An analysis of incidents involving both ‘Leave not as planned’ and non-suicidal self-injury and suicide

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Introduction

There is a risk that patients may engage in Non-Suicidal Self-Injury (NSSI) or suicide (S) when on leave as planned or Leave Not as Planned (LNAP: failure to return from leave, absconding from staff or escaping from hospital (1)). Indeed a National Inquiry into Suicide found that 22% of inpatients committed suicide while on leave from hospital (2). NSSI/S can obviously result in irreversible consequences and also negatively impact mental health and future leave decisions. Likewise, LNAP has a number of negative impacts including including risk to self in the form of NSSI/S, decline in mental health and potentially longer admission (1).

Given the serious consequences of incidents involving LNAP and NSSI/S we sought to understand the frequency and nature of these incidents in St Andrew’s Healthcare. This work is part of a programme of activity intended to better understand and reduce incidents involving both LNAP and NSS/P

Methods

Data were obtained from the electronic recording system at St Andrew’s Healthcare. Data about all incidents involving both actual or attempted LNAP and NSSI/S were requested. Incidents were then compared by Division, location, time and whether actual or attempted LNAP and NSSI/S took place.

There currently exists no standard definition of LNAP and, because we wished to understand more about LNAP generally, we also included incidents of attempted LNAP.

Results

There were 85 incidents of LNAP during which actual or attempted NSSI/S occurred. Incidents took place between February 2015 and December 2021. Thirty three percent of incidents involved actual LNAP and 67% of incidents involved attempted LNAP. Actual or attempted LNAP was most likely to occur within the CAMHS division (*n* = 34), followed by the Low Secure/Specialist Rehabilitation division (*n* = 22). Actual or attempted LNAP incidents were most likely to take place within the hospital grounds (*n* = 23), followed by offsite hospital departments *(n* = 19). Actual LNAP was *(n* = 11) was reported more often for town centre and community locations than attempted LNAP *(n* = 5). Of the actual LNAP incidents, 17 incidents of actual NSSI were reported plus 10 further incidents of attempted NSSI/S. Of the attempted LNAP incidents, 40 incidents of actual NSSI were reported plus 18 further attempted incidents of NSSI/S. NSSI/S ranged in severity from superficial scratches to potentially fatal actions.

Our data show that staff are able to prevent the majority of LNAP (please note that some incidents involved people trying to leave a ward area which would only have allowed access to a different area of an inpatient environment). Notably, in nearly a quarter of cases there was an assault on another.

Discussion

Incidents reported here represent a small proportion of sanctioned leave from a large organisation over a long time period Fortunately, most LNAP incidents involved attempted and not actual LNAP. This has implications for the recording of incidents in organisations generally as there is no standard definition of LNAP (clinically, however, attempts are, of course, very meaningful). As with a previous study (3) the highest number of incidents was in the CAMHS Division. Currently it is not known if this is a finding that would be replicated in other organisations. Consistent with previous research many incidents took place outside the hospital grounds.

Although our data found evidence for a range of severity of NSSI/S in LNAP incidents there is also some evidence for an increase in risk of suicide after return from LNAP (see in 2) so accurate assessment of risk of LNAP is vital to maintain patient safety. A large proportion of incidents took place during grounds leave which would have been approved by Multidisciplinary Teams (as compared with attempts to leave buildings or necessary visits to A&E departments). In keeping with current thinking, the data presented here emphasise not only the importance of thorough assessment, but also effective management of the risk of LNAP and NSSI/S. Importantly, research demonstrates that absconding may be associated with a number of patient motivations (4) – demonstrating the vital importance of individual risk formulations.

References

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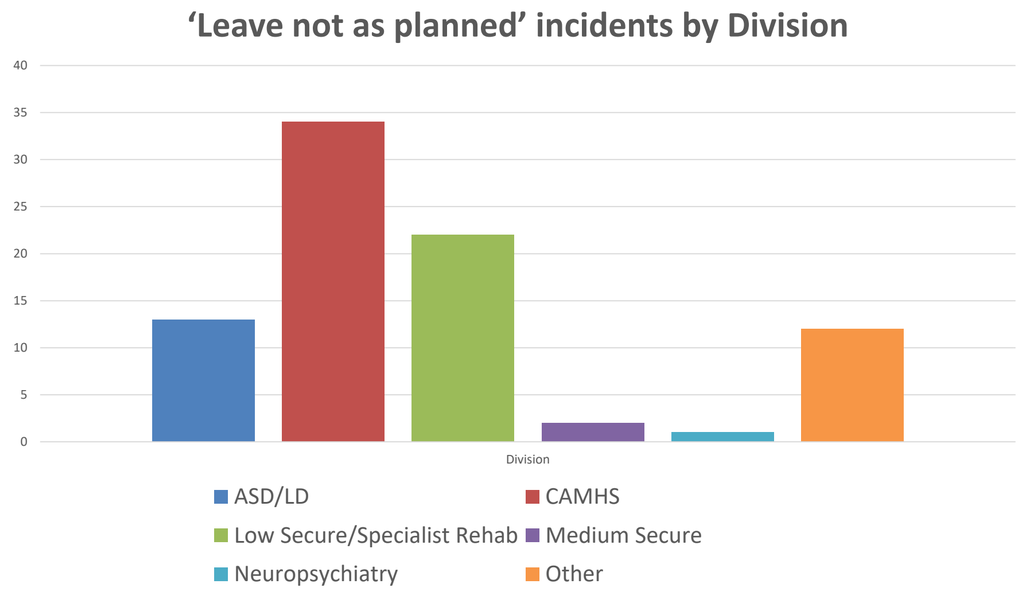
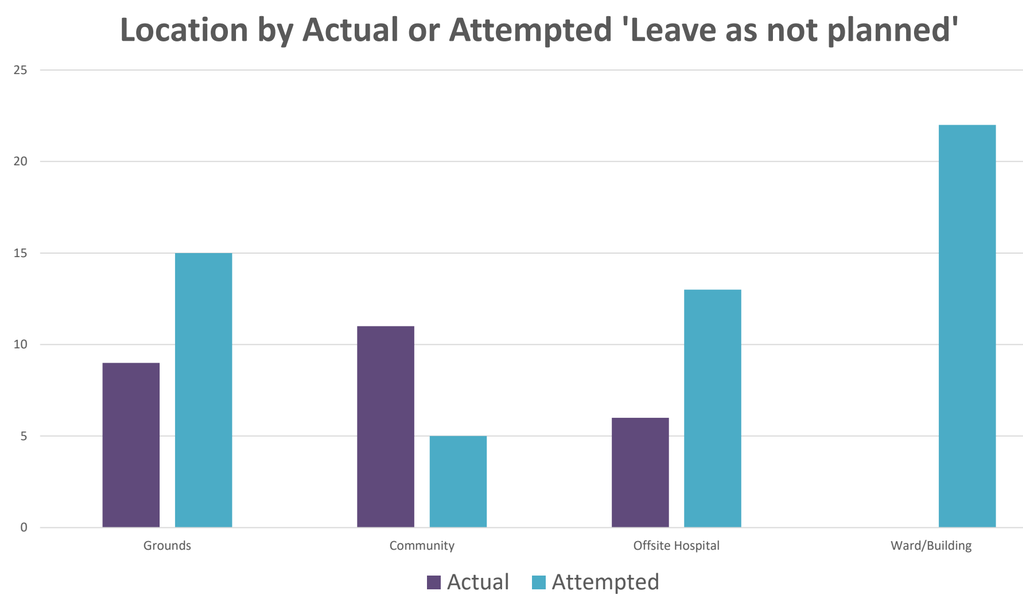


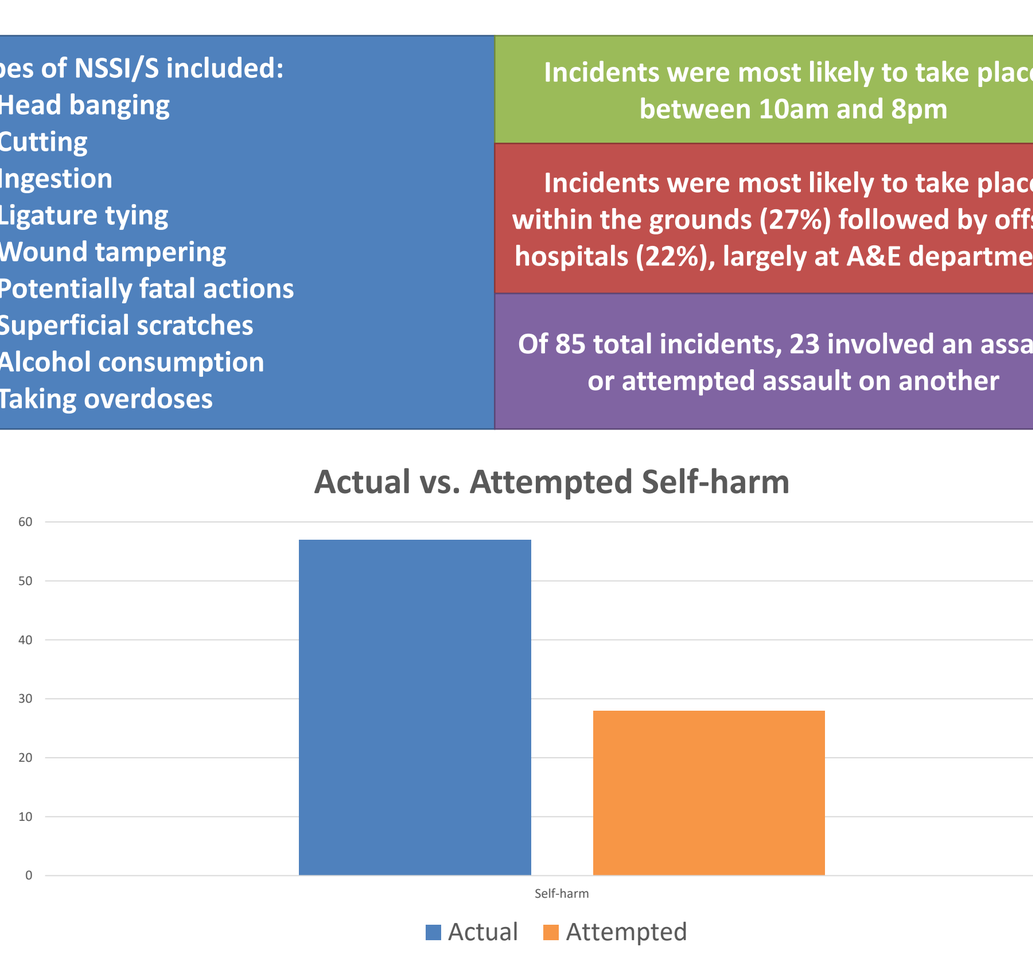


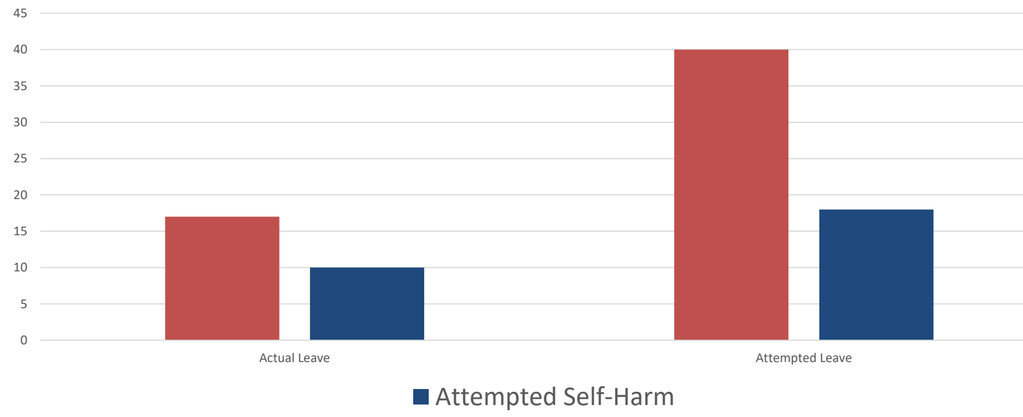
Types of NSSI/S included:
- Head banging
- Cutting
- Ingestion
- Ligature tying
- Wound tampering
- Potentially fatal actions
- Superficial scratches
- Alcohol consumption
- Taking overdoses

Incidents were most likely to take place between 10am and 8pm

Incidents were most likely to take place within the grounds (27%) followed by offsite hospitals (22%), largely at A&E departments

Of 85 total incidents, 23 involved an assault or attempted assault on another





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