

Publication: [“Wasn't offered one, too poorly to ask for one” – Reasons why some patients do not receive a psychosocial assessment following self-harm: Qualitative patient and carer survey](#)

Publication details (Vancouver format)

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What are the most important findings/conclusions in this paper? Why are they important?

Patient reasons for refusing a psychosocial assessment included:

- long waiting times
- previous negative experiences when attending mental health services or the emergency department
- feeling unsafe when in the emergency department.

Two people refused an assessment because they wanted to harm themselves again. Other participants said they didn't receive an assessment because staff didn't offer one, or they weren't given one because of alcohol use. Some patients felt the way they had self-harmed did not meet clinical thresholds for an assessment (e.g. self-poisoning versus self-cutting).

What did you do?

Between March and November 2019, we invited people with lived experience of self-harm and attending the emergency department to share their views on psychosocial assessments in an online survey. The survey was co-designed with people who had lived experience in this area. Over 100 people shared their often painful experiences. We used qualitative methods (which focus on analysing words and opinions, rather than numbers) to analyse the surveys, looking for common experiences.

Why did you conduct this research?

We conducted this research because psychosocial assessments are an important part of care for people who have harmed themselves. In England, only around half of people receive an assessment when they attend hospital for self-harm. We wanted to understand patient/carers reasons for non-assessment in order to develop ways to improve the quality of care for people who have harmed themselves. Our results can help to change clinical practice and make sure that patient/carers experiences are central to this process.

What was known before your paper was published?

Clinical guidelines recommend that all patients who go to hospital after self-harming should be offered a psychosocial assessment, but this is not currently the case. People who do not receive a psychosocial assessment are at high risk for further self-harm and suicide. Although some studies highlighted the similarities of people who do not receive an assessment, this area is not well understood. We knew little about patient and carer experiences of non-assessment, and only a few studies involved patients and carers throughout the process.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

We created infographics with our PPI members and shared these online. We will also share them on the study website and across our clinical networks.

The paper received quite a lot of attention and discussion online. It was Tweeted 78 times, and picked up by three news outlets.

The results will also be shared via our NHS England 'Improving community services for self-harm' programme of work.

The papers have been included in the '[Evidently Better, Suicide Prevention Bulletin](#)', which is sent to staff at Mersey Care NHS Trust, and other Trusts (e.g., Rotherham NHS FT), as well other research sites.

Some of the websites that cited the paper are below:

- <https://www.trftlibraryknowledge.com/emergency-care.html>
- <https://www.safetylit.org/week/2021/210530.pdf>
- <https://medicalxpress.com/news/2021-05-people-nice-self-harm.html>
- <https://www.nationaltribune.com.au/new-research-reveals-why-some-people-do-not-receive-nice-recommended-care-following-self-harm/>
- <https://www.trftlibraryknowledge.com/emergency-care-bulletins.html>
- <https://allmymedicine.com/health-news/why-some-people-do-not-receive-nice-recommended-care-following-self-harm/>

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This study is part of a programme of work that aims to improve services for people who have harmed themselves. This paper gives important insights about how to improve the quality and quantity of psychosocial assessments for people who have harmed themselves. We will build on this work by investigating what can make getting an assessment easier, or more difficult, and will also look at aftercare in a multi-site clinician study.