Outcome measures

Data Dictionary – Support for improving community-based self-harm care

National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The Manchester Self-Harm Project

Patient Safety Translational Research Centre (PSTRC)

July 2021

About this data dictionary

- This data dictionary has been derived from the National Confidential Inquiry into Suicide and Safety in Mental Health's (NCISH) review of outcome measures from 12 early implementer (EI) sites selected to develop community-based self-harm plans. The purpose of the review was to ensure that the outcome measures were appropriately defined to show change over time following the implementation of interventions.
- The purpose of the dictionary is to provide a selection of process measures that areas in the future, and those not in the EI programme, can choose from to measure change.
- We suggest there are a number of elements to the gathering of information that will help to measure change, to consider when choosing outcome measures:
  (i) Is there robust baseline data, against which the change can be measured?
  (ii) What data could be used to measure or evaluate the impact of the intervention?
  (iii) Is the data of sufficient quality to robustly measure change (i.e. how were the data collected and by who, how complete is the data, was data collection standardised or mandatory, were there any inclusion/exclusion criteria)?
- The data dictionary is divided into three sections (i) high-level measures; (ii) mid-level measures, and (iii) process measures. High and mid-level measures should be used consistently by all areas in measuring change, but the process measures selected will vary according to local focus.
- This resource has been developed by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), the Manchester Self-Harm Project and the Patient Safety Translational Research Centre (PSTRC).

HIGH LEVEL MEASURES

SUICIDE DATA			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Suicide rate in the general population	Office for National Statistics (ONS) mid-year population estimates (age 10 and over)	Baseline data collected prior to implementation	Denominator data to be taken from Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland
Suicide rate in patients of mental health services	Patient activity obtained from NHS Digital (England)	Baseline data collected prior to implementation	NCISH measures contact as within 12 months of death. Denominator data to be taken from NHS Digital Mental Health Bulletin
Suicide in in-patients (rates and numbers)	Patient activity obtained from NHS Digital (England)	Baseline data collected prior to implementation	NCISH measurement of in-patent suicide includes patients on authorised and unauthorised leave. See above for link to denominator data

SELF-HARM DATA			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Rate of hospital presentations of self-harm	Office for National Statistics (ONS) mid-year population estimates (age 10 and over)	Baseline data collected prior to implementation	Local data to be taken from Emergency Departments and General Hospitals. Denominator data to be taken from Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland
Rate of self-harm admissions	Office for National Statistics (ONS) mid-year population estimates (age 10 and over)	Baseline data collected prior to implementation	Data to be taken from Hospital Episode Statistics. NB: there are caveats with using this data: https://bmjopen.bmj.com/content/6/2/e009749. See above for link to denominator data

MID-LEVEL MEASURES

Description	Denominator (if applicable)	Baseline (if applicable)	Additional comments
Proportion of suicide serious incidents	All serious incidents within mental health services	Baseline data collected prior to implementation	Include the ratio of serious to non-serious incidents
Overall implementation of the NCISH 10 ways to a safer service			Download of PDF toolkit Download of word toolkit
Overall implementation of NICE Quality Standard for Self-Harm			Download of PDF toolkit Download of word toolkit

PROCESS MEASURES

PEER SUPPORT GROUP			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Number of patients *recruited* for peer support group on a weekly basis	Number of patients *eligible* for the peer support group	Zero (if no pathway previously in place) or baseline data to be collected prior to implementation	This could be different to the number of referrals and could be used to calculate uptake
Number of patients who *engage* with peer support group		Zero (if no pathway previously in place) or baseline data to be collected prior to implementation	It is useful to measure engagement as some patients likely to disengage, this will measure actual uptake. You could measure the number of people who attend the first session, the number of drop outs at each point, and the number who complete all scheduled sessions
Feedback from those attending peer support group		To be measured (i) prior to attendance, (ii) after attendance, and (iii) at further follow-up or if signposted to other services	Incorporate questions that measure well-being, level of suicidal ideation, perception of mental health at initial and repeat attendances. Include co-created free-text questions for additional patient experience data

RESOURCE (e.g. Website, app, booklet)			
Digital offer (website, app)			
Descriptions	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Number of clicks through from the app/website to partner or other support websites (i.e. local services, local MIND)			Count unique users only, if possible
Number of visits to the [Trust] resource pages in the app/website		Zero (if a new webpage) or baseline data to be collected prior to implementation	Count unique users only, if possible
Number and proportion of people signposted to other services following use of the app/website			
Number of downloads of the app in local area (evidence of user involvement)		Zero (if a new app) or baseline data to be collected prior to implementation	
Number of clicks through to support pages/resource material in the app/website		Zero (if a new app/webpage) or baseline data to be collected prior to implementation	
Feedback from users			This may be embedded in the app/website. A short survey with the option of some free text questions could be useful

Media engagement		Zero or baseline data to be collected prior to implementation	You can measure retweets, shares, views and engagement statistics
Number of clicks through QR code to a website		Zero or baseline data to be collected prior to implementation	
Paper offer (booklet, poster)			
Descriptions	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Number of booklets distributed		Zero or baseline data to be collected prior to implementation	
Number of booklets distributed to health services or community groups			Include number of networks (i.e. GP surgeries, pharmacies, community centres, schools/colleges) these materials are distributed to
Social media engagement with the booklet			If available online, you can measure retweets, shares, views, engagement statistics, and number of downloads

LIAISON PSYCHIATRIC PATHWAYS FOR SELF-HARM (e.g. brief therapy/intervention)			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Number of individual attendances for self-harm	This is the denominator for the proportion of people who re-attend A&E for self-harm		NB: data on self-harm should be distinguishable by attendances and people (as some individuals will attend frequently)
Number and proportion of people who re-attend for self-harm	See above	Baseline data to be collected prior to implementation	
Standardised outcomes for the brief intervention		To be measured before and after receiving the brief intervention/therapy	E.g. CORE10, QOL: EQ-5D-5L, BSS
Number and proportion of patients *offered/referred for* brief intervention/therapy	Number of patients *eligible* for intervention/therapy	Zero (if no intervention pathway previously in place) or baseline data to be collected prior to implementation	
Number and proportion of patients who *attend* brief intervention/therapy	Number of patients *eligible* for intervention/therapy	Zero (if no intervention pathway previously in place) or baseline data to be collected prior to implementation	This is different from the number who actually take up the offer and attend therapy, and could be used to calculate uptake
Number of days (waiting time) between the referral date and the first attended session		Zero (if no intervention pathway previously in place) or baseline data to be collected prior to implementation	

Number and proportion of patients who *engage* with brief intervention/therapy.	Number of patients *eligible* for intervention/therapy	Zero (if no pathway previously in place) or baseline data to be collected prior to implementation	It is useful to have a measure of engagement with the brief intervention or therapy, as some patients are likely to disengage. This will measure actual uptake. You could measure the number of people who attend the first session, the number of drop outs at each point, and the number who complete all scheduled sessions
Patient feedback		To be measured before and after receiving the brief intervention/therapy	Incorporate questions on well-being, perception of mental health, level of suicidal ideation/intent. Include co-created free-text questions for additional patient experience/ acceptability data for brief interventions/ psychosocial assessments. Reasons for non-participation in brief interventions
Staff feedback		To be measured before and after delivering the brief intervention/therapy	Incorporate questions on feasibility and acceptability
Number of patients signposted to other support services after intervention			
Number of patients with a collaboratively developed risk management plan	Number of patients discharged would provide the denominator data for the proportion with a risk management plan	Baseline data to be collected prior to implementation	

Number of patients receiving self-harm support in line with views/ideas of people with lived experience			Co-production is more likely to be cost-effective, responsive and have high satisfaction and health outcome rates from people using it: Working Well Together Paying particular attention to: the importance of language and agreeing on preferred terminology
Number of patients receiving self-harm support in line with national/local evidence			NICE guidance Recommendations including: treating patients with compassion, respect and dignity, psychosocial assessments, individualised care plans, risk management plans, and 3-12 sessions of psychological therapy specifically designed for people who self-harm

CARE/MANAGEMENT/SAFETY PLANS ON DISCHARGE			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Number of comprehensive care/management/safety plans based on assessment of person/individual risks			See Safety Plan Template (Stanley and Brown, 2008)
Number and proportion of staff that have received training of risk assessment (including how to assess, formulate and manage risk) and training on being comfortable asking about suicidal thoughts	Number of staff responsible for risk assessment and co-production of safety plans		May be helpful to include open text questions to evaluate staff perspectives/ confidence in evaluating risk and safety plans
Number and proportion of patients with a safety plan in place at discharge	Number of patients discharged would provide the denominator data for the proportion with a safety plan	Baseline data to be collected prior to implementation	
Number and proportion of safety plans that are collaboratively developed, including with families and carers, where appropriate	Number of patients with a safety plan would provide the denominator data for the proportion that were collaboratively developed	Baseline data to be collected prior to implementation	May be helpful to include patient evaluation of safety plans, usefulness/ acceptability/ level of co-production

PSYCHOSOCIAL ASSESSMENT			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
The number of patients receiving a psychosocial assessment in line with NICE quality measures			Including; a person's needs, social situation, psychological state, and reasons for harming themselves, feelings of hopelessness, depression or other mental health problems, and any thoughts of suicide
Feedback from those receiving assessment		Collected before and after implementation	Incorporate questions that measure well-being, level of suicidal ideation. Could use a follow-up text, email, or brief feedback sheet
Staff feedback		To be measured before and after carrying out the psychosocial assessment	Incorporate questions on confidence, feasibility and acceptability

SELF-HARM AWARENESS AND PREVENTION TRAINING			
Description	**Denominator (if applicable)**	**Baseline (if applicable)**	**Additional comments**
Number of staff attending training sessions			This could be community facing staff, staff in primary or secondary care (including non-clinical staff), professionals working with young people (including schools/colleges), and the voluntary sector
Assessment of delegate type			E.g. professional, charity sector, private individual, business
Number and proportion of staff trained in suicide prevention	Number of staff *eligible* for suicide prevention training (e.g. might be certain grades, or all members of certain teams) would provide the denominator data for the proportion who were trained.	Baseline data to be collected prior to implementation	Could be broken down by profession type, if applicable
Feedback questionnaires/evaluation forms		To be used (i) pre-implementation of the training, (ii) immediately post-training, and (iii) 3-month post- training	Incorporate questions on knowledge and awareness of mental health and suicide/self-harm including prevention measures (e.g. Trust interventions), confidence asking questions about suicide/self-harm and responding in a helpful way, the impact the training has had in practice
Patient experience evaluation		To be measured pre and post-implementation of training; immediately and 1-3 months post	Incorporate questions on: feeling understood, listened to, respected, level of compassion, and empathy

SELF-HARM AWARENESS AND PREVENTION TRAINING			
Description	Denominator (if applicable)	Baseline (if applicable)	Additional comments
Number of champions/train the trainers trained/engaged in suicide/self-harm prevention			
Number and proportion of patients referred or signposted to mental health/other support services by primary care professionals [presumed to have undergone suicide/self-harm prevention training]	Number of patients treated in primary care for mental health, self-harm issues would provide the denominator data for the proportion who were referred on	Baseline data to be collected prior to implementation of training	