

Acute Training Solutions

Self Harm & Suicide Awareness - Case Studies

Scenario One

Carly is 14 years old and her mother has asked for your help because she has cut her arms. You agree to this request and on examination there are superficial cuts on the outside of both forearms, and some scars elsewhere on her forearm that are of the same pattern as the recent cuts.

Question 1

How should you proceed?

Follow-on Communication

Carly tells you that she has been cutting her arms about twice a week for around 6 months. For around 8 months she has been feeling sad and tired most of the time, finds it hard to get to sleep, finds it hard to concentrate on homework, and has a greatly reduced appetite. She sometimes thinks she would be better off dead but has never thought of taking her life and does not think she would do so. She is finding it much harder to do schoolwork and has drifted away from her friends because she has not felt like talking to them or going out.

This started following prolonged bullying at school, and Carly feels isolated with no friends. She is close to her parents. She cuts when she feels very sad and feels that it relieves the mental pain for a few hours. She would like to stop cutting but thinks she will keep on doing it because she does not know what else to do when she feels so low. She said she has not and would not hurt anyone else.

Question 2

What is the likely diagnosis?

Question 3

What does your risk assessment suggest?

Question 4

What should you tell Carly's mother?

Scenario Two

Sarah is 29 and has been in a general hospital for 5 months after a massive overdose of insulin, which she bought from a friend. She returned to her flat 10 days ago.

For the first 2 – 3 days after discharge her mother stayed with her but she has been living alone for the past week. One Tuesday afternoon Sarah goes to the local police station with suicidal thoughts and complains that for the past week her cutting has restarted but she cannot identify the triggers.

Staff at the police station inform Sarah that she should visit her GP to discuss her suicidal thoughts and self-harm. They call Sarah's GP to make her a same-day emergency appointment, which Sarah attends.

Question 5

Where should Sarah's GP refer her for further assessment and the provision of treatment and how should the GP care for her?

Question 6

How should community mental health services undertake the initial discussions/assessment with Sarah?

Follow-on Communication

During the assessment Sarah acknowledges that discharge from hospital and her inability to use previous coping mechanisms, for example meeting her old friends, may have contributed to her resuming cutting.

She describes hearing 'lots of voices' in her head. She describes initial insomnia and nightmares and finds it difficult concentrate. She states that her mood is depressed and rates it at 5 out of 10 (10 being normal).

She feels exhausted all day and spends most of her time listening to "death and destruction music", drinking alcohol and smoking. She usually starts drinking at home in the afternoon and then goes to the pub in the evening. She states that she has experienced suicidal thoughts over the years but intent has varied. It is generally more when she has been drinking.

Question 7

What are the next steps in managing Sarah's self-harm?

Answers

Answer 1

It is important to be sensitive and non-judgmental. Build a rapport with Carly and encourage her to be open with you. Try to understand the background for reasons of her self-harm. Seek to understand what support Carly would like to help her to reduce and stop self-harming.

Answer 2

An 8-month history of low mood, reduced motivation, poor sleep, poor appetite, tiredness and poor concentration, with associated functional impairment at school and withdrawal from friends suggests a likely diagnosis of moderate depressive disorder.

Answer 3

It is likely Carly will continue to cut herself while her mood remains low, indicating the importance of treating her depression. Although Carly states that she would not try to take her life, you should consider that patients may not always be honest about suicidal thoughts. Non-suicidal self-harm has been proven to be associated with future suicide attempts so you should maintain a high index of suspicion about her suicidal thoughts. If stopping self-harm is unrealistic in the short term, consider strategies aimed at harm-reduction and reinforce current coping strategies.

Answer 4

It is important to let Carly's mother know about the depression and the extent of the self-harm. You should also advise her about the risk of suicide attempts and ways to reduce this risk, including making sure that Carly does not have access to means of self-harm (such as tablets) and that she is not left alone in the house for long periods. Speak jointly to Carly and her mother about the support Carly could use when she feels the urge to self-harm, including talking to her mother. Discuss sources of emergency help with Carly and her mother. It is also important to speak to Carly first about what you need to tell her mother, but you should still inform her even if Carly does not consent, because of the risk issues and Carly's age.

Answer 5

Develop a trusting relationship with Sarah and have a non-judgemental and engaging persona. Be aware of the stigma and discrimination associated with self-harm and take into account that Sarah may have had negative experiences with healthcare professionals in the past. Because Sarah has a history of self-harm, refer her to community mental health services. This should be a priority because her level of distress seems high and she has resumed self-harming.

Answer 6

The community services should ask whether Sarah would like to have her family involved in her care. If she consents, Sarah's family should be encouraged to be involved when appropriate. A comprehensive psychosocial assessment should be carried, this should include an assessment of needs and risks. During this assessment they should explore the meaning of Sarah's self-harm and treat this episode of self-harm in its own right. The risk assessment element of the psychosocial assessment should consider the possible presence of other coexisting risk-taking or destructive behaviours. They should ask whether Sarah has access to family member's medications.

Answer 7

Work with Sarah to develop an integrated care and risk management plan. The aims of the plan may be to prevent the escalation of the current cutting and to reduce harm by stopping or reducing cutting. You may also include some aims to reduce or stop Sarah's alcohol misuse (see NICE clinical guideline 115). Review these aims with Sarah regularly. The care plan should be multidisciplinary and should identify realistic long-term goals including education, structure to the day and employment.

Identify the roles and responsibilities of any team members and of Sarah herself. Share the plan with Sarah's GP. The risk management plan should address both the immediate and long-term risks identified in the risk assessment. It should also address the factors that may lead to Sarah's self-harm, such as her inability to use coping mechanisms. A mental health assessment may also be included to address the fact that Sarah has hallucinations. A crisis plan should include details of how to access services if self-management strategies fail. Update the risk management plan regularly if Sarah continues to be at risk of further self-harm. Provide Sarah with written and verbal information about the dangers and long-term outcomes associated with self-harm, the available interventions and possible strategies to help reduce this and the treatment of any associated mental health condition.