General nurses’ attitudes to patients who self-harm

This article describes the prevalence of suicidal behaviour, both nationally and in relation to one inner city district general hospital. The authors discuss what is currently known about risk assessment for identifying those patients likely to repeat the act in the near future. They also examine the findings of a recent survey about nurses’ perceptions and attitudes to patients who take deliberate drug overdoses. The survey found that nurses possessed some of the facts about risk factors relating to future parasuicidal intent and displayed generally professional attitudes to the treatment of these patients in general medical wards and A&E, but they appeared to show negative personal reactions after caring for patients who self-harm.

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KEY WORDS
Suicide
Attempted suicide
Risk evaluation

These key words are based upon work undertaken by the RCN Library. This article has been subject to double-blind review.

Two of the three targets concerning mental illness in the government’s Health of the Nation white paper (DoH 1992) refer to the prevention of suicide. Patients who have recently carried out an act of deliberate self-harm, most commonly a drug overdose, are 100 times more likely to kill themselves in the following 12-month period when compared to the rate for the general population (Kreitman and Foster 1991, Ovenstone and Kreitman 1974). Nursing staff in A&E departments and on general medical wards are frequently the health professionals who have most involvement with these patients in the period immediately after the act of self-harm and, therefore, their attitudes towards and knowledge about this group of vulnerable patients are likely to be influential in the campaign to reduce suicidal behaviour.

SIZE OF THE PROBLEM
Official figures for completed suicides in England and Wales suggest a current incidence of about 4,500 each year. This figure is likely to be a significant underestimate of the true rate as the verdict of suicide is a legal definition requiring unequivocal evidence of intent. Thus, a passive method of dying like drowning is labelled a suicide by the coroner in only 54 per cent of possible cases whereas a more active method like hanging is defined as suicide in 98 per cent of possible cases (Williams and Pollock 1993).

Suicides by men outnumber those by women by a ratio of more than 3:1, and in the 15 to 34 age group, it is the second most common cause of death for men, being exceeded only by motor vehicle accidents (Platt 1992).

For parasuicide (defined here as non-lethal but deliberate self-harm), figures typically cited by the Registrar General are 70,000 to 80,000 each year. Once again this is likely to be a significant underestimate of the true rate as the verdict of suicide is a legal definition requiring unequivocal evidence of intent. Thus, a passive method of dying like drowning is labelled a suicide by the coroner in only 54 per cent of possible cases whereas a more active method like hanging is defined as suicide in 98 per cent of possible cases (Williams and Pollock 1993).

Local Study
Between April 1 and November 30 1994, a detailed audit was carried out of all admissions to the A&E department of one district general hospital in Manchester. Extrapolating from this eight-month period, it can be estimated that each year there will be approximately 930 admissions to this department following deliberate self-harm, predominantly drug overdoses. This remarkable figure, which amounts on average to more than two per day, is comprised of equal numbers of men and women. What happened to these patients after they presented in A&E is summarised in Table 1.

The most common outcome (42 per cent of cases) was discharge directly home following medical treatment. For this large group of patients, the nursing and medical staff in the department are often the only health professionals the parasuicide patient will see in the period immediately following the act of self-harm. Their attitudes, therefore, may have a significant influence on whether the patient returns home with increased hope or deepening despair.

A slightly smaller proportion (38 per cent) of parasuicide patients were admitted to medical wards for treatment. During their inpatient stay, the ward staff are the main source of professional support for these patients. A significant number of patients will repeat the parasuicide within a short space of time, and during the eight-month audit period 9 per cent of patients accounted for 19 per cent of admissions. A disproportionately high number of repeaters came from the group admitted to the medical wards further emphasising the important role nurses have in identifying those patients at greatest risk of subsequent suicidal behaviour. Identification of the most vulnerable people should increase the likelihood that they are referred to the appropriate psychological specialists.

RISK ASSESSMENT

How can clinical ward nurses contribute to the assessment of risk of further suicidal behaviour? There are three areas that can provide clues as to future risk:

- Assessing intent
- Sociodemographic factors
- Psychological deficits

Assessing intent
Direct questioning of the patient about the circumstances of the recent parasuicide, together with his or her intention before and after the act, can provide useful information as to whether the self-harm was an unsuccessful attempt to end life. Indications that the patient made efforts to reduce the likelihood of discovery (isolation at the time of the act, precautions taken against discovery) are consistent with a greater intent. Similarly, any final act anticipating they would die or the writing of a suicide note to a loved one are also suggestive of suicidal intent. The patient’s behaviour immediately after taking the overdose, for example, whether or not help was sought, can also be informative. The risk of repetition can be further evaluated by listening to what the patient says. Did the patient want to die and to what degree did he or she believe that the overdose would be fatal? Although the medical lethality/amount of drug taken may correlate with suicidal intent (Pierce 1981), it is of much more relevance in individual cases to gauge what the patient believed would be the outcome of taking the overdose. The degree of premeditation is also important; the longer the idea of suicide has been in mind, the greater the likelihood of suicidal intent.

It is important to emphasise that, although identification of patients at greater risk of subsequently killing themselves is a useful clinical goal and will inform the decision as to the most appropriate form of help to offer, any act of parasuicide is important in its own right as it reflects a high level of distress. It should not be trivialised.

Sociodemographic factors
The prediction of further suicidal behaviour can be refined by a knowledge of the social and demographic variables associated with increased risk. Retrospective studies (Asgard 1990, Buglass and Horton 1974, Ovenstone and Kreitman 1974, Platt and Kreitman 1984) have suggested the following risk factors for completed suicide:

- Previous parasuicide
- Male

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Nurses' attitudes to patients who self-harm

Increased age
- Divorced
- Social class IV and V
- Unemployment
- Alcohol abuse
- Diagnosis of a personality disorder
- Previous psychiatric treatment
- Drug abuse
- Criminal record
- Violence (given or received)
- Not living with relatives.

Predictive variables for further parasuicide are similar (Table 2). Statistically, the risk of repetition of parasuicide can be estimated based on these variables (Table 2) (Kreitman and Foster 1991): patients having three or less of these factors have an overall repetition rate of 5 per cent in the subsequent 12 months; those having four or seven of these factors have a repetition rate of about 21 per cent; whereas the highest risk group are those with eight or more with a repetition rate around 42 per cent.

Psychological deficits: Awareness of sociodemographic factors can help shape the nurse's general level of concern regarding further suicidal behaviour, but statistical information like this is only of limited use when faced with an individual patient. Research has suggested that there are three psychological deficits associated with increased risk:

- Poor interpersonal problem solving
- Hopelessness about the future
- Reduced ability to regulate emotion.

Suicidal patients have been found to perform significantly worse than equally depressed inpatient controls in solving interpersonal problems (Schotte and Clum 1987). A tendency to recall personal memories in an over-general way may form the basis of this deficit (Evans et al 1992). Patients at risk of suicidal behaviour seem to find difficulty in recalling specific memories from the past. Thus, when asked to recall one, they are more likely to forget one in the past when he or she felt successful, a suicidal individual may struggle to be more specific than: 'When I was in work.' If the patient is currently unemployed and striving to feel successful again, this over-general memory provides no cues to help achieve this aim. In contrast, a more specific recollection such as: 'When Alan and I won first prize for a story which we had written while both being at university', provides rather more prompts for the problem solving process because, in addition to 'work', there are further cues for feeling successful again in the form of 'Alan', 'prize', 'story' and 'magazine'.

Nurses can informally assess the specificity of a patient's personal memories by the question such as: 'Can you recall a specific occasion in the past when you felt happy?' If the patient finds it difficult to go beyond general recollections, this can be taken as a further risk factor for future suicidal behaviour.

Hopelessness about the future has been found to be a powerful predictor of parasuicide repetition (Petrie et al 1988) and completed suicide (Beck et al 1989). The basis of hopelessness may be reduced anticipation of positive events, important or trivial, rather than over-prediction of negative occurrences (MacLeod et al 1993), and this pessimism seems to apply for both the immediate and long term future. Therefore, questions such as: 'Can you tell me about anything you are looking forward to over the next few weeks?' can aid in the risk assessment of future suicidal behaviour. Concern for a patient's safety should increase if, despite prompting, he or she is unable to identify any future positive event.

Suicidal individuals may be unable to regulate their own emotional responses. Anger may be a protective factor for suicide and a risk factor for parasuicide (MacLeod et al 1992). Parasuicide can be very effective at regulating emotion independent of its effect on the external environment, for example, via a long period of sleep which may follow a drug overdose.

Nurses' attitudes

Nurses working in A&E departments and medical wards can give immediate emotional support to a patient following a drug overdose, and they can also participate in decision making about whether to refer the patient to specialist psychological services. Their knowledge and attitudes will largely determine how effectively they are able to fulfil these functions.

A questionnaire survey of nurses – qualified and healthcare assistants – working in general wards was carried out with the aim of discovering more about how this group of patients is perceived. Questionnaires were circulated to all the medical wards which routinely admit deliberate drug overdose patients for distribution to all nursing staff, including those on night duty. The total target population was 250. The questionnaire comprised 20 statements relating to patients who deliberately overdose and each nurse was requested to indicate the degree to which he or she endorsed each statement, that is, 'strongly agree' (SA), 'agree' (A), 'disagree' (D), or 'strongly disagree' (SD).

The statements used in the questionnaire were chosen to reflect the level of knowledge about this patient group (for example: 'Patients who kill themselves rarely succeed in their attempts'). The rationale behind the questions was to find out how nurses regarded the patients (for example: 'Patients who take deliberate drug overdoses are an unnecessary drain on hospital resources'), personal reactions to working with these patients (for example: 'Working with patients who take deliberate drug overdoses is frustrating'), and satisfaction with current services/own skills with regards to parasuicide patients (for example: 'Current services for patients who take deliberate drug overdoses are inadequate'). A total of 107 completed questionnaires were returned, 37 per cent of the target population. Due to the way in which the questionnaires were distributed, it was not known how many of the non-respondents were nurses who declined to complete the questionnaire as opposed to those who may, for whatever reason (sickness, annual leave, not having received a questionnaire from the ward manager), have not had the opportunity to participate in the study.

Although it could be argued that the sample of nurses who did complete the questionnaire may not have been representative of the general nurse population as a whole, to obtain the viewpoints of 107 nurses working in the same hospital allows us to make some preliminary comments about attitudes to drug overdose patients within this population. Furthermore, the response rate in this study is acceptable for questionnaire surveys of this kind.

The results for selected items are shown in Table 3. With regards to knowledge about parasuicide patients, 83 per cent of nurses recognised that these patients are at greater risk of completing suicide in the future; indeed, they are 100 times more likely than the general population to kill themselves in the 12 months following a drug overdose (Oxenstorne and Kretlman 1974). Eighty-one per cent appropriately rejected the view that survivors can not be serious about killing themselves otherwise they would have used more lethal means. More worrying was the belief, held by 61 per cent of nurses, that patients who kill themselves rarely mention their intention to anyone and this suggests that a patient's threat to complete suicide may not always be taken seriously.

The survey suggested that the attitude of nurses to parasuicide patients, at least those that responded, is generally a positive one. Over 75 per cent endorsed the view that these patients have equal right to expensive medical treatments and rejected the notion that they constitute an unnecessary drain on hospital resources. A greater proportion, 89 per cent, did not agree that a parasuicide patient should be viewed as less of a priority when working on a busy medical ward. Less encouraging was the finding that 55 per cent of nurses felt that parasuicide patients are being 'given less attention-seeking behaviour'. A large majority of nurses, 91 per cent, felt that drug-overdose patients are 'adequately supported by their families'.

Findings of the survey clearly highlighted the importance for general nurses of access to sources of psychological support and clinical guidance in their continuing work with parasuicide patients. Only 14 per cent found it rewarding to work with these patients, 64 per cent found it frustrating, and almost one-third stated that they felt uncomfortable. More alarmingly, almost 20 per cent suggested that working with drug-overdose patients made them feel depressed. A large majority of nurses preferred the current services shown to parasuicide patients as being inadequate, expressed a wish for ongoing support, and identified a training need for themselves with regards to the non-medical aspects of working with this client group.

Conclusions

In summary, nurses on medical wards and in A&E departments can make a significant contribution towards the reduction of rates of suicide and parasuicide. A positive attitude and a sound knowledge base about this client group, together with a greater familiarity with risk assessment procedures, should enable nurses to provide the necessary emotional support in times of crisis and to identify those patients in need of specialist psychological services. However, the onus is on each NHS trust to put in place the necessary team of psychological and psychiatric personnel so as to provide the support, training, and guidance for nursing staff who work with patients who deliberately self-harm and, thereby, move a step closer to fulfilling the worthy aim of reducing the incidence of suicide and parasuicide.

References


Table 1. Predicted number of admission to the A&E at North Manchester General Hospital each year following deliberate self-harm along with short term outcome.

<table>
<thead>
<tr>
<th>DESTINATION FOLLOWING A&amp;E</th>
<th>NUMBER OF PATIENTS</th>
<th>PERCENTAGE OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not wait/refused</td>
<td>121</td>
<td>3</td>
</tr>
<tr>
<td>Discharged directly home after receiving medical treatment in A&amp;E</td>
<td>390</td>
<td>42</td>
</tr>
<tr>
<td>Admitted to a medical ward for further treatment</td>
<td>353</td>
<td>38</td>
</tr>
<tr>
<td>Referred to psychiatry after receiving immediate medical help</td>
<td>66</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2. Sociodemographic variables found to be predictive of future parasuicides (Kreitman and Foster 1991).

1. Previous parasuicide
2. Diagnosis of personality disorder
3. Alcohol consumption (more than 21 units per week in males, more than 14 units per week in females)
4. Previous psychiatric treatment
5. Unemployment
6. Social class V
7. Drug abuse
8. Criminal record
9. Violence (given or received in the past five years)
10. Aged between 25 and 54
11. Single/widowed/divorced

Table 3. Percentage of nurses endorsing selected items from the Deliberate Drug Overdose Questionnaire*. 

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who take deliberate drug overdoses are more at risk of completing suicide in the future</td>
<td>17</td>
<td>66</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Patients who kill themselves rarely mention their intention to anyone</td>
<td>14</td>
<td>47</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>Patients who survive a deliberate drug overdose cannot be serious about killing themselves, otherwise they would have used more lethal means</td>
<td>5</td>
<td>14</td>
<td>60</td>
<td>21</td>
</tr>
<tr>
<td>The taking of a deliberate drug overdose is a display of attention seeking behaviour</td>
<td>4</td>
<td>51</td>
<td>38</td>
<td>7</td>
</tr>
<tr>
<td>Patients who take deliberate drug overdoses should be considered less of a priority when working on a busy medical ward</td>
<td>3</td>
<td>8</td>
<td>70</td>
<td>19</td>
</tr>
<tr>
<td>Patients who take deliberate drug overdoses have equal right to expensive medical treatment</td>
<td>9</td>
<td>67</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>A lot of my colleagues dislike working with patients who take deliberate drug overdoses</td>
<td>5</td>
<td>45</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>Working with patients who take deliberate drug overdoses is frustrating</td>
<td>9</td>
<td>55</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>Working with patients who take deliberate drug overdoses is rewarding</td>
<td>1</td>
<td>13</td>
<td>74</td>
<td>12</td>
</tr>
<tr>
<td>Working with patients who take deliberate drug overdoses makes me feel uncomfortable</td>
<td>3</td>
<td>29</td>
<td>59</td>
<td>9</td>
</tr>
<tr>
<td>Working with patients who take deliberate drug overdoses makes me feel depressed</td>
<td>1</td>
<td>18</td>
<td>70</td>
<td>11</td>
</tr>
<tr>
<td>Current services for patients who take</td>
<td>35</td>
<td>49</td>
<td>14</td>
<td>2</td>
</tr>
</tbody>
</table>

*General nurses' attitudes to patients who self-harm

http://nursingstandard.rcnpublishing.co.uk/resources/archive/GetArticle.aspx?...
deliberate drug overdoses are inadequate

Training for nursing staff regarding the non-medical management of patients who take deliberate drug overdoses is inadequate

I believe I have adequate skills in dealing with the non-medical aspects of care for patients who take deliberate drug overdoses

Support should be routinely offered to nursing staff who work with patients who take deliberate drug overdoses

*Percentages do not all add up to 100 because of rounding up and down of figures

Implications for practice.

1. Nurses in medical wards and A&E departments must recognise the opportunity they have for supporting parasuicide patients in the period immediately following a self-harm episode.
2. Individual cases of self-harm must be assessed seriously for the future risk of parasuicidal or suicidal behaviour.
3. Nurses must have the relevant knowledge and training to enable them to fulfil their important role in relation to these patients.
4. Trusts must ensure that their staff are suitably equipped to function satisfactorily in these situations.
5. Further research into the behaviour of these patients and the attitudes of nurses is needed to develop general nurse education in this area to ensure that nurses act professionally toward a group of patients sometimes viewed negatively.

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<tr>
<th>Date</th>
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