

Intentional Self Harm in Paediatric Patients



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Abstract

This audit observed the trends associated with adolescents admitted to General Paediatric ward with a diagnosis of intentional self-harm over a 3-year period.

The sample consisted of 57 patients for the 36 months, between the ages of 7 years to 16 years.

Triggers for self-injury included conflict with family; conflicts related to relationships or sexual identity; bullying and stress related to academic performance. 23% of respondents did not disclose a reason.

The most common method of intentional self-harm with suicidal intent is ingestion of medications.

Many self-harm patients do not intend to die; but do this in response to a social stressor.

There is a clear need for more paediatric/adolescent mental health services, including psychiatric and psychologist intervention.

Methodology

A retrospective case notes review was done of all self-harm patients admitted to the San-Fernando Teaching Hospital Paediatric Medical wards between June 2016 and June 2019.

ALL patients who presented to casualty with attempted self-harm were admitted to the Paediatric ward.

After the patients were identified from the daily admission records for the specified time periods, the details of their cases were documented from the records in a secure location. The data was categorized and tabulated by the named researchers.

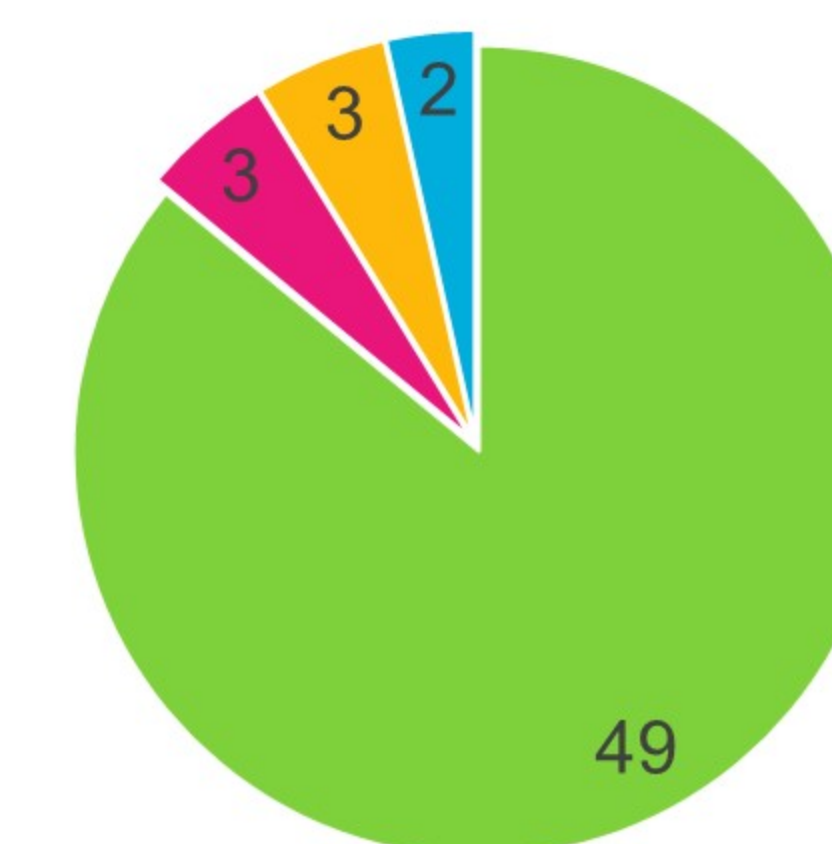
No patient was interviewed subsequent to the case notes review. All protocols to ensure confidentiality were maintained.

Results (continued)

The majority (54.3%) of the sample were of East Indian descent, but there may be a selection bias as a higher number of Indo-Trinidadians reside in the areas covered by SWRHA.

Ethnicity	Number (%) of sample
Not Specified	4 (7%)
Afro-Trinidadian	9 (15.8%)
Indo-Trinidadian	31 (54.3%)
Mixed-Trinidadian	13 (22.8%)

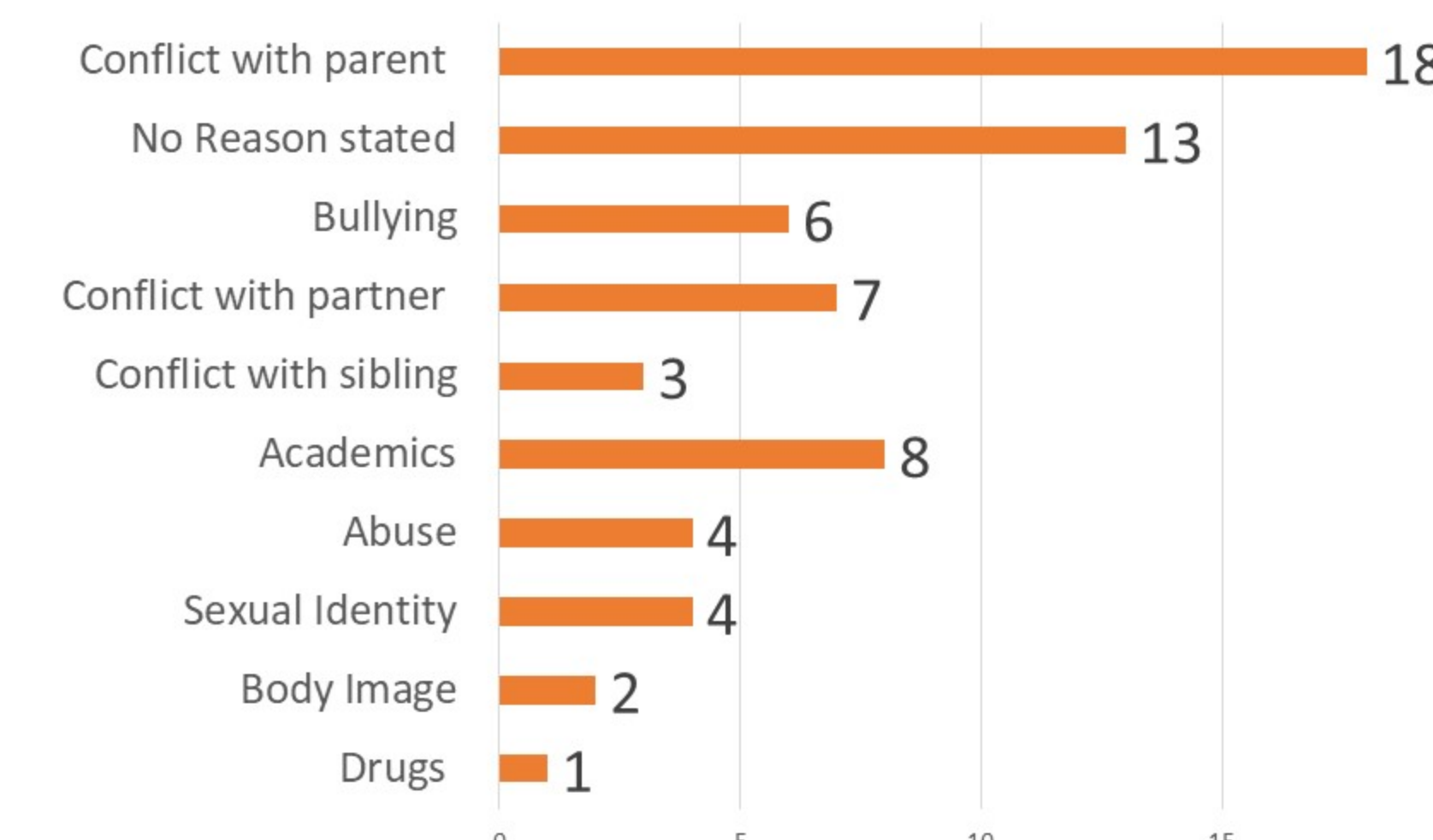
The pie chart below outlines the methods used for self harm. The most common method was ingestion of common medications. Older patients used riskier and more fatal methods.



■ Ingestion ■ Cutting ■ Hanging ■ Jumping

24.5% of patients who attempted suicide intended to die and 1 teen died (method: hanging).

Triggers for self harm were noted in the figure below. It was observed that the triggers for those in early adolescence (<13 years of age) were related to minor conflicts with parents or academics; while those in mid-adolescence had triggers related to relationships or did not disclose a reason.



21% had previous suicide attempts and a further 28% admitted to other forms of self-harm.

Discussion

Adolescence is a period of many physiological, social and psychological changes. Intentional self-harm may be a cry for attention, a way to stop emotional pain, anxiety or stress, due to peer pressure or inability to express themselves,

Modal age of self harm in our population was consistent with international data showing self-harm is most prevalent at mid-adolescence (14-16 years) [4].

The female predilection to self harm was consistent with the previous local studies from POSGH. Males are more likely to engage in risk-taking behavior. These studies also showed Indo-Trinidadians were more likely to self-harm. Therefore, a selection bias in our population may not exist.

Poor parent-child relationships are associated with the majority of cases of NSSI and can negatively impact their peer relationships.

Stigma of fear or shame leads to under-reporting of events. Other less fatal methods of self harm may be employed by the teen, which are easier to hide. Youth may not feel comfortable seeking medical attention for this; hence our sample size may be falsely small.

Robust interventions should be employed to identify and support at risk youth as the risk for repeat attempts is high.

Conclusion

Many self harm patients do not intend to die, but do this in response to a stressor/trigger.

The presented data highlights the urgent need for more paediatric and adolescent mental health services, psychologist and psychiatric support for this vulnerable population.

Further studies can be done by prospectively collecting data in conjunction with Child Guidance Clinic, SWRHA.

References

- [1] Demographic and clinical features of adolescent parasuicides. Neehall and Beharry. WIMJ.1994 Dec;43(4):123-6
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- [3] Non-Suicidal self injury in adolescence. Cassels et al. Paediatrics and Child Health-Dec 2016. 26:12, 554-558.
- [4] The longitudinal course of non-suicidal self-injury and deliberate self-harm: a systematic review of the literature. Plener PL, Schumacher TS, Munz LM, Groschwitz RC. *Borderline Personal Disord Emot Dysregul.* 2015; 2(0):2.

Introduction

“Why were self harm patients becoming a common admission?”

Casual observation over the years revealed an increase in the number of pediatric patients being admitted to SFTH with intentional self harm. The term “Self-Harm” encompasses both attempted suicide and non-suicidal self injury (NSSI).

There was no published data available from SFGH concerning paediatric self harm patients. The 2 locally published studies were from an audit done at POSGH in 1995 showing the demographic and clinical features of adolescent parasuicides [1] and Increasing Incidence of Admissions to a General Hospital for Deliberate Self harm in Trinidad from 2008 [2]. These 2 studies clearly outline that deliberate self-harm is a major public health problem in Trinidad.

International data proves that the prevalence of self-harm among adolescents in developed countries is 25%. [3]

Our aim was to determine the trend of adolescent self-harm patients admitted to SFTH. These youths were admitted to the General Paediatric ward where the hospital policy is to admit patients up to 16 years of age.

Therefore a limitation of our data collection was the age limit of children who can be admitted to Paediatric Medicine. Another limitation is that data was available if it was not asked and documented in the medical notes.

Results

Sample consisted of 57 patients over 36 months.

73.6% of youths were over age 12 years, and the modal age was 16 years old (33.33%).

Line graph showing number of self-harm patients at each age



The male to female ratio was 1:3.

