

Proactive Monitoring of Self-harm Attendances to the Emergency Department; Challenges and Successes

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1989

A Deliberate Self-Harm Team was established following Health Notice HN (84) on the management of self-harm—minimum standard of care.

1990

Team members arranged to meet with leaders in the field of self-harm research to share in their knowledge & experience, particularly around data recording.

1992

The self-harm team commissioned an electronic database and reporting tool. Additional data fields added from research evidence,

1998

The 'Deliberate Self-harm' team became the "Mental Health Liaison Team" (operating Mon-Fri 9am-5pm).

2000

The Trust started using electronic patient record system 'Carenotes'. Previous database was inputted into the EPR system.

2003

The Mental Health Liaison Team developed a no new paper records approach.

2006

Derby was invited to join the Multicentre Study of Self-harm in England (MCM) project due to:

- The high standard of self-harm data being collected
- Data being electronic & therefore historic data was available
- Data was recorded in the same way as in the other study centres

2008

All relevant ethical approvals obtained for Derby to join the study. Alongside Universities of Oxford and Manchester.

2012

Derby hosted a National Conference based upon the findings of the MCM project. Published data from the MCM study helped inform the National Suicide Prevention Strategy (2012)

2013

The Mental Health Liaison Team, merged with the Hospital Alcohol Liaison Team & Confusion Team to become a 24/7 'Liaison Team' based upon the RAID model of Psychiatry.

2014

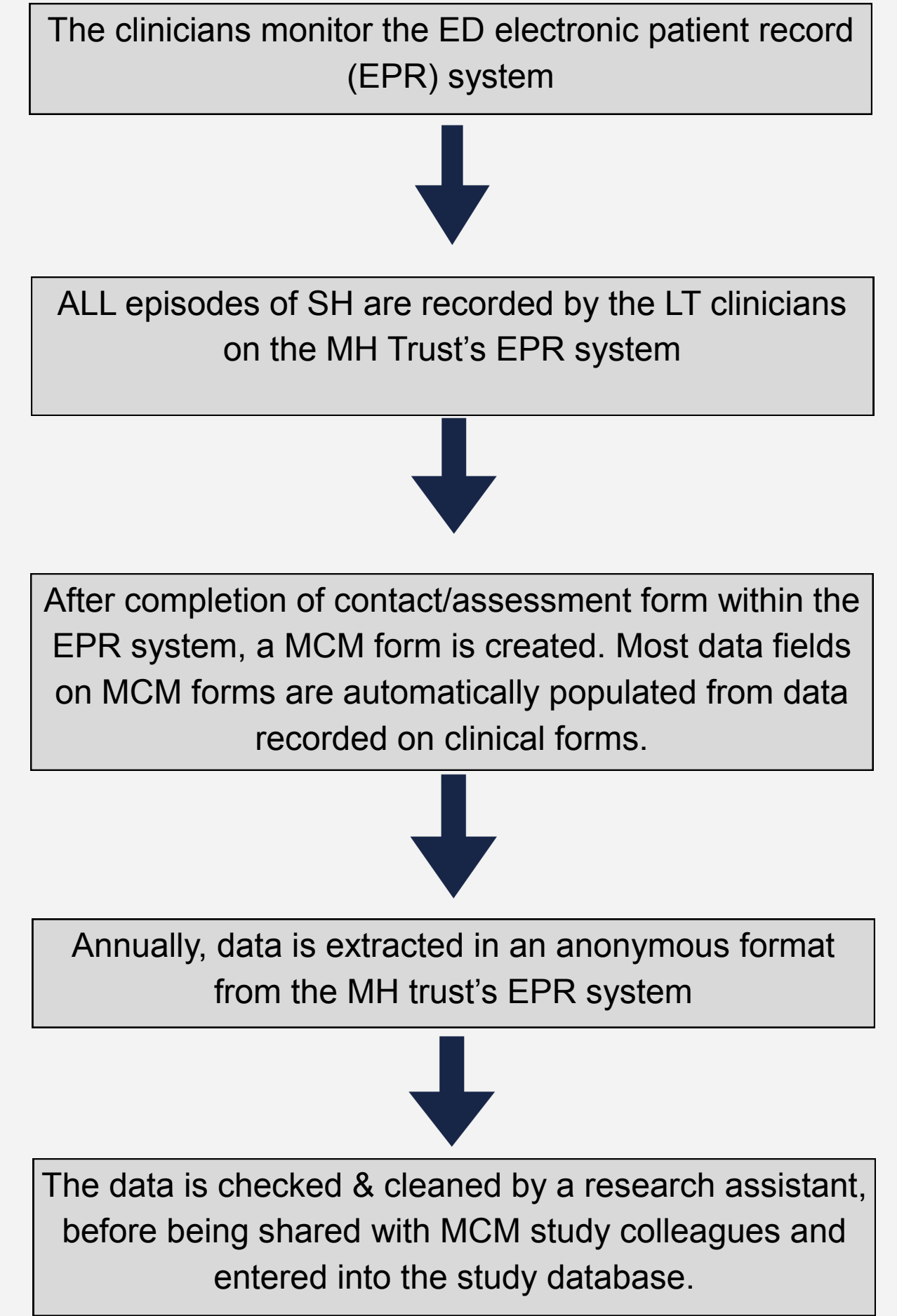
The Trust started using a new patient record system 'PARIS' & Carenotes was no longer used. All recording processes had to be redesigned & patient data from Carenotes transferred to PARIS.

Recording Self-harm Data

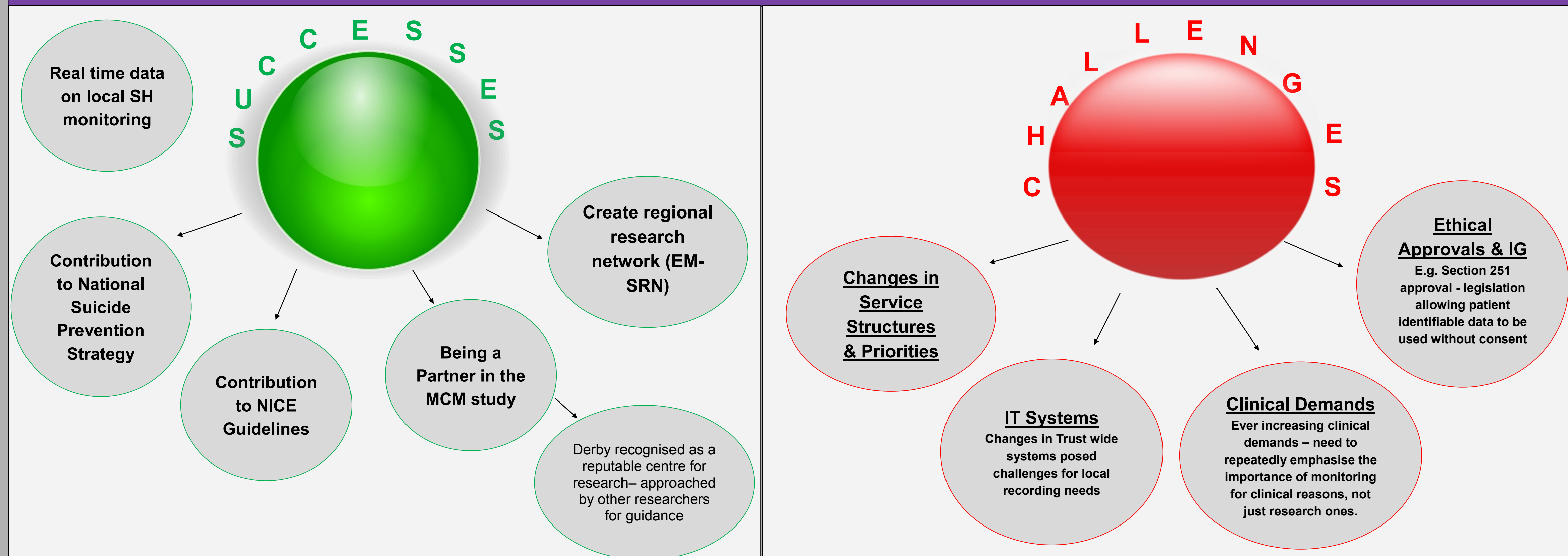
MCM study form used for recording self-harm in Derby

Demographics Method of self-harm Drugs used Precipitating problems Outcome and aftercare

Monitoring & data capture procedure



Challenges and Successes



Outcomes

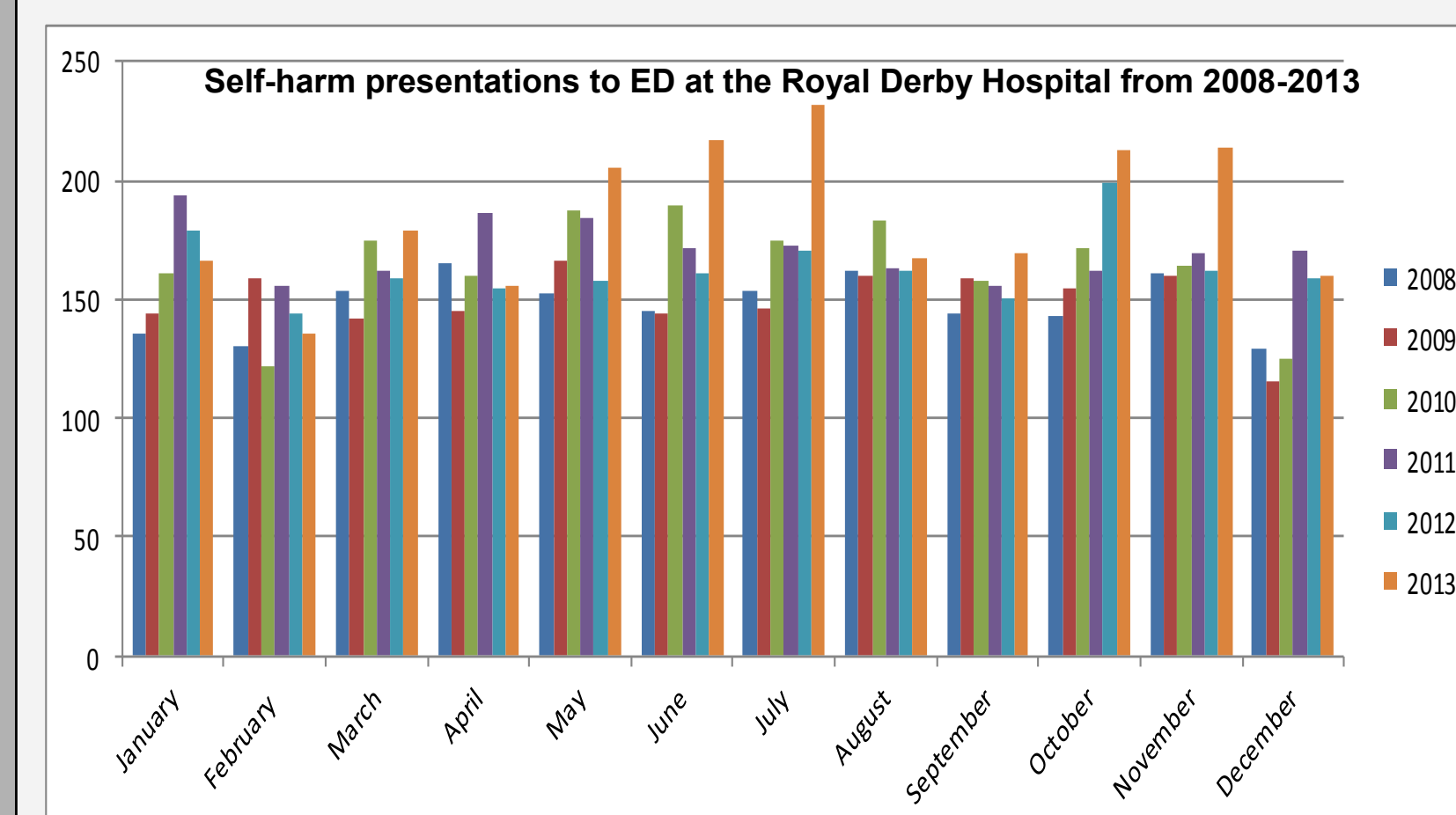
EM-SRN	MCM Project	Centre for Self-harm and Suicide Prevention Research						
<p>East Midlands Self-harm and Suicide Prevention Research Network (Google group)</p> <p>Single point of contact for all professionals to share research and good practice</p> <p>Please get in touch if you would like to join.</p>	<table border="1"> <thead> <tr> <th>Teams</th> <th>Studies on:</th> <th>Other info</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Derbyshire Healthcare University of Oxford University of Manchester </td> <td> <ul style="list-style-type: none"> Epidemiology and trends Clinical management Outcomes Pharmaco-epidemiology </td> <td> <p>Currently over 70,000 episodes of SH in 2000-2012 database</p> </td> </tr> </tbody> </table> <p>Summary of outcomes</p> <p>Number of publications: over 20</p> <p>Results presented widely at international conferences and national meetings</p>	Teams	Studies on:	Other info	<ul style="list-style-type: none"> Derbyshire Healthcare University of Oxford University of Manchester 	<ul style="list-style-type: none"> Epidemiology and trends Clinical management Outcomes Pharmaco-epidemiology 	<p>Currently over 70,000 episodes of SH in 2000-2012 database</p>	<ul style="list-style-type: none"> Officially launched in August 2013 To increase understanding & awareness of SH (e.g. via training), embed research within clinical practice, inform local & national procedures & policies, help colleagues to provide the best evidence based services possible.
Teams	Studies on:	Other info						
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Recent Publications

Below are some recent publications which have resulted from our collaboration in the MCM project:

- Clements, C., et al (2015) **Rates of self-harm presenting to general hospitals: a comparison of data from the Multicentre Study of Self-harm in England and Hospital Episode Statistics**
- Hawton, K., et al (2015) **Suicide following self-harm: findings from the Multicentre Study of Self-harm in England, 2000-2012**
- Galit, G., et al (2016) **Epidemiology and trends in non-fatal self-harm in three centres in England, 2000-2012: findings from the Multicentre Study of Self-Harm in England** (In Press, BMJ)

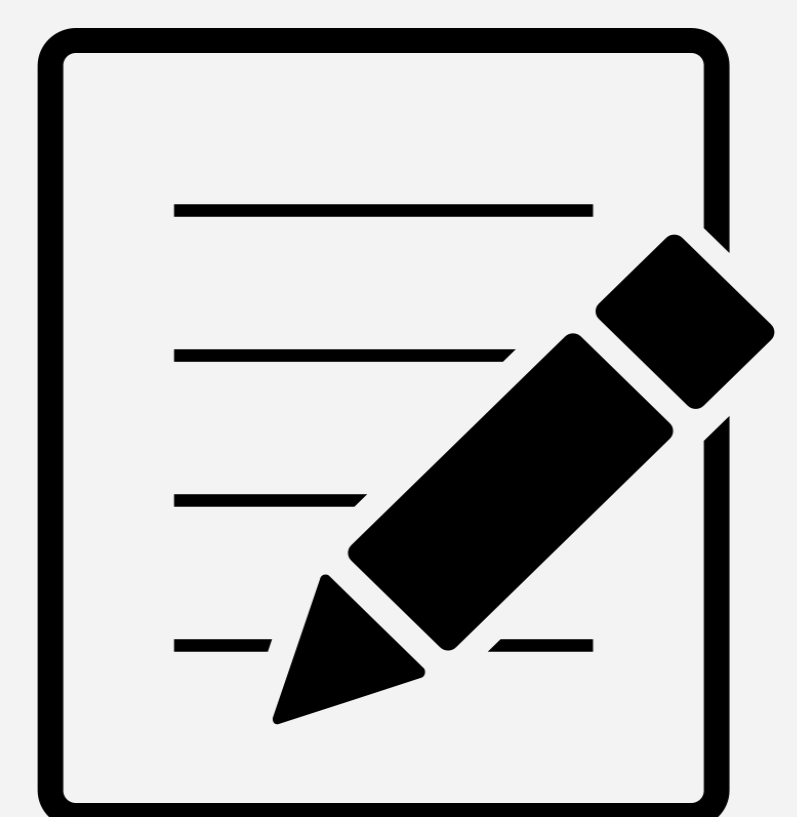
For more publications and full references, please visit: <http://cebhm.warne.ox.ac.uk/csr/mcm/publications/>



Monitoring self harm locally also allows us to identify trends in self-harm & therefore any changing clinical needs.

7 Key Messages

- Communicate with centres engaging in best practice — if you've thought of it chances are others have too.
- Make the data you're recording comparable by using well known and standardised data categories/methods of recording e.g. ICD10 codes
- Record data electronically in a systematic and reliable way
- Prevent duplication; develop a system of recording information necessary for clinical and research purposes simultaneously
- Ensure training is delivered to all staff who will be recording data
- Be patient when system and service changes occur
- Collaborate with others and share good practice



Future Directions

- Continue to share and support good clinical practice e.g. grow EM-SRN
- Encourage and support others to evaluate and improve self-harm related care
- Increase opportunities for patient and public involvement to both participate in research studies and develop new research proposals.