Services & Trusts Integrating To improve Care in self-Harm

STITCH

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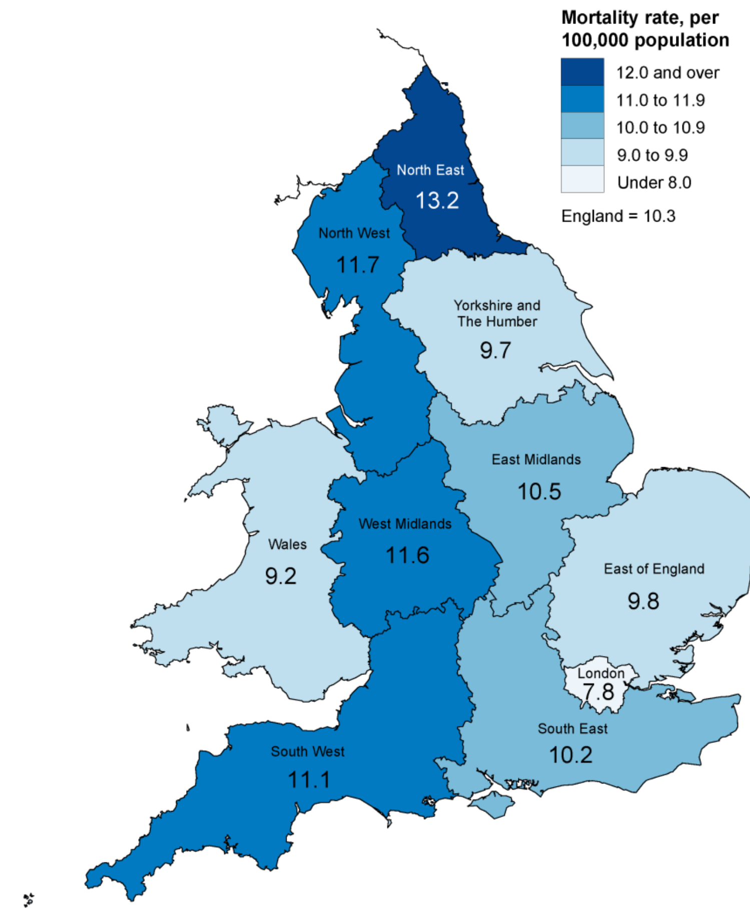
Bristol
Avon and Wiltshire Mental Health Partnership NHS Trust
North Bristol NHS Trust
University Hospitals Bristol NHS Foundation Trust

Background

- 4880 suicides in England in 2014 – half are in contact with health services in the month before death
- Approx. 200,000 hospital attendances every year for suicide attempt / self-harm
- Previous suicide attempt / self harm is the strongest risk factor for suicide
- 15-20% suicides treated in A&E in the year before their death
- Suicide attempt / self-harm care is a key opportunity for suicide prevention
- But …..there are huge variations in practice, underfunding of services, evidence gaps and slow uptake of research findings



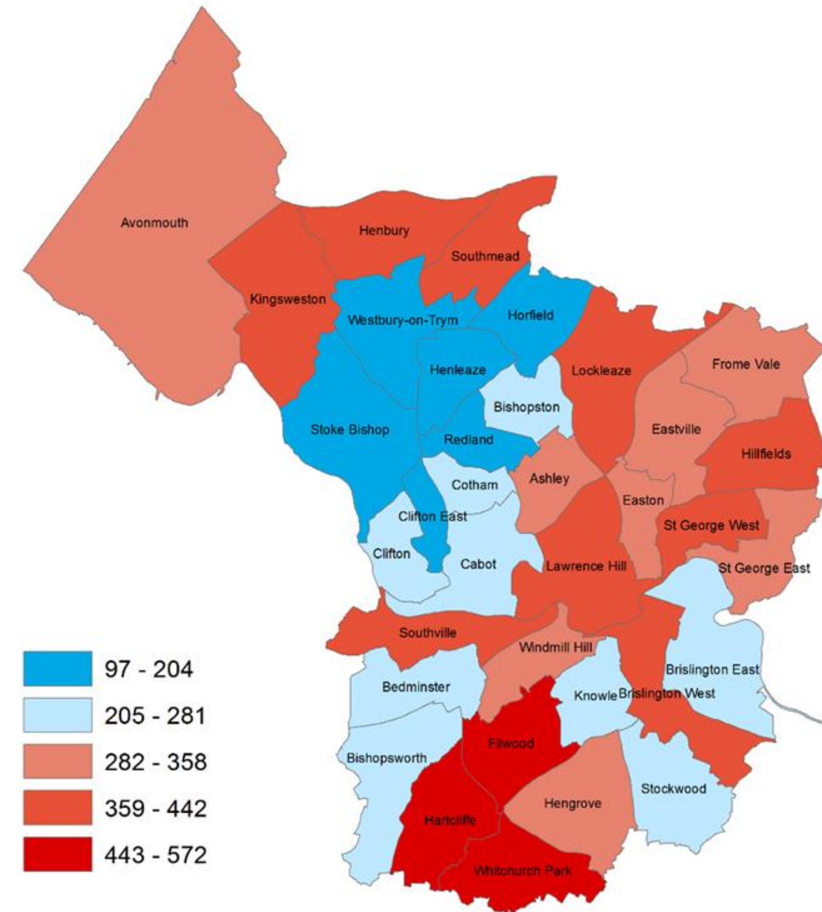
In Bristol

- **20,000 young people self harming (ALSPAC)**
- **Suicide rate higher than national average: 12.8 vs 10.1/100,000**
- **middle aged men: 28.2/100,000**
- **In 2015 46 suicides:**

1/3 in contact with psych service

40% saw their GP beforehand

60% previous self harm



Aims of STITCH

Treatment and care is equitable across the health system, fully evidence based and non-stigmatising for all people who self harm and to reduce suicides in Bristol

- Monitor self harm in Bristol
- Improve service user engagement
- Provide a psychosocial assessment following self harm
- Reduce the ‘the science to service’ gap
- Reduce repetition, LOS, admission to hospital and suicide following self harm
- Improve self-harm training: ED, SWAS, GP
- Targeting improved pathways especially in deprived areas

How has STITCH impacted?

CLINICAL

Establishing a self-harm surveillance register to improve care in a general hospital

Salena Williams

Spreading innovations nationally and internationally:

Part of Government Strategy

Prescription change raised in Parliament

Solihull and South West Suicide Prevention

Innovation to service:

Translational research: BNSSG, Avon area, South West

Teaching – GPs across BNSSG

Teaching – SWAS Ambulance

Internet research now part of assessment

House of Commons
Health Committee

Suicide prevention: interim report

Fourth Report of Session 2016–17

Report, together with formal minutes relating to the report

Ordered by the House of Commons to be printed 13 December 2016

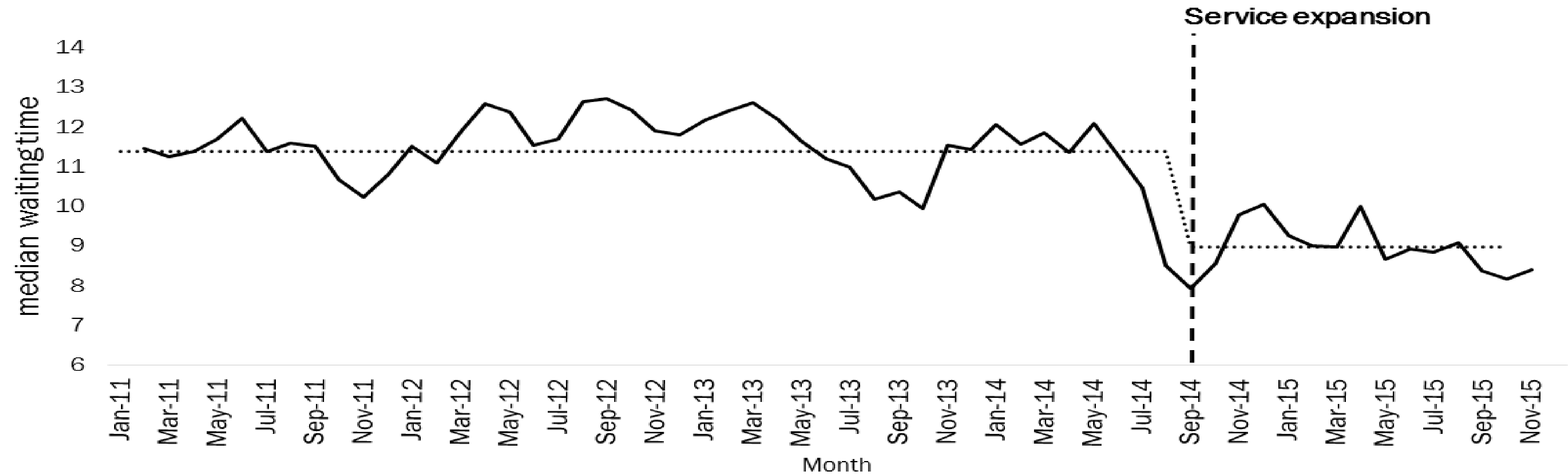
“The Self-Harm Study Day was one of the very best eye opening opportunities to learn I have had in my whole plastic surgery career”.

We have improved self harm care and saved money:

- Reduced the mean cost of care per patient
- Significantly reduced self discharges 20%-13%
- Reduced wait time between medic to psych by 2 1/2 hrs
- Significantly increased psychosocial assessments: 57%-68%
- Reduced length of stay: 3.06 to 2.09 days
- Reduced ITU admission 2.5% to 0.5%
- Reduced total admission: 4.1 to 2.8
- Reduced cost of attendance: £1178 to £1001 (-15% per patient)
- Repeat self harm reduced by 27%

Psychosocial assessment wait time

Figure 6. Median time from medic to being seen by a mental health professional per month (3-month moving average with pre/post liaison psychiatry expansion average).



STITCH Research

- Gunnell, Barnes - HOPE study: more care and help for people who have money worries (in progress)
- Benger, Gunnell – paracetamol in overdose
- Williams - Self Harm Surveillance Register: monitoring self harm and admission to hospital
- Opmeer (CLARHC) - Economic evaluation of Liaison Psychiatry
- Fox (CLARHC) – Involving patients in self harm research
- Carroll - Self injury (cutting) as a predictor of suicide
- Biddle Padamanathan – Internet use and self harm/suicide
- Gunnell – Psychosocial interventions following self harm and their efficacy
- Williams – LGBT and self harm (in progress)

What you can do

- **Self Harm Surveillance Register funding at risk**
- Get involved: lobbying MPs, join in the research, steering group meets quarterly
- Public Health funding for PPI involvement in STITCH ending soon
- LGBT project
- DNW/self discharge project
- Hospital to GP pathway and supporting RMNs in GP surgeries
- GP generated Self Harm app