

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

Findings from User Advisory Groups – 2

(Ireland, Spain & Sweden)

Total number of participants

LE Members – 9

Mental Health Professionals – 9

Risk Calculation and Visualisation

- A consistent observation across all locations was avoiding risk scores. All participants expressed their concerns about sharing quantitative risk calculations with patients. Sharing risk scores could cause distress, as patients might perceive them as static or deterministic rather than dynamic. Moreover, the underlying process and limitations of the model—such as reliance on a narrow set of ICD-based diagnoses—are often difficult to explain. LE participants also echoed on this point.
- Instead, risk stratification was suggested, where presenting risk estimations qualitatively (e.g., high, moderate, low) is preferred, as this approach is easier to understand and less likely to create false expectations. Risk stratification is a valuable methodology because it allows healthcare providers to prioritise care effectively, allocate resources efficiently, and tailor interventions based on the patient's specific risk level.

Resources and Support Services

- LE participants across all locations suggested that, upon discharge from the ED, patients be offered a tailored list of local community resources. To better support individuals' specific needs, in addition to providing information on services in the geographical vicinity, the list would be tailored to demographic aspects, such as age, gender.
- It was suggested by both parties that the CDSS should include information about the next planned visit or assessment, so that the patients know what happens afterwards.
- Further, it was mentioned by both LE and MHP that the CDSS should have some type of checklist of completed procedures visible to both patient and clinician. LE participants highlighted that in some cases clinicians who are under stress forget important parts of the psychosocial assessment or treatment elements. Therefore, transparency about the planned care would be helpful.

- MHP participants also considered having a stratified and personalised list of resources based on patients' risk level and personal profile.

Person-Centered Narrative Feedback: A key element for both MHP and LE

- It was noted by MHP members that because of the acute state of distress that many patients find themselves in during these assessments, the MHP emphasized the importance of providing patients with a narrative summary that they can revisit on their own. The participant suggested that patients be given details regarding the type of medical professional/s they were assessed by (doctor, nurse, etc.). This would be a valuable clarification for the patients in the moment, as well as potentially useful information going forward.
- The participants agreed that a framework, such as a narrative summary, would offer an opportunity to develop a human-centered deliverable through collaboration with communication experts, including psychologists. They emphasized the importance of using supportive and positive language while ensuring it remains free of jargon. Likewise, LE participants highlighted the need for messages that evoke a sense of compassion and understanding.

Moving beyond screening tools: Structured Biopsychosocial feedback

- Both groups expressed hesitancy in relying on screening tools, citing their rigidity and lack of subtlety. A CDSS could help address this by offering a more flexible, data-driven approach that enhances decision-making such as Biopsychosocial assessment.
- Biopsychosocial assessment was a popular suggestion amongst both LE and MHP across all locations.
- However, it was noted by the MHP in Ireland and Spain that the exact proposed format, content and purpose of the biopsychosocial assessment needs to be underlined. For example: recollecting additional data for future model building; creating a summary of the patient's biopsychosocial context that can be included in the final output; additional data that guides the treatment plan.