

# Biopsychosocial assessments in older adults presenting with self-harm

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## Introduction

Self-harm is a public health concern and a strong predictor of completed suicide. The risk of suicide is 67 times higher amongst older adults who self-harm. Psychosocial assessments may reduce the risk of repeat self-harm by up to 40%.

NICE guidelines recommend that mental health (MH) specialists undertake comprehensive biopsychosocial assessment for people presenting to ED with self-harm.

Currently, only 53% receive such an assessment by specialist MH staff. The NHS Commissioning for Quality and Innovation (CQUIN) 2022 goal is to increase this number to 60-80%.

## Aims

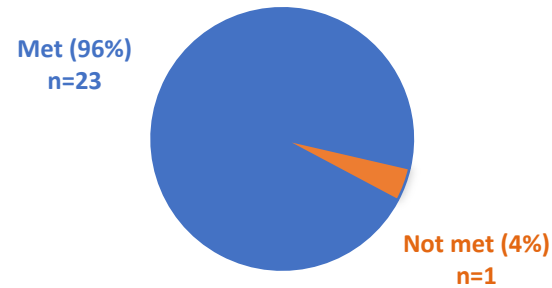
To examine whether self-harm assessments for older people presenting to MH teams are consistent with national guidelines.

## Methods

- 24 adults aged over 65 were referred to the Liaison Psychiatry Older People's (LPOP) team with self-harm presentations in 2021.
- Their electronic patient records were evaluated against a modified CQUIN biopsychosocial assessment audit tool which covered various aspects of a comprehensive assessment including older-adult specific sections (e.g. cognition, depression and physical health).
- An assessment met the standard if the majority (defined as 80% or more) of the aspects were covered and risk tools were not used to predict management or determine outcome.

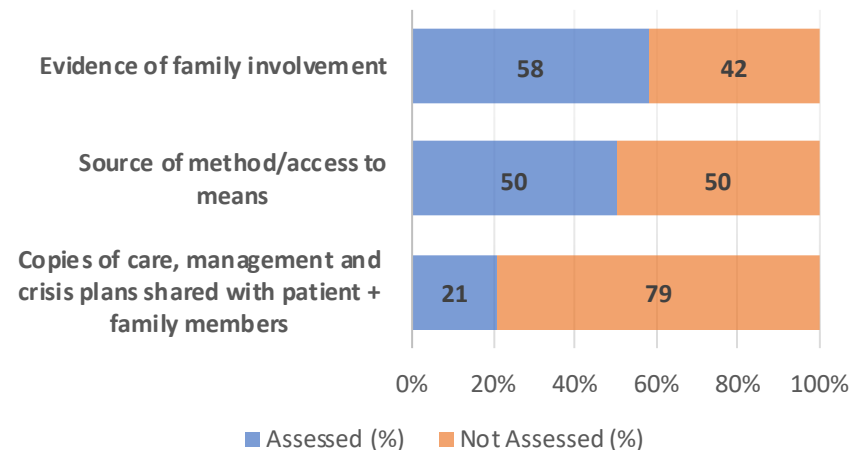
## Results

### AUDIT STANDARD



Of the 18 aspects covered in the audit tool:  
11 aspects had 100% assessment

### ASPECTS LEAST FREQUENTLY DOCUMENTED



## Discussion

The high concordance rate is in large part due to a descriptive assessment proforma which covers several areas that correspond directly to the CQUIN audit tool.

Possible strategies to improve concordance include

- Editing the existing proforma to prompt MH specialists to document further specific details e.g. source of method
- Providing the patient and family leaflets outlining the treatment received in hospital, including further sources of support

Interestingly, COVID and lockdown were notable contributing factors to self-harm in this population group

## Conclusions

LPOP biopsychosocial assessments in those with self-harm are concordant with current national guidelines in the majority of cases.

This is helped in large part by a pre-existing descriptive assessment proforma that serves as a prompt to cover several key domains.

## References

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