

better services
for people who **self-harm**

NATIONAL QUALITY IMPROVEMENT PROGRAMME

Wave 1 Re-audit Data: Summary Report July 2007

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Participating teams

With thanks to staff and service users from the following hospitals, their associated ambulance and mental health services.

Name of Hospital
Royal Blackburn Hospital, Lancashire, England
Countess of Chester Hospital, Chester, England
Craigavon Area Hospital, Co Armagh, N Ireland
Derbyshire Royal Infirmary, Derbyshire, England
Diana Princess of Wales Hospital, Grimsby, Lincolnshire, England
Furness General Hospital, Cumbria, England
Gloucestershire Royal Hospital, Gloucester, England
Great Western Hospital, Swindon, Wiltshire, England
New Cross Hospital, Wolverhampton, West Midlands, England
North Middlesex Hospital, Haringey, London, England
Northern General Hospital, Sheffield, South Yorkshire, England
Queen Alexandra Hospital, Portsmouth, Hampshire, England
Queen Elizabeth Hospital, King's Lynn, Norfolk, England
Royal Bolton Hospital, Greater Manchester, England
Royal Sussex County Hospital, Brighton, East Sussex, England
Selly Oak Hospital, Birmingham, West Midlands, England
Southampton General Hospital, Southampton, Hampshire, England
Southern General Hospital, Glasgow, Scotland
St George's Hospital, Tooting, London, England
St Thomas' Hospital, Lambeth, London, England
Staffordshire General Hospital, Stafford, England
Torbay Hospital, Torquay, Devon, England
University Hospital of North Durham, County Durham, England
Walsgrave Hospital, Coventry, West Midlands, England
West Middlesex University Hospital, Isleworth, England
Worthing Hospital, West Sussex, England
Wrexham Maelor Hospital, Wrexham, Wales

Background

In 2005, 30 emergency departments and their associated trusts signed up to the 'Better Services for People who Self-Harm' Quality Improvement programme. The programme is managed by the Royal College of Psychiatrists' Centre for Quality Improvement and partners¹. Each trust formed a local project team which included service users and staff from emergency departments (EDs) and their local mental health and ambulance services.

Between January and March 2006, each local project team collected baseline data to measure how well they were performing against the quality standards (see www.rcpsych.ac.uk/selfharmstandards) that underpin 'Better Services for People who Self-Harm'. These standards incorporate the 2004 guideline on self-harm produced by the National Institute of Health and Clinical Excellence (www.nice.org) and best practice recommendations from other professional bodies. The baseline data were collected via:

- **A case flow audit** looking at time of arrival, waiting times and patient outcome.
- **A service user survey** inviting respondents to reflect on each aspect of their journey through emergency services, from arrival by ambulance, receiving physical treatment, psychosocial assessment and discharge from the Emergency Department.
- **A staff survey** inviting views on training, support and supervision relating to self-harm as well as staff attitudes towards people who self-harm.
- **A policy checklist** asking about which working arrangements each team has in place.

After the baseline data collection, each team received a local report summarising data about their service, and an aggregated report that allowed comparison between all participating teams. Peer-review visits took place where staff and service users visited another service to discuss the local findings, exchange information on best practice and to help each other action plan. The national "Better Services" team then provided a change management training session and a series of regional learning events. During the learning events, each team was asked to give a short presentation or workshop on the changes they had made locally and to describe achievements and obstacles encountered. Additionally, a range of change interventions was provided by the central project team. This included:

- Educational material for staff, such as slide sets, information leaflets; online training exercises; a good practice checklist and assessment tools.
- Information to give to service users, such as a helpline poster, a booklet of local support groups/voluntary organisations and a leaflet exploring alternatives to self-harm.

Teams were asked to implement their action plans throughout the remainder of 2006 and beyond. Between February and May 2007, each team was re-audited, using the same data collection tools with the inclusion of additional questions asking staff and service users if they thought services had generally stayed the same, improved, or declined.

¹ Partners are: the Faculty of Accident and Emergency Medicine and the College of Emergency Medicine, Mind, the NICE National Collaborating Centre for Mental Health and the Royal College of Nursing.

The following is a summary of key achievements and suggestions for further improvement for these services, based on the re-audit data collected. These points should be viewed in the context of response rates, and in conjunction with the more detailed data in the full report (see www.rcpsych.ac.uk/cru/auditselfharm.htm)

Respondents

Number of survey responses	Baseline data	Re-audit data
Service user responses	206	87
Staff responses	964	568

Key achievements

Staff training, support and supervision

- A quarter of staff surveyed reported that the provision of education about self-harm has improved since the baseline audit. A third have attended in-house workshops, a quarter have read the 'working with people who self-harm' leaflet produced by the central project team and a fifth have seen the accompanying slide set presentation. Over 300 staff members have completed the online training exercises. The vast majority of these felt that this had improved the way they understand and work with people who self-harm.
- More teams involved service users in the delivery of training at re-audit than had been the case at baseline (40% compared to 30%). Staff reported the positive impact this can have: *"listening to service users has completely changed the way I relate to people who self-harm."*
- A fifth of staff reported an improvement in support and supervision.

Staff attitudes and behaviour

- At re-audit, more service user respondents rated staff as 'excellent' or 'good' (60% compared to 48%).
- A third of the service users surveyed felt that staff attitudes had improved since the baseline audit.
- More staff felt that people who self-harm are given the same respect and understanding as patients with other injuries (72% compared to 52% at baseline).
- More staff felt that people who self-harm are offered the same quality of physical treatment as other patients (85% compared to 71%).

Joint working and communication

- More than a quarter of staff reported an improvement in the communication between ED and mental health staff.
- Half of the services have established better working arrangements for referrals from the emergency department to the mental health unit.
- Some teams have held multi-agency workshops with senior staff and service users to streamline and improve the patient journey.

Mental health input

- A quarter of service user respondents and a similar number of staff believe that the quality of the psychosocial assessment has improved since the baseline audit.
- Half of the teams have recently improved the arrangements for 'effective liaison psychiatric services, available 24 hours a day'. Where this has been the case, staff were very positive about the value of increased mental health provision: *'liaison nurses based in the department makes communication, training, referral and caseloads much easier.'*
- Half of the teams have recently improved their working arrangements to ensure that all people who self-harm are offered a preliminary psychosocial assessment at triage or initial assessment.
- Half of the teams have also improved their policies to ensure that people who self-harm are assessed for their risk of suicide.

Waiting times

- A fifth of service users felt that waiting times have improved since the baseline audit.

Emergency department environment

- Almost two-thirds of service users rated the physical environment of the emergency department as 'good' or 'average' and a fifth felt that the environment had improved since the baseline audit.

Information for patients

- A fifth of service users and a fifth of staff felt that the quality of written information has improved, though many lamented the lack of verbal updates during their time in the Emergency Department.
- Some teams have worked together to create a patient information leaflet, with input from service users.

Areas in need of further improvement

Staff training and support

- Although there has been an improvement in the provision of training and education relating to self-harm, the majority of ambulance and ED staff continue to report the need for more.
- Over half of all ED and ambulance staff remain dissatisfied with the level of support and supervision provided.

Staff attitudes

- Although improvement has been reported, staff attitudes remain by far the most important aspect of care for the majority of service users. At re-audit, a considerable number still reported negative experiences. For example; *'I was treated like an attention-seeking time waster and not taken seriously...this increased my suicidal thoughts.'* A third of service users reported that they avoid attending the ED following self-harm due to previous negative experiences.

Physical treatment

- Almost a third of service users were dissatisfied with the physical treatment they received. Suggestions for improvement included *'Please offer pain relief'* and *'Take better care of suturing – don't just tell me I've got loads of scars so another won't make a difference.'*

Assessment and aftercare

- More than one-half of the service user respondents (57%) felt that they were not offered the appropriate aftercare. The most commonly reported problem was *'a lack of follow up'* or *'long delays waiting for ongoing treatment'*. For 16% of respondents, aftercare was felt to be worse now than during the baseline audit period in 2006.

Emergency department environment

- Although service users were generally positive about the physical environment of the ED, there were a number of comments relating to a lack of privacy, for example: *'It's hard explaining self-harm in the waiting area'* and *'The assessment room was entered by other staff on 3 separate occasions which really put me off'*. A lack of comfort and cleanliness was also mentioned by some service users and staff.

Lack of resources

- When asked if any aspects of service provision had declined since the baseline audit, a third of all comments referred to a reduction in funding.
- A number of staff respondents lamented the lack of training, low staff numbers, lack of mental health provision in the ED, poor morale and a lack of support as factors behind the worsening of service provision.

Overleaf are some recommendations for teams – many of which have already been implemented by the participating wave 1 teams.

	Instant Remedies	Medium term aims	Long-term aims
Training and support for staff	<ul style="list-style-type: none"> Distribute the information leaflet 'working with people who self-harm'* to all staff Encourage staff to use the online training exercises* Mental health staff/service users to deliver the 'understanding self-harm' slide sets*, at least twice a year Display the staff reminder 'CHECKED' list in prominent areas around the ED, urging staff to update the patient, gain consent, check if they feel safe and find out if they have any individual or cultural needs* 	<ul style="list-style-type: none"> Trust induction package to focus on mental health and self-harm in more detail Staff to receive specialist training in self-harm* Staff to receive training or education on the impact of cultural differences on self-harm Managers to review the training and support needs of staff on an annual basis 	<ul style="list-style-type: none"> Common foundation year training for all nurses to include more in-depth mental health and self-harm awareness The mental health team to provide structured advice and support to ambulance and ED staff National training curricula for ambulance and ED staff to include self-harm
Information and support for patients	<ul style="list-style-type: none"> Display/distribute information on local services, emergency contact numbers and emergency helplines and understanding self-harm* Facilitate the use of advance directives and crisis cards Consider offering advice and instructions on the self management of superficial injuries* 	<ul style="list-style-type: none"> Nominate a named member of the ED staff per shift to make contact and update patients at regular intervals Provide a written care plan which includes an emergency plan and details of who to contact in a crisis 	<ul style="list-style-type: none"> Establish better links with local voluntary sector organisations and user groups to explore joint working and signposting between services (e.g. the Samaritans referral system)
Mental health needs	<ul style="list-style-type: none"> Local project team to review the triage/initial assessment tool to see if it incorporates emotional distress Contact the central project team for examples of other triage tools 	<ul style="list-style-type: none"> Audit the number of people who self-harm and receive a psychosocial assessment 	<ul style="list-style-type: none"> Service user-led training in interview skills to take place for trainee psychiatrists, trainee social workers, and mental health nurses in preceptorship
Safety, privacy and dignity	<ul style="list-style-type: none"> Offer patients the choice between waiting in the general area or in a quiet area, where possible Ensure that assessment is carried out in a private area 	<ul style="list-style-type: none"> Managers to assess waiting and treatment areas for safety 	<ul style="list-style-type: none"> Services to involve service users (not just people who self-harm) in the planning of improvements to the environment

*Materials available to members. Telephone 020 7977 6643 or visit www.rcpsych.ac.uk/cru/auditselfharm.htm for more details.