

Non-Fatal Self Injurious Behaviour - a growing problem?

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Adam Connor

- GP - Nottingham University Health Service
- Predominately student practice 40K patients
- 65% of patients aged 18-25 years
- Mental Health Lead for the practice
- Project Lead for Self Harm at UNHS
- Section 12 approved under Mental Health Act

My Interest in Self Harm

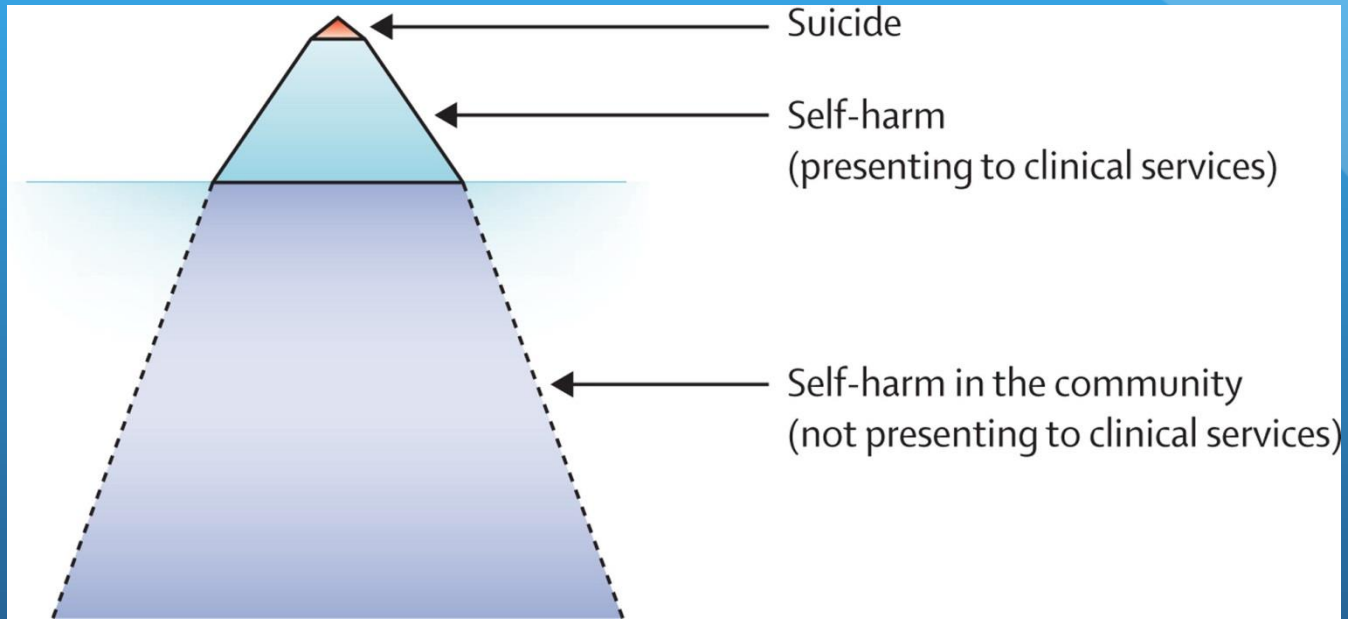
- Aware of self harm in young people at University
- More concerned the more concealed self harm I saw.
- Conference lecture that showed the link between suicide and self harm
- My growing daughters with relevant aged peers and ever-expanding social media network & sport link
- Experience at UNHS of DSH and suicide

Self Harm

- Most commonly 15 -24 yr old (10%)
- F>M (6:1 12-15yr)
- Only 1 in 8 in community present to hospital (> if OD)
- Usually recurrent, 50% presenting to hospital have already self harmed and 18% will again and re-present within 12m

Self Harm

- 1 in 25 presenting to Emergency Department for self harm will die by suicide in the next 5 yr
- 40-60% of those who die by suicide have engaged in self harm
- Suicide is the second most common cause of death in young people
- Predictors of suicide include cutting as a modality, psychiatric treatment and male gender.



What do we mean by Self-Harm?

What types of Self Harm are there?

- 1 scratching and pinching
- 2 hitting objects, including punching and head banging
- 3 cutting
- 4 hitting self
- 5 ripping skin
- 6 carving
- 7 interfere with healing
- 8 burning
- 9 rubbing/scraping skin with sharp objects
- 10 hair pulling
- Others = overdosing, swallow things, pull nails, cut hair, sexual behaviour, drug use, alcohol XS, spending money, breaking the law, body alteration, exercise, sabotage of study or work

Why do people self-harm?

- TRENDY?
- ATTENTION SEEKING
 - a. From parents
 - b. Teachers
 - c. Friends
- CRY FOR HELP?
- EXPERIMENTATION
- *Largely Myths*

Who self Harms

- “You have so much pain inside yourself that you try and hurt yourself on the outside because you want help.” “
- *threw* herself into a glass cabinet, slashed her wrists with a razor, and cut herself with the serrated edge of a lemon slicer. Once, during a heated argument with her husband, she picked up a penknife and cut her chest and thighs.
- Her husband still scorned her, and thought she was faking her problems, that it was melodramatic attention seeking.
- She threw herself down the stairs
- During a fight on an aeroplane, she locked herself in the bathroom, cut her arms, and smeared the blood over the cabin walls and seats.
- Princess Diana 1961-1997

Celebrity Self Harmers

- Amy Winehouse
- Russel Brand
- Sid Vicious
- Marilyn Manson
- Courtney Love
- Vincent Van Gogh
- Angeline Jolie
- Johnny Depp
- Megan Fox
- Colin Farrel
- Princess Diana
- Kelly Holmes

Why do people self-harm?

Sociodemographic and educational factors

- Sex (female for self-harm and male for suicide)—most countries*
- Low socioeconomic status*
- Lesbian, gay, bisexual, or transgender sexual orientation
- Restricted educational achievement*

Why do people self-harm?

Individual negative life events and family adversity

- Parental separation or divorce*
- Parental death*
- Adverse childhood experiences*
- History of physical or sexual abuse
- Parental mental disorder*
- Family history of suicidal behaviour*
- Marital or family discord
- Bullying
- Interpersonal difficulties*

Why do people self-harm?

Psychiatric and psychological factors

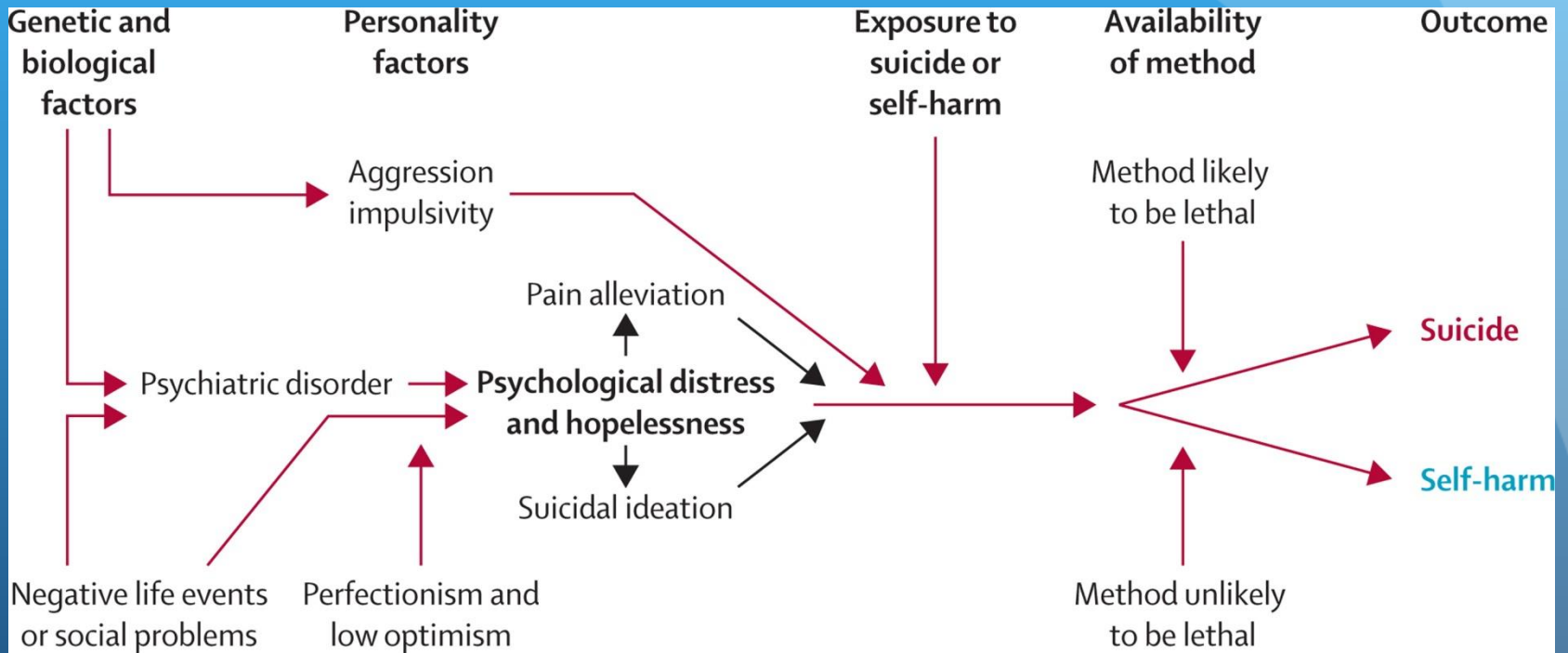
- Mental disorder*, especially depression, anxiety, attention deficit hyperactivity disorder
- Drug and alcohol misuse*
- Impulsivity
- Low self-esteem
- Poor social problem-solving
- Perfectionism- One dimension of perfectionism, an individual's belief that others hold unrealistic expectations of them, needs particular attention because it can decrease the threshold above which negative life events lead to distress.
- Hopelessness*

Why do people self-harm?

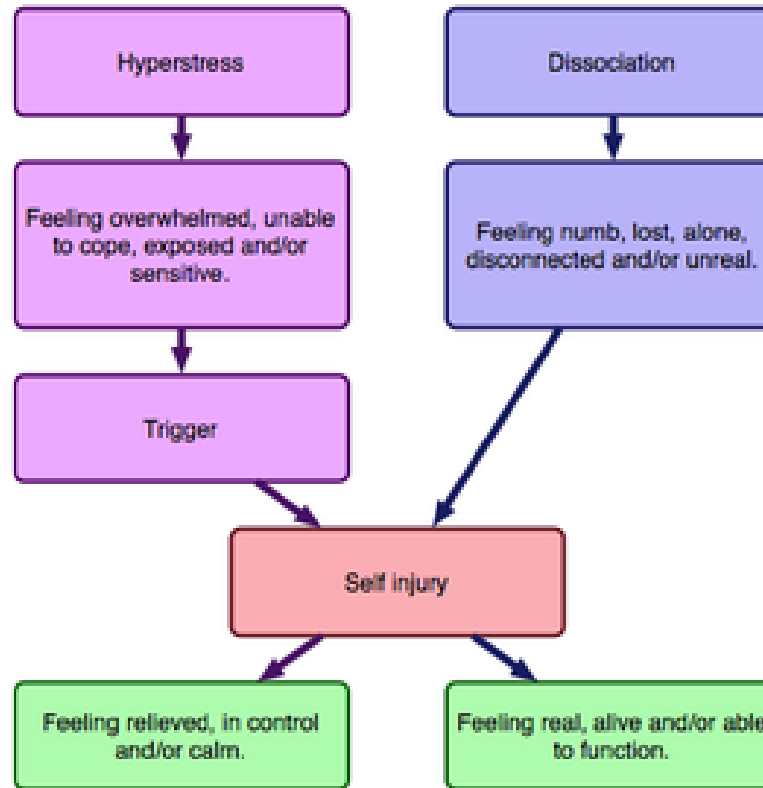
- CONTROL

BUT

- USUALLY LOSE CONTROL



Precursors to Self Injury



Source: LifeSIGNS <http://www.selfharm.org/what/precursors.html>

How to assess Self Harm

- Always treat people with same care, respect and privacy as any patient - Oxford findings Saunders KE Attitudes and knowledge of clinical staff regarding people who self-harm: a systematic review. J Affect Disord 2012;139:205-16
- Trust, support and engagement
- Remember they are likely to be distressed by it to
- Ask the patient to use their own words to explain their reasons*
- Involve them in decision making and choices of treatment
- Non-judgemental approach

being **listened to is deemed extremely important, especially by females* - Fortune S, Adolescents' views on preventing self-harm. A large community study. Soc Psychiatry Psychiatr Epidemiol 2008;43:96-104.

How to assess Self Harm

- Maintain continuity of therapeutic relationships wherever possible
- Ensure note keeping and communication to team is sensitive
- be familiar with local and national resources, as well as organisations and websites that offer information and/or support for people who self-harm
- Offer the person who self-harms relevant written and verbal information about, and give time to discuss with them, the following:
 - a. the dangers and long-term outcomes associated with self-harm
 - b. the available interventions and possible strategies available to help reduce self-harm and/or its consequences

How to assess Self Harm

- treatment of any associated mental health conditions
- Discuss with the patient about telling carers/parents and whether they need your help to facilitate dialogue
- THOROUGH ASSESSMENT/PSYCHOSOCIAL ASSESSMENT IMPROVES OUTCOME

What Next?

- Harm reductions are unlikely to work - e.g. ice cubes and elastic bands
- Harm minimisation - cut this way, not that way may be seen as a form of collusion or affirmation
- It is not a phase
- It is not what they “need” now - it is an expression of internal distress and generally the individual wants recognition of that distress even if not ready to deal with it yet
- The more time and structure therapeutic relationship there is the better longer term outcomes. ?Beyond the time constraints of most G.P.’s
- Consider specialist services & refer OR local training of staff

Summary

- Self Harm not DSH
- Die by Suicide
- Listen to the Story
- Stop before referring
- Discuss the management with the patient

Thanks

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