Expert by experience evaluation of proposed procedures for reduction of risk to self when on unplanned leave

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Introduction

Hospital leave is an important part of the process of recovery. While patient absconds/escapes (hereafter Leave Not As Planned: LNAP) are a relatively rare event, they can result in a number of adverse impacts on the patient, staff and the institution involved. One of these adverse outcomes is the patient engaging in non-suicidal self-injury (NSSI), suicide attempt or completed suicide (hereafter NSSI/S). It is important, then, that clinicians and patients work collaboratively to understand the risk of both LNAP and NSSI/S. Currently there is no validated tool for the assessment of LNAP (as there is for risk of violence – see the HCR20) or indeed for NSSI/S). When deciding on leave, then a complex decision regarding the risk of both NSSI/S and LNAP must be made in order to ensure that the patient is safe. Further, even where such tools were available the use of these tools would need to used within a strategy for aiming to prevent and learn from incidents involving NSSI/S and LNAP. Patients safety initiatives should seek the perspective of all those affected. Peer Support Workers (PSWs) are particularly helpful in this respect as they have both use of receiving support for and working in services (see Seif et al (2022) for a a review of PSW involvement in peers support for self-harm).

Focus Group

We held a focus group with eight PSWs and their service manager. This two hour group involved a discussion of 13 suggestions for a procedure intended to reduce and learn from NSSI/S and LNAP. The focus group involved discussion after a brief PowerPoint presentation of suggested strategies. PSWs engaged in helpful discussion of the points and provided specific feedback to each item. PSWs also rated each suggestion on a Likert Scale (1 = Strongly disagree, 5 Strongly agree). The mean of each item was calculated and is represented by the colour coded paraphrased quotes **(**agree**,** strongly agree**).**

Example Risk Matrix (NSSI/S x LNAP)

	Negligible	Minor	Moderate	Significant	Severe
Very Likely	Low Med	Medium	Med Hi	High	High
Likely	Low	Low Med	Medium	Med Hi	High
Possible	Low	Low Med	Medium	Med Hi	Med Hi
Unlikely	Low	Low Med	Low Med	Medium	Med Hi
Very Unlikely	Low	Low	Low Med	Medium	Medium

Findings

There were differing views about use of a structured means to assess risk of NSSI and LNAP- this was associated with the benefits of a structured scheme being balanced with the importance of an idiographic approach. There was strong agreement that: patients should be asked about their perception of their risk of NSSI and that patients should be informed of the reasons for their leave not being appropriate at a given time. While the importance of a structured interview following LNAP was generally perceived positively there was some concern that this could be intimidating if not done sensitively. There was much agreement that the lessons could be learned from instances of LNAP and that staff need more training on NSSI/S and LNAP. There was some ambivalence about the use of a matrix for assessing risk of NSSI/S and LNAP and this was associated with a potentially overly 'algorithmic/actuarial' approach at the expense of 'clinical intuition'. There was no ambivalence regarding the use of understanding both risk and protective factors in the formulation of risk of NSSI/S and LNAP and that this should be shared with patients. PSW's generally agreed that assessments and mini formulations of risk of NSSI/S and LNAP should be completed on admission and before first unescorted leave and that this should be reviewed after any incident of NSSI/S or LNAP.

Discussion

There was general consensus that the potential procedures would be beneficial and no new potential procedures were identified/suggested. The focus group provided useful feedback on potential procedures for managing risk of NSSI/S and LNPAP. Given this, the feedback was particularly helpful concerning the importance of providing examples of, say, the risk matrix and mini-formulation so that concerns about the loss of idiographic information could be easily addressed when discussing the potential procedures with patients and clinicians. The focus group was also useful in identifying that more clarity was required about the fact that the Risk Matrix and mini formulation would only be done at three points (admission, before first unescorted leave, after any adverse event. Generally, PSW's appreciated the transparency and inclusivity of the approach, but also agreed that staff would need more training in NSSI/S and LNAP.

1. There should be a structured way of assessing deliberate self-harm/suicide risk in patients.

"A transparent procedure in place for each patient will help when bank staff are supporting each ward."

2. There should be a structured way of assessing risk of absconding/escaping

"Assessing risk allows for staff and patients to work together to minimise them"

3. Patients should be asked about their view of risk of self-harm and absconding and this view should be used by the MDT collaboratively in making a decision

"Doing this would enable co-production and empower the patient to take a role in their care"

4. Where the MDT does not believe that leave is appropriate, the patients should be informed why this is the case and what they need to do in order to gain leave

"There needs to be communication between the patient and staff about realistic timeframes and what is needed to work towards getting their leave"

5. If a patient fails to return from leave/escapes there should be a structured interview asking about their motivations/reasons for this and this should be recorded in their notes

"This would allow staff to understand the reasons/motivations for the behaviour and not just apply a negative label"

6. The Charity should review data on absconds/escapes and material from the above interviews on a reasonably regular basis in order to learn from events

"We need to learn, for the patients"

Focus Group

7. Staff should receive more training in the reasons why patients self-harm and/or attempt suicide

"Patients need to be in informing the training"

8. Staff should receive more training on the factors associated with absconding/escaping

"This will help staff to work towards minimising the risk of absconding"

9. A risk matrix approach is a useful way of thinking about risk to self and risk of absconding/escaping

"This would help with understanding the behaviours"

10. Even where a risk matrix is used there should be a clear formulation of risk and protective factors and a mini formulation of risk and how it can be reduced and the patient should receive a copy

"Sharing this information with patients would be beneficial and help them towards their recovery "

11. The assessment and mini formulation should be done on admission

"It is important to work on progress from the start"

12. The assessment and mini formulation should be done before unescorted leave is granted

"This would support the decision making process and reduce the possibility of problems"

13. The assessment and mini formulation should be received after any abscond/escape has occurred

"This would allow staff to assess the reasons, not punish the behaviour"

References Abou Seif, N., Bastien, R. J. B., Wang, B., Davies, J., Isaken, M., Ball, E., ... & Rowe, S. (2022). Effectiveness, acceptability and potential harms of peer support for self-harm in non-clinical settings: systematic review. *BJPsych open*, *8*(1)