Mental Health assessment following self harm at Auckland City Hospital: a brief overview

Consultation Liaison Psychiatry Nurse Specialists
Suicide & Self harm

- Suicide: an intentional self inflicted act resulting in death.
- Link between mental health and suicide/ self harm has been extensively researched worldwide. Mood/ psychotic/ anxiety/ personality and substance abuse disorders all described as
Self harm/ suicide and Mental Health

- Link between mental health and suicide/ self harm has been extensively researched worldwide
- Mental health problems eg mood/ psychotic/ anxiety/ personality and substance abuse disorders all found to increase risk of suicide/ self harm
- Social circumstances also identified as influencing risk
Who we see

• All identified or suspected self harm presentations to ACH are referred for assessment prior to discharge
• Self harm population largely undifferentiated – often having first contact with Mental Health Services
• Significant numbers of presentations – in 2009 Liaison Psychiatry and overnight Registrar/Crisis Nurse saw 675 people following SH, all but 48 in ED
When are we involved?

• Early advice of person’s presence in ACH with SH as presenting complaint (or high index of clinical suspicion of same) permits timely review of existing notes/mx plans/liaison with key workers etc
When to see?

• Review when requested, dependant on person’s fitness for review - eg Paracetamol OD requiring N-acetyl Cystine for 22 + hours – no requirement to wait for “medical clearance”; sedation post benzodiazepine OD – wait until alert, mobile, eating and drinking

• Caution around making plans for disposition prior to completion of ED care for people vulnerable to rapid shifts in mood state/ acute distress/ persisting subtle intoxication effects
Assessment and formulation of presenting risks requires accurate information

- We are always interested in the means of self harm, conveyance to care, timing, social context, substance usage, planning
- Clarification surrounding past SH, pre-existing psychiatric problems, contact with MH Services
- Minute details leading to SH allow informed opinion surrounding *Intent.*
What does Intent tell us?

- Frequently intent as expressed by patients or others is called ‘Attempted suicide’
- Sometimes this is correct, sometimes not
- Assessment allows proper language to describe events and intentions
- Allows for estimation of acuity of persisting risk of repetition
Planning for discharge

- Emphasis on safe, coordinated discharge with required level of follow-up in place
- Family/whanau involved whenever possible/available
- Follow-up options include in-patient admission; CMHC referral including brokering of respite care if required; GP/private practice
Effect of follow-up

• Psychosocial assessment not associated with reduced risk of repetition of SH
• As assessment is essentially a screening tool all presenters are seen
• Referral to specialist services after self-poisoning associated with reduced risk of repetition (50 % reduction) at 6 months (Kapur et al, 2004)
References

• NICE (2004) Self Harm the short physical and Psychological management and secondary prevention of self harm in primary and secondary care