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

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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

- Female
- Male

Presentation

- Overdose
- Cuts
- OD+Cuts
- Hanging
- Burns
- Other

2002 vs. 2005
Age Distribution and Time of Presentation

Age Distribution

Numbers

Time of Presentation

Numbers

Time (hrs)
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

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

HCP = Health Care Professional
## Proxy Measures for NICE Guideline Standards

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<thead>
<tr>
<th>Standard</th>
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<tr>
<td>100% of self-harm patients will have their employment status documented</td>
<td>82%</td>
</tr>
<tr>
<td>100% of self-harm patients will have their type of accommodation</td>
<td>100%</td>
</tr>
<tr>
<td>documented</td>
<td></td>
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<tr>
<td>100% of self-harm patients will have any previous history of</td>
<td>96%</td>
</tr>
<tr>
<td>mental health problems documented</td>
<td></td>
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<tr>
<td>100% of self-harm patients will have any previous self-harm</td>
<td>65%</td>
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<tr>
<td>documented (if applicable)</td>
<td></td>
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<tr>
<td>100% of self-harm patients will have any alcohol use at the time</td>
<td>74%</td>
</tr>
<tr>
<td>of act documented</td>
<td></td>
</tr>
<tr>
<td>100% of self-harm patients will have any illicit drug use at the time</td>
<td>36%</td>
</tr>
<tr>
<td>of act documented</td>
<td></td>
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<tr>
<td>100% of self-harm patients will have their suicidal intent at the time</td>
<td>95%</td>
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<td>of act documented</td>
<td></td>
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<td>100% of self-harm patients will have their suicidal intent at the</td>
<td>95%</td>
</tr>
<tr>
<td>time of A&amp;E assessment documented</td>
<td></td>
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<tr>
<td>100% of self-harm patients will have their motivation for the act</td>
<td>59%</td>
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<tr>
<td>documented.</td>
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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