

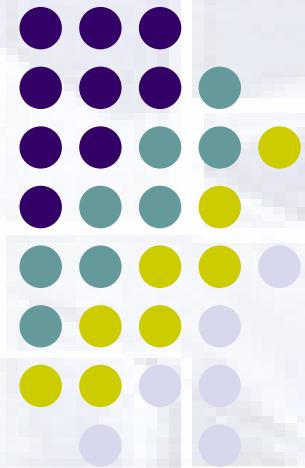
Profile of Self-harm Attendances at Accident & Emergency – Sheffield Teaching Hospitals

Simon Baston*, Sue Cross*

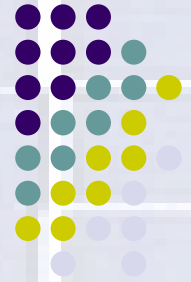
Jill Thompson**, Brian Hockley**

Sheffield Teaching Hospitals*

Sheffield Care Trust**



Background



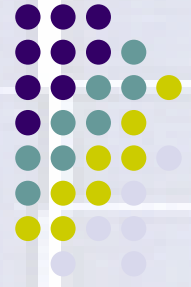
- Only a small proportion of acts of self-harm (SH) results in hospital attendance (Hawton et al, 2002)
- There are about 150,000 acts of SH per annum (Hawton et al, 2003)
- Self-harm is one of the top five causes of acute medical admission (Gunnell et al, 1996)
- The death rate by suicide of people who self-harm is known to be between 50 and 100 times higher than the general population (Hawton et al, 2003)



Local Audit & Re-audit

- Baseline evaluation – 2002 (profiles, demographics)
- Audit 2005 – NICE Guidelines
- Additional factors
 - Ambulance – “did not travel”
 - Not known to Mental Health Services
 - Lost to follow up

Methods

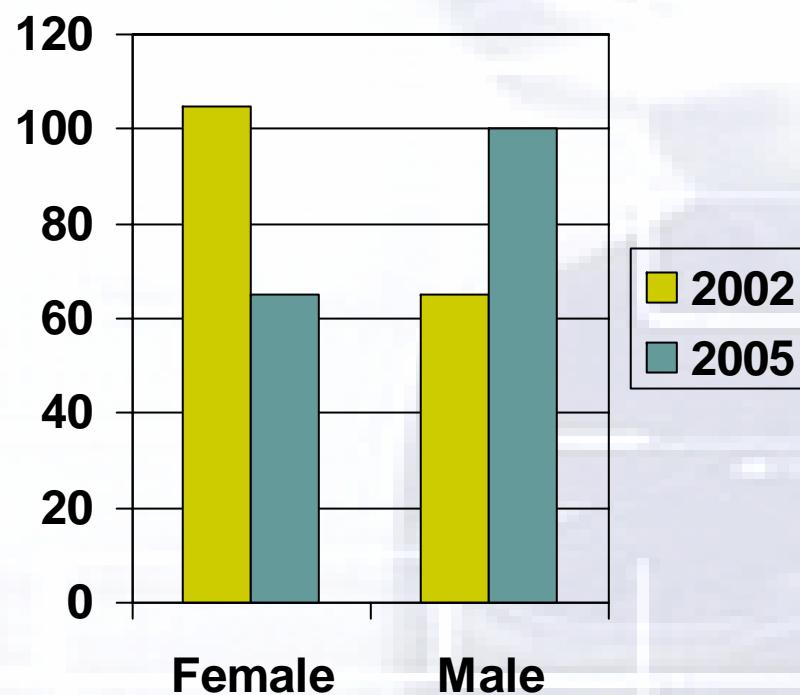


- Project group – multidiscipline
 - Senior A&E Nurse
 - Senior A&E audit staff
 - Ambulance staff
 - Sheffield Care Trust staff (mental health)
- All Accident & Emergency (A&E) cards manually examined for a 1 month period for evidence of self harm (A&E nurse, A&E audit staff) and outcome
- 172 identified as “Self Harm”
- Patient details cross referenced with SCT & Ambulance databases

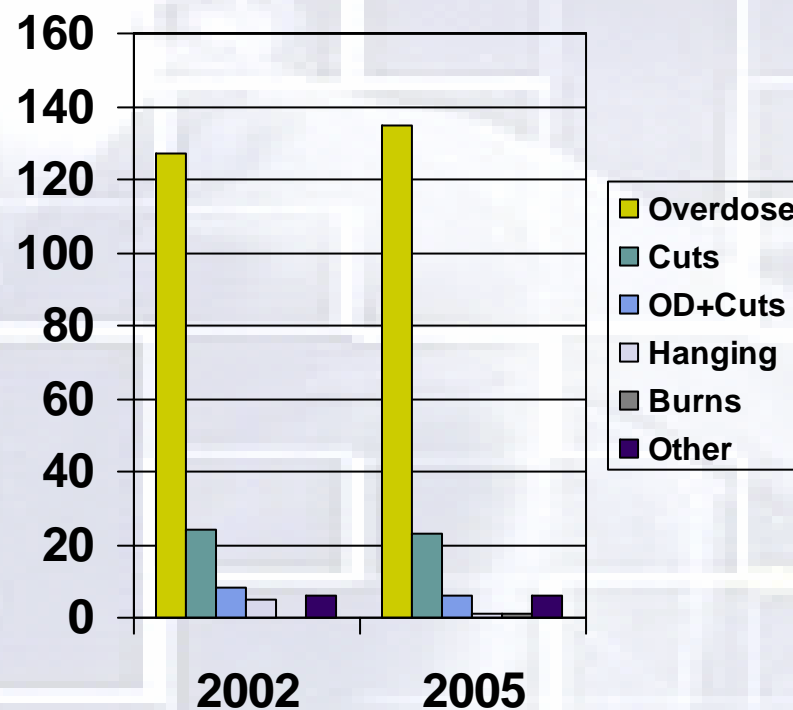


Demographics & Presentation

Gender



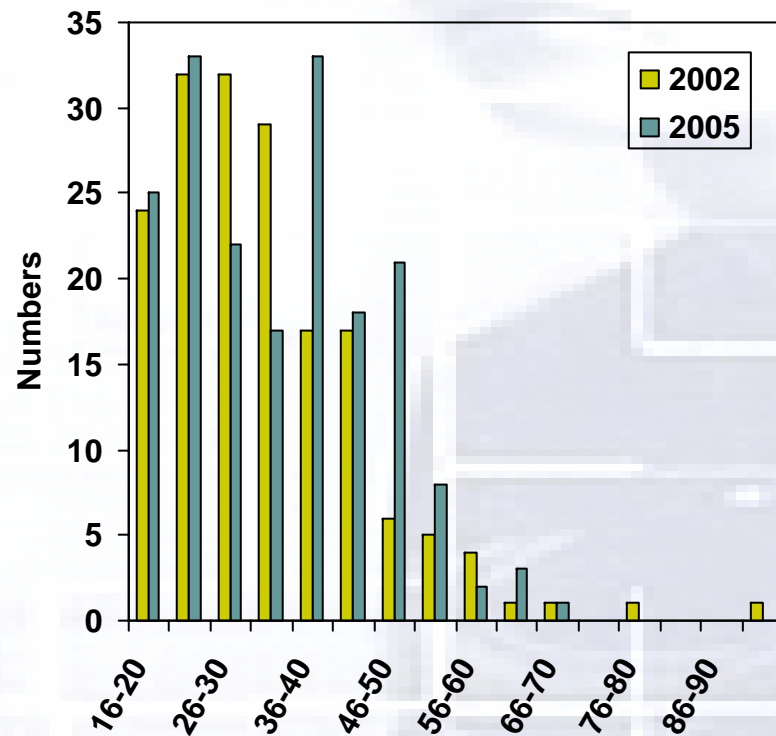
Presentation



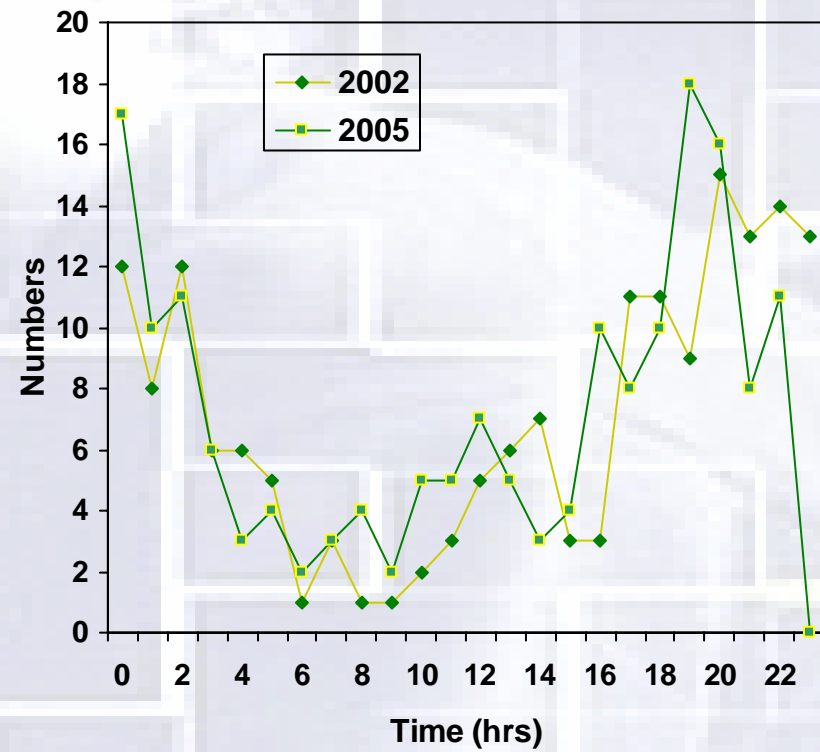
Age Distribution and Time of Presentation



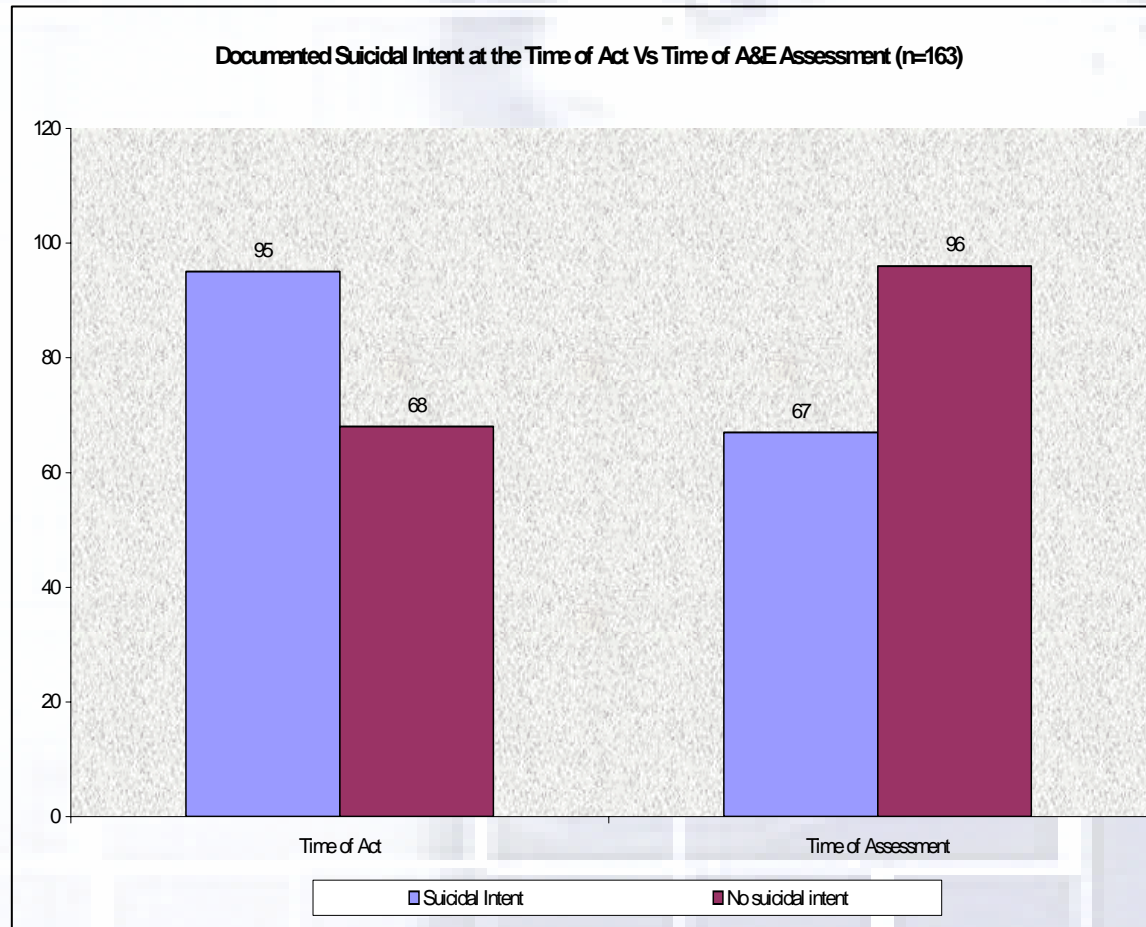
Age Distribution



Time of Presentation



Suicidal Intent



- 25% reduction in suicidal intent on reaching A&E
- Importance of engagement

Substance Use



- Strong association between drug consumption and SH
- Drugs Used:
 - Alcohol - Approximate two sided $P < 0.0001$, Approximate (Miettinen) 95% confidence interval = 0.40 to 0.56. Association of alcohol with DSH is between 40% and 50% higher than a “normal” population presenting at A&E.
 - Other drugs - Approximate two sided $P = 0.0013$, Approximate (Miettinen) 95% confidence interval = 0.034 to 0.14. Association of illicit drugs with DSH is between 3% and 14% higher than a “normal” population presenting at A&E.
 - Facilitates the act

NICE Guidelines



- NICE Guideline on Deliberate Self Harm (DSH) published in July 2004
- Applies to primary and secondary care
- Covers short term management
- Measures developed to reflect compliance to NICE guidelines

Proxy Measures for NICE Guideline Standards



Standard	Compliance 2005 (n = 172)
100% of self harm patients will have their physical and psychological needs assessed by the triage nurse using the local triage assessment tool.	30%
100% of self-harm patients will have their age recorded.	100%
100% of self-harm patients will have their gender recorded.	100%
100% of self-harm patients will have the time they arrived recorded.	100%
100% of HCP's will document the time of assessment	84%
100% of self-harm patients will have the method of harm recorded.	100%
100% of self-harm patients will have their mode of arrival recorded.	99%

HCP = Health Care Professional

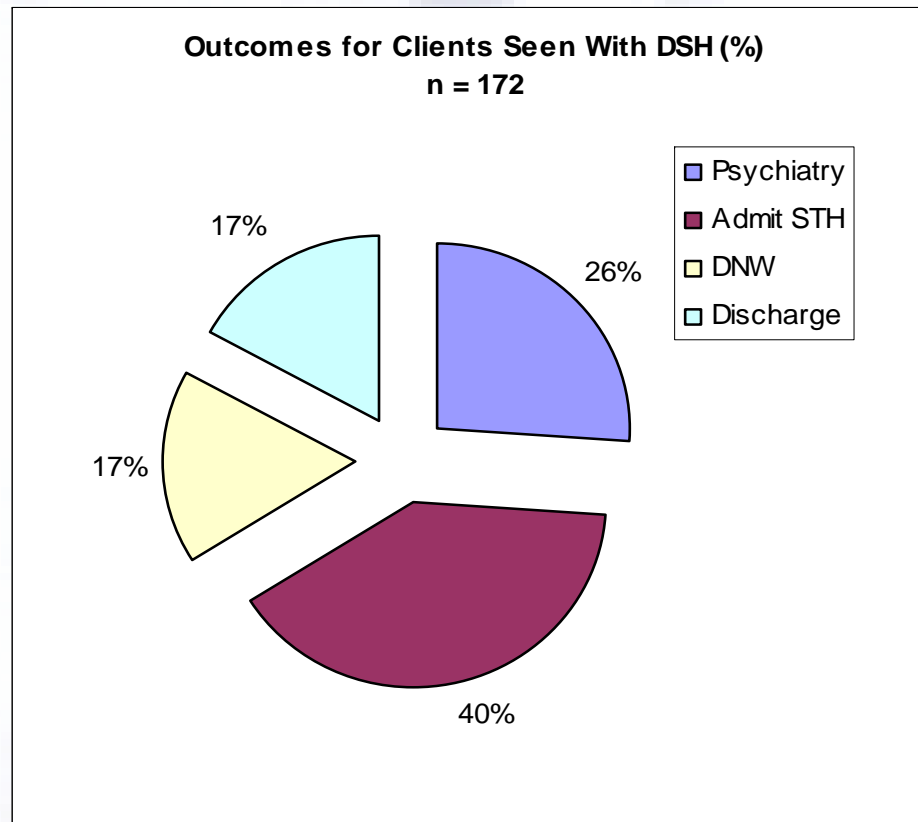


Proxy Measures for NICE Guideline Standards

Standard	Compliance 2005 (n = 172)
100% of self-harm patients will have their employment status documented	82%
100% of self-harm patients will have their type of accommodation documented	100%
100% of self-harm patients will have any previous history of mental health problems documented	96%
100% of self-harm patients will have any previous self-harm documented (if applicable)	65%
100% of self-harm patients will have any alcohol use at the time of act documented	74%
100% of self-harm patients will have any illicit drug use at the time of act documented	36%
100% of self-harm patients will have their suicidal intent at the time of act documented.	95%
100% of self-harm patients will have their suicidal intent at the time of A&E assessment documented	95%
100% of self-harm patients will have their motivation for the act documented.	59%



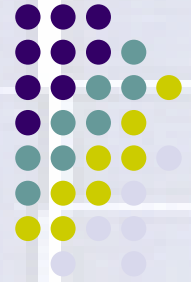
What Happens to DSH Patients?



Unmet Need ?

Ambulance Service

- 118 calls relating to SH incidents over 1 month
- 54 (45%) did not travel
- 33 Not Known on Trust systems
- 11 not identifiable
- 10 known



Observations

- Patients who self harm are significant users of services (172 identified in a 1 month period)
- 17% do not wait in Accident & Emergency
- 45% of patients who request an ambulance did not travel
- 33 (28%) patients requesting an ambulance over a 1 month period are not known to Sheffield Teaching or Sheffield Care Trust's
- Use of Resources
- Communication
- Liaison Psychiatry
- Crisis Home Teams
- Scope for improvement in some standards – re-audit planned