

Adult Mental Health A Collaborative Approach to Self-Harm aged 18 upwards

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ADULT MENTAL HEALTH

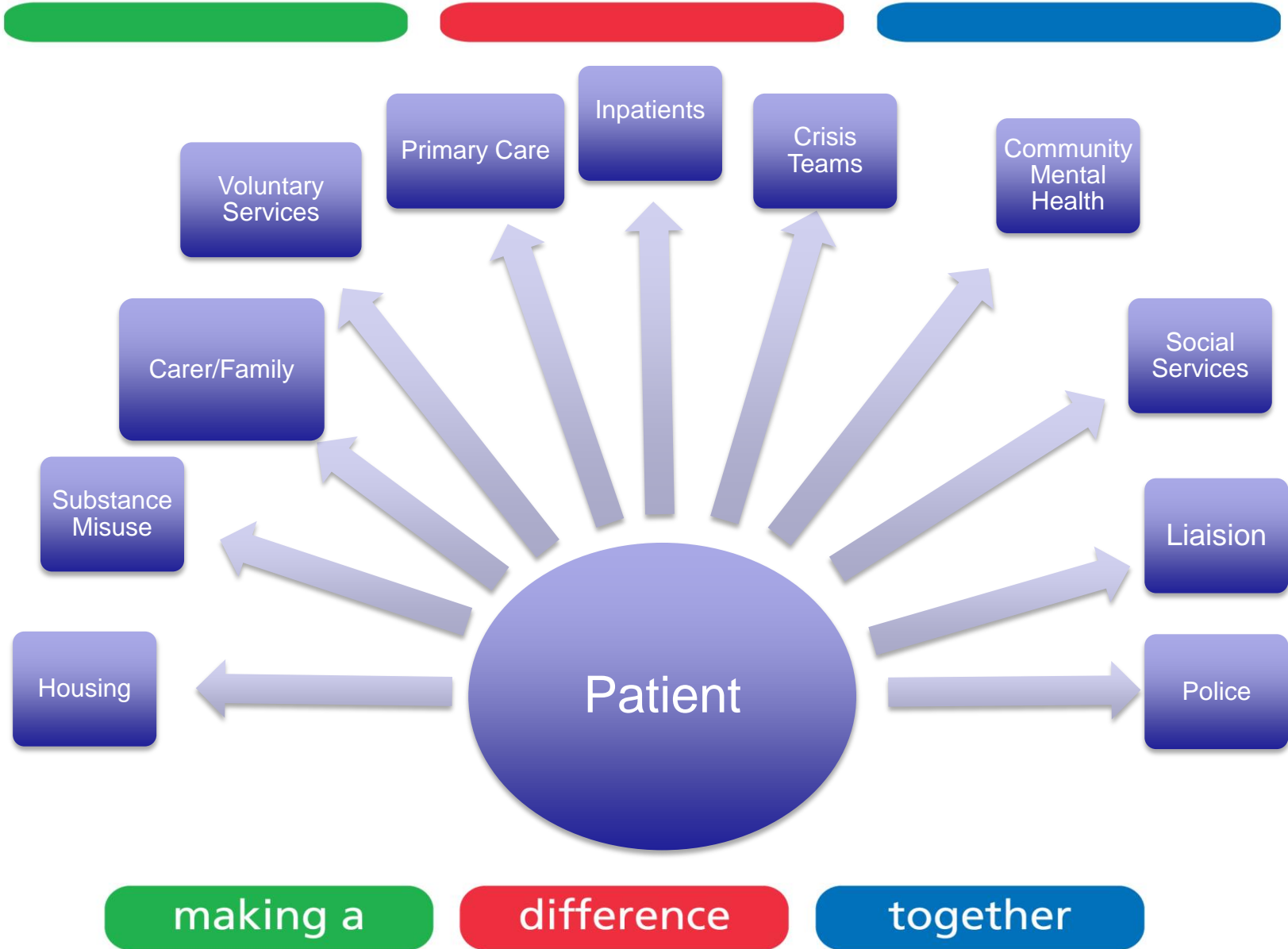
Tees Liaison Psychiatry operates 24 hours a day, 365 days a year. The services basis and contact details are as follows:

North Tees Liaison team operates in University of North Tees and University Hospital of Hartlepool. The team are based at Farndale on the North Tees site and can be contacted on Tel. 01642 624318, fax. 01642 624306, team e-mail: tewv-nth-lp@nhs.net

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Self-Harm is


‘self-poisoning or self-injury, irrespective of the apparent purpose of the act’(NICE, 2004).



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Self-harm is a common behaviour that brings over thousands to casualty departments each year in the UK.

Liaison Psychiatry




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Majority of people who self-injure do not go to hospital.


([Hawton *et al*, 2002](#); [Meltzer *et al*, 2002](#)).

For those who do, the A & E department is usually their first point of contact.

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In a report entitled *Deaths on Teesside* (2002) it was identified that 56% of patients who went on to kill themselves had a history of deliberate self-harm and in 20% of the cases the patient killed themselves within four weeks of the last episode of self-harm.



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Frequent Attenders

Frequent attendance at hospital because of self-injury is an issue for A& E departments in Acute Trusts.

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- **There was no standardised definition of a regular attender.**
 - **Several definitions have been proposed, all of which have been arbitrarily chosen.**
 - **In 2013 we defined a regular attender as anyone attending the department on average at least thrice in six weeks.**

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- Frequent attenders have a higher incidence of a “no fixed abode” residence and unemployment.



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- Alcohol was identified significantly more often in the A&E attendance's of frequent attenders who had self-harmed



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- 72% of frequent attenders at A&E have a significant mental health problem.



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- Regular attenders to A&E departments account for a large proportion of their workload
 - Reductions in their alcohol consumption and improved medical and psychiatric care may lead to a substantial fall in the number of regular attenders with resultant savings to the health system.

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Indirect Costs: Value of potential earnings lost, intangible costs including the human cost of suffering, grief and loss and associated morbidity.

Direct Economic Costs: Services used, including police and coroners.

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Current Recommendations

Psychosocial assessment is central to the management of self-harm in people both with and without a history of psychiatric care.



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- Collaborative best practice guidelines recommend that following an episode of self-harm **the first 48 hours is both crucial and essential** in the effectiveness of planning follow-up care.

NICE, 2004

Better Service for people who Self-Harm, 2006

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- **Multidisciplinary case conference**

- to assess the reasons for and frequency of attending the A&E department
- implementing a structured plan of action to tackle these various factors.

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Care plans

- Discuss, agree and document the aims of longer-term treatment in the care plan with the person who self-harms. The aims may be to:
- ***prevent escalation of self-harm***
- ***reduce harm arising from self-harm or reduce or stop self-harm***
- ***reduce or stop other risk-related behaviour***



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Care plans

- ***improve social or occupational functioning***
- ***improve quality of life***
- ***improve any associated mental health conditions***

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The challenge

- How do Liaison services improve collaborative working with partner agencies?



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RPIW for frequent attendees following self harm to A&E Department

Known to Mental Health services
October 2015

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A collaborative teeswide approach

Aim

Shared care amongst professionals

Develop a collaborative understanding of patients difficulties

Reduce attendances to emergency services

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Metric (units of measurement)	Baseline	Target To be confirmed by Sponsor	Tue Wed Final	30 days mm/dd/yy	60 days mm/dd/yy	90 days mm/dd/yy	12 months mm/dd/yy	% Change against baseline (imp-improvement) (det-deterioration)	% Change 12 months against 90 days (imp-improvement) (det-deterioration)
Lead Time (specify unit of time)	2671184 s 44519m 44s 741h 59m 44s 30d 21h 59m 44s	50%	294333 4905.33 81.45.33 3.10.45.33					88.98% imp	
Work in Process (WIP) (units observed in the process)	1		1						
Quality (defects) (%)									
% of cases unable to be identified by acute liaison as frequent attenders	90%	0%	0%					100% imp	
% of patients identified as a frequent attender not following a standard process / pathway	100%	0%	0%					100% imp	
% of FAM not concluding with a comprehensive recorded action plan.	60%	0%	0%					100% imp	
% of FAM meetings not held within 7 days	100%	0%	0%					100% imp	
% of findings from FAM meeting not shared within 1hr	100%	0%	0%					100% imp	
5S (levels 1 – 4) Patient notes (PARIS)	1	2	1					0	
Standard Work In Process (SWIP) (lead time/takt time)	3.69	1	1.13					69.38% imp	

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Metric (units of measurement)	Baseline	Target To be confirmed by Sponsor	Tue Wed Final	30days 13/11/15	60days 17/12/15	90days 22/01/16	12 months 6/10/16	% Change against baseline (imp-improvement) (det-deterioration)	% Change against 12 months against 90 days (imp-improvement) (det- deterioration)
Lead Time *FAM could happen within 1 -31 days min 57days	81,584	50%	47,520 33 days	46,080 32 days	59,040 41 days	48,960 34 days		43%	
Work in Process (WIP) (units observed in the process)	3		12	6	5	5			
Quality (defects) (%)									
• % of instances FAM does not take place where required (2 out of 3 meetings)	66%		0%	0%	0%	0%		66%	
• Number of instances documentation and alert not added to PARIS (3 out of 3 patients)	100%	0	0%	0%	0%	0%		100%	
• % Staff not aware of where to locate Frequent attendee information on PARIS (8 responses from survey monkey)	66%		0%	0%	0%	0%		66%	
5S (levels 1 – 4) Total caseload Redcar and Cleveland and Middlesbrough affective.	1	Level 4	Level 3	Level 3	Level 3	Level 3		Level 3	
Set-up Reduction (minutes)									
• recording alert on Paris	226secs		55 secs	55 secs	55 secs	55 secs		77%	
Travel Distance Walking to JCUH and back steps to record alert	3425 steps		0 steps	0 steps	0 steps	0steps		100%	
Standard Work In Process (SWIP) 28,724/11077 mins	2.6		13	12	16	13			

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RPIW for frequent attendees to A&E following self harm

Not known to Mental health services

March 2016

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Metric (units of measurement)	Baseline	Target To be confirmed by Sponsor	Tue Wed Final	30 days mm/dd/yy	60 days mm/dd/yy	90 days mm/dd/yy	12 months mm/dd/yy	% Change against baseline (imp-improvement) (det-deterioration)	% Change 12 months against 90 days (imp-improvement) (det-deterioration)
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Work in Process (WIP) (units observed in the process)	1		1						
Quality (defects) (%)									
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% of findings from FAM meeting not shared within 1hr	100%	0%	0%					100% imp	
5S (levels 1 – 4) Patient notes (PARIS)	1	2	1					0	
Standard Work In Process (SWIP) (lead time/takt time)	3.69	1	1.13					69.38% imp	

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Metric (units of measurement) Instructions for use:	Baseline	Target To be confirmed by Sponsor	Tue Wed Final	30 days mm/dd/yy	60 days mm/dd/yy	90 days mm/dd/yy	12 months mm/dd/yy	% Change against baseline (imp-improvement) (det-deterioration)	% Change 12 months against 90 days (imp-improvement) (det-deterioration)
Lead Time (specify unit of time)	2671184 s 44519m 44s 741h 59m 44s 30d 21h 59m 44s	50%	294333 4905.33 81.45.33 3.10.45.33	960 mins 16 hrs	1440min	1872		88.98% imp	
Work in Process (WIP) (units observed in the process)	1		1	11	25	26			
Quality (defects) (%)	90%	0%	0%	0%	0%	0%		100% imp	
% of cases unable to be identified by acute liaison as frequent attenders									
% of patients identified as a frequent attender not following a standard process / pathway	100%	0%	0%	0%	0%	0%		100% imp	
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% of findings from FAM meeting not shared within 1hr	100%	0%	0%	0%	0%	0%		100% imp	
5S (levels 1 – 4) Patient notes (PARIS)	3	2	1	3	3	3		0	
Standard Work in Process (SWIP) (lead time/takt time)	3.69	1	1.13	0.4	0.6	0.7		69.38% imp	

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ADULT MENTAL HEALTH STOCKTON

- 24/7 CRISIS ASSESSMENT AND HOME TREATMENT
- STREET TRIAGE
- FORCE CONTROL PROJECT
- 24/7 CRISIS ASSESSMENT SUITE, ROSEBERRY
- INPATIENT BEDS, ROSEBERRY
- COMMUNITY TEAMS – PARKSIDE, BILLINGHAM
- IDEAL HOUSE, THORNABY
- WESSEX HOUSE, STOCKTON
- PRIMARY CARE ALL GP SURGERIES

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