

## GENERAL HOSPITAL SERVICES FOR SELF-HARM (SH) PATIENTS

1. Hospital:

2. Acute Trust:

3. Mental Health Trust:

4. Job Titles of informants:

- a) Mental Health Nurse
- b) Consultant Liaison Psychiatrist
- c) Mental Health Manager (specify role:...)
- d) A&E Consultant
- e) A&E medic
- f) A&E nurse
- e) A&E manager
- f) Mental Health other (specify.....)
- g) A&E other (specify.....)

### 5. GENERAL HOSPITAL AND PSYCHIATRY SERVICES

5.1 Nature of general hospital

Teaching (University)<sup>1</sup>  
 DGH<sup>2</sup>  
 Other<sup>3</sup>


(i) Has your psychiatric service changed since 2001?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify.....

.....

(ii) Comments (*What influenced these changes? E.g. Clinical Guidelines, achieving targets etc*)

.....

.....

5.2 (i) Is there a psychiatric unit/department within the hospital?

Yes <sup>1</sup>	No <sup>2</sup>

(ii) a) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

b) If yes, specify.....

(iii) Comments.....

### 6. SERVICES FOR SELF-HARM (SH) PATIENTS

6.1 (i) Has a system been set up for monitoring the number of hospital attendances, discharges & referrals of SH patients?

[G2  
0]

Yes <sup>1</sup>	No <sup>2</sup>

item scale: 20

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify** .....

[G2 1] (iii) **Has there been any audit of the service for SH patients in the last 2 years?**

Yes <sup>1</sup>	No <sup>2</sup>

item scale: 21

**ASK FOR REPORT IF AVAILABLE**

a) **If yes, describe** (give key findings and recommendations).....

.....

(iv) **Comments** .....

6.2 [G4] (i) **Is there a local specific planning/working group for planning/overseeing the service for self-harm patients?**

Yes <sup>1</sup>	No <sup>2</sup>

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify** .....

(iii) **Comments** (who? ask for professional backgrounds / roles of members)

.....

.....

6.3 (i) **Is there a specific consultation or liaison psychiatric service for general medical or surgical patients? \***

Yes <sup>1</sup>	No <sup>2</sup>

\*Designated service defined as 'where at least one member of staff was based at the general hospital site in a liaison service'

(ii) a) **Has this changed since 2001/2?**

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b) **If yes, specify** .....

(iii) **Comments** (grade, number of staff and hours available

(WTE).....

.....

.....

(iv) **Are patients provided with follow care by this service?**

Yes <sup>1</sup>	No <sup>2</sup>

(v) **Describe service** (e.g. therapeutic interventions)

.....

6.4 (i) **Is there a service for self-harm patients only, in addition to the service described in 6.3?'**

Yes <sup>1</sup>	No <sup>2</sup>

[G3]


a) **If yes, describe**.....

.....

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify** (inc. any decrease in services available).....

(iii) **Are patients provided with follow care with this service?**

Yes <sup>1</sup>	No <sup>2</sup>

(iv) **Describe service (e.g. therapeutic interventions)**

.....

.....

6.5 **If there is a psychiatric liaison service or designated self-harm service available:**

Yes <sup>1</sup>	No <sup>2</sup>

(i) a) **Are there regular meetings at which these staff discuss specific patients?**

b) **If yes, how frequently are these held?**.....

c) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

d) **If yes, specify**.....

.....

(ii) a) **Are there service planning/strategy meetings for these staff?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, describe**.....

.....

c) **If yes, how frequently are these held?**.....

d) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

e) **If yes, specify**.....

(iii) **Comments**.....

6.6 (i) a) **Do regular service planning meetings take place between the self-harm team/psychiatric service and the general medical service involved in the care of self-harm patients?**

Yes <sup>1</sup>	No <sup>2</sup>

[G11]

b) **If yes**, how frequently are these held?..... [G11]  
(at least once per year)

Yes <sup>1</sup>	No <sup>2</sup>

(ii) a) **Has this changed since 2001/2?**

b) **If yes, specify**.....

(iii) **Comments** (who attends these meetings?).....

6.7 (i) **If there IS a A&E liaison and/or specific self-harm service, is this available:**

item scale: 8 (also see comments)

Yes<sup>1</sup> No<sup>2</sup>

- [G8] a) All the time (day and night)
- b) Daytime (weekdays only)
- c) Daytime (including weekends)
- d) Other (describe)


(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(iii) **Comments** (Include arrangements for non-cover periods).....

**If there IS a specific A&E liaison and/or self-harm service, go to question 6.10**

**If there is NO specific A&E liaison and/or SH service:-**

6.8 For those patients who are not admitted:

(i) **Are psychosocial assessments provided by:**

- a) On-call psychiatrists or psychiatric staff on a routine basis
- b) Staff calling in psychiatrists only for special cases
- c) Other (describe)
- d) Is 24-hour cover available by one or more of the above?

Yes<sup>1</sup> No<sup>2</sup>


item scale: 8 (see also 6.7)

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(iii) **Are these arrangements available:**

- [G8] a) All the time (day and night)  
 b) Daytime (weekdays only)  
 c) Daytime (including weekends)  
 d) Other (describe)

Yes <sup>1</sup>	No <sup>2</sup>

.....

(iv) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(v) **Comments**.....

**6.9 If there is no specific SH service:-**

**For those patients who are admitted:**

(i) **Are psychosocial assessments provided by:**

- a) On-call psychiatrists and colleagues on a routine basis  
 b) Medics calling in psychiatrists only for special cases  
 c) Other (describe)  
 d) Is 24 hour cover available by one or more of the above?

Yes <sup>1</sup>	No <sup>2</sup>

.....

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(iii) **Are these arrangements available:**

- [G8] a) All the time (day and night)  
 b) Daytime 9-5 (weekdays only)  
 c) Daytime 9-5 (including weekends)  
 d) Other (describe)

Yes <sup>1</sup>	No <sup>2</sup>

.....

(iv) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(v) **Comment** .....

**6.10 If there is 24 hour access to a psychiatrist, psychiatric nurse or social worker who is able to undertake psychosocial assessments:-**

(i) **Is immediate advice (within 15 minutes) available over the telephone?**

[G9]

item scale: 9

Yes <sup>1</sup>	No <sup>2</sup>

(ii) **Is emergency attendance, when requested, available within 1 hour?**

[G10]

item scale: 10

Yes <sup>1</sup>	No <sup>2</sup>
Yes <sup>1</sup>	No <sup>2</sup>

(iii) **Has this changed since 2001/2?**

a) **If yes, specify**.....

(iv) **Comment:** *(e.g. difference in experience between policy and on the ground* .....

**6.11 Psychosocial assessments carried out by mental health staff:**

(i) **Do these psychosocial assessments include an assessment of suicide risk?**

[G9]

(ii) **An assessment of needs?**

[G9]

(iii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>
Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(iv) **Comment:** *(how are these assessments carried out e.g. structured proforma/ semi-structured interview/clinical judgement)*

.....  
 .....

(v) **Approximately what proportion of self-harm patients attending ED receive a specialist psychosocial assessment?**.....

(vi) **Comments**.....

(vii) **Are there written Guidelines/checklist to assist psychiatric clinicians in the psychosocial assessment of SH patients?**

item scale: 7

Yes <sup>1</sup>	No <sup>2</sup>

a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(viii) **Comments**.....

ASK FOR COPY OF POLICY DOCUMENT AND/OR GUIDELINES/ SCALE/  
ASSESSMENT TOOL IF AVAILABLE

[G6]

(ix) **Are there ongoing supervision arrangements in place for psychiatric staff members (new and existing) who undertake psychosocial assessments?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, give details**.....

.....

b) **Who undertakes this supervision?**.....

c) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

d) **If yes, specify**.....

(x) **Comments**.....

ASK FOR A COPY OF POLICY DOCUMENT AND/OR GUIDELINES IF AVAILABLE

**6.12 Referral & Assessment Policy (irrespective of whether or not there is a specific service)**

[G10]

(i) **Do staff in the ED have access to Mental Health Patient Information systems when assessing patients?**

Yes <sup>1</sup>	No <sup>2</sup>

(ii) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, specify**.....

(iii) **Comment:** .....

(iv) **Is there a protocol/guideline/aide memoire for staff in the ED:**

[G1]

a) **for the immediate medical management of self-harm?**  
item scale: 1

Yes <sup>1</sup>	No <sup>2</sup>

[G2]

b) **for the immediate assessment of suicide risk and severe mental disorder for self-harm patients?**

Yes <sup>1</sup>	No <sup>2</sup>

item scale: 2

[G2]

c) **for the assessment of needs of all self-harm patients?**

Yes <sup>1</sup>	No <sup>2</sup>

(v) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, specify**.....

(vi) **Comment** (*policy, use of scale, when and by whom assessment takes place*)

(vii) Is there a specific policy regarding who should be referred for assessment to the psychiatric service (e.g. all possible patients to be assessed)?

Yes <sup>1</sup>	No <sup>2</sup>

If yes:

a) What is this policy? .....

[G7]

b) Are there written guidelines/a checklist for use in deciding which patients should be referred to psychiatry?

Yes <sup>1</sup>	No <sup>2</sup>

(viii) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify .....

(ix) Comments: .....

[G7] (x) b) Is there a specific triage system used for patients who self-harm?

Yes <sup>1</sup>	No <sup>2</sup>

If yes:-

a) What is this policy? .....

(xi) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify .....

(xii) Comments: .....

[G7] (xiii) a) Are there written guidelines/a checklist for use in referrals for the ED to community health teams?

Yes <sup>1</sup>	No <sup>2</sup>

(xiv) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify .....

(xv) Comments: .....

ASK FOR A COPY OF POLICY DOCUMENT AND/OR GUIDELINES IF AVAILABLE

6.13 Training policy:

(i) Is there any training for ED staff in the assessment

Yes <sup>1</sup>	No <sup>2</sup>
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for psychiatric referral of self-harm patients?

--	--

If yes what is the nature of this training:

a) who is nominated to undertake the training?

.....

b) what is the frequency of this training?

.....

c) How long are the sessions?

.....

d) What are the subjects covered?

.....

.....

e) For whom is it provided?.....

.....

(ii) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify.....

.....

(iii) Is there any training for general medical/nursing staff on the special admission (short stay)/ED/observation wards, in the assessment for psychiatric referral of self-harm patients?

Yes <sup>1</sup>	No <sup>2</sup>

If yes:

a) What is the nature of this training (who is nominated to undertake the training/frequency/how long/subjects covered?

.....

.....

b) For whom is it provided?.....

(iv) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify.....

(v) Comments: .....

vi) **Is there any training for general medical/nursing staff on the general ward (to which most patients are admitted), in the assessment for psychiatric referral of self-harm patients?**

Yes <sup>1</sup>	No <sup>2</sup>

**If yes:**

a) **What is the nature of this training (who is nominated to undertake the training/frequency/how long/subjects covered)?**

.....

b) **For whom is it provided?**.....

(vii) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, specify**.....

(viii) **Comments:** .....

[G6]

(ix) **Are there ongoing supervision arrangements in place for staff members (new and existing) who undertake psychosocial assessments?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, give details**.....

.....

b) **Who undertakes this supervision?**.....

(x) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, specify**.....

(xi) **Comments**.....

**6.14 Are rooms which allow for privacy and confidentiality, available for conducting interviews with self-harm patients (and other patients/relatives with emotional problems):**

[G12] (i) a) **Either in or close to the A & E department?**  
item scale: 12

[G13] b) **Either in or close to the inpatient unit where the majority of patients are assessed?**

item scale: 13

(ii) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, specify**.....

(iii) **Comments**.....

6.15 (i) a) **Does a formal referral arrangement exist with Social Services to visit and offer advice to SH patients who have significant social difficulties?**

[G1 4]  
item scale: 14

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(ii) (a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

(iii) **Comments**.....

6.16 (i) a) **Can those admitted as inpatients remain in hospital until they have received a psychosocial assessment?**

[G15] item scale: 15

Yes <sup>1</sup>	No <sup>2</sup>

b) **Comments (include reasons if no):** .....

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

6.17 (i) a) **Is there a policy stating that a patient's GP should be contacted within 24 hours of patient discharge from an ED Department?**

[G16] item scale: 16

Yes <sup>1</sup>	No <sup>2</sup>

b) **Comments** [prompt: any policy regarding contact with GPs/target interval]

c) **Where a patient who has self-harmed is discharged from ED, whose responsibility is it to communicate with the GP?**

d) **Is there a policy for communicating with GP/others for patients who self-discharge prior to assessment?**

.....

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

.....

6.18 (i) a) **Is there a policy stating that a patient's GP should be**  
[G17] **contacted within 24 hours of patient discharge from an**  
**medical inpatient unit?**

Yes <sup>1</sup>	No <sup>2</sup>

item scale: 17

b) **Comments:**.....

.....

**c) Where a patient who has self-harmed is discharged from an medical inpatient unit, whose responsibility is it to communicate with the GP?**

.....

(ii) (a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

6.19 a) **Are self-harm patients routinely given printed material**  
[G18] **about local services, voluntary groups and how to obtain**  
**access to them?**

Yes <sup>1</sup>	No <sup>2</sup>

**What information is given? (list)**

1.....

2.....

3.....

4.....

b) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

c) **If yes, specify**.....

d) **Comments**.....

6.20 a) **Are there any formal links with non-statutory services**  
[G19] **(e.g. self-help groups, the Samaritans)?**

Yes <sup>1</sup>	No <sup>2</sup>

item scale: 19

b) **If yes, specify**.....

**Aftercare service**

6.21 a) **Do patients receive routine cards/letters following discharge?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

e) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

f) **If yes, specify**.....

g) **Comments**.....

6.22 (i) a) **Are patients offered emergency access to the service in future crises? (e.g. by giving them an emergency (Green) Card)**

Yes <sup>1</sup>	No <sup>2</sup>

**If yes:**

b) **What form does this take?**.....

c) **What criteria are used in deciding to whom this should be offered?**.....

d) **Comments**.....

(ii) a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

6.23 (i) a) **Do any of the local health service organisational structures affect the care of SH patients (e.g. different Trusts for psychiatric and general hospital services, psychiatric services on a different site some distance away.....any others)?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

.....

.....

Yes <sup>1</sup>	No <sup>2</sup>
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(ii) a) **Has this changed since 2001/2?**

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b) **If yes, specify**.....

.....

6.24 (i) a) **Are there special arrangements for young people who have self-harmed?**

Yes <sup>1</sup>	No <sup>2</sup>

**If yes:**

b) **What are these?** (define young people).....

.....

(ii) (a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

**ASK FOR A COPY OF THE PROTOCOL, IF AVAILABLE**

6.25 a) **Are there any special arrangements for the care of older self-harmers ?**

Yes <sup>1</sup>	No <sup>2</sup>

**If yes:**

b) **What are these?** (define older people).....

.....

a) **Has this changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

b) **If yes, specify**.....

.....

**ASK FOR A COPY OF THE PROTOCOL, IF AVAILABLE**

6.26 a) **Are there any special arrangements for the carers of self-harmers ?**

Yes <sup>1</sup>	No <sup>2</sup>

**If yes:**

b) **What are these?** e.g. given information on services available

.....

.....

Yes <sup>1</sup>	No <sup>2</sup>

a) **Has this changed since 2001/2?**

b) **If yes, specify**.....

.....  
**ASK FOR A COPY OF THE PROTOCOL, IF AVAILABLE**

**Diagram of process of hospital care for SH patients (physical site, who seen by and sequence) – has this changed since 2001-2002? – if so, specify.**

**NB: compiled by research team based on information collected**



**DATA FROM OTHER HOSPITAL SOURCES (OBTAIN INFORMATION ON SOURCES AT THE END OF EACH INTERVIEW)**

**7. AMBULANCE SERVICES**

7.1 (i) Do patients have a choice regarding which ED they are brought to by the ambulance service?

Yes <sup>1</sup>	No <sup>2</sup>

(ii) Has this changed since 2001/2?

Yes <sup>1</sup>	No <sup>2</sup>

a) If yes, specify.....

.....

**8. GENERAL HOSPITAL DATA**

8.1 (i) What is the size of the catchment area population?

a) All ages.....

b) 15 years and over.....

(ii) What is the predominant distribution of this population?

- a) Urban
- b) Rural
- c) Both Equally


(iii) Comments.....

8.2 (i) What is the total number of general hospital beds (of all kinds)?.....

(ii) What type of special admission (short-stay)/ED/observation beds are there?

Ward type <sup>1</sup>	No. of beds <sup>2</sup>	Inclusion in hospital admission figures <sup>3</sup> (Y/N)
a)		
b)		
c)		
d)		

(iii) Comments.....

(iii) **Has the type, number or coding of such beds changed since 2001/2?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, describe**.....

.....

8.3 (i) **Is there a designated ward for the admission of most cases of self-harm?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, describe**.....

.....

(ii) **Does this ward have staff with psychiatric experience?**

Yes <sup>1</sup>	No <sup>2</sup>

a) **If yes, give details**.....

.....

(iii) **Comments**.....

8.4 (i) **Total number of attendances in ED in**

a) 2001/02 .....

b) 2008/2009.....

(ii) **Comments**.....

(iii) **Total number of SH attendances in ED**.....

a) 2001/02.....

b) 2007/08 .....

c) 2008/09 .....

(iv) **Comments (including data sources)**.....

.....