

NICE Best practice Guidance CG16

Shared Learning Database

Putting service users at the heart of training and development for enabling practitioners- Self Injury

Description:

The Self Injury and Suicide committee at Alpha Hospitals Bury is a dedicated committee that works on improving and implementing evidence based practice across the hospital. The committee consists of a variety of experienced practitioners who work with individuals who self injure and service users who have personal experience of self injury. The committee meet once a month and to plan initiatives that are carried out throughout the month. The committee works to a partnership/collaborative model and the service users are valued members of the committee whose input is greatly valued alongside that of the experienced practitioners.

In September 2008 the self injury and suicide committee set a task to increase staff awareness, training and interpersonal skills in working with and supporting individuals who self injure. The target group was all practitioners employed at Alpha Hospitals supporting women in medium and low secure services. The work undertaken was split into 6 categories to provide an overarching evidence based approach to improve recovery outcomes and quality of experience for service users.

The categories were defined as:-

- 1) Service user involvement in the self injury and suicide committee
- 2) Qualitative data to measure reduction of self injury, and to improve the knowledge base and practices of the practitioners
- 3) Guidance for enabling practitioners- a collaborative/partnership approach between service users and practitioner committee members
- 4) Service user led training programme
- 5) Review of the impact on reduction of self injury, and improvement of knowledge and practice of practitioners
- 6) Posters, flow charts and information on wound care management as this was identified as a need by practitioner and service users to ensure best practice of wound care and assisted individuals road to recovery

Aim

The overall aim of the initiatives was to enhance the service user's road to recovery and to improve their interpersonal experiences with practitioners as evidenced through Centre of Mental Health, Implementing Recovery a New Framework for Organisational Change. Making Recovery a

Reality 2008 (1) (2) and Royal College of Psychiatrists College Report CR158, Self harm, suicide and Risk: helping people who self harm 2010 (3). Whilst lending it's self to better therapeutic alliances between service users and practitioners Motz,A 2009.(4), validating the recovery principles and reducing the negative associations to self injury NICE CG16 2010 (5).

The development of a collaborative committee ensured that the service user's knowledge, skills and experiences sat alongside that of experienced practitioners. By using this approach the committee was able to produce a development strategy/action plan to tackle the deficits in practice expressed by service users and practitioners alike. The six categories were identified from the qualitative questionnaires and meaning and purpose given to each one

- 1) Service user involvement in the self injury and suicide committee- Service users input to the committee further enhanced and validate development and action plans to reach said aim(s)As reported through recovery initiatives the service user is considered an expert through their lived experiences.
- 2) qualitative research – to identify areas of development, shape the implementation plans and to evaluate improvement outcomes to ensure that we are working to evidence based practice. Semi structured interviews/Questionnaires were used.
- 3) Guide for enabling practitioners – a personal local guide book written by service users and experienced practitioners to aid understanding, knowledge and promote a therapeutic alliance between service users and enabling practitioners
- 4) Service user led training programme- training sessions planned, implemented and evaluated by service users. Rolled out to all practitioners working within the women services at Alpha Hospital Bury.
- 5) Ongoing reviews- through monthly reviews the committee members were able to evaluate the target population's engagement with the new approach and formulate plans to ensure maximum take up. The review lent itself to opportunities for further developments
- 6) Posters, flow charts and information on wound care management- evidenced based information made readily available for practitioners to improve and enhance quality care for individuals who have self injured

Objectives

The objectives were set out to provide the definition of the strategy/action plan following the qualitative questionnaire data.

To provide quality enhanced care provision for women who self injure in Medium and low secure services, based on the principles of Recovery and quality outcome measures.

Improvements in practitioners approach to working with individuals who self injure, promoting the avenues of a quality service user/practitioner alliance and engagement.

Enabling service users to access a high standard of quality care focused on the individual.

Increasing service user's contribution to service delivery, policy, procedure and standards through partnership working

Putting the service users at the heart of development strategies from the planning through to evaluation, ensuring their contribution is valued equally alongside the experienced practitioners.

To meet the training and education needs of the practitioners working in women secure services given the specialist nature of the services Jeffcote, N. Watson, T. 2006(5).

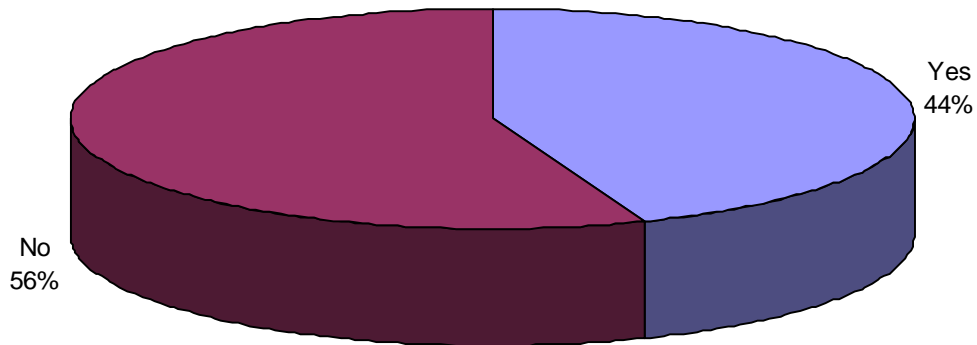
Context

In September 2008 the self injury and Suicide committee at Alpha Hospitals Bury was reconfigured to ensure that experienced practitioners and those with an interest in working on developments in this area was given opportunities to become involved in the group. Through canvassing for interest it became apparent that both service users and practitioners felt there could be more done in terms of increasing the understanding and knowledge base of the practitioners working in the women services.

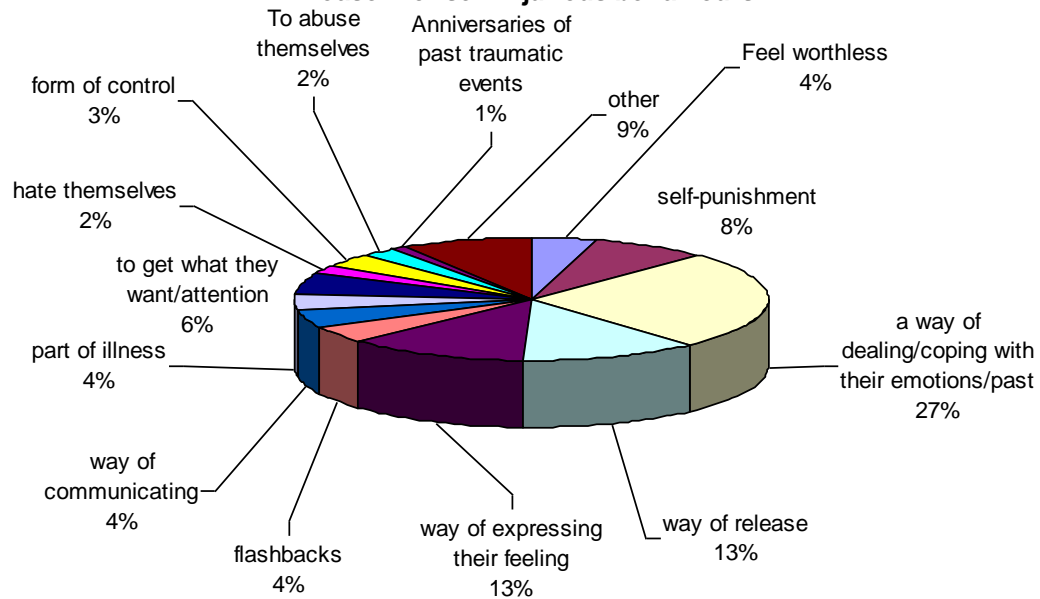
This was to become the first agenda item for the newly reformed committee. The committee began to develop a strategy to target avenues of practice improvement for practitioners working and supporting individuals who self injure. A practitioner questionnaire was developed to gain information from practitioners working in the women service. The questionnaire requested information from the practitioners in terms of current understanding, knowledge base and experiences. It also asked the question- "what further training, knowledge base and experiences would enhance your skills and practice". The questionnaire was delivered by the Assistant practitioner who presented the questionnaire in a 1:1 semi structured interview. This method was chosen given previous experiences where by the return of questionnaires was minimal and did not provide good Qualitative data.

On receipt of the questionnaires the information was analysed and key themes were noted and selected to inform the development strategy.

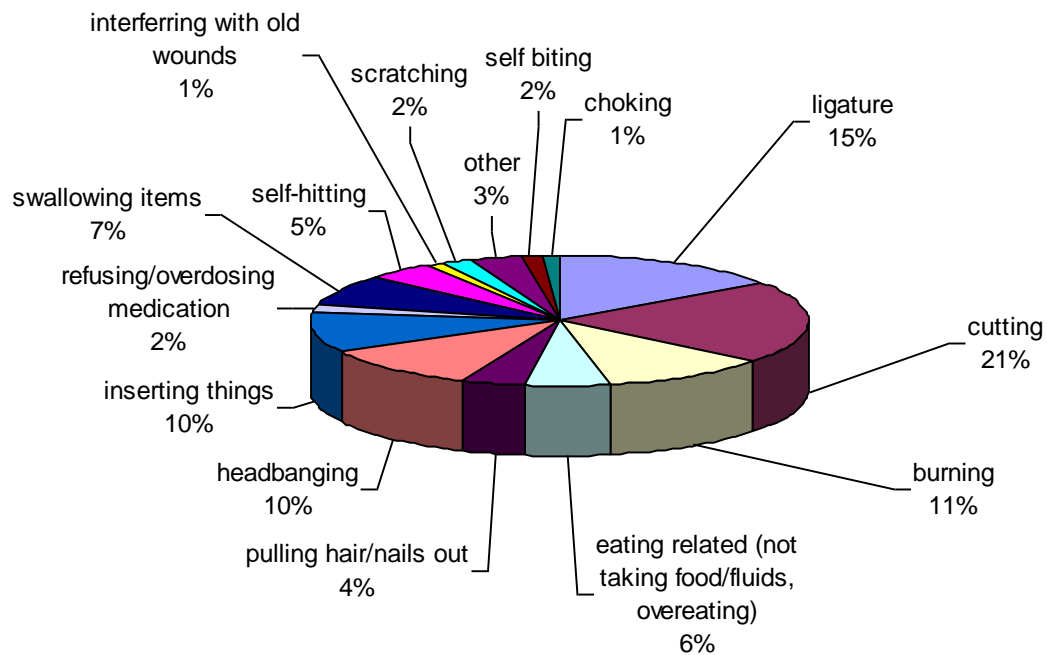
Have you ever worked with people who self-injure prior to working at Alpha hospitals?



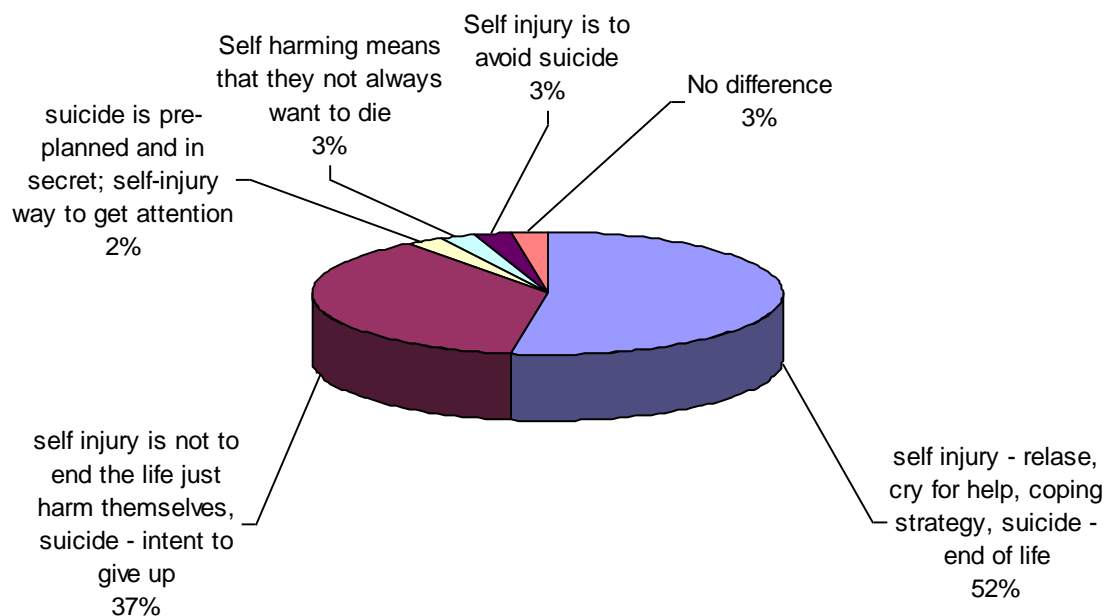
Reason for self-injurious behaviours



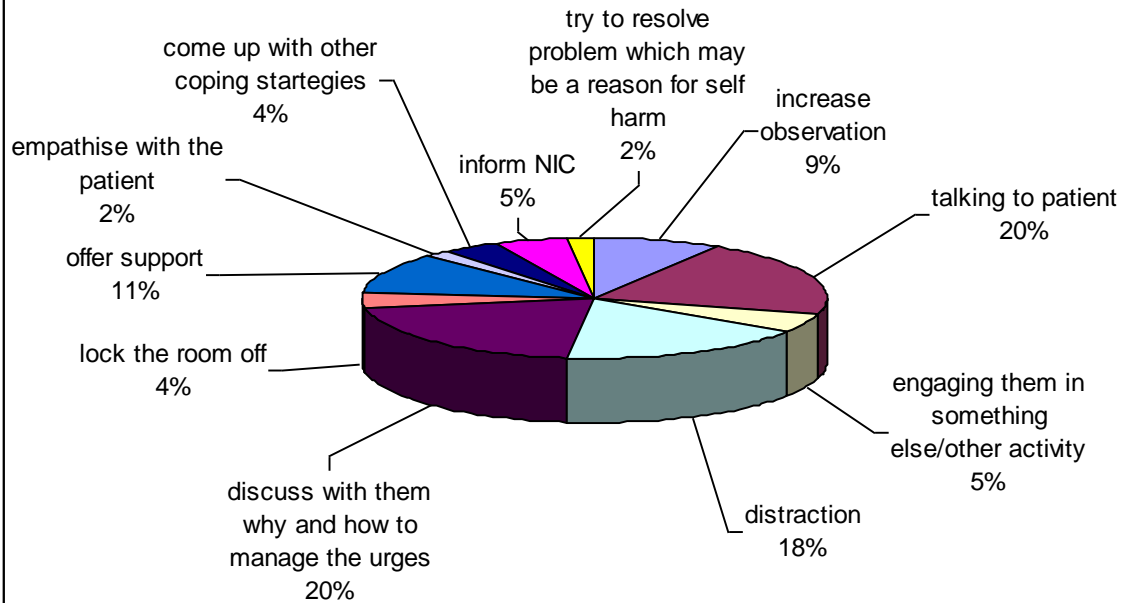
Types of Self-injurious behaviours



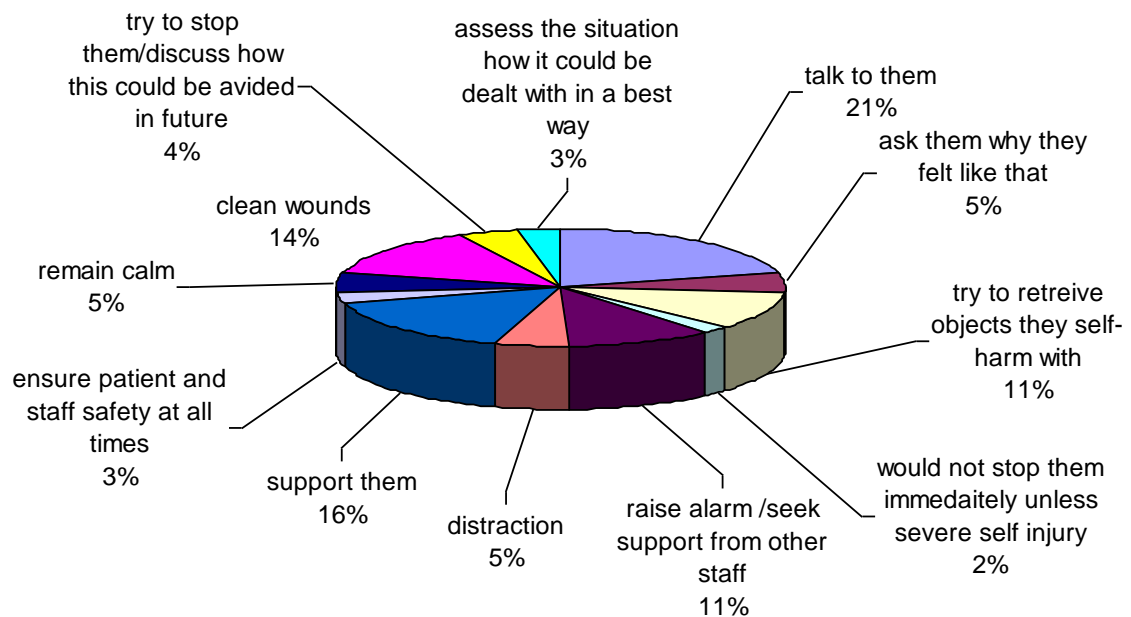
What is the difference between self-injury and suicide?



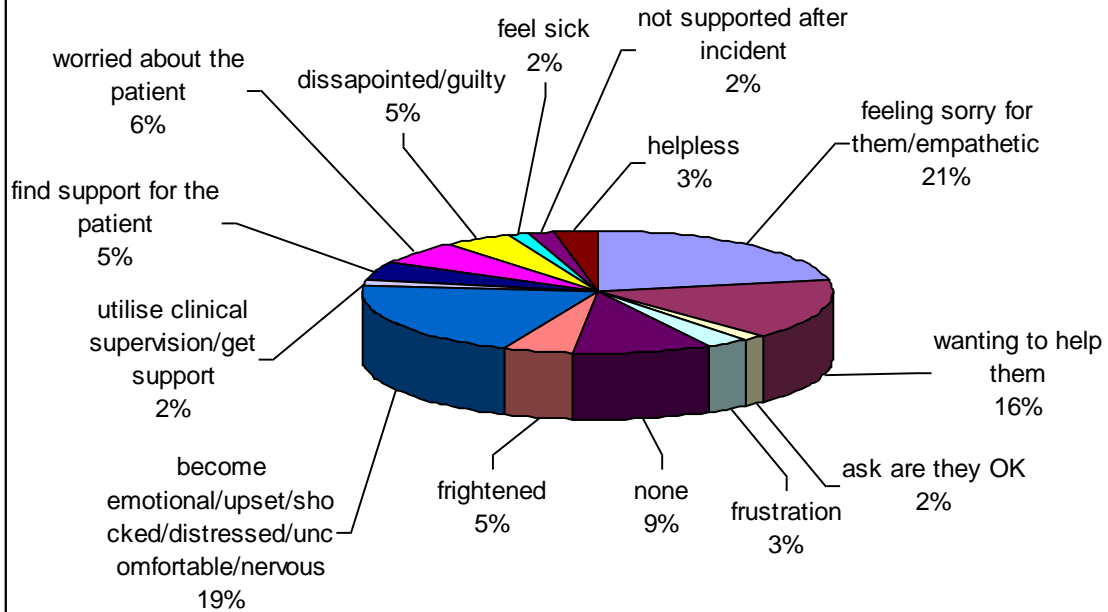
If someone told you they were experiencing urges to self-injure how would you respond?



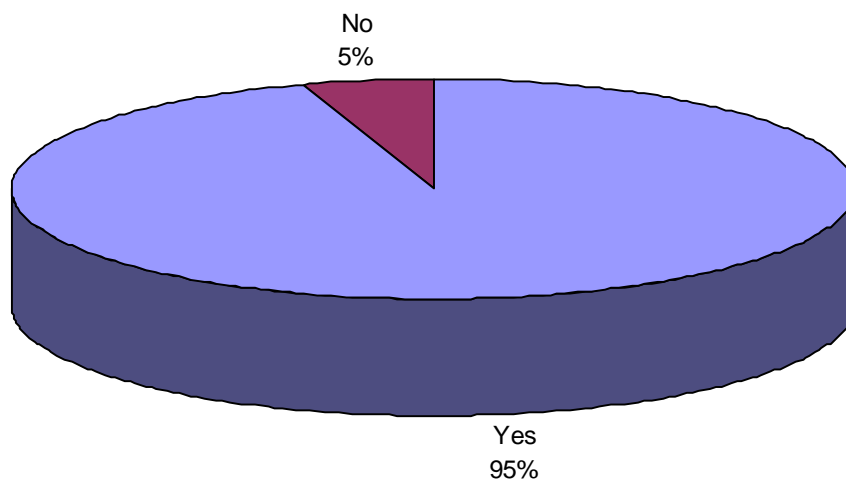
If someone was engaging in self-injury how would you respond?



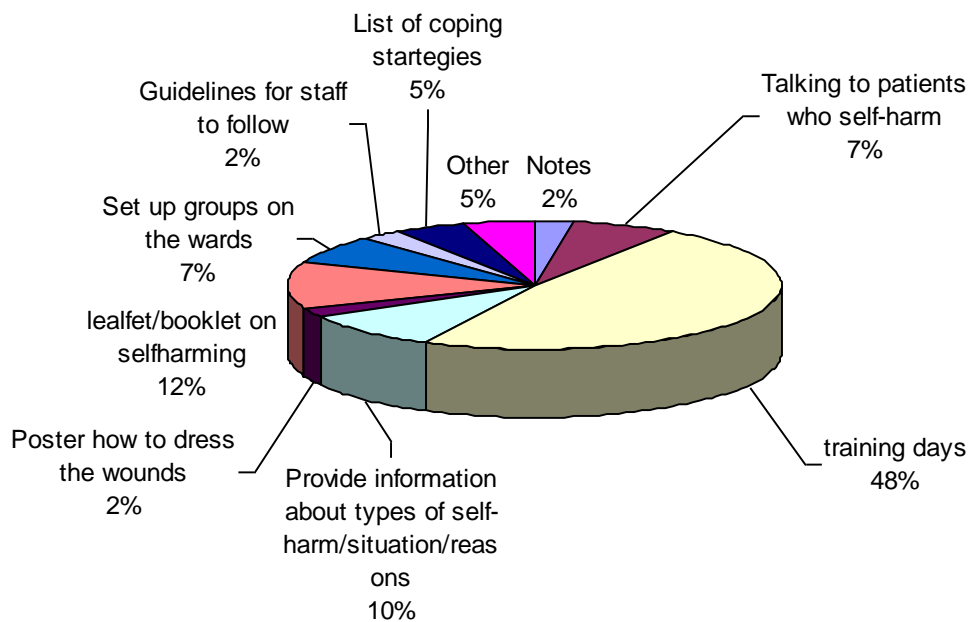
If you found someone enaging in self injury what feelings do you think may arise in you?



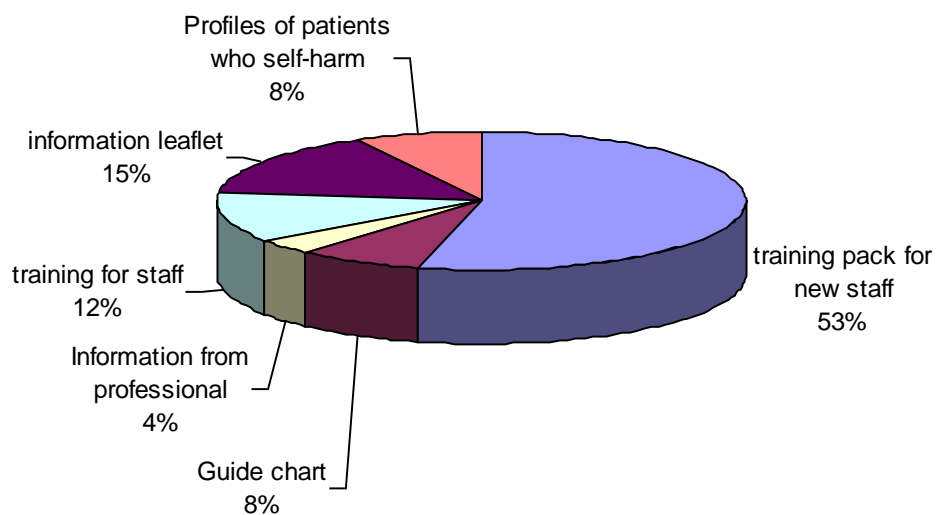
Would you like more trainig/information on slef injury?



If you want more information/training on self-harming, how the hospital can achieve that?



What other information, which is currently unavailable, you would like to receive?



The data collected enable the committee to set aims and objectives that took in to consideration the information gathered and enabled the committee to target areas of defects in knowledge base and practice as suggested and provide quality improvements in the delivery of care for individuals who self injure.

Methods

The committee developed the strategy based on the data received via the questionnaire and the 6 categories were identified as sub heading for planning and implementation to reach said aims and objectives. All work carried out was done through discussion, exploration and validation by the self injury and suicide committee.

Methods for each sub heading are described below:-

1. Service user involvement in the self injury and suicide committee

In 2008 the Women Service at Alpha Hospitals had a census of 31 women across 4 services, 3 medium secure and 1 low secure services. The women we asked if they would be interested in joining the self injury and suicide committee. 1 woman expressed an interest and was welcomed to the committee. The committee worked with the individual to create an appropriate role profile as part of the committee and explored avenues of how best to ensure that all service users' voices were heard at the committee and information from the committee was passed out to the service users. 2 options were agreed. The service user created a letter box system and planned to hold a clinic once a week during the social afternoon. The Service user attends the committee meeting every month and has completed a variety of tasks both independently and with other committee members. Initially concerns were raised by some practitioners regarding the work the service users were carrying out. This was in particular related to the training she provided as some practitioners didn't feel this was appropriate and was quite wary of the training. However after practitioners were provided with information relating to evidence based outcomes and improvements in quality through such methods the practitioners welcomed the service users work. Improvements in service user/practitioner alliance were noted and the service user was noted to be an expert in her own field. The service user continues to have a varied response from the other women through the letter box system and the clinics. The committee felt that this was due to a variety of reasons and the service user continues to offer these services to the women and explores other avenues. There have been no costs incurred in this intervention other than committee member's time.

2. Qualitative data to measure improvement impact

The Qualitative data was collected in the form of a semi structured interview to complete a questionnaire devised by the committee. The same questionnaire was used to provide a base line at the evaluation stage to evidence improvement impact. The initial questionnaire was given out to all practitioners for submission to the committee in a given time frame. The questionnaires received back were very minimal thus the committee chose to change the method of delivery through the semi structured interview. The up take was improved dramatically. Cost incurred, 3 days of assistant practitioners/data analysis time and resources for the questionnaire.

3. Guidance for enabling practitioners- collaborative approach Service user+ practitioner committee members

The guidance booklet was completed by both service users, committee members and practitioners. This project took approximate 9 months to complete. The booklet was developed through

consultation with service users and the committee members. The goal to provide information to target the deficits in experience, knowledge and understanding as evidenced in the data from the questionnaires. Committee members split the preparation of the booklet between them, working on individual areas through research, consultation, policy and guidance and personal experiences. Once the booklet was completed drafts were developed and proof read by service users before publication. The booklet has proven to be a huge success and was received well by the practitioners. Service users commented on improvements in the relationships between themselves and the practitioners and described an increase dialogue for all. The booklet was launched in September 2009 through the Woman Services information fair. The booklets have been in circulation for a year and have been given out to all practitioners who come in to contact with the service, all practitioners working in the service and is part of the local induction for new starters who receive the booklet from the service user during the service user led training. Costs incurred for this project – practitioner time, service user time and publication costs as external publishers were used.

4. Service user led training programme

The service user led training programme was split into 2 parts. A life story presentation on power point (I Will Survive) and awareness sessions (SLASH -Start Learning about Self Harm). This was directed by the service users and combined together and presented to practitioners as part of the hospital induction and yearly mandatory training programme. Practitioner involvement consisted of support and resource management. Initial difficulties in providing this training was coordinating time and costing by having ward based staff attend the sessions thus depleting the wards and increasing cost to the hospital. This was overcome by adding the training to the hospital induction and yearly mandatory training. The service user continues to request feedback and evaluations from the attending practitioners following each session and reports this into the committee reviews. Feedback from practitioners has been very positive overall and the only area for development is to increase the time given to the sessions to maximise discussion time. Costing for this initiative was incurred by practitioners and service user time. This was minimised due to utilising practitioner time through the induction process

5. Ongoing review of impact to gauge further developments

The reviewing process was integrated into the monthly committee meetings. As a set agenda item the committee members were able to monitor progress of initiatives, examine impact and consider future developments. This has proved to be very effective and the committee continue to expand on the original goals. The committee have now completed an Assessment and Intervention Pack and planned the next information fair for service users and practitioners.

6. Posters, flow charts and information on wound care management

As indicated in the base line data practitioners requested more information and training on managing wound care. The committee approached this in a variety of ways. A flow chart was devised using evidence based information to enable practitioner and service users to assess and provide treatment for a variety of wounds. This flow chart also provided guidance of accessing appropriate care and treatment from external health care services such as A+E or GP services.

Wound care information leaflets were developed by the practice nurse to guide individuals on best care examples for different wounds.

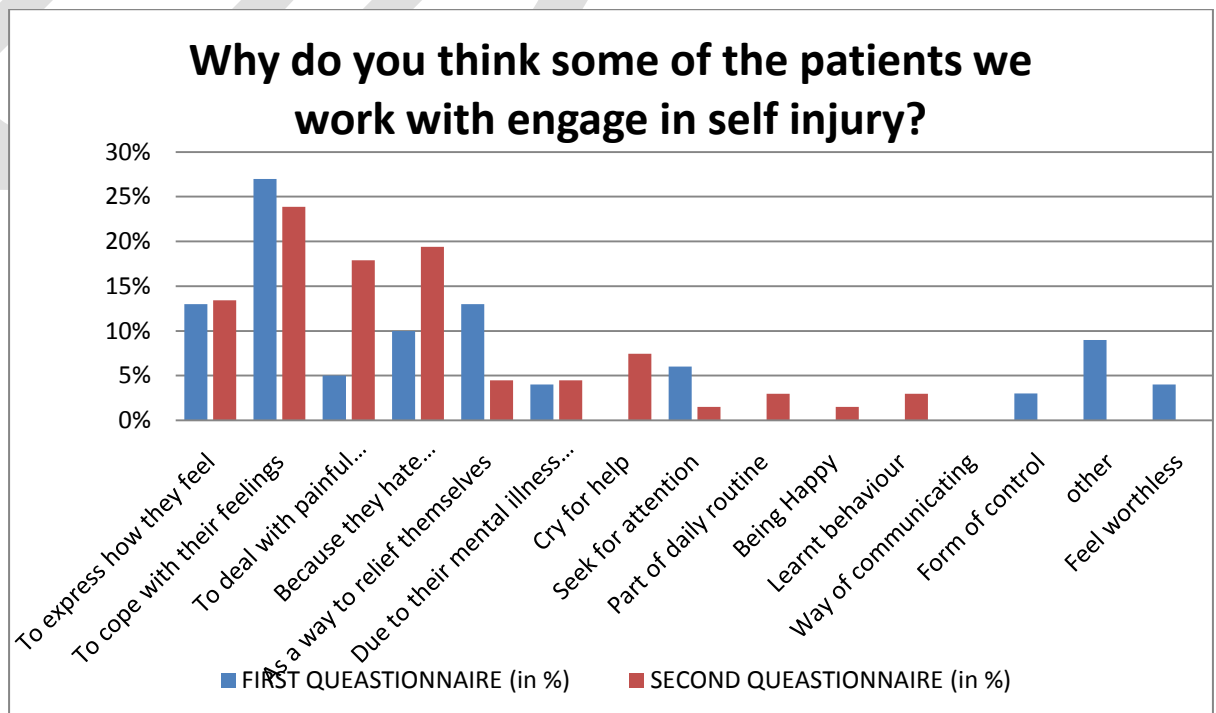
Information was made readily available on how to assess for infection and appropriate treatments. Prevention of infection being the main aim

The practice nurse holds interactive demonstration sessions for service users and practitioners.

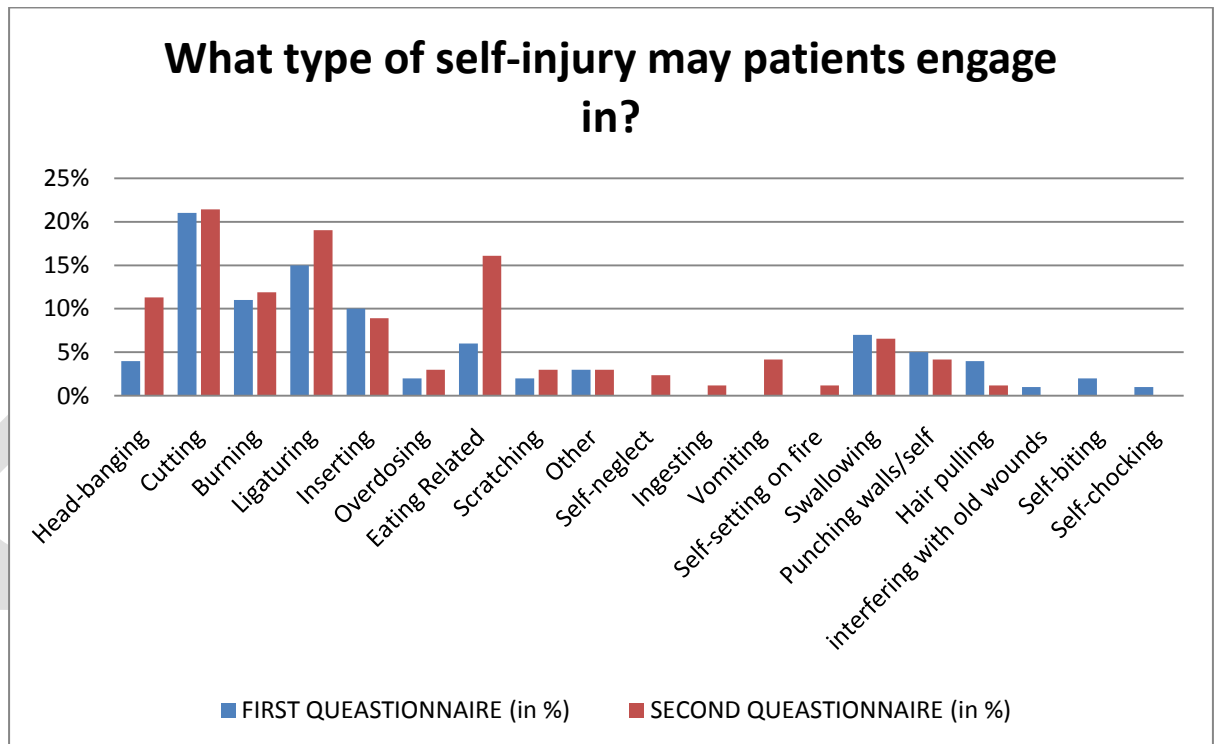
The practice nurse links closely to the infection prevention committee, the GP and the local A+E department.

On the implementation of the above interventions a follow up questionnaire was completed to determine if there had been improvement out comes. The data collected was very positive indicating that the practitioners had a better understanding and knowledge base of self injury.

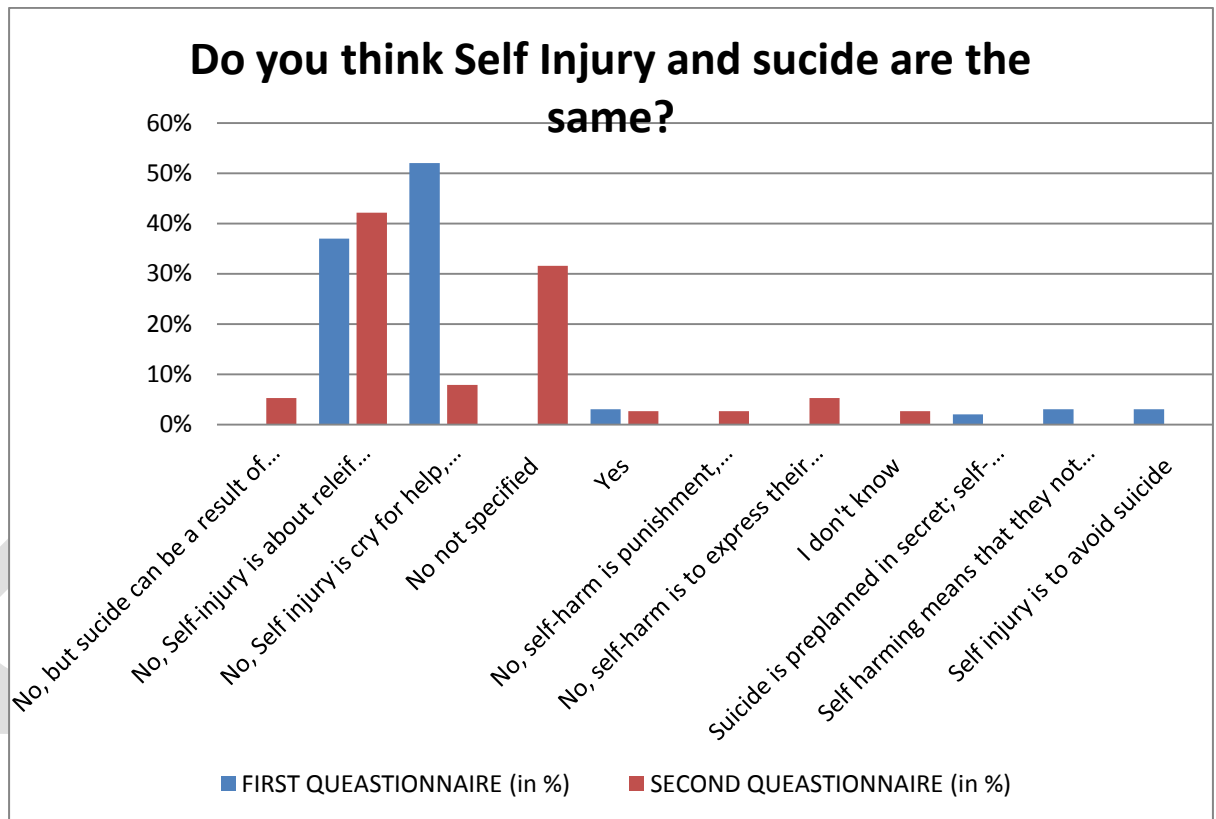
- Practitioners were able to identify other reasons why individuals might self injure compared to the original 10 in the base line data. There was no indication of not knowing any reasons why in the second questionnaire.



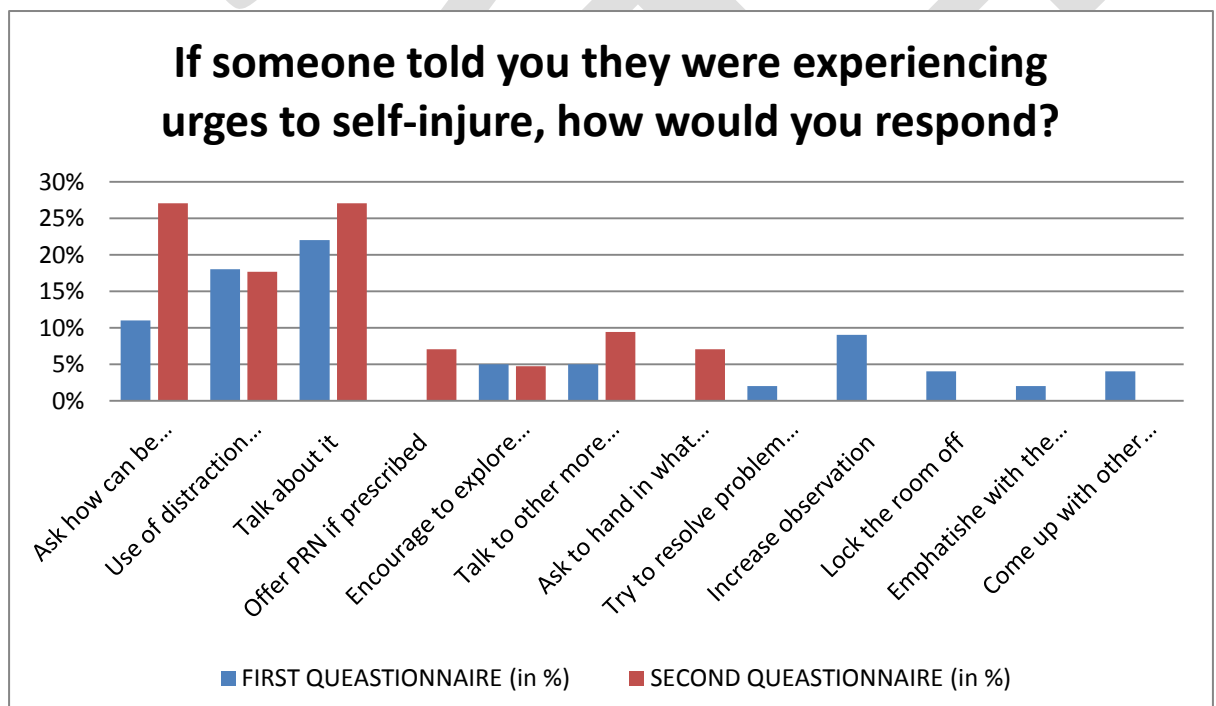
- Practitioners were able to identify 16 possible ways an individual might self injure compared to the 15 evident in the base line data. 4 of them with new identifications compared to 3 identified in the base line which was not referred to in the 2nd review namely self choking and interfering with old wounds as these were categorised under ligaturing and scratching. Practitioners were able to collectively identify 25 possible reasons whilst attending SLASH training.



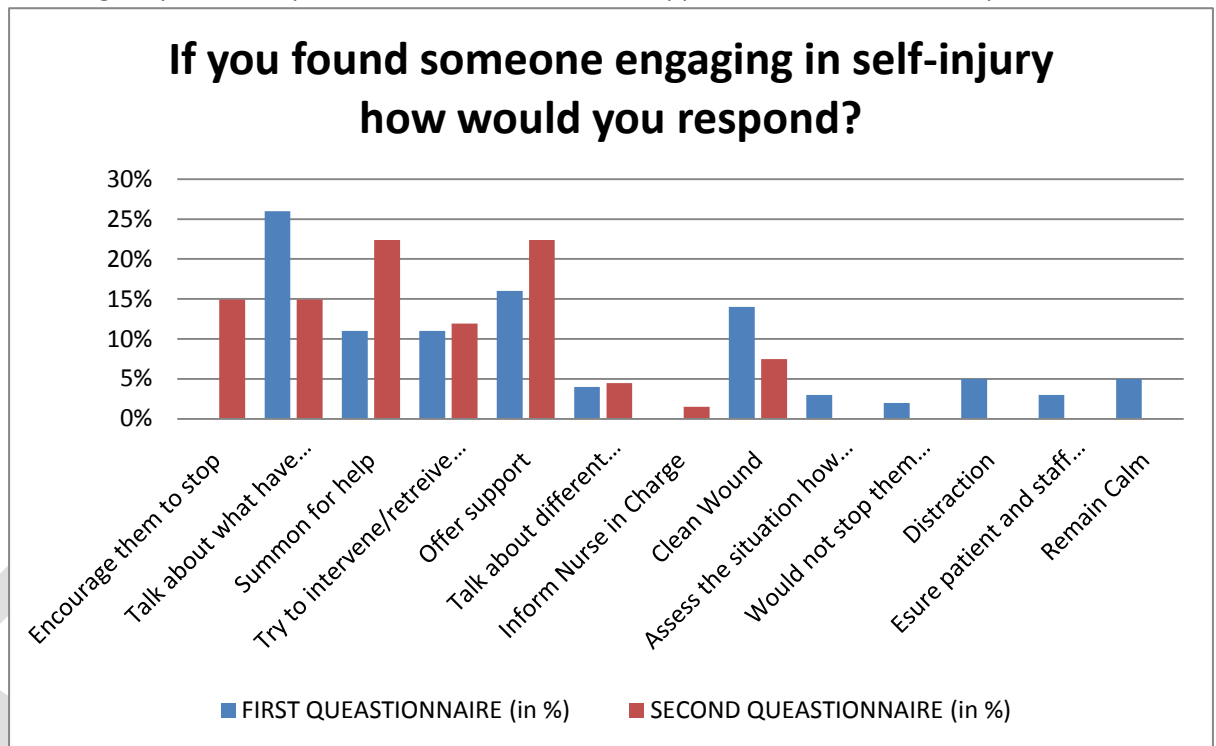
- There continued to be an overall majority of practitioners who suggested differences and links between self injury and suicide with 3 % still believing that self injury and suicide are the same.



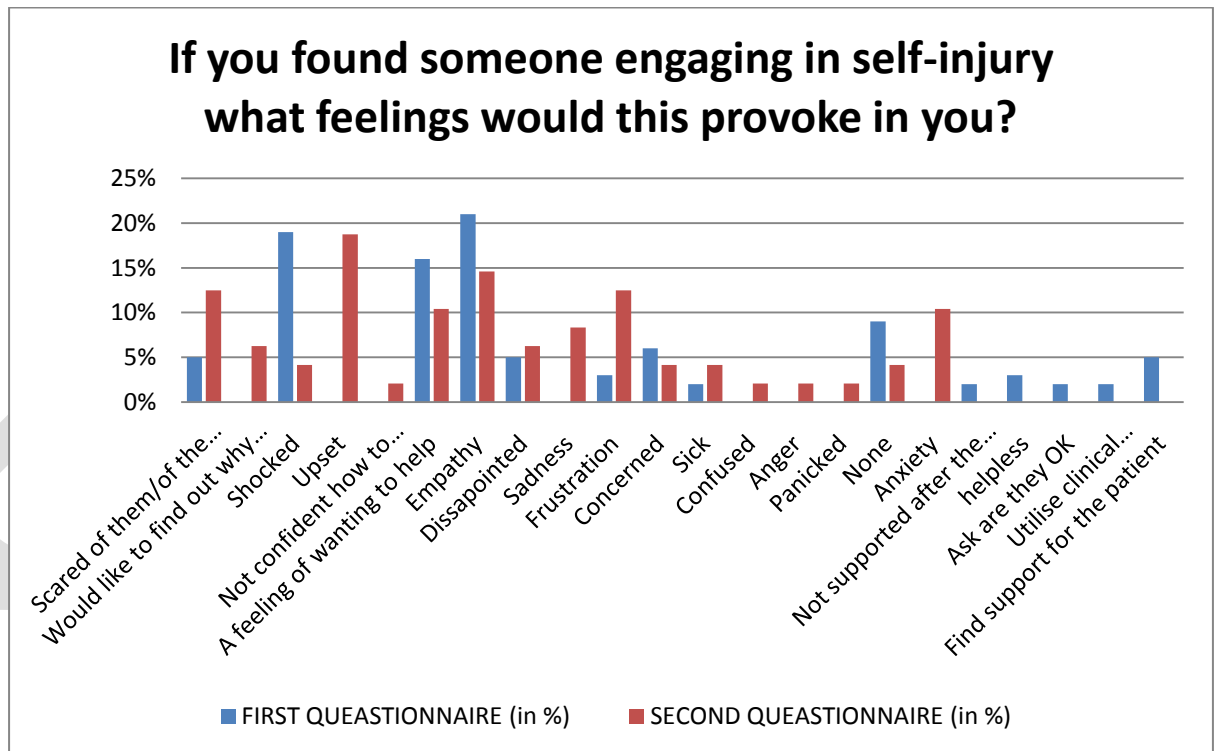
- The questions relating to responses to self injury demonstrated a greater knowledge of providing therapeutic interventions where as previously reactive interventions such as increasing of observations and restrictions were reported.



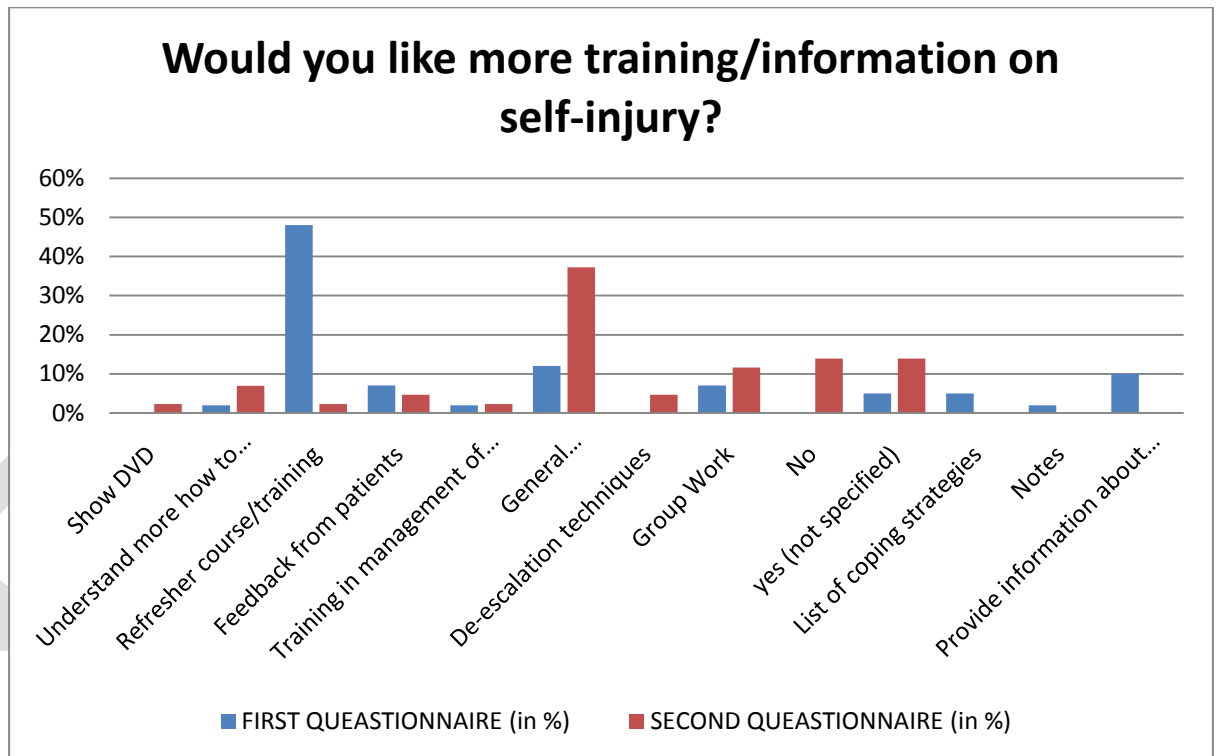
- The responses to how a practitioner would intervene with an individual who was actively engaging in self injury remained relatively similar in responses with the second group indicating they would request for assistance and offer support if over 505 of the responses.



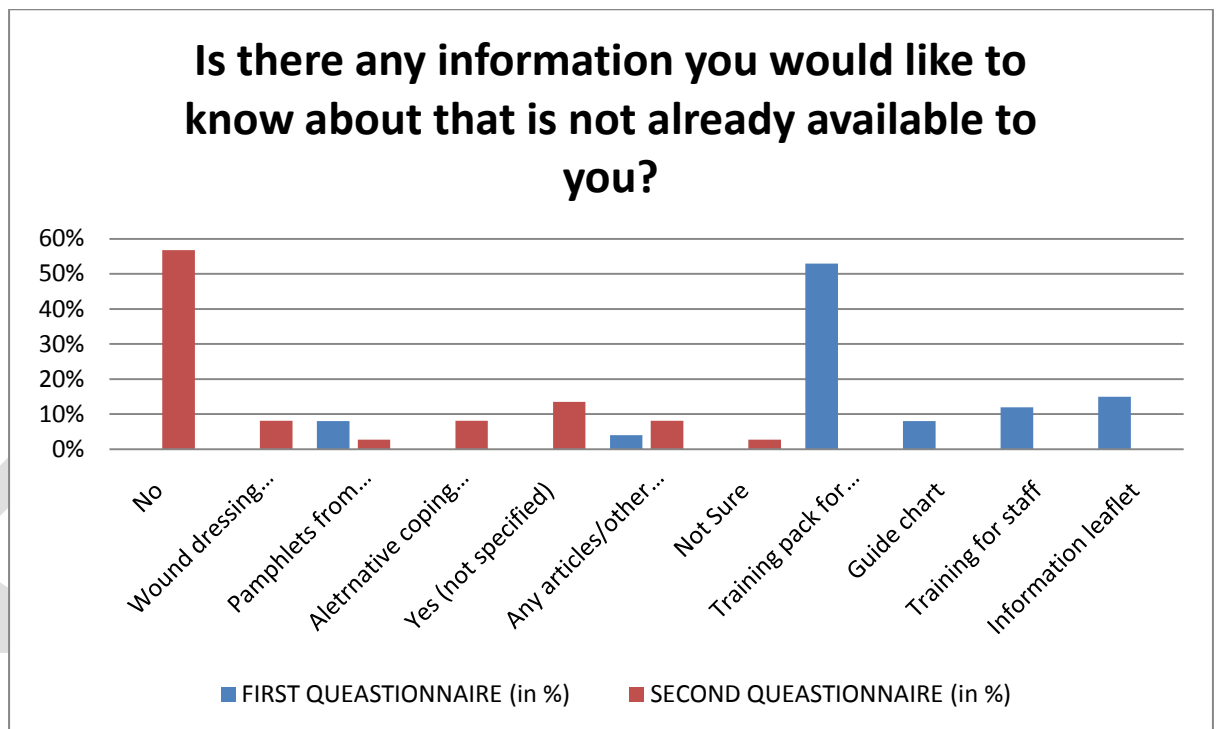
- Practitioners were able to identify 17 different feeling that might be provoked when seeing an individual self injuring compared to 14 previously identified. With some quite negative feeling expressed. Practitioners in the second questionnaire expressed a need to find out why the individual had done it and were less inclined to state they would have no feelings. The base line questionnaire identified they would seek support for their feeling and support for the patient.



- Both questionnaires indicated further training needs. The second questionnaire indicated less emphasis on refresher training and more on understanding the patient's behaviours, on general skills gained through working with the individuals and on de escalation techniques. Over 10% felt they sufficient information and training compared to the base line questionnaire.



- 55% of practitioners did not identify other ways for information could be provided. Practitioners indicate they would still like further information on Wound Dressing, alternative coping strategies and information from other resources compared to the 52% of practitioners in the base line who requested a training pack for working with individuals who self injury.



Variables affecting the quality of the information are identified as:

Changes in staffing groups over the year

The opening of a further 10 beds within the women service

Increase of staff due to expansion of the service

Data was also collated from the reporting of incidents of self injury between Sept 2008 -2009 and Sept 2009-2010

A comparison of the data between these two years showed a reduction of self injury across the service by 7% in the year September 2009 and 2010.

NB: the year 2009-2010 includes a further 10 services users admitted to the enhanced low secure service in November 2009 which consisted of new admissions requiring assessment and treatment for complex and high risk behaviours including self injury and suicide tendencies.

Variables affecting the quality of information are identified as:

Changes in the service user population over the 2 years

The expansion of the woman service in 2009 to include 10 more beds

The nature of the service users admitted to the new enhanced low secure service

Through the data provide above and the ongoing consultation and discussions the committee have with the service users it is evidenced that the initiatives originally set out by the committee has impacted on the quality of care and treatment received by the service users with in the women's service. Service users have moved positively through their recovery and care pathway. There has been a greater alliance between the service users and practitioners. There is a noted openness towards self injury and positive interventions are used widely.

Other variable to consider for the improvement of service users recovery and experiences are:

Improvements in the recruitment and retention of practitioners who have experience and a good knowledge base of working with individuals who self injure.

Further advances of working with women through the introduction of the relational security "See Act Think" publication (4)

The wider use of recovery tools such as WRAP, (5) my future Plan (6) and the Recovery Star (7)

Advances in the training model to include training, Supervision, Leadership and a culture of innovation

Open door polices to aid a greater understanding and sharing of good practice

A general increase in staff motivation to want to gain a better understanding and improve practices

The introduction of champions for change and advocates for individuals who self injure

Mainstreaming Self Injury through the governance systems

Key Learning Points

These initiatives could have only provided a positive impact by the full integration of service users into the committee and the service as a whole. Key learning points were identified as:-

- The use of data enabled the committee to develop the strategy and to evaluate quality impact
- The development strategy provided an excellent tool for ensuring identified areas were addressed
- The willingness and the acceptance of the service users by the practitioners. There had to be work done in terms of promotion of recovery principles and changes made to the culture of the service.
- Practitioners needed to be aware of service user's confidence and capabilities. The committee members needed to provide the service users with time, education and skills to

be able to be comfortable sitting on the committee with the practitioners, to be able to complete task as directed by the committee or as requested by other service users and ongoing support whilst delivering the SLASH training sessions.

- Practitioners needed to be mindful of services users' mental health and provide more time or support if the service user is having a difficult time or experiencing a relapse, working with the individual at their own pace and allowing for expansions of time frames.
- Supervision support was crucial for the service user the same as it is identified for practitioners.

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