Hospital Management of Self-harm in England (HoMaS 2): A national study with local implications

HoMaS² is a multi-site national study of the hospital management of self-harm across hospitals in England. This summary gives information about the protocol of this national study, coordinated by the Manchester Self Harm Group, University of Manchester, and then describes how Sussex Partnership has looked at local data. Taking part in this national study has been invaluable as it has enabled the Trust to gain information about local service provision whilst contributing to a wider national picture.

Findings for the national study are currently being analysed. However, some of the raw local data has been made available to the Trust and is presented below. Sussex Partnership is looking forward to the results of the national study and is grateful for the partnership opportunities that the study has offered.

Background of National Study
Every year in England there are around 4,500 suicides and hospitals manage over 140,000 episodes of self-harm. Previous studies have demonstrated wide variations in self-harm service delivery, but such variations have not been related to the outcomes of self-harm care in trusts with different approaches to management. Such outcomes research is essential to guide service provision for self-harm, especially since randomised trials in this area tend to be underpowered, recruit highly selected samples, and be hampered by the poor engagement of participants with treatment.

In 2002 two sets of clinical guidelines on the management of self-harm were published. In addition the Royal College of Psychiatrists has recently initiated the ‘Better Services for People Who Self-harm Project’, an audit-based quality improvement project involving surveys of service users’ experiences, staff attitudes and training, and care pathways.

The two sets of guidelines and the Better Services Project might be expected to reduce the variability of services and improve the quality of care. The current study investigates whether the variations in hospital management of self-harm have any impact on patient outcomes, specifically self-harm repetition. Comparison with the results of a previous study in 2001 will also enable the study to investigate whether the service variability has decreased and service quality has improved in response to recent initiatives. In 2002 the Department of Health launched a National Suicide Prevention Strategy. The research aims to improve the evidence base to underpin the implementation and evaluation of the strategy. Findings from the study will lead to improved management of self-harm and better evaluation of adherence to national guidelines.

The study will compare the management (e.g. levels of assessment and admission) and outcome of self-harm in 32 hospitals to determine which aspects of care affect the risk of repeat self-harm. It will also assess whether improvements in services have followed recent guidance by comparing the findings on quality of service provision with the earlier survey which took place in the same hospitals.

Aims of the National Study
Primary Research question:
1. Does the variability in service provision for self-harm have any impact on patient outcomes?

Additional research questions:
2. Has the variability in service provision decreased over recent years?
3. Has the quality of self-harm services improved over recent years?

National Design
The study will be carried out in a stratified random sample of 32 hospitals from an earlier study [6], including three in Sussex. Key mental health and emergency department staff involved in the provision of self-harm services will be interviewed on the telephone or in person about current service structures and any routine lettering/ cards given to patients following self-harm. Their responses will then be rated on the measure of service quality developed as part of the previous study [6]. Services will also be rated on measures of self-harm service quality developed as part of recent initiatives.

With local collaborators, audits of self-harm will be set up in each hospital. Self-harm will be defined as ‘a deliberate non-fatal act whether physical, drug over dosage or poisoning, done in the knowledge that it was potentially harmful and in the case of drug overdose that the amount taken was excessive’.

Audit data for self-harm presentations in three hospitals in Sussex Data collected for the HoMaS² study was kindly made available to Sussex Partnership by the national study team. The audit data relating to self-harm presentations in Sussex will enable the Trust to assess local service delivery and consider any areas where changes or improvements could be made.

Local data and implications for practice
Findings for the national study are in the process of being analysed; however, some preliminary data about self-harm attendances for Sussex is described below. (NB this information is not part of the HoMaS² national results but is the initial local interpretation of the audit data made available to Sussex Partnership.)

Brighton & Hove (Royal Sussex County Hospital):
- 441 attendances in 3 months; equivalent to 1750 per year
- 338 service users attended in 3 months; equivalent to 1341 per year
- 49.9% had consumed alcohol in the preceding 6 hours

Worthing (Worthing Hospital):
- 221 attendances over 3 months; equivalent to 877 per year
- 183 service users attended in 3 months; equivalent to 726 per year
- 48.9% had consumed alcohol in the preceding 6 hours

Hastings (Conquest Hospital):
- 155 attendances in 3 months; equivalent to 615 per year
- 132 service users attended in 3 months, equivalent to 524 per year
- 48.9% had consumed alcohol in the preceding 6 hours

References: