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## In this issue

## Improving the psychosocial assessment of adults presenting with deliberate self harm in the A&E department

One per cent of patients who have deliberately self harmed themselves will commit suicide in the following 12 months. Increasingly large numbers of self harm patients are discharged directly home from A&E departments and it is therefore clearly important that they receive an adequate psychosocial assessment. Unfortunately in many cases it is likely that patients have not received an adequate risk assessment before leaving the department. We have previously conducted an audit examining the A&E doctors' psychosocial assessment of patients presenting with deliberate self harm and, following this, have introduced a number of simple service improvements. A repeat audit has shown that a significant improvement in the quality of psychosocial assessment can be achieved. Of particular importance was the introduction of a pre-printed checklist and a training seminar for junior medical staff (see page 448). Further research is required to see

whether improved assessment leads to a reduction in repetition of self harm and subsequent suicide.

## Alternative services may have little impact on demands for A&E

The debate around the delivery of health care to those who present to A&E with non-urgent health problems has widened from a general practitioner focus to include new service models such as minor injury units and walk in centres. A study based on a sample of 267 adult "non-urgent" A&E attenders brings together an organisational perspective on their suitability for treatment by other providers, and a profile of the patients' reasons for attending A&E (see page 482). The study provides a timely assessment of the potential impact new and existing services may have on attendance at A&E for non-urgent conditions. It concludes that although in principle other providers could absorb the demand for non-urgent care from A&E, the impetus in patients to continue to present to A&E is strong.