

# The Oxford Monitoring System for Self-harm

## Frequently Asked Questions

### What is the Oxford Monitoring System for Self-harm?

The Oxford Monitoring System is a clinical register of information about self-harm. It includes patients who have presented to the John Radcliffe Hospital following self-harm.

Further information about the Monitoring System can be found here:

<http://cebmh.warne.ox.ac.uk/csr/monitoring.html>

### What is self-harm?

Self-harm is defined as intentional self-injury or self-poisoning, irrespective of type of motivation or degree of suicidal intent. This definition, which is used in a similar way in countries in Europe and elsewhere, includes both 'suicide attempts' and acts with other motives or intentions. This reflects the often mixed nature of intentions.

Self-poisoning is defined as intentionally taking more than the prescribed or recommended dose of any drug or swallowing other potentially poisonous substances.

Self-injury is defined as any injury that has been non-accidentally self-inflicted (e.g. cutting, jumping from a height).

### How do we get our information?

Most of our information is obtained from a simple data sheet that is completed by a doctor or nurse after they have seen a patient who has self-harmed in any way. This only happens at the John Radcliffe Hospital.

For those patients who are not seen by staff from the self-harm service, we have specially trained data processing staff who are authorised by the NHS to get some basic information from the John Radcliffe hospital about the presentation.

We have support from the Health Research Authority Confidentiality Advisory Group to collect this information without asking individual patients for their explicit consent to do this. This is partly because of the number of episodes of self-harm (up to 1,800 per year) and partly because many patients are not assessed and so there is no opportunity to ask for their consent.

### **How is the information kept?**

All the information we collect is stored securely in accordance with standards set out in the Data Protection Act and by the Health Research Authority. Any information that could potentially identify individuals, such as postcode, is removed from data before being transferred for research purposes. This means that no patient could be identified by the researchers.

We need to have enough identifiable information so that we can link up attendances for self-harm to the correct person. This work is done by NHS staff or NHS approved data processors. Researchers do not have access to identifiable information about patients.

### **Do I have to agree to my information being used for this research? Can I opt out?**

You do not have to do anything as the Health Research Authority has agreed that we can collect this information without individual patient consent.

If you do not want your information included you can telephone our research team to discuss the issue. If you still objected to having your information used for research after this, we would discuss how to achieve that aim.

In order to remove a person's details from our records, we would have to take some personal information such as your name, date of birth, and NHS number. We would need to give this information to a data processor so they could find out which records needed to be deleted. The data processors (not the researchers) would also need to keep that information on file so that no future hospital attendance would be included in our research.

## **What sort of research has been/is being done with this information?**

A list of our current and recent research projects can be found here:

<http://cebmh.warne.ox.ac.uk/csr/monitoring.html>

A list of recent publications can be found here:

<http://cebmh.warne.ox.ac.uk/csr/recentpubs.html>

This list includes work that uses data from the Oxford Monitoring System as well as other research projects being carried out by the Centre for Suicide Research.

You can find statistics about self-harm on this page, as well as a link to our Annual report, which gives information about hospital presentations for self-harm in Oxford, here: <http://cebmh.warne.ox.ac.uk/csr/statistics.html>

## **Why is this research important?**

We have been collecting data on self-harm continuously since 1976 so we have a unique ability to look at self-harm over time. The importance of this research has been recognised both nationally and internationally. The project in Oxford is coordinating the Multi-centre Study of Self-harm in England project. This project is continually informing national strategy, especially in relation to the National suicide prevention strategy for England (2002-2012) and the current suicide prevention strategy launched in September 2012.

## **What are the benefits of this research?**

We have been able to inform national policy that has led to restriction of particular medications that are harmful in overdose. For example, our research led to the decision to reduce the number of tablets in a pack for paracetamol and other analgesics. We have been able to show that this measure has led to fewer deaths from overdoses of these drugs.

Another example is that we were also able to demonstrate how dangerous co-proxamol is in overdose which eventually led the Medicines and Healthcare products Agency to introduce a phased withdrawal of this drug in the United Kingdom.

Subsequently, other agencies have recommended the gradual phased withdrawal of this medicine across much of the developed world.

### **What if I have any questions not covered here?**

Please telephone Debbie Casey on 01865 226453 to discuss any aspect of our research or email us at [csr@psych.ox.ac.uk](mailto:csr@psych.ox.ac.uk)