

A REVIEW OF SELF-HARM INITIAL ASSESSMENT DOCUMENTATION BY CAMHS CRISIS ASSESSMENT AND TREATMENT TEAM (CCATT); A CLOSED LOOP AUDIT

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AIM

- To review the initial assessments completed by CCATT clinicians for young people presenting to ED (Emergency Department) with self-harm before and after implementation of a clerking pro-forma.

INTRODUCTION

- Self-harm is prevalent with around a 1:4 lifetime risk (Wright et al 2013).
- Repetitive self-harm is a key risk factor for completed suicide (Murphy, Kapur et al 2018).
- NICE suggests a comprehensive biopsychosocial assessment with development of formulation; promoting individualised intervention and therefore risk reduction (NICE, 2013).

METHODS

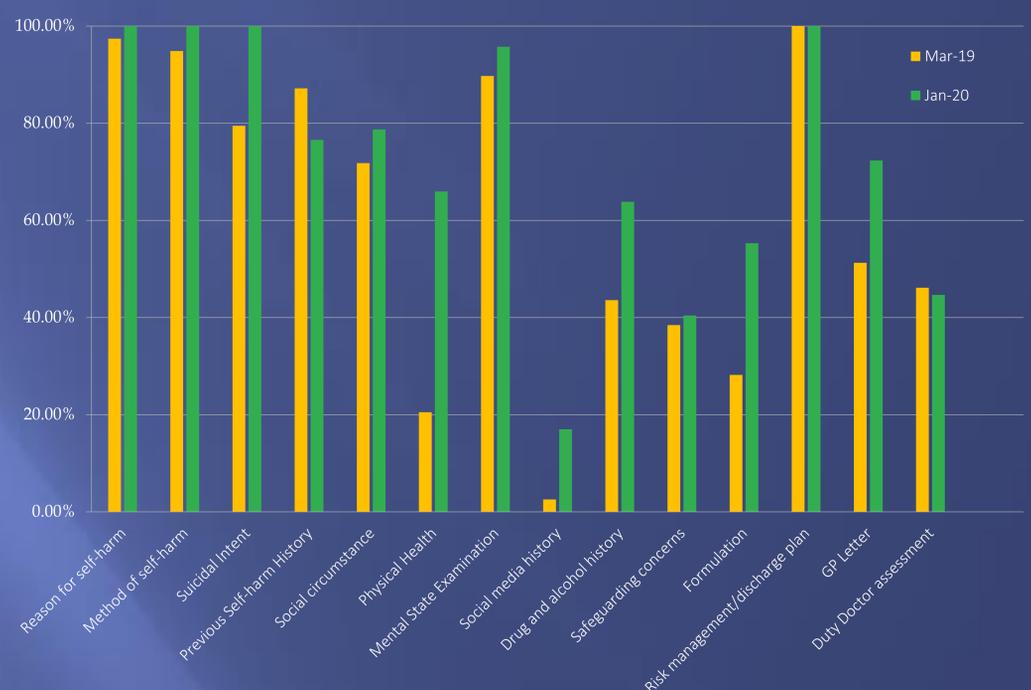
- CCATT initial assessments for young people (under 18-years) who presented to ED following an act of self-harm in March 2019 and January 2020 were identified and audited.
- Excluded if presenting with thoughts of self-harm or suicidal ideation without any acts.
- Case numbers: March 2019 n=39; January 2020 n=47.
- A pre-determined marking criteria, covering standards identified in NICE Quality Standard: Self-harm, was used to review the initial assessments (NICE, 2013).
- Following the first cycle (March 2019) a clerking pro-forma was implemented; the data collected for the second cycle aimed to determine if this improved the quality of initial assessment documentation.
- Data was collected by two members of the audit team. Inter-rater reliability and consistency of marking were enhanced by cross-checking and peer-marking.

References:

- Wright B, Hooke N, Neupert S, et al (2013) Young people who cut themselves: can understanding the reasons guide the treatment? Advances in Psychiatric Treatment;
- Murphy E, Kapur N, et al (2018) Risk factors for repetition and suicide following self-harm in older adults: multicentre cohort study; pub. Cambridge University Press
- NICE guidelines-Self-harm: Quality standard [QS34] 28 June 2013

RESULTS

- Graph comparing the results from both audit cycles to show the impact of introducing a paper clerking pro-forma. The x-axis indicates the pre-determined marking criteria and the y-axis shows the percentage of initial assessments which documented these criteria.



DISCUSSION

- The introduction of a clerking pro-forma resulted in an overall increase in the quality of information documented.
- Possible reasons for missing information include:
 - Failure to document negative/absent responses (e.g. documenting absence of safeguarding concerns if none identified).
 - Avoidance of duplication (e.g. if more than one clinician is involved in the assessment).
- Documentation of social media history; safeguarding concerns; and formulation are the areas needing most improvement.

CONCLUSION

- These are the recommendations based on our findings:
 - An electronic version of the clerking pro-forma has been developed following this audit. This provides the opportunity to re-audit the impact of a paper vs electronic pro-forma.
 - New and existing members of CCATT to be informed of the audit findings and receive training focused on biopsychosocial assessments.