Towards Personalised Clinical Management of Self-Harm through Data-Driven Clinical Decision Support using Transnational Electronic Registry Data (PERMANENS)

FINDINGS FROM THE THIRD UAG – LE MEMBERS

(IRELAND, SPAIN, NORWAY, SWEDEN)

General notes:

- Duration: 1 - 1.5 hours
- Participants: **PLE (Person with Lived Experience)**
- Conducted online via MS Teams/In person

CURRENT CDSS RISK STRATIFICATION MODULE

- LE Members across the sites noted that the design and presentation of the Clinical Decision Support System (CDSS) are satisfactory. It was noted that patients will not directly view this information, which is appropriate, as the display of numerous scores may be overwhelming. To enhance usability for clinicians, a clear **risk stratification** framework is recommended, categorizing risk levels into low, medium, high, and acute.

- Some LE members raised a concern that entering data during a consultation could disrupt the therapeutic bond and empathetic relationship with the patient, making the patient feel less attended to or supported.

- It was also suggested across the sites that it is essential that clinicians using the CDSS are able to accurately interpret the data. This ensures they can effectively communicate the results to patients, providing a balanced explanation that includes both risk factors and protective factors, thereby supporting informed decision-making and patient understanding.

TREATMENT MODULES

- LE members highlighted that the psychoeducation and myths-and-facts modules are highly valuable, particularly for early-career medical professionals. These modules provide clear guidance on appropriate actions, serving as a reliable reference for best practices in clinical care. Further, recommendations provided

a good overview, clear and structured. It was good that there was a prioritization of some, and not all, problem areas.

- However, some LE members in certain locations highlighted that there is an overwhelming amount of information, making it difficult to establish a clear checklist or timeline for clarification. They noted that the complexity and volume of available information can make it challenging to prioritize what is most relevant or actionable, which in turn may hinder understanding and decision-making regarding their treatment options.

- When asked whether they would feel confident in a treatment plan that combines recommendations from a Clinical Decision Support System (CDSS) with their clinician's professional judgment, LE members across all locations expressed that they would appreciate their clinician having access to a tool that provides evidence-based best practices. They also emphasized the importance of the clinician explaining which types of treatments would be possible and advisable for them in the future, even if such treatments would need to be delivered elsewhere.