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Deliberate self-harm patients who leave the accident and emergency department without a psychiatric assessment A neglected population at risk of suicide

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Abstract

Objectives: Deliberate self-harm (DSH) patients, despite their risk of suicide, are often discharged directly from accident and emergency (A&E) departments without undergoing a psychiatric assessment. The aims of this study were to determine the characteristics and outcome of these patients. **Methods:** The characteristics of DSH patients who were discharged directly from an A&E department over a 2-year period were investigated, comparing those who had a psychiatric assessment with those who did not. In a matched control design, the outcome of a group of patients who did not receive a psychiatric assessment was compared with that of a group of patients who were assessed. **Results:** Of DSH patients who were discharged directly from the A&E department 58.9% (145/246) did not have a psychiatric assessment. Nonassessed patients were more likely to have a past history of DSH, to be in the 20–34 year age group, and to have exhibited difficult behaviour in the A&E department. Patients presenting between 5 p.m. and 9 a.m. were less likely to be assessed than those attending between 9 a.m. and 5 p.m. Further DSH during the subsequent year occurred in 37.5% of the nonassessed patients compared with 18.2% of matched assessed patients. They were also more likely to have psychiatric treatment. **Conclusion:** A substantial proportion of DSH patients discharged directly from A&E departments do not receive a psychiatric assessment. Nonassessed patients may be at greater risk of further DSH and completed suicide than those who are assessed. Hospital services need to be organised such that DSH patients managed in A&E departments can receive an assessment of psychosocial problems and risk.

Keywords: Deliberate self-harm; Accident and emergency department; Psychiatric assessment; Follow up; Repetition of DSH

Introduction

Suicide prevention has been at the forefront of mental health strategy for some years [1,2]. Effective management of deliberate self-harm (DSH) patients must be an important element in any suicide prevention policy [3]. This is because of the significant risk of completed suicide following deliberate self-poisoning or self-injury [4–7] and the fact that approximately half of all suicides in the United Kingdom have a history of DSH [8,9].

In 1984 the Department of Health advised that all patients presenting to hospital with an episode of self-harm should have a psychosocial assessment [10]. However a significant subgroup of such patients leave hospital without receiving an assessment that meets this recommendation [11], patients who are not admitted to hospital being particularly likely not to have an assessment [12]. Direct discharge of DSH patients from accident and emergency (A&E) departments has become increasingly prevalent [13]. Surprisingly little attention has been paid to patients who present to A&E departments following DSH but who do not then receive a psychosocial assessment. The aims of this study were (a) to identify the characteristics of DSH patients leaving hospital without a psychosocial assessment from the psychiatric service, and b) to compare the outcome of these

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patients over a 12-month period with that of a matched group of patients who received such an assessment. The matching was on some of the characteristics of DSH patients known to be associated with risk of subsequent suicide (gender and age [5]) and repetition (self-injury [14]).

Method

This study was of patients who presented to the general hospital in Oxford. A psychiatric team is available to assess these patients. During the daytime on weekdays the team is multidisciplinary, consisting of psychiatric nurses, psychiatrists and a part-time social worker [15]. At nights and weekends, however, assessments are only provided by an on-call psychiatrist. Information on the demographic and clinical characteristics of all patients presenting to the hospital is collected through the Oxford Monitoring System for Attempted Suicide [16]. The study comprised two parts. First, we compared patients who presented to the A&E department with DSH but left without a psychiatric assessment with the remainder of the patients who were assessed, in order to identify distinguishing characteristics. Second, we compared the outcome of a group of nonassessed patients with that of a matched group of patients who had been assessed.

Comparison of the characteristics of assessed and nonassessed patients

The *nonassessed group* consisted of patients aged 15 years and over who presented for treatment of DSH at the A&E department of the general hospital in Oxford during 1 year, who were not admitted to a medical or short-stay bed, and who did not have a psychosocial assessment by the psychiatric team. The *assessed group* included all patients who presented to the A&E department with DSH during the same period and who were also not admitted but did receive a psychosocial assessment by the psychiatric team. When an individual presented on more than one occasion during the study period only the first such episode was included. There were 145 patients in the nonassessed group and 101 in the assessed group.

In addition to information available through the monitoring system data file, the A&E department case notes for each patient's index presentation were scrutinised for information on the time of day of presentation to hospital, any evidence of intoxication with alcohol or drugs, and of difficult behaviour in the A&E department, such as aggression or noncooperation with examination or treatment. The A&E department case notes were traced for 119 (82.1%) of the nonassessed patients and 74 (73.3%) of the assessed patients. Psychiatric case notes in the Oxford psychiatric hospitals and the computerised records of the Oxford Department of Healthcare Epidemiology were scrutinised for information on whether patients in either group were in contact with psychiatric services at the time of their index presentation, since this might have influenced whether or not they were referred for psychiatric assessment.

Follow-up of matched groups of assessed and nonassessed patients

For this part of the study, patients of no fixed abode and those who lived outside of the Oxfordshire Family Health Services Authority catchment area at the time of presentation to the hospital were excluded, as were those who were in psychiatric in-patient care at the time of presentation and those for whom this information was not available (a total of 47 patients). The nonassessed group potentially comprised the remaining nonassessed patients from the initial part of the study ($N = 114$). The assessed group consisted of matched patients who were discharged from the A&E department having had an assessment. The assessed patients were matched on characteristics that were likely to affect outcome, namely age (within 5 years), sex, and the type of DSH (self-poisoning or self-injury) at the index presentation. In order to identify controls for as many as possible of the nonassessed subjects, patients were also included from a period that was extended by 6 months before the beginning and 6 months after the end of the original study period. This procedure enabled us to include 88 matched pairs in the comparison.

The current general practitioners of the patients in the follow-up study were identified from the Oxfordshire Family Health Services Authority for 70 (79.6%) nonassessed and 63 (71.5%) control patients. The general practitioners could not be traced for the remainder because of inadequate identifying information obtained at the index presentation to hospital, or because the patient appeared to be no longer registered with a general practitioner (GP) in the UK. The general practitioners were sent a questionnaire requesting information on a variety of psychosocial variables for each patient for the 1-year period following their index referral to the general hospital. Details were sought with regard to the presence of psychosocial difficulties, including in relationships with spouse, partner, family and wider social networks, and in regard to financial, employment, housing and legal matters, plus any psychiatric or social treatments given to the patients. Responses were obtained from the general practitioners for 62 (70.5%) of the nonassessed group patients and 59 (67.0%) of the control group patients.

Repetition of DSH resulting in referral to the general hospital in Oxford in the 1-year period following the index episode was assessed for all patients through the Monitoring System for Attempted Suicide. Further enquiry about repetition of DSH was also included in the questionnaires sent to the general practitioners.

The medical records departments of the local psychiatric hospitals provided information on subsequent psychiatric