



Building on positive experience: developing, implementing and evaluating a model for a self-harm clinic

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Project background

The Barnes Unit self-harm service at Oxford General Hospital is provided by a nurse-led team. Its core business is the psychosocial assessment of service users between the ages of 13 and 65 who come to A&E following acts of self-harm. While there is a variety of provision for people who self-harm, the team felt the needs of some, particularly those who frequently self-harm, were not always being met.

In 2010/2011 the Barnes Unit team worked with a service user who was presenting to A&E with increasing frequency, offering regular support. While this work was demanding in terms of clinical time, this was offset by the reduction in A&E presentations and associated psychosocial assessments, and by reduced contact with the crisis team. Furthermore, the outpatient work was structured and consistent, which frequent assessments by different staff members would not have been.

Aim and objectives

The aim of this project was to build on this positive experience of supporting one individual service user, to reduce the incidence of self-harm, improve service users' experiences of care, and reduce costs associated with emergency bed usage, crisis team involvement and repeated self-harm assessments. To achieve this, the objectives identified were to:

- Develop the Barnes Unit team members' skills and expertise with this client group to enable them to work proactively as well as offering a response service
- Provide interventions that help service users to solve their own problems and thereby minimise self-harm

Implications for practice

- Action research is a methodology that allows for ongoing input from staff and service users, and is responsive to changing environments
- It can be valuable to build on the positive experiences of staff and service users
- Both qualitative and quantitative evaluation measures should be explored, and while the evaluation may not give a definitive answer, it might be 'good enough' to demonstrate the value of an innovation

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Key activities and outcomes

• Methodology

Guided by the phases of action research, a number of activities supported, informed and enabled the initial and ongoing development of a preventive therapeutic service – the Brief Interventions in Repeat Self Harm (BIRSH) clinic.

• Development of a steering group

The team decided that it would be beneficial to create a steering group at the outset to ensure the clinic had input from multiple sources of expert advice and support. The group was made up of healthcare professionals, including self-harm nurses, and a service user. It met five times during the project.

• Gathering and critiquing evidence

A total of seven stories were collected from three staff members, two service users and two nursing students. These were shared at the first steering group meeting and themes were identified, including positive engagement, time to talk, validation of feelings and feeling heard. These themes, along with the initial work with the single individual and the retrospective audit of notes, informed the basic operational policy for the self-harm clinic. The main focus was to give responsibility back to the service users while ensuring they felt validated and heard. It was agreed that the first clinic session would focus on what service users would like to gain from the service, so that they were involved from the start in planning their care.

• Planning and implementing

After the development of service-user inclusion criteria and decisions on staff caseloads, the location of the clinic sessions, admission processes and procedures for non-attenders were agreed by the steering group, and the BIRSH clinic opened on 1 September 2013. The steering group agreed that all the clinicians involved in the clinic should receive monthly group supervision to provide an opportunity to discuss cases and share learning. These sessions allowed the team to reflect on aspects of the clinic that they believed could be improved. Suggestions for improvement were offered and plans made.

• Outcomes and evaluation

A number of outcome measures were used to evaluate the effectiveness of the clinic. There was a clear reduction in A&E attendance among service users who came to one or more sessions but no clear correlation was found between the number of sessions attended and this reduction. In addition, it is acknowledged that self-harm cannot be measured by A&E attendance alone. There were reductions in other measures, such as self-reported depression, but other results were variable. In terms of improving service users' experiences of care, there appears to be some support for this but it was difficult to capture. An assessment of costs by the team found those of the BIRSH clinic to be lower than those associated with previous number of A&E visits. Staff experiences of the clinic were generally positive.

Areas for development have been identified and the clinic has now moved beyond the original 12-month pilot and will continue with minor changes.