave them early appointments so the surgery was not too busy. The patient felt that staff were sensitive to their needs. She felt she was given a choice over their treatments as well as support to look after herself.

They don't have to, but they go out of their way to help.

The NICE guidelines are also relevant here.

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*when caring for people who repeatedly self-harm, professionals need to be aware that the individual's reasons for self-harming may be different... each episode needs to be treated in its own right (NICE)*

I think they are so used to me that they know what it is, they know what you've done. We talk about other stuff, it's just one of those things.

## Out of Hours Mental Health Support

There was general agreement that there was a need for out of hours support. As part of the interviews some of these were shared.

My thoughts are worse at night... I am not sure if it is because the sun is not there and everyone is asleep and this is when I feel more alone.

And feedback from the two people who used the out of hours line was not positive:

When I speak to the crisis team, they are very abrupt.

## Our conclusions

Overall, people were positive about what had happened in A&E. However, sometimes they wanted a more caring approach as well as clinical help. People were happy with their clinical treatment and their pain relief.

However, they did not feel they had a choice about their treatment, who treated them, or where they waited. Most people were not aware of getting information about confidentiality or consent.

We also received positive feedback about PIRLS, the MIU and GP Services. However, some of the people we spoke to did not understand how the PIRLS service helped them. Finally, they raised general concerns about privacy and out of hours support.

## Our recommendations

We recommend that:

- Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust (PIRLs) and the Buckinghamshire Urgent Care Alliance (Urgent Treatment Centre) make sure that private areas are available to discuss sensitive matters. These need to be clearly signposted.

Buckinghamshire Healthcare NHS Trust should:

- make sure that their clinical staff are given guidance in providing caring treatment and warned of the risk of appearing judgmental.
- ensure that all people who have self-harmed are identified and are consistently offered a safe and supportive place to wait, and the choice of someone to wait with them.
- make sure that all patients are given the choice of treatment by a male or female member of staff. If this choice is not offered, the patient should be given an explanation as to why. This explanation should be recorded in notes.
- review their current processes for ensuring that patients give consent to treatment and are informed about confidentiality. The process should ensure that this does happen and that patients are aware it has happened.
- look at whether these recommendations apply to anyone who is in mental distress and implement them accordingly.

Oxford Health NHS Foundation Trust should:

- ensure that PIRLS works with service users to help them understand what it is there to do for them. This should take into account the views of those who self-harm on a regular basis.
- review their out of hours service provision including where people can go in a crisis by phone, online and in person - and their communications to help those in need to understand these options.
- confirm that they are providing service users with as much information as possible about target and actual waiting times.

Buckinghamshire Clinical Commissioning Group should ensure that GPs:

- have sufficient training to deal with cases of self-harm.
- are familiar with the relevant guidelines, especially those about supporting people who self-harm on a regular basis.

## Acknowledgement

We would like to thank Buckinghamshire Mind for their support on this project in interviewing service users.

## References

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