STITCH Services & Trusts Integrating To improve Care in self-Harm

Annual Review January 2014 - 2015

HIT Director	Salena Williams, Senior Nurse, Liaison Psychiatry, BRI, University Hospitals Bristol NHS (UHB)
HIT Co-Lead	David Gunnell, Professor of Epidemiology and Hon Consultant in Public Health, University of Bristol (UoB)
Lead Organisation	University Hospitals Bristol NHS Trust
HIT Partner Organisations	University of the West of England (UWE), Avon and Wiltshire Partnership NHS Trust (AWP), North Bristol Trust (NBT), Bristol City Council (BCC) and University of Bristol (UoB)
HIT Link Executive	Julian Walker, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

….Working to improve self-harm care and treatment and reduce suicide across Bristol….

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Contents

Who's Involved

The leading self-harm experts and experts by experience in Bristol are involved. The HIT Director is Salena Williams, Senior Nurse in Liaison Psychiatry at the Bristol Royal Infirmary. The research lead is David Gunnell, Professor of Epidemiology at University of Bristol and Hon Consultant in Public Health at North Bristol Trust.

Also Involved:

North Bristol Trust (NBT)
Juliette Hughes, ED Matron, Southmead Hospital and John Lovelock, Psychiatric Liaison Nurse, who is the clinical lead representative for self-harm patients in NBT to STITCH.
University Hospitals Bristol (UHB)
Rowena Green, Divisional Director of Medicine offers her support by acting as the STITCH Chair.
Avon and Wiltshire Mental Health Partnership (AWP)
AWP provide support via their Consultant Nurse for Liaison Psychiatry Anthony Harrison and Consultant Psychiatrist in Liaison Lucy Griffin.
Primary Care
Dominique Thompson is the GP Representative for STITCH
University of Bristol (UoB)
John Potokar, Senior Lecturer and Consultant in Liaison Psychiatry and Kyla Thomas, Clinical Lecturer in Public Health
University of the West of England (UWE)
Jonathan Benger, Professor at UWE and a Medical Consultant in the emergency department at Bristol Royal Infirmary.
Clinical Commissioning Groups (CCG)
Jon Hayhurst, Head of Medicines Management at Bristol CCG also supports the team as Pharmacy Lead.
Bristol City Council (BCC)
The Public Health Lead is Blanka Robertson from Bristol City Council
Self-Injury Support (SIS)
Fiona Macaulay and Naomi Salisbury

How the public are involved

Sarah Saunders and Lisa Foote are service user representatives to STITCH who ensure people who are affected by self-harm are involved throughout the work of STITCH.

A full list of STITCH members and supporters can be found in **Appendix 1.**

Other Collaborations and Networks

The HIT work closely with the Bristol Self Injury Self Help (SISH) group, as well as the Self Injury Network Group (SING) and Bristol City Council's Suicide Prevention Audit Group (SPAG).

SISH

SISH are a Bristol based community organisation who run self-help support groups for people who self-injure. They offer a safe space for individuals to discuss their self-harm, and offer and receive support. They also run monthly wellbeing workshops and peer led courses for people who want to 'Make Changes'. SISH are intricately involved in the work of STITCH and improving understandings of self-harm in ED.

http://www.sishbristol.org.uk/

SING

The Self Injury Network Group (SING) is a collaboration created by STITCH for those who work with young people who self-harm, including counsellors, teachers and others who offer support services to young people. SING meet quarterly to share information about self-injury in relation to young people in the Bristol area. They work to support the development and maintenance of high quality services affected by self-injury and identify gaps in service provision.

Self-injury Support

Self-Injury Support are a national organisation that support girls and women affected by self-injury or self-harm. Members from Self-Injury Support attend SING meetings and provide a valuable opportunity to network with national self-harm agencies.

"In October 2014, Self-injury Support ran the first Grassroots Self Injury Support Gathering, which saw over 40 different self-injury support organisations from across the UK come together for two days of discussion and workshops and to share good practice and innovation. All groups who attended offer direct support services to people who use self-injury and key topics included innovation and creativity, focus on person before risk and how to promote more joint working and information sharing. Self-injury Support is now working on an online information portal to support this event. Due to be available in summer 2015 the portal will capture good practice, innovation and support ideas from grassroots support across the UK."

http://www.selfinjurysupport.org.uk/

SPAG

Since 2013 Local Authorities have had the lead role for local implementation of the National Suicide Prevention Strategy. Bristol City Council's multi-agency Suicide Prevention and Audit Group (SPAG) is the group overseeing suicide prevention activity in Bristol. STITCH works closely with this group (Salena Williams / David Gunnell / John Potokar are members). The group includes representatives from Public Health, commissioners, British Transport Police and Clifton Suspension Bridge staff.

MIND

STITCH collaborated with the Elizabeth Blackwell Institute (www.bristol.ac.uk/blackwell), Aardman animation and a service user from the mental health charity MIND to develop an animation around mental health and self-harm. Unfortunately we were not successful in obtaining funding for this opportunity from the Wellcome Trust.

http://www.mind.org.uk/

HIT meetings

STITCH HIT meet quarterly and are attended by the Directors, GP representative, Service User Representatives and workstream leads.

STITCH HIT Concept and Vision 

Suicide prevention is a national priority and self-harm is the strongest risk factor for suicide; half of all people who take their own lives have previously self-harmed. The STITCH HIT (Health Integration Team) are working to reduce the number of suicides and self-harm episodes in the Bristol area by improving treatment and care for people who self-harm, transforming understandings across the health service and ensuring treatment is fully evidence based.

STITCH work on large collaborative projects across organisations to a) improve staff knowledge, attitudes and management of people who self-harm or who are at risk of suicide; b) ensure a higher proportion of patients who have self-harmed receive psychiatric assessment and c) improve patient satisfaction and health outcomes. STITCH's activities are underpinned and informed by the Bristol-wide Self-harm Surveillance register (developed through collaboration between the UoB, UHB, AWP, BCC and NBT. The register provides crucial information for repeat-attender care in Bristol as well as ensuring all service changes are evaluated in real-time; this approach is being adopted by several local hospitals including RUH Bath, Swindon and Salisbury. STITCH have further contributed to the transformation of self-harm services by calling for an overhaul of prescribing rules. This has triggered an investigation by the British Medical Association's (BMA) General Practitioner Committee into the dispensing of medicines lethal in overdose. STITCH continue their work on improving treatment and care for people who self-harm by using research to identify gaps in service provision and intend to undertake further research to inform interventions.

Planned new areas of work including developing patient-centred outcomes and evaluation of recent investments in the care of people who self-harm.

Overall aim

Our aim is to ensure self-harm treatment and care is equitable, fully evidence based and non-stigmatising for all people who self-harm; and to reduce suicides in Bristol.

STITCH Objectives

- Ensure 80 per cent of Patients who have self-harmed receive psychiatric assessment
- Train more than 80 per cent of Emergency Staff in self-harm patient management
- Reduce the incidence of self-harm in Bristol by 10 per cent
- Reduced prescriptions of drugs with high lethality when taken in overdose
- Reduced admission to a hospital bed for self-harm by 50 per cent
- Reduced admission to intensive care of self-harm patients by 20 per cent
- Reduce the length of hospital stay for admitted self-harm patient's by 20 per cent
- Reduce suicides in Bristol by those who self-harm by 20 per cent
- Quality objectives: reduce duplication, CQC/NICE compliance, patient satisfaction
- Securing personnel to direct and support HIT

Key themes:

- Reducing rates of suicide in Bristol by improving care and support for people who self-harm
- Delivering an improved, research based coordinated level of care for people who self-harm

Introduction

Reducing suicide is a national priority; self-harm is the highest risk predictor of suicide and a major cause of death and potential years of life lost in Bristol. Self-harm is a growing problem for the NHS in Bristol and across the rest of the UK, with around 200,000 hospital emergency department cases reported nationally every year. Many more people self-harm but do not come to medical attention; research from Bristol University's ALSPAC study indicates that 1 in 6 Bristol adolescents have self-harmed by age 16 years (Kidger et al BMC Psychiatry). Thus the number of people who self-harm in Bristol alone is estimated at around 25,000, with 2,500 hospital attendances. The condition is the strongest predictor of suicide, with self-harm patients 50 times more likely to end their own lives than the general population (Hawton, K et al, 2015).

Hospital presentation for self-harm can be seen as the tip of the iceberg of distress in the wider community and the key challenge for healthcare is integrating the range of different organisations involved in emergency care and aftercare for these vulnerable individuals. Unfortunately, there is no clear trust ownership of the overall service for this vulnerable group of individuals. This is because some staff working on UHB's Liaison Psychiatry team are employed by UHB whereas others are employed by AWP; whilst hospital presentations and admissions are seen as UHB patients, over a third of these patients were also under the continuing care of AWP (for their underlying mental health problems) at the time of their attendance.

STITCH aim to work with all partners on this key issue to provide an integrated, effective service.

STITCH: The First Year Achievements in 2013

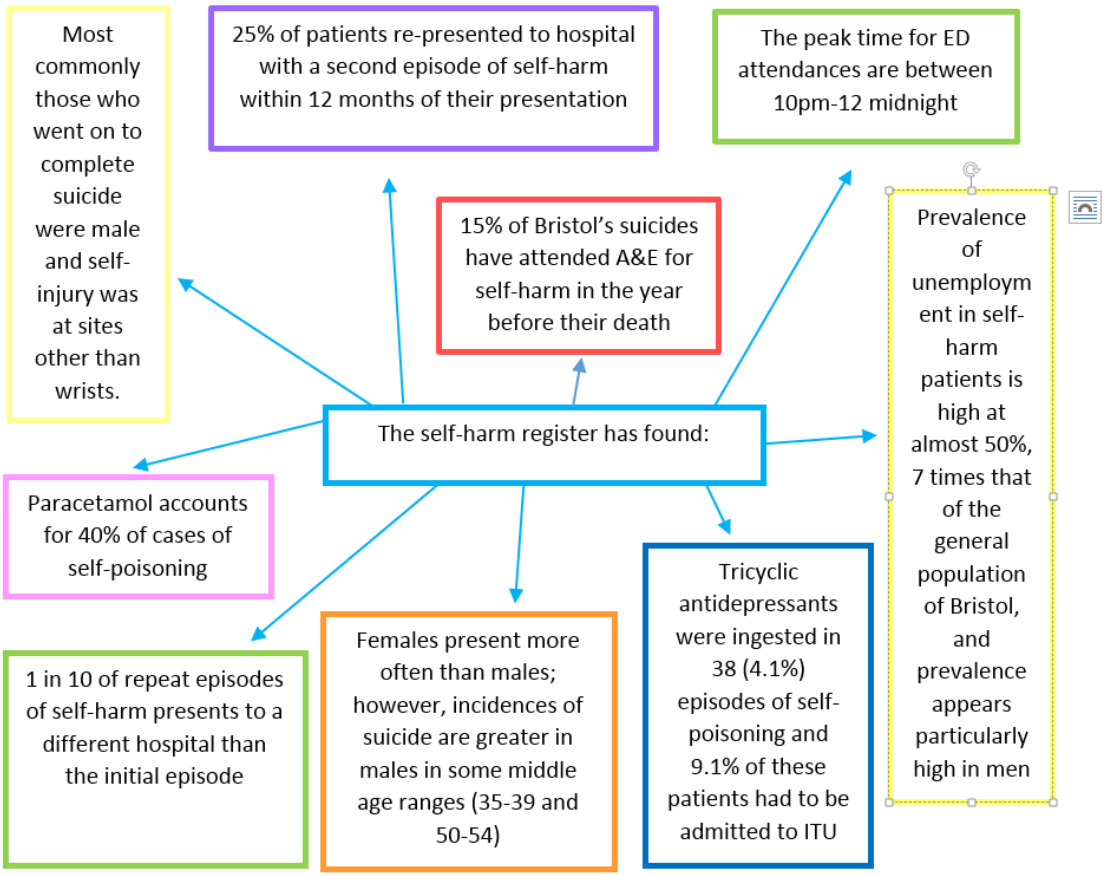
Workstream 1: Research and Audit

1) **Established mechanisms for service users to become involved in shaping the service.** In the first year, STITCH made connections with Bristol Self Injury Self-help (SISH) Group who are involved with utilising patient expertise in surveys, questions and user involvement. Service user forums were held throughout 2013, which enabled service users to provide feedback and become involved with STITCH though a number of different avenues. The relationship remains and was strengthened in year two of STITCH.

   Service user and carer consultation and feedback was also achieved through partnership with other voluntary sector organisations, and direct invitations. Through STITCH, the Self Injury Network Group (SING) was created. This is a specific networking group aimed at young people who self-injure which continues to provide a network for self-harm agencies.

2) **Bristol-wide self-harm surveillance database:** In order to understand the landscape of needs, a Bristol-wide self-harm surveillance register was established by STITCH leading to the collation of information on the number, type and outcomes of self-harm patients presenting to Bristol's three hospital sites (Bristol Royal Hospital for Children, Bristol Royal Infirmary and Frenchay Hospital). STITCH collaborated with University of Bristol who developed the Access Database and data collection processes for the self-harm register. The dataset includes anonymised clinical details, patient outcomes, timing of attendance and postcode. The register now highlights trends and provides crucial information for repeat attender care in Bristol.

   Findings from the self-harm register:



3) **Independent Review of ED Services for People who Self-Harm:** Using the NHS experience based design research model, members of the SISH working group carried out an Independent Review of self-harm patients' experiences. This was a qualitative study of hospital emergency department staff and patients which gathered views and experiences of self-harm care through the use of questionnaires, 1:1 interviews, and video and audio recordings of the patient journey. The review covered both Bristol Royal Infirmary and Frenchay Hospital and was conducted over 3 months in 2013.

- **The majority of respondents reported that:**

Attending A&E was not a helpful experience.

They did not feel comfortable attending A&E.

They would not feel comfortable coming to A&E again.

The reasons given for these responses were:

- No trust in medical profession
- Medics rude / nasty
- Treated like a second class citizen
- Ignored my emotional distress
- Felt like I was wasting their time
- Humiliating
- Felt like a burden
- Felt judged by medical staff
- Felt judged in the waiting area
- Long wait
- No psychiatric follow up

- Following the Independent Review, six participants attended a Workshop with A&E staff and STITCH members to make an action plan for short and long term changes in the A&E department. Accordingly, recommendations of how to improve experiences of emergency care for self-harm patients were made.

  These included:

  Overall Experience:
  * Separate Waiting Room/Area
  * Form or Tick list for Reception/Triage
  * Option of male/female staff member
  * Care Plans built into assessment process

  Assessment and Treatment:
  * Analgesia must be offered and used where appropriate
  * Consistent referral to Mental Health Liaison Team
  * Consistent Use of Care Plans – add a question about these to the Matrix
  * Clarity about Options – when deciding whether to stay or leave
  * Consistent Use of Matrix – every question, every time
  * More use of quiet waiting area by nurse's station

  Information:
  * Information about Waiting Times and Process in Waiting Areas
  * Treatment Advocacy Forms
  * Let people know they don't HAVE to tell the receptionist the issue
  * Standardising handing out of Mental Health Liaison 'please wait' cards
  * Local and National Support Information Packs
  * Information given about Mental Health Liaison Team

- Throughout the evaluation, service users raised the issue of privacy in the reception and triage area. In shaping Emergency Department care, it became paramount patients should be given the opportunity to explain the nature of their injuries or condition in a private, confidential space.
- Volunteers are being recruited to help when self-harm patients are waiting in ED – giving advice, helping get refreshments and sitting alongside them whilst they wait for treatment. The volunteers are being offered training specifically to support self-harm patients.
- Various forms of communication including posters, leaflets, postcards and booklets are being trialled to help patients whilst they await care. SISH are compiling a resource pack specifically for ED patients. A copy of a leaflet for families and carers of people who may be suicidal can be found in **Appendix 3.**

4) Relevant research publications include:

- Carroll R, Benger J, Gibbard K, Williams S, Griffin L, Potokar J, Gunnell D. Epidemiology, management and outcome of paracetamol poisoning in an inner city emergency department. Emergency Medical Journal 2013 **DOI:** 10.1136/emermed-2013-202518

Workstream 2: Innovation

Distinct Interventions in the Emergency Department: In response to the Independent Review of ED services for people who self-harm, changes at the UHB Emergency Department were implemented.

These changes include:

1. **'Private' Signs:** The implementation of signs which inform patients that whilst at reception, they are entitled to answer 'private' when asked the reason for presenting. Southmead Hospital intend to implement something similar. A copy of the poster used by UHB can be found in **Appendix 2.**
2. **Standardising all self-harm assessment documentation across Bristol sites:** Both Frenchay liaison psychiatry and Bristol Royal Infirmary Liaison Psychiatry Teams now use a standard, research based assessment proforma (with some local differences). This includes the use of the Beck Suicide Intent Scale which has research evidence of prediction of future risk.
3. **Pilot of 'Did not wait' postcards:** STITCH started a trial attempting to encourage self-harm patients not to go home before treatment or psychosocial assessment. The intervention focussed on a postcard outlining how important it is to wait for treatment in ED, and some helpline numbers in case the patient decides to leave. However, after evaluation, the pilot was found to be ineffective, thus was discontinued.

Workstream 3: Education and Training

1) **Pilot programme of training to GPs around Self-harm:** In its first year, STITCH worked closely with GPs in a series of study days to exchange information and help them create management plans for self-harm patients.

   A full pilot teaching day was undertaken in April 2013, with robust qualitative recording of responses. 25 GPs were trained at the pilot day.

STITCH: The Second Year Achievements in 2014

Workstream 1: Research and Audit

1) **Emergency Department attitudes and knowledge research:** A survey written by a FY1 Doctor working in the Liaison Psychiatry department at UHB was used to establish how confident and knowledgeable ED staff felt when dealing with patients with mental health presentations, in particular covering the mental health disorders depression, anxiety disorders, psychosis/ schizophrenia, personality disorder, and presentations of self-harm and substance abuse. The questionnaire also explored staff attitudes to patients with mental health presentations and mental health services. 21 respondents took part in the survey and conclusions show respondents felt least confident assessing a patient presenting with anxiety disorder. The survey also found the difference between the confidence of Doctors and nurses was most marked when relating to the mental health examination. STITCH plan to repeat the survey of attitudes and knowledge at North Bristol Trust in order to compare needs.

   For more information please contact Anna Bleakley
   Anna.Bleakley@uhbristol.nhs.uk

2) **Research concerning the management of self-harm:** We have recruited over 100 patients to NIHR funded research projects concerning the management of self-harm and risk factors for self-harm. As well as published work into paracetemol overdose, research studies in self-harm include: self-harm in the context of the recession, self-harm and use of the internet, and self-harm risk assessments: assessing efficacy.

3) **Relevant research publications include:**
   - Carroll R, Metcalfe C, Gunnell D. Hospital Presenting Self-harm and Risk of Fatal and Non-fatal Repetition: Systematic Review and Meta-analysis PLOS ONE 9(2): e89944. DOI: 10.1371/journal.pone.0089944
   - Carroll R, Metcalfe C, Gunnell D. Hospital management of self-harm patients and risk of repetition:Systematic review and meta-analysis. Journal of Affective Disorders 168 (2014) 476–483. DOI: 10.1016/j.jad.2014.06.027

- Williams, S. Establishing a self-harm surveillance register to improve care in a general hospital

Workstream 2: Innovation

1) **BMA's General Practitioner Committee investigation into prescribing:** The HIT have successfully engaged with a variety of Local MPs and have highlighted their concerns surrounding the prescription of potentially lethal quantities of high-toxicity medicines (e.g. tricyclic antidepressants / tramadol) that may be taken in overdose patients at risk of self-harm. Following correspondence between Local MPs and Earl Howe from the Department of Health, Bristol East MP Kerry McCarthy raised the issue in Parliament in June. The General Practitioners Committee (GPC) of the British Medical Association are undertaking an investigation into prescribing as a result of the HITs call for medicines that are lethal in overdose to be dispensed in small batches, without extra cost to the patient. STITCH member Dr Dominque Thomas, who leads the student health service at University of Bristol, is conducting a small scale pilot study at the student health service to examine the impact of prescribing medicines in small batches to high-risk individuals (e.g. previous self-harm).

2) **Liaison Psychiatry Extended Provision:** From the real time information collected from across organisations by the Self-harm Surveillance Register, essential evidence was provided to support a business case for the extended provision of a Liaison Psychiatry specialist nurse service. As a result of which, permanent funding has been secured for the out of hours Liaison Psychiatry service, and extended nursing hours are now in place. From September 2014, University Hospital Bristol now have psychiatry nurse cover from 08.00-22.00 7 days per week in A&E (previously the Liaison team operated Mon-Friday 9am-5pm). North Bristol Trust hope to implement a similar service at Southmead in the near future. This is a significant step in enhancing patient experience of Bristol Healthcare. In a small pilot we evaluated the impact of **Extended Liaison Psychiatry Provision (extending cover to Saturday)** using the Register. We found evidence of reductions in wait times and admissions to hospital beds, higher proportions of patients receiving NICE-recommended psychosocial assessments with fewer being referred to specialist mental health services.

3) **ED resource leaflet:** The SISH involvement group have completed a resource leaflet for Emergency Departments with the resource being formatted and printed in early 2015.

4) **Standardising the form for patients who attend Emergency Department more than once:** a collaboration with staff and service users has led to the 'personal support plan' being developed so that patients have information readily available to ED staff when they attend. This helps staff to increase knowledge and patients to know they are not repeatedly discussing their story each attendance. These are held electronically and are flagged on patient attendance.

Workstream 3: Education and Training

1) **Experience-led training:** The SISH involvement group have developed an experience-led training programme to be delivered to ED staff at Southmead and BRI in 2015. The training has been trialled at BRI and aims to improve understandings of self-harm in ED.

- Service users and mental health staff are teaching staff and working on training programmes for Emergency Department staff monthly to update their knowledge skills and confidence in self-harm care. This is being locally evaluated.

2) **GP training:** GP training has continued this year in liaison with commissioners. In April 2014 several ½ day training days were executed by service users in self-harm and personality disorder, and in November 2014 a further 240 GP's were trained in self-harm and depression care. Public Health colleagues are working with STITCH to standardise evaluation for self-harm training, and further training is planned.

- The HIT director met with GP forums across Bristol to see how communication could be improved between hospital and GP surgery. Training continues to evolve according to evaluation and needs.

Plans for 2015:

Future priorities for the HIT will be agreed at the quarterly meetings of the STITCH Steering Group. Plans for 2015 include:

Workstream 1: Research and Audit

- Use self-harm surveillance register to quantify the impact of recent changes (i.e. the commissioning of extended liaison team cover) in the care pathway on the incidence of repeat self-harm.
- CLAHRC West health economists are developing plans for an economic evaluation of the cost-effectiveness of recent investment in self-harm care across Bristol.
- STITCH member Kyla Thomas has been successful in her research proposal to NIHR CLAHRC West "Engaging patients meaningfully in self-harm research." The research will focus on patient-centred outcomes for self-harm care and increasing patient involvement in research.
- A series of national Public Health Outcomes Framework Indicators related to suicide and self-harm have been developed for 2013-2016 – the register will be invaluable in enabling local health organisations to respond and monitor progress in relation to these. They are: *a) attendances at Emergency Departments for self-harm per 100,000 population; b) percentage of attendances at Emergency Departments for self-harm that received a psychosocial assessment.*
- Continued recruitment of patients to a Department of Health funded project on the use of the Internet by people at risk of self-harm.
- Assessment of patient outcomes amongst patients recruited (in 2014) to an NIHR funded multi-centre research programme investigating the performance of three different risk assessment tools for clinicians carrying out psychosocial assessments.
- Extending support for people with Emergency Department 'personal support plans' to use with GPs and those without mental health secondary care support.

Workstream 2: Innovation

- Continue to collaborate with partner organisations of STITCH to develop a funding strategy for the self-harm register. Members of STITCH and the Bristol Health Partners Board are in the process of developing a cross-trust, system level business case for the ongoing funding of the self-harm register, but this will be ongoing.

Workstream 3: Education and Training

- ED training will continue to be delivered and evaluated through 2015. Once a package of training is established it is anticipated this will be taken wider to ambulance staff and walk-in centres in Bristol.

Other Activity:

Further developments include:

- Carers' information leaflets being developed for ED.

- Resource information for patients in website/phone app format

- Self-harm clinic development – therapeutic interventions at the hospital
- Robust statistical and qualitative evaluation of seven day service to ED.
- Consideration of App development- various STITCH members are hoping to develop an APP to provide useful information and resources to people who have self-harmed and in doing so, hope to i) reduce the number of suicides and the incidence of repeat self-harm, ii) reduce the level of distress for the individual and their family/friends, and iii) facilitate access to further care.
- UHB have appointed Laura Hampshire as ED lead in training and education. She intends to develop a comprehensive training package with the help of service users. Sue Dursley will be developing a new self-harm clinic and Jay Lippman has been appointed as a research lead. Jay will be conducting research into 3 key areas which include suicide in the context of recession, suicide in the context of use of the internet and risk assessment tools.

Longer Term Plans

STITCH hope that by 6-10 years our service will be a beacon of best practice, being seen as the leading centre for self-harm care in the UK. We hope that we will have introduced a number of novel developments based on our research findings and that our collaborative research will have had an impact on policy and practice nationally and internationally.

Workstream 1: Research and Audit

Whilst difficult to articulate research plans 6-10 years into the future, STITCH anticipate that the HIT will host a steady stream of funded studies which will have formed the basis of higher degrees and research training attachments. We hope to have attracted a senior investigator and team of researchers with a particular interest in further research in this area.

Workstream 2: Innovation

STITCH hope to refine the service based on evidence obtained during the first 5 years of the HIT and commission / introduce new services and treatment approaches identified from the research literature since the initiation of the HIT.

Once psychosocial assessments are offered to all patients, further research will be needed to determine what interventions (targeted at which groups of Bristol patients) in the ED will be both effective for the patient and cost-effective for local Trusts. Repeat attendance has to form part of the strategy to reduce self-harm and suicide, as those people who repeat self-harm are at greater risk.

Workstream 3: Education and Training

STITCH aim for robust education and training for all staff on the care pathway to be in place and reviews and updates of training packages on a 3-5 year basis.

Communication with all partners and clinical services would be transparent to ensure all research information is shared with all partners and acted upon. STITCH will continue to inform people via the steering group, newsletters and presentations describing the findings from the self-harm register and their clinical implications.

For any further information, please contact: **Salena Williams: Senior Nurse/Team Manager**

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STITCH Services & Trusts Integrating To improve Care in self-Harm

Appendix 1

HIT Members and Supporters
Robert Carroll – NIHR Doctoral Fellow (UoB)
Kyla Thomas – Clinical Lecturer in Public Health (UoB)
Rowena Green - STITCH Chair, Divisional Manager SHN (UHB)
Laura Hampshire - Psychiatric Nurse (UHB)
Fiona Macaulay – Self Injury Support
Naomi Salisbury – Self Injury Support
Lisa Foote - Service User Representative (SISH)
Juliette Hughes - ED Matron, Southmead Hospital (NBT)
Jon Hayhurst - Pharmacy Lead (Bristol CCG)
Joanna Lloyd-Rees - Senior Nurse (UHB)
Jacky Keane - Senior Nurse (NBT)
Dominique Thompson – GP Representative
Claire Thompson (SWCSU)
Blanka Robertson - Public Health Lead (BCC)
John Potokar – Senior Lecturer and Consultant in Liaison Psychiatry (UoB)
Sarah Saunders – Service User Representative
Lucy Griffin - Consultant Psychiatrist (AWP)
Jonathan Benger – Research and ED lead (UWE, UHB)
John Lovelock - Liaison Nurse (NBT)
Anthony Harrison - Consultant Nurse (AWP)
Lisa Wheatley - Programme Manager Bristol Health Partners
Ailis Campbell - Management Assistant Bristol Health Partners
Angela Beezer- Senior Nurse (UHB)

STITCH Services & Trusts Integrating To improve Care in self-Harm

Appendix 2

A&E poster

Welcome to the Accident & Emergency Department at the Bristol Royal Infirmary Hospital.

Please do not feel it is necessary to tell receptionists the reason you are here if you do not wish to.

You are free to tell us that the reason is **PERSONAL**

Appendix 3

University Hospitals Bristol NHS
NHS Foundation Trust

Patient Information Service
Liaison psychiatry

Guidance for families and carers of people who may be suicidal

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Above + Beyond
For Patients. For Health. For Bristol.