

Mixed Presenters: People who present to ED for self-harm and other reasons

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Overview

- ❑ Background
- ❑ Method
 - ❑ Qualitative, quantitative, triangulation
- ❑ Findings
 - ❑ Who are Mixed Presenters?
 - ❑ Serious self-harm risk
 - ❑ ED management
- ❑ Discussion/conclusion



Background – emergency department

- Overcrowding
- Lack of privacy
- Focus on physical health and trauma
- Increasing no. of patients present for self-harm
- Negative staff attitudes towards self-harm



Background – Mixed presentations

- ❑ Suicide risk associated with physical illness, chronic pain, trauma^(1, 2, 3, 4, 5)
- ❑ Frequent ED use
- ❑ Of those who died by suicide 43% had attended ED, 25% of these for physical reasons⁽⁶⁾
- ❑ 60% of ED patients did not communicate suicidal thoughts to staff⁽⁷⁾. Occult suicidality in ED⁽⁸⁾

(1) Scott et al. (2010), (2) Qin et al. (2013), (3) Anguiano et al. (2012), (4) Ilgen et al (2010); (5) Martiniuk et al. (2009); (6) Cruz et al (2011); (7) Douglas et al (2004); (8) Claassen & Larkin.(2005)



Research questions

1. Who are Mixed Presenters?
2. What is Mixed Presenters' serious self-harm risk?
3. What is the ED management of Mixed Presenters?



- Data from another study (MISP)
- Ethics approval: 3 and 8 DHBs
- Qualitative study: Nurse Recruiter made initial contact, face to face interviews (n=27)
- Quantitative study: Survival analysis (n=1921)
- Triangulation

Self-harm?



Qual: Who are Mixed Presenters

Intertwining health and social issues & self-harm



- Chronic physical conditions contributed to self-harm (n=12)
- Pain exacerbated self harm
- Social struggles: violence, money, daily coping, the law

I had an accident when I was seven years old. I got pushed off the top of a two-storey house. And I fell face first onto a wooden peg in the ground and I've ripped right down the centre of my face open. And I was in a coma for about 2 or 3 weeks, but ever since then I've been in pain as a kid. (Mike)

Quant: Who are Mixed Presenters?

- **(4:1)**
- Mixed Presenters
(n=1544)
- 51% male, 31% Māori
- 54% single/separated

- Self-harm Only
Presenters (n=377)



Qual: Serious self-harm risk

Coping has limits

- Unpredictability of mental state
- Medical/ED care influenced self-harm
- Support people instrumental

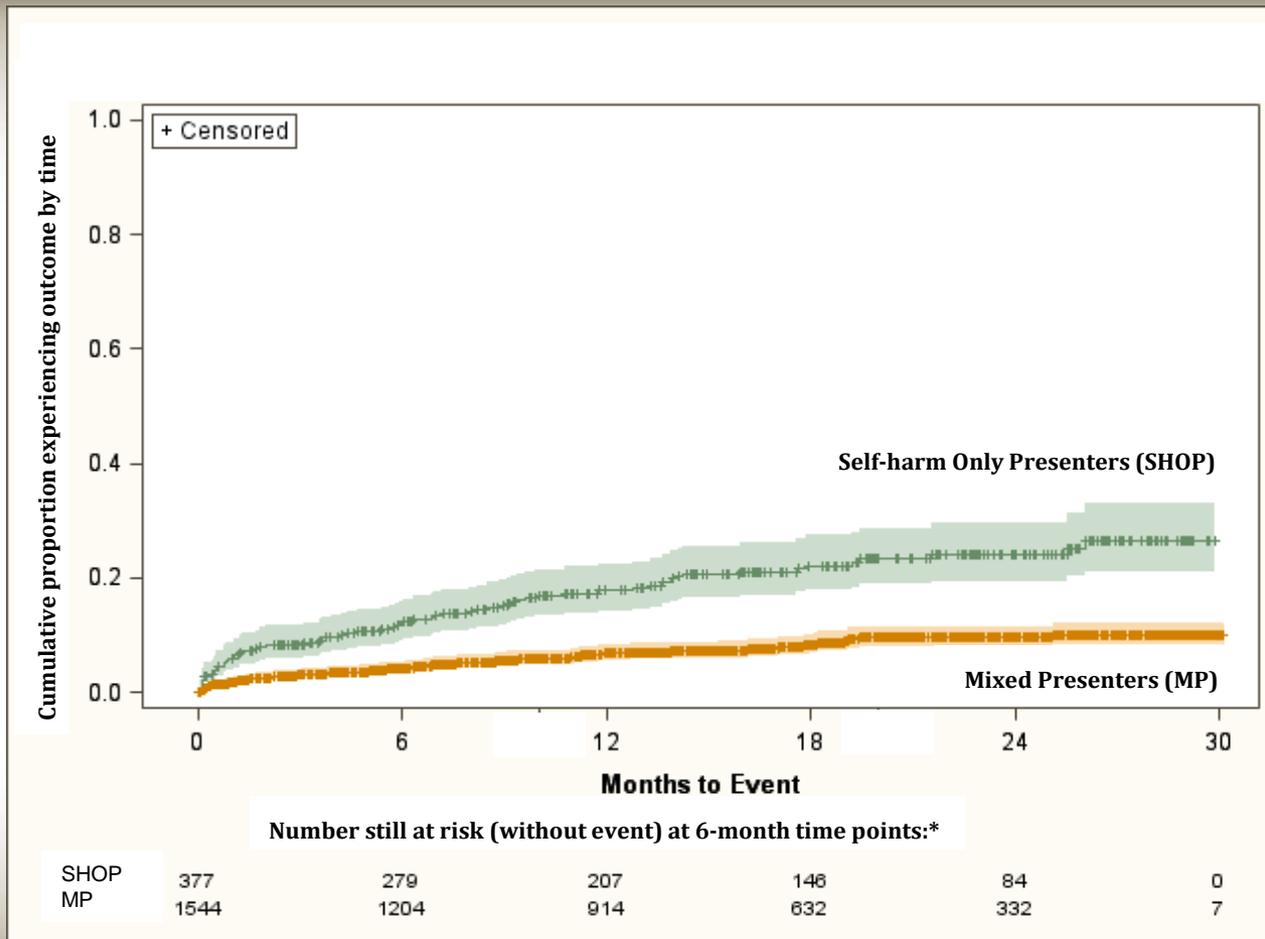


I actually felt like a failure...as a husband, a father, a failure of killing myself. So pretty much just put it down to being a failure. Just disappointed in myself 'cause I don't like to fail

(Matt)

Quant: Serious self-harm risk

Kaplan-Meier plot





Qual: ED management

- Vulnerability “... jus’ wanna crawl in and crawl out ..” (Amelia)

I think with the OD it's 'You're a naughty girl!' Whereas with chest pain it's 'Y'know you've got a condition' (Felicia)

- Limited input in care “Like you are a spare part ...” (Patricia)
- Inadequate assessment

When I was in ED... I went home with – well, I had 250 tramadol, 200 panadol, 200 nurofen, and 180 codeine which is what a doctor at ED sent me home with (Polly)



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Quant: ED management

- ↑ Urgent triage codes (1-3):
 - Mixed Presenters 53%
 - Self-harm Only Presenters 69%
- ↑ Admissions
 - Mixed Presenters 27%
 - Self-harm Only Presenters 34%
- Self-harm presentations aligned in the two groups: triage 69%, admission status 34%

Limitations

- Identification of self-harm from ED data challenging – Presenter groups distinct?
- Non-inpatient admissions such as respite care not included as outcome events
- Participants interviewed might differ from non-participants

Conclusion

- Acknowledge complex health and social issues of Mixed Presenters
- Take self-harm risk seriously
- Contribute to the wellbeing of Mixed Presenters

References

- Anguiano, L., Mayer, D. K., Piven, M. L., & Rosenstein, D. (2012). A literature review of suicide in cancer patients. *Cancer Nursing, 35*(4), E14–E26. <http://doi.org/10.1097/NCC.0b013e31822fc76c>
- Claassen, C. A., & Larkin, G. L. (2005). Occult suicidality in an emergency department population. *British Journal of Psychiatry, 186*, 352–353.
- Da Cruz, D., Pearson, A., Saini, P., Miles, C., While, D., Swinson, N., ... Kapur, N. (2011). Emergency department contact prior to suicide in mental health patients. *Emergency Medicine Journal, 28*, 467–471. <http://doi.org/10.1136/emj.2009.081869>
- Douglas, J., Cooper, J., Amos, T., Webb, R., Guthrie, E., & Appleby, L. (2004). “Near-fatal” deliberate self-harm: characteristics, prevention and implications for the prevention of suicide. *J Affect Disord, 79*(1–3), 263–268. [http://doi.org/10.1016/S0165-0327\(02\)00391-9](http://doi.org/10.1016/S0165-0327(02)00391-9) S0165032702003919 [pii]
- Ilgen, M. A., Zivin, K., Austin, K. L., Bohnert, A. S., Czyz, E. K., Valenstein, M., & Kilbourne, A. M. (2010). Severe pain predicts greater likelihood of subsequent suicide. *Suicide & Life-Threatening Behavior, 40*(6), 597–608. <http://doi.org/10.1521/suli.2010.40.6.597>
- Kuehl, S., Nelson, K., & Collings, S. (2012). Back so soon: rapid re-presentations to the emergency department following intentional self-harm. *New Zealand Medical Journal, 125*(1367), 1–10.
- Martiniuk, A. L., Ivers, R. Q., Glozier, N., Patton, G. C., Lam, L. T., Boufous, S., ... Norton, R. (2009). Self-harm and risk of motor vehicle crashes among young drivers: Findings from the DRIVE Study. *Canadian Medical Association Journal, 181*(11), 807–812.
- Qin, P., Webb, R., Kapur, N., & Sørensen, H. T. (2013). Hospitalization for physical illness and risk of subsequent suicide: A population study. *Journal of Internal Medicine, 273*(1), 48–58. <http://doi.org/10.1111/j.1365-2796.2012.02572.x>
- Scott, K. M., Hwang, I., Chiu, W.-T., Kessler, R. C., Sampson, N. A., Angermeyer, M., ... Nock, M. K. (2010). Chronic physical conditions and their association with first onset of suicidal behavior in the world mental health surveys. *Psychosomatic Medicine, 72*(7), 712–719. <http://doi.org/10.1097/PSY.0b013e3181e3333d>

Doctors rather medicate it, scan it, suture it, splint it, excise it, anaesthetise it, or autopsy it than communicate with it.

Fadima, 1997