

Response Letter to Article Published in the Journal of Affective Disorders:
Comparing Short-Term Risk of Repeat Self-Harm After Psychosocial Assessment of Patients Who Self-Harm by Psychiatrists or Psychiatric Nurses in a General Hospital: Cohort Study | <https://doi.org/10.1016/j.jad.2020.03.180>

V. Pezo¹, E. O'Neill¹, D. Leahy²

1. Acute Mental Health Unit, Cork University Hospital, Wilton, Cork.
2. Department of Child & Adolescent Psychiatry North Lee North, St Stephen's Hospital, Glanmire, Cork.

Dear Sir,

We have read with interest the article by Pitman et al ¹. The researchers analysed data on patients making their first emergency department (ED) presentation for self-harm between 2000 and 2014, followed-up until 2015. They estimated the probability of repeat self-harm within twelve months, comparing patients assessed by a psychiatric nurse versus those assessed by a psychiatrist. They found a reduced probability of repeat self-harm presentation among patients receiving psychosocial assessment versus none. In support of previous research on this subject, they concluded that the professional background of the mental health professional conducting a psychosocial assessment does not appear to influence risk of repeat self-harm ².

According to NICE, all people who have self-harmed should be offered a preliminary psychosocial assessment at triage. Assessment should determine a person's mental capacity, level of distress and the possible presence of mental illness ³.

With the aims of improving initial assessment quality, we analysed the psychiatric assessments of patients presenting to EDs in Cork who were assessed by the Child and Adolescent Psychiatry doctor on call from September 2017 to September 2018 (n=229) and we determined how many patients had self-harmed within 24 hours before presenting to the ED. Ethical approval was received from the Clinical Research Ethics Committee of the Cork Teaching Hospitals.

We assessed whether the initial psychiatric assessment was completed per the standard assessment. According to locally agreed clinical guidelines, the assessment form should be fully completed on all patients assessed during on-call hours.

Of the 229 patient assessments we studied, 226 (98.7 %) documented reason for referral and referral source. Two hundred twenty-seven (99.1%) assessments documented psychiatric history. Two hundred twenty-nine (100%) assessments recorded age, gender, diagnosis, the presence or absence of self-harm within 24 hours and outcome. The most common age group was 15 to 17 years of age (80%). Most of the patients were female (63.8%).

Eighty patients (34.9%) had self-harmed within 24 hours before presenting to the ED. The most frequently identified self-harm methods were self-poisoning (46.2 %) and cutting (40 %).

Of the 80 patients who had self-harmed, 65 (85%) assessments had documentation about past self-harm history, 76 (95%) reported presence or absence of suicidality, and 100 % reported self-harm method and precipitating factors. Regarding overdose cases (n=37), 32 (86.5 %) assessments recorded the drug involved.

Our findings demonstrate that recent self-harm was present in a considerable number of children and adolescents assessed by on call psychiatry. Key details were recorded in most of the assessments. Improvements to be made included recording past self-harm history, presence or absence of suicidality and details of the drug involved in overdose.

Self-harm method and the associated risk of repetition should form a key part of the psychosocial assessments. Another study on intentional drug overdose among young people during 2009–2018 concluded that the type and quantity of drugs taken are further indicators of risk ⁴.

Overall, it is hoped that the analysis of this data will enable improvement in the quality of psychiatric assessment documentation either performed by doctors or psychiatric nurses to improve patient safety and the quality of healthcare provided.

Corresponding Author:

Dr. Vilma Pezo

Acute Mental Health Unit,

Cork University Hospital,

Wilton,

Cork.

E-Mail: vilma.verapezo@hse.ie

References:

1. Pitman A, Tsiachristas A, Casey D, Geulayov G, Brand F, Bale E et al. Comparing short-term risk of repeat self-harm after psychosocial assessment of patients who self-harm by psychiatrists or psychiatric nurses in a general hospital: Cohort study. *Journal of Affective Disorders*. 2020 [cited 11 November 2021]; 272:158-165. <https://doi.org/10.1016/j.jad.2020.03.180>
2. Catalan J, Marsack P, Hawton KE, Whitwell D, Fagg J, Bancroft JH. Comparison of doctors and nurses in the assessment of deliberate self-poisoning patients. *Psychological Medicine*. 1980 [cited 18 November 2021]; 10(3):483-491. <https://doi.org/10.1017/S0033291700047371>
3. Self-harm in over 8s: short term management and prevention of recurrence [NICE Guideline No. 16]. National Institute for Health and Care Excellence. 2004 [cited 12 November 2021]. <https://www.nice.org.uk/guidance/cg16>
4. Daly C, Griffin E, McMahon E, Corcoran P, Webb RT, Witt K et al. Repeat Self-Harm Following Hospital-Presenting Intentional Drug Overdose among Young People-A National Registry Study. *International Journal of Environmental Research and Public Health*. 2020 [cited 11 November 2021]; 17(17):6159. <https://doi.org/10.3390/ijerph17176159>