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Variations in the hospital management of self harm in adults in England: observational study

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More than 140 000 people present to hospital after an episode of self harm each year in England and Wales. Improving the general hospital management of these people is a key area in preventing suicide. Although professional consensus has been reached on how self harm services should be organised and delivered, wide variations in care delivery have been reported in two regions in England. Using a nationally representative sample, we investigated the variation in services and delivery of care for self harm patients in hospitals in England.

Participants, methods, and results

We selected a stratified random sample of 32 hospitals, four from each former health region (table and see bmj.com). At each hospital we interviewed two to five key emergency and psychiatric staff about hospital service structures and made arrangements with them to start audits of the processes of care. We assessed each hospital on 21 recommended self harm service standards (see table A on bmj.com). In 2001-2 each hospital did a prospective eight week audit of their management of self harm (see bmj.com). Trust staff used emergency department, medical, and mental health records if audit data were incomplete. A designated self harm or liaison service was available at 23 of the 32 hospitals. At 11 hospitals, more than half of the 21 recommended service structures were not in place (median score 12; range 7 to 20). The most commonly available aspects of service were guidelines for medical management (at 31 hospitals) and 24 hour access to specialist psychosocial assessments (at 30 hospitals) (see table A on bmj.com).

Guidelines for assessing the risk of suicide for use by staff in emergency departments were available at 17 hospitals. Only 14 hospitals had self harm service planning meetings with mental health services, emergency department, or medical staff. Routine contact with patients' general practitioners within 24 hours of discharge from emergency departments happened at only half of the hospitals. Service scale scores were weakly associated with hospital size (rank correlation 0.20, P = 0.28).

During the eight week audit, staff identified 4222 episodes of self harm. Hospitals varied widely in the proportion of attendances leading to a psychosocial service, and in the proportion of attendances that led to hospital admission (42%; 22% to 83%), psychiatric admission (9.5%; 2.5% to 23.8%), and mental health follow up (51%; 35% to 82%). Using metaregression techniques, we found no significant difference in the proportion of assessments (55%  vs  58%; odds ratio 0.88; 95% confidence interval 0.56 to 1.38; P = 0.57), admissions (42%  vs  52%; 0.65; 0.37 to 1.13; P = 0.15), psychiatric admissions (10.5%  vs  11.4%; 0.89; 0.59 to 1.37; P = 0.61), or for arrangements for follow up (53%  vs  56%; 0.91; 0.66 to 1.25; P = 0.54) between hospitals with and without a designated service. However, at hospitals with a designated service, assessments were considerably less likely to be undertaken by junior (training grade) psychiatrists alone (22%  vs  75%; 0.04; 0.01 to 0.14; P < 0.01).

Comment

Variability in organisation and provision of services for patients with self harm was striking. There was twofold variation across hospitals in levels of psychosocial assessment, fourfold variation in the proportion of

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Aims: To assess the management of deliberate self-poisoning and self-harm in a representative sample of English hospitals.

Methods: The self-harm audit form was piloted in 32 hospitals, and then used to audit self-harm in the community and inpatients. There were wide variations in the implementation of the recommended service structures.

Results: There were wide variations in the implementation of the recommended service structures. Although most hospitals had a designated self harm or liaison service, interdisciplinary working and service planning were less common. Future research should examine the relationships between the patient management and service structures described here and indicators of outcome such as repetition and suicide.

Conclusions: Participating hospitals found the audit useful, but hospitals with few admissions or with no designated service found doing the audit more difficult. A further audit is being conducted in 2004.

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