

The general hospital management of adult deliberate self-harm

A consensus statement on standards for service provision

Opinions vary on how best to carry out psychosocial assessment of patients who attend hospital as a result of deliberate self-harm. It is, though, widely agreed that it is important to identify those who have a psychiatric illness, alcohol or drug problems, high suicide risk, severe personal problems, and those in social crisis. Some will need prompt and effective psychiatric treatment, and others should have access to social and psychological help.

Unfortunately deliberate self-harm services are patchy: in many hospitals a high proportion of patients are discharged directly from accident and emergency departments; the majority of hospitals do not have a multidisciplinary assessment team or even a designated assessment service; and patients referred for psychiatric assessment are often seen by junior doctors with uneven supervision.

Over a million self-harm patients have attended hospital in the UK since the last government recommendations about assessment and management were issued in 1984. Because those guidelines are widely disregarded and perhaps too broadly drawn to be prescriptive, the College's Liaison Psychiatry Group at the suggestion of the then Audit Working Group held a consensus conference in Leeds in November 1992 to discuss standards for the management of adults attending general hospitals after an act of deliberate self-harm.

The preliminary consensus statement was modified in the light of comments from the specialist sections of the College, endorsed by Council and is now available as a College Council Report.

The consensus statement

Assessment of self-harm patients is undertaken not just in medical wards but

also in accident and emergency departments: because of pressure on medical beds; because some hospital attenders do not wish to be admitted; and because of decisions made in the accident and emergency department that admission is not necessary. For some patients their initial assessment is undertaken by someone other than a psychiatrist – including non-psychiatric medical staff and members of other professions. We agreed standards for each setting and for different staff groups. The resulting consensus statement is therefore organised in four sections.

- (a) Standards for assessment by non-psychiatric medical staff in the accident and emergency department.
- (b) Standards for assessment by specialist staff in the accident and emergency department.
- (c) Standards for assessment by general medical staff on in-patient wards (including short-stay wards).
- (d) Standards for assessment by specialist staff on in-patient wards.

In addition to setting standards for provision of clinical services the statement describes the administrative steps which need to be taken if a deliberate self-harm service is to be properly organised, implemented and monitored. The case for a service planning group is outlined, and its main functions listed.

Using the standards

The guidelines were drawn up with specific recommendations which can be used as quality standards in the evaluation and audit of local services. We expect them to be referred to during negotiation between general hospitals, psychiatric services and local

purchasing and commissioning agencies. The guidelines are now available from the Royal College as *Council Report Number 32*. We would encourage members to obtain copies to ensure their wide dissemination. They offer an opportunity for the psychiatric profession to take the initiative in pressing for

improvements in the clinical services in a major public health matter.

DAVID OWENS and ALLAN HOUSE, *Members of the Liaison Psychiatry Group, Royal College of Psychiatrists*

The Mental Health Review Tribunal Service: applications for medical membership

The Mental Health Review Tribunal service is keen to increase the number of medical members, especially in and around London, and would welcome applications from psychiatrists interested in this area of work. Mental Health Review Tribunals have statutory responsibility for reviewing the cases of patients who have been compulsorily detained under the Mental Health Act 1983. Detained patients can seek a review of their case by applying to a Tribunal. Each Tribunal is made up of three part-time members, lay, medical and legal; the legal member acts as the chairman. Tribunals must consider whether it is necessary for the patient to continue to be compulsorily detained in hospital or whether other arrangements for care and treatment would be more appropriate.

Tribunals take place at the hospital where the patient is detained. Members must therefore be prepared to travel to these hospitals some of which are in remote locations. They will usually be expected to sit on at least two Tribunals at the hospital on the day. Each member is likely to sit no more than 50 days in a year.

Medical members receive a daily fee (under review) of £217.40 plus expenses. The medical member is required to examine the patient before the hearing to form an opinion about the patient's mental state. This is usually carried out a day or so beforehand, for which a fee and expenses are also payable.

If you would like further details please contact Mrs Vanessa Cameron, College Secretary, for a background note and application form.

List of Books Suitable for a Psychiatric Library 1994 (OP26)

This bibliography, which offers book selection suggestions, is now available from the College Publications Department, price £2.00.

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David Owens and Allan House

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References

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