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

Olive Bennewith, David Gunnell, Tim J Peters, Keith Hawton, Allan House

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 episode of self harm. Hospitals varied widely in the level of psychosocial care available to self harm patients.

Comment

Variability in organisation and provision of services for self harm was striking. There was twofold variation across hospitals in levels of psychosocial assessment, fourfold variation in the proportion of...
### Variation in management of self harm patients across 32 English hospitals

<table>
<thead>
<tr>
<th>Hospital size (No of acute beds 2000-1 to nearest 100)</th>
<th>Service scale score (maximum 21)</th>
<th>No (%) receiving psychosocial assessment§</th>
<th>No (%) by senior house officer in psychiatry alone*</th>
<th>No (%) admitted to hospital bed¶</th>
<th>No (%) admitted to a psychiatric bed‡‡</th>
<th>No (%) referred for specialist mental health follow up††</th>
<th>No of self harm episodes during eight week audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals with a designated self harm or liaison service</td>
<td>300</td>
<td>115</td>
<td>49 (76.9)</td>
<td>42 (65.5)</td>
<td>39 (60.9)</td>
<td>6 (8.3)</td>
<td>32 (50.0)</td>
</tr>
<tr>
<td></td>
<td>400</td>
<td>15</td>
<td>34 (53.1)</td>
<td>28 (100)</td>
<td>45 (70.3)</td>
<td>5 (7.9)</td>
<td>34 (50.4)</td>
</tr>
<tr>
<td></td>
<td>400</td>
<td>10</td>
<td>32 (42.1)</td>
<td>18 (90.0)</td>
<td>35 (44.3)</td>
<td>12 (15.2)</td>
<td>38 (44.7)</td>
</tr>
<tr>
<td></td>
<td>200</td>
<td>10</td>
<td>52 (75.6)</td>
<td>44 (100)</td>
<td>22 (32.9)</td>
<td>8 (11.4)</td>
<td>43 (63.8)</td>
</tr>
<tr>
<td></td>
<td>300</td>
<td>7.5</td>
<td>36 (49.3)‡‡</td>
<td>9 (33.3)‡‡</td>
<td>23 (31.5)‡‡</td>
<td>8 (11.3)‡‡</td>
<td>41 (56.9)‡‡</td>
</tr>
<tr>
<td></td>
<td>400</td>
<td>8</td>
<td>56 (67.5)</td>
<td>40 (90.9)</td>
<td>58 (69.1)</td>
<td>11 (13.3)</td>
<td>37 (44.6)</td>
</tr>
<tr>
<td></td>
<td>800</td>
<td>9.5</td>
<td>32 (38.1)</td>
<td>0</td>
<td>27 (32.1)</td>
<td>5 (6.0)</td>
<td>39 (47.6)</td>
</tr>
<tr>
<td></td>
<td>1000</td>
<td>10</td>
<td>67 (81.7)</td>
<td>44 (91.7)</td>
<td>68 (82.9)</td>
<td>19 (33.8)</td>
<td>69 (82.9)</td>
</tr>
<tr>
<td></td>
<td>1100</td>
<td>14</td>
<td>52 (76.4)</td>
<td>70 (47.6)</td>
<td>11 (7.7)</td>
<td>72 (51.8)</td>
<td>147</td>
</tr>
</tbody>
</table>

**Summary:** mean (range) 12.5 (7-20) 54.8% (35.7%-71.9%) 17.5% (0-38.9%) 42.2% (21.8%-83.2%) 10.5% (2.5%-22.7%) 52.9% (34.7%-68.9%) 151 (78-268)

**Hospitals with no designated self harm or liaison service**

| 300 | 190 | 11.5 | 49 (76.9) | 42 (65.5) | 39 (60.9) | 6 (8.3) | 32 (50.0) | 64 |
| 400 | 15 | 34 (53.1) | 28 (100) | 45 (70.3) | 5 (7.9) | 34 (50.4) | 84 |
| 400 | 10 | 32 (42.1) | 18 (90.0) | 35 (44.3) | 12 (15.2) | 38 (44.7) | 79 |
| 200 | 10 | 52 (75.6) | 44 (100) | 22 (32.9) | 8 (11.4) | 43 (63.8) | 70 |
| 300 | 7.5 | 36 (49.3)‡‡ | 9 (33.3)‡‡ | 23 (31.5)‡‡ | 8 (11.3)‡‡ | 41 (56.9)‡‡ | 73‡‡ |
| 400 | 8 | 56 (67.5) | 40 (90.9) | 58 (69.1) | 11 (13.3) | 37 (44.6) | 84 |
| 800 | 9.5 | 32 (38.1) | 0 | 27 (32.1) | 5 (6.0) | 39 (47.6) | 84 |
| 1000 | 10 | 67 (81.7) | 44 (91.7) | 68 (82.9) | 19 (33.8) | 69 (82.9) | 105 |
| 1100 | 14 | 52 (76.4) | 70 (47.6) | 11 (7.7) | 72 (51.8) | 147 |

**Summary:** mean (range) 110.6 (7.5-15) 57.9% (36.4%-81.7%) 75.2% (0-100%) 52.4% (31.5%-82.9%) 11.4% (6.0%-23.8%) 55.5% (44.6%-82.3%) 86 (64-147)

*From Department of Health Hospital Activity Statistics.

‡§Data missing for 70/4033 (1.7%). ††Data missing for 100/4033 (2.5%). ‡‡Data provided by the hospital from a recent in-house audit.