

SELF HARM RISK ASSESSMENT

MODULE: _____ **ASSESSING RISK OF SUICIDE & SELF-HARM**

TARGET: **PSYCHIATRY CT1/F2/GPVTS**

BACKGROUND:

Trainees new to Psychiatry often find themselves facing situations they have little experience of and it can take time for them to attain confidence in these scenarios. This is one of a number of scenarios developed to be used as part of the induction for trainees new to Psychiatry. The aim is to give trainees the opportunity to practice interviewing and managing patients presenting out of hours with thoughts of self-harm.

RELEVANT AREAS OF THE CURRICULUM

ILO- 1	Assessment
ILO – 2	Formulation
ILO - 5	Conduct therapeutic interviews
ILO- 7	Demonstrate ability to manage complex cases involving chronic mental disorder
ILO- 8	Use effective communication with patients and relatives
ILO-14	Demonstrate the ability to inform and educate patients effectively
ILO - 17	Act in a professional manner at all times

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

- Demonstrate effective communication with patients using verbal and non-verbal skills as appropriate.
- Demonstrate empathy, and remaining respectful and non-judgmental in manner.
- Apply the principles of risk assessment and management in self-harm and suicide.
- Know the principles underlying management and prevention of self harm and/or suicide.
- Communicate an appropriate brief management plan with the patient
- Dealing with difficult colleagues.

SCENE SETTING

Location: Emergency Department
 Expected duration of scenario: 12 mins Expected duration of debriefing: 8 mins

EQUIPMENT AND CONSUMABLES

PERSONNEL-IN-SCENARIO

Patient
 ED nurse

PARTICIPANT BRIEFING

You are the junior doctor on-call. You have been asked to assess Julie/John Moore, a 31 year old woman/man who has recently taken an overdose of their anti-depressant medication. She/he is currently in the local Emergency Department.

You have been asked by the ED team whether she/he can be allowed to go home. There are no outstanding blood results and she has been medically cleared. The 4 hour limit for waiting in ED is rapidly approaching and the staff are keen to resolve the situation.

Instructions

Assess the current risk of suicide in this patient and discuss a brief management plan with the patient.

FACULTY BRIEFING

Facilitator Guidelines:

1. Brief simulated patients (and relatives/others if applicable)
2. Discuss aims of scenario
3. Allow time for participants to read scenario
4. Run scenario
5. Self-appraise from participant
6. Descriptive feedback to participant by consultant facilitator
7. Descriptive feedback by service user representative
8. Descriptive verbal feedback by actor
9. Provide feedback form (both observers) to participant

This scenario involves a simulated patient and a simulated ED nurse. Due to time constraints, the participant may run out of time to discuss a brief management plan with the simulated patient. The main aim is to assess the risk of suicide.

The (assertive) ED nurse will enter the scenario after around 5 minutes. They will only briefly interact with the junior doctor and leave after asking a few questions.

While facilitating the scenario, if you identify any alternative learning objectives, please suggest them below:

'VOICE OF THE MANIKIN' BRIEFING

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'PATIENT'

You are Julie/John Moore, a 30-40-year-old woman/man. You are obviously depressed, and upset about being in hospital. You appear a little embarrassed and withdrawn.

An ED nurse will enter the scenario after around 5 minutes. They will interact with the doctor but should not interact with you.

You have been thinking about suicide on and off for the last couple of weeks, and you decided to take the overdose two days ago.

You did some research on the Internet to find the lethal dose of Amitriptyline.

You renewed your prescription a week early so that you would have enough.

Before taking the overdose, you took all the tablets from the blister pack.

You wrote a note to your mother and your partner. You told your partner that you were going to visit your mother, and vice versa.

You wrote out a quick will. You had thought that the tablets you took would stop your heart. This was your intention when you took the tablets.

You were found by your partner when he/she came back unexpectedly to get his bank card.

You regret being found and wish that you had succeeded.

Your mood has been low for months. You are tearful and irritable.

Your sleep is poor and you have lost weight

Your concentration is poor, you have no energy and cannot get any pleasure from seeing friends or family.

Your self-esteem is rock-bottom, and you feel worthless and negative.

You have been seeing a psychiatrist for the last eight months because of depression.

Your antidepressant was changed to Amitriptyline from Sertraline about a month ago, but since the Sertraline was stopped you have been feeling increasingly low, anxious, and 'agitated'.

You have not taken an overdose before, but you had thought about it in the weeks before you first saw a psychiatrist. This is your first episode of depression. You have no more tablets at home.

You still have some thoughts about killing yourself, but since you ended up in hospital and everyone is fussing around, you have some ambivalence about whether you would do it again.

You have no active intention, but couldn't say that you would never do it again.

You live with your partner who is supportive

You have worked in a clothing store since you left school, and are now assistant manager. You have been off work for the last two weeks.

You have been drinking a little more recently but you don't drink in the mornings; you don't have any cravings for alcohol; and it doesn't dominate your life, or interfere with your life.

There is no history of illicit drug misuse. You smoke 10-15 cigarettes a day.

When discussing the plan of your care, you should appear generally ambivalent.

You are reluctant to be admitted to hospital, although if the doctor explains to you the reasoning of this in a clear and empathetic manner, you do agree to admission to hospital.

Alternatively, if the doctor suggests an alternative to admission, e.g. Home Treatment Team, you also agree to this and want to know more about their role.

IN-SCENARIO PERSONNEL BRIEFING – ‘ED NURSE’

You are an experienced ED nurse who has been working in your current workplace for over 5 years.

You are confident and assertive, and do not suffer fools gladly.

You are extremely conscious about the 4 hours wait limit enforced in ED. The referred patient has been in the department for 3 hours and 45 minutes. You are irritated that the junior doctor in psychiatry has taken so long to assess the patient.

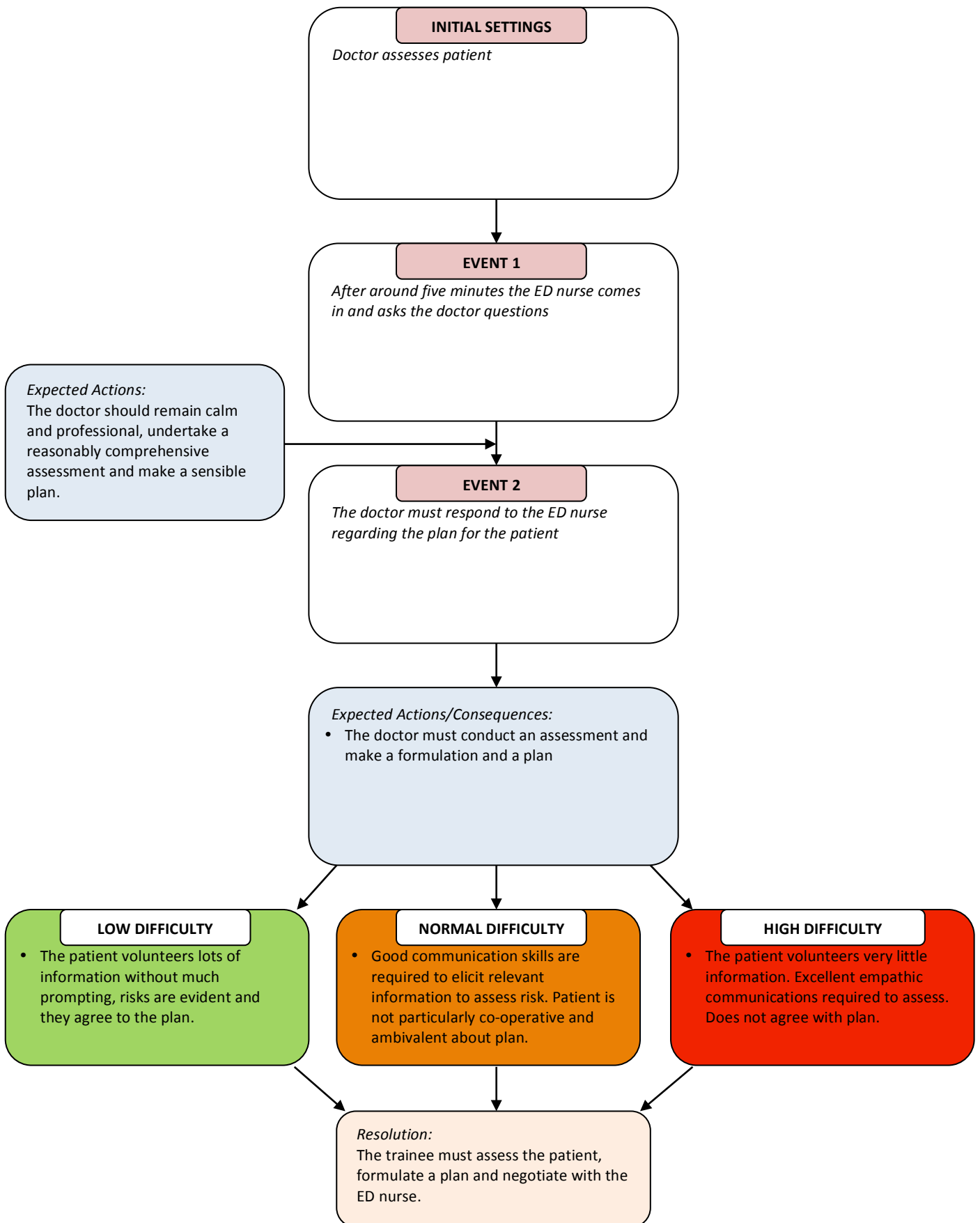
You are generally unsympathetic towards patients with mental health problems presenting to A&E. You often question the length of time psychiatric assessments seem to take.

Around half way through the assessment (~5 minutes), enter the scenario and interact with the doctor. During your interaction with the doctor, you introduce yourself assertively and ask:

1. ‘How much longer are you going to be?’
2. ‘So what’s the plan, are you going to discharge her/him?’
3. ‘Why’s it taking so long? She/he’s already been here for nearly 4 hours...’

You express your dissatisfaction with the doctor’s responses by ‘huffing’ loudly and leaving promptly.

CONDUCT OF SCENARIO



DEBRIEFING**POINTS FOR FURTHER DISCUSSION****Principles of risk assessment**

Obtaining sufficient information including collateral history and old notes. Where can you find information out of hours?

Assessing self harm

Awareness of the important factors to consider when assessing risk of self harm and suicide - predisposing (demographic) factors, preceding factors, and precipitating factors

Involvement of colleagues in making decisions.

Consider contacting the out-of-hours psychiatry team if there is one. Speak to senior colleague wherever possible.

Other risks

e.g. non-compliance, non-engagement, absconding, violence, vulnerable adult, children.

Management

Risk assessments are only useful if they are followed by a coherent plan. In a situation involving discharge from ED the plan might include treatment, support, follow up, contingency plan, contact numbers, involvement of relative or partner. Check patient understanding of plan and sources of support and help. Consider what records you should make, whether you should write to the GP/CMHT. How urgent is this – can it wait until Monday?

PSYCHIATRY – SCENARIO 12 - HANDOUT

INFORMATION FOR PARTICIPANTS

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KEY POINTS

- Demonstrate effective communication with patients using verbal and non-verbal skills as appropriate.
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RELEVANCE TO THE CURRICULUM

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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.



FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?