

## **Management of self-harming patients in a psychiatric ward.**

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### Abstract

**Aims** This audit compared the current management of self-harming patients, admitted to Aston ward, Lister Hospital Mental Health Unit, Stevenage, with the National Institute of Clinical Excellence(NICE) Clinical Guidelines(CG)16 published 07-2004 on: The short term physical and psychological management and secondary prevention of self-harm in primary and secondary care.

**Methods** Data was collected retrospectively from the Hertfordshire Partnership Trust computerised care notes for a period of three months from 08-09- 2008 to 08-12- 2008. Questionnaires were given to service users on admission to Aston ward (from 11-12-2008 to 11-02-2009), and at the same time to ward staff.

**Results** There were four standards derived from the above NICE Guidelines (CG16).<sup>i</sup> Questionnaires were given to staff on the ward including doctors, however all the respondents were nurses- 14/ 26 nurses. 5/ 10 service users on admission with self – harming behaviour responded. 78 service users admitted with history of self –harming behaviour three months prior to the audit had all their clinical entries examined retrospectively. 73 / 78 service users had a comprehensive assessment from healthcare professionals. 14/14 nurses stated they were respectful and understanding to service users but one service user disagreed on this standard. 9 of the nurses had in-house training but none had formal training; 40% of the service users were not happy with the quality of information about treatment options.

**Conclusions** The audit revealed that the current management of service users with self-harming history falls short of the NICE Guidelines (CG16). Therefore, the conclusion of this comparison is that there is a need for service improvement.

**Recommendations.** All nurses, doctors and relevant healthcare professionals should receive adequate training in the short term physical and psychological management and secondary prevention of self harm in primary and secondary care. A re-audit will be done in 12 months.

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### Introduction

Reducing suicidal behaviour is a national service priority in Britain.<sup>2</sup> Patients who present to services after an episode of non-fatal self-harm are a high-risk group. 1.8% of people who harm themselves die by suicide in the year following the incident.<sup>2</sup> 8.5% die by suicide over a 22-year period.<sup>2</sup> It has been argued that enhanced treatment of self-harmers could reduce overall rate of suicide.<sup>2</sup> Reduction of rate of suicide, after such interventions, could be as much as 25%.<sup>2</sup> This audit is about identifying potential improvements to our services.

## Aims

This audit was to evaluate the extent of involvement of self-harming service users (who had self-harmed prior to admission) in their own care and treatment. Secondly to make sure that all such service users were informed of all appropriate treatment options.

## Audit Standards:

Standards were adapted from the NICE Clinical Guidelines CG16: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care.<sup>2</sup>

**Standard 1:** Every patient must have a comprehensive assessment of risk and psychosocial needs.

**Standard 2:** Staff showed respect and understanding to every admitted patient who had self-harmed.

**Standard 3:** The Trust had provided training to all relevant ward staff and doctors.

**Standard 4:** Every patient must be offered full information about treatment options.

## Methods

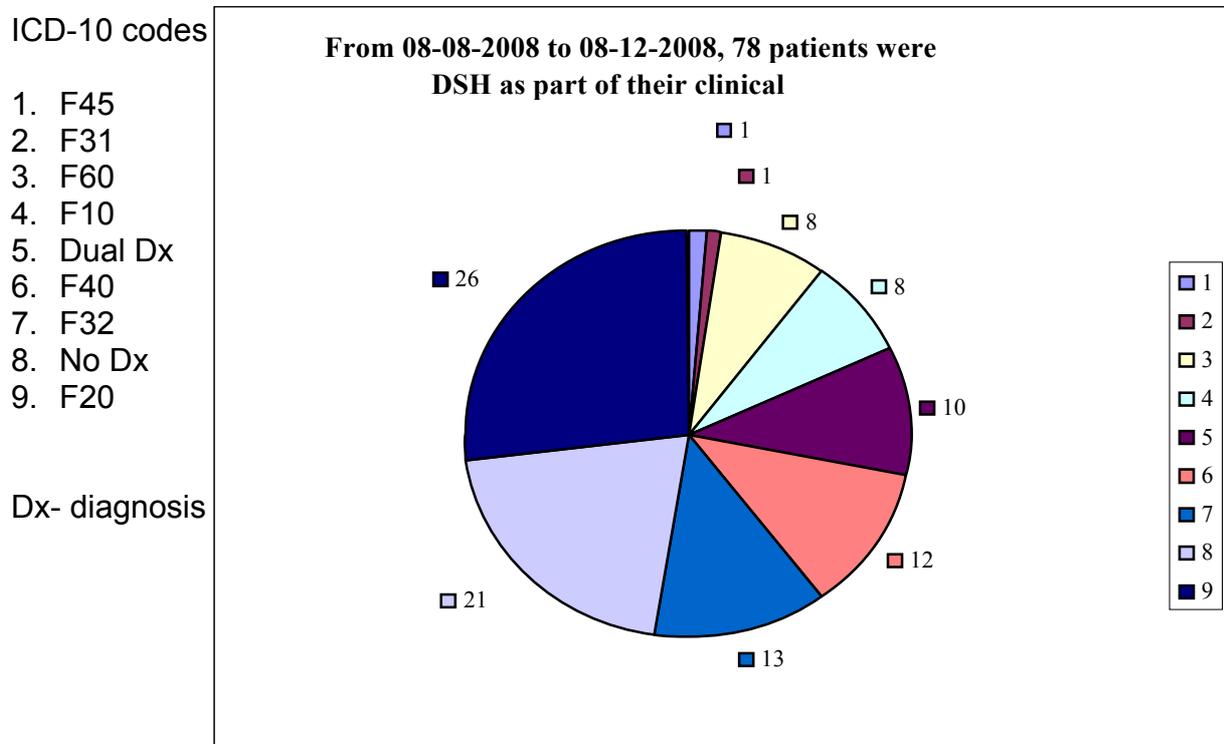
Aston ward is located in the Mental Health Unit at the Lister Hospital. In addition, it is an acute in-patient unit of the Hertfordshire Partnership Foundation Trust. To ensure that the data collected was precise, only essential information was collected.

Questionnaires were given to all patients admitted to Aston ward from 11-12-2008 to 11-02-2009, who had self-harmed prior to admission. Questionnaires were also given to all the ward staff including nurses and doctors. These questionnaires included questions on the perception of the ward staff on the quality of training they had received from the Trust before and during the audit period. All clinical entries of 78 service users who were admitted with clinical presentation including self-harming behaviour and then discharged from the ward within three months prior to this audit (08-09-2008 to 08-12-2008) were examined in detail using retrospective data from Care notes, the Trust computerised clinical entry system.

## Results

78 service users with clinical presentation including deliberate self-harm (DSH) were admitted and then discharged from the ward from 08-08-2008 to 08-12-2008. Five out of the ten service users who had self-harmed while admitted to Aston ward during the period 11-12-2008 to 11-02-2009 responded. Fourteen out of twenty-six nurses responded. None of the other ward staff including doctors responded.

**Figure 1- Proportion of responding service users with their respective ICD-10 diagnostic coding.**



F45- Somatoform disorders; F31- Bipolar affective disorder; F60- Specific personality disorders ; F10- Mental and behavioural disorder secondary to alcohol; F40- Phobic anxiety disorder; F32- Depressive episode; F20- Schizophrenia.

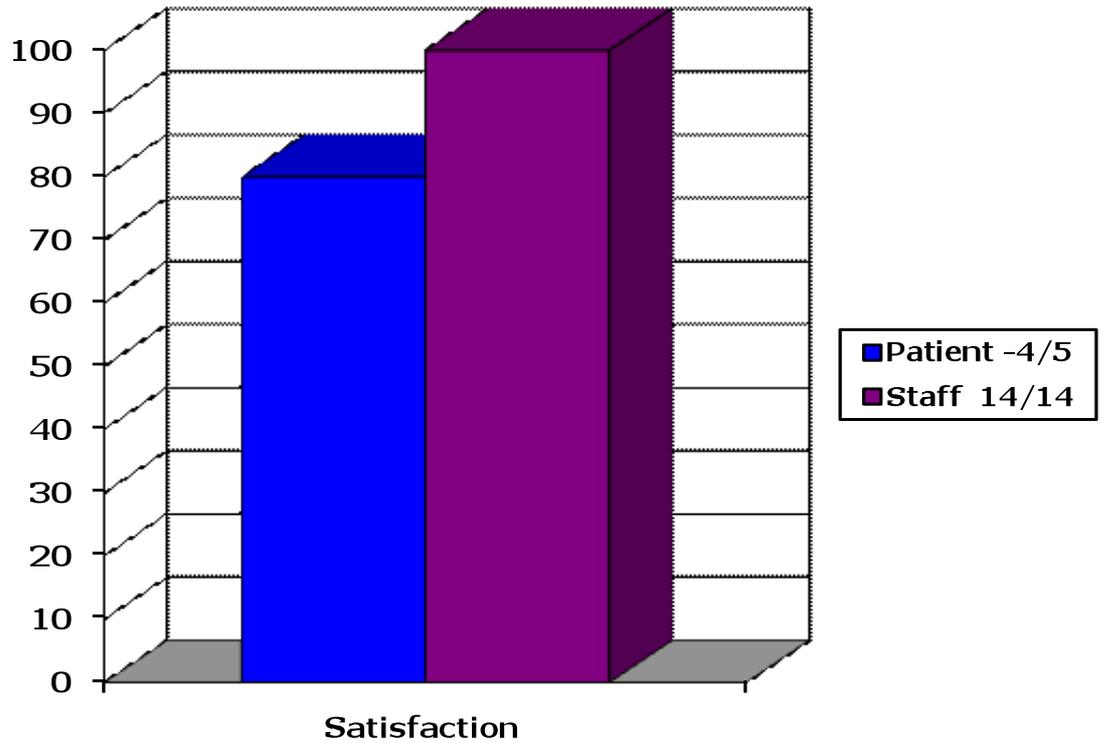
### Comparison of Results with Audit standards

**Standard 1:** 73 out of 78 service users had a full assessment of their risks and psychosocial needs, and therefore these service users satisfied Standard 1.

**Standard 2:** All the 14 nurses that responded agreed that they satisfied Standard 2- showing respect to all admitted service users with self-harming behaviour.. However, one of the responding service users disagreed.

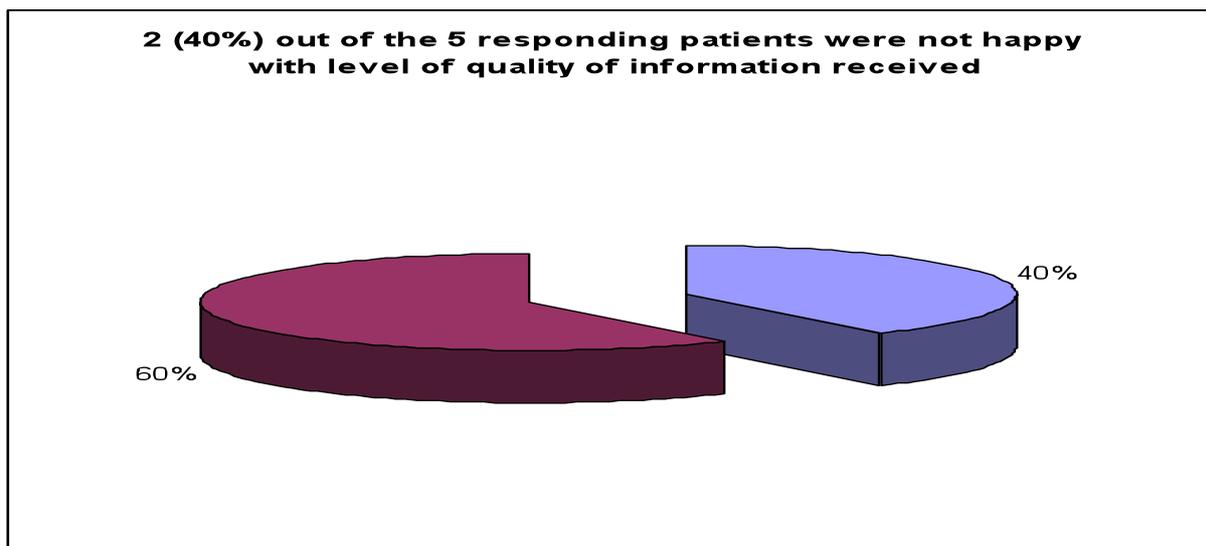
**Standard 3:** 5 out of the 14 nurses had no formal training. The remaining 9 nurses stated that they had been given in-house training. According to the ward manager, no formal training on management of self-harming behaviour had been given to the ward staff.

**Figure 2-** Comparison of perception of Standard 2 between nurses and service users.



**Standard 4:**

**Figure 3-** Service users' perception of Standard 3



### Comments from Questionnaires:

3 out of 5 of the patients that responded stated they did not receive adequate information regarding future risks to self. 3 out of 5 patients were not happy with the treatment of their superficial injuries e.g. cuts and lacerations. 2 out of 5 patients replied that identified areas of social and personal difficulties were not taken into consideration before their discharge. 3 out of 10 patients on admission during this period of survey had established personality disorders.

### Observations from the Computerised entries:

15 patients were selected out of the 78 patients identified, using systematic random sampling; 11 out of 15 patients appeared to have satisfied Standard 2 & 4, as these patients were apparently satisfied with their care package and had no complaints post discharge. Some of the ward staff complained that the ward environment is not conducive enough for confidential one to one with patients. Staff wanted increase therapeutic time with service users.

### Conclusions

In theory, any audit where the standard / criteria are not met in all the cases, suggests a potential for improvement in care. This is an important clinical presentation that can potentially result in fatality, hence it is important to achieve 100% positive response rate in some standards. In practice, especially with some patients, there might be bias in their responses but 80% positive responses would be an acceptable cut-off. Therefore, the conclusion of this comparison is that there is a need for service improvement.

### Recommendations

This audit was presented to medical and nursing colleagues and the following recommendations were made:

- Adequate formal training must be given to appropriate healthcare members of staff regarding the management of self-harming patients. The ward manager should liaise with the appropriate Trust lead with a view to set in motion a training schedule. All care coordinators and key nurses to ensure that all patients are informed of their management plans, all identified needs, and concerns are adequately addressed.
- Re-audit in 12 months time to monitor implementation of changes, allow for service improvement and implementations of recommendations.

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