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MRCPsych General Adult Module

Suicide & Self-harm

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for health and
healthcare

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GA Module: Suicide and Self-harm

Aims and Objectives

- The overall aim is for the trainee to gain an overview of risk assessment of suicide and self-harm.

- By the end of the sessions, trainee should have:
  - Developed an understanding of approaches to risk assessment of suicide and self-harm.
  - Developed an understanding of aspects of history taking in suicide and self-harm.
  - Developed an understanding of management strategies and limitations of risk assessment of suicide and self-harm.

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To achieve this

- Case Presentation
- Journal Club
- 555 Presentation
- Expert-Led Session
- MCQs

- Please sign the register and complete the feedback

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Expert Led Session

Self-Harm and Suicide:

Comprehensive Risk Assessment

Contents

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- What is risk?
- Accuracy in assessing risk
- Approaches to assessing risk
- A general framework for risk assessment
- Overcoming common pitfalls
- MCQs

What is Risk?

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Dictionary Definition

Oxford English Dictionary

(n): a situation involving exposure to danger

(v): expose (someone or something valued) to danger, harm, loss

Definition in Statistics

The probability of something happening

Risk Assessment

- What is the outcome to be prevented?
- How severe will it be if it occurs?
- How soon is it expected to occur?
- How likely is it that it will occur?

How accurate are we?

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Michael Fish, meteorologist

37% accuracy of prediction of 7-day weather forecast

Paul the Octopus

85.7% accuracy of prediction of World Cup results

‘Psychiatry is not an exact science…’

R (B) v Ashworth Hospital Authority (2005)

How accurate are weather forecasts? [https://weather.slimyhorror.com/]

Types of Uncertainty

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- Types of uncertainty encountered by psychiatrists assessing risk:

Illness-related uncertainty
Diagnostic uncertainty
Uncertainty about illness severity
Uncertainty about cause of behaviour
Prognostic uncertainty

Therapeutic uncertainty
Uncertainty about treatability of illness
Uncertainty about patient's cooperation
Uncertainty about long-term costs of containment decisions

Evidentiary uncertainty
Missing information
Unreliable information

Justificatory uncertainty
Cross-professional challenges
Carer/relative pressure to contain risk

Dixon M & Oyebode F (2007) Uncertainty and risk assessment. Advances in psychiatric treatment (13): 70-8

Why do we risk assess?

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To guide management plan

Provides evidence for use of MHA, treatment strategies, discharge decisions, etc

Accountability

The need to make logical, clinically and medicolegally defensible decisions

To protect patients, public and ourselves

The need to identify and manage risks that could cause harm

- But we need to acknowledge that no risk assessment can be 100% accurate

Dixon M & Oyebode F (2007) Uncertainty and risk assessment. Advances in psychiatric treatment (13): 70-8

Expressing Risk

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- How do we express risk?

Categorical	Percentage/Ratio	Narrative
'Low, moderate or high risk…' *'red, amber, green…'*	*'25% risk of self harm…'* *'1 in 4 risk of self harm…'*	*'he has previously harmed himself when he has done x, y, z…'*
Benefits: ○ *Easy to understand at a glance* ○ *May be informed by assessment tools* Drawbacks ○ *Poor interrater reliability* ○ *One person's high risk may be another's low risk* ○ *Doesn't give an idea of the immediacy of the risk*	Benefits: ○ *Easy to understand at a glance* ○ *May be informed by assessment tools* Drawbacks ○ *Does it mean pt will self harm once every four days? Four years?* ○ *How high a percentage is high risk vs low risk?*	Benefits: ○ *Describes the risk* ○ *Uses static and dynamic risk factors* Drawbacks ○ *May not give a sense of the likelihood of risk occurring* ○ *Information may be interpreted differently by others*

Types of Risk

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Risk to Self
Self harm
Suicide
Physical health
Deterioration in mental health

Risk to Others
Verbal aggression
Physical aggression
Abuse (emotional, sexual, etc)
Homocide

Exploitation / Vulnerability
Financial exploitation
Abuse
Self-neglect
Loss of dignity

Other
AWOL
Falls
Driving
Non-compliance

…and many more

Approaches to assessment

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Clinical Judgement

Using history-taking, formulation and clinical judgement alone

It is subjective, intuitive and informed by experience

But it is often **inaccurate**

> *In 2015, there were 1,538 deaths by suicide in individuals who had been in contact with mental health services in the previous 2 months... The majority (88%) were judged to be at low or no immediate risk of suicide by clinicians at their final service contact...*
>
> The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health

Approaches to assessment

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Actuarial Models

Using structured, specific risk-assessment scales

It is objective, using formal algorithmic scales and may produce a **statistical/numerical risk**.

But it struggles to take into account **dynamic factors** and is useful often only in the specific population studied

> *[Using risk scales] the positive predictive value for suicide [in high risk group] was 5%... More importantly, risk scales would miss suicide deaths in the large 'low risk' group...*
>
> Carter, G., et al (2017)

Carter G, Milner A, McGill K, Pirkis J, Kapur N, Spittal M. Predicting suicidal behaviours using clinical instruments: systematic review and meta-analysis of positive predictive values for risk scales. The British Journal of Psychiatry, 2017; 210: 387-95.

Approaches to assessment

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Structured Clinical Judgement

Combining clinical judgement and use of risk scales

Combines **objective evidence base** and **clinical assessment** of the individual patient.

Uses MDT approach. Assists clinical practice.

Recommended by NICE.

> *Risk assessment should take place as part of a comprehensive assessment of the patient's needs, taking into account previous suicidal behaviour, psychological and social factors, coexisting adversity (eg substance misuse), and access to medications...*
>
> NICE

Department of Health: Best Practice in Managing Risk (Principles and evidence of best practice in the assessment and management of risk to self and others in mental health services. March 2009.

Risk Assessment Tools

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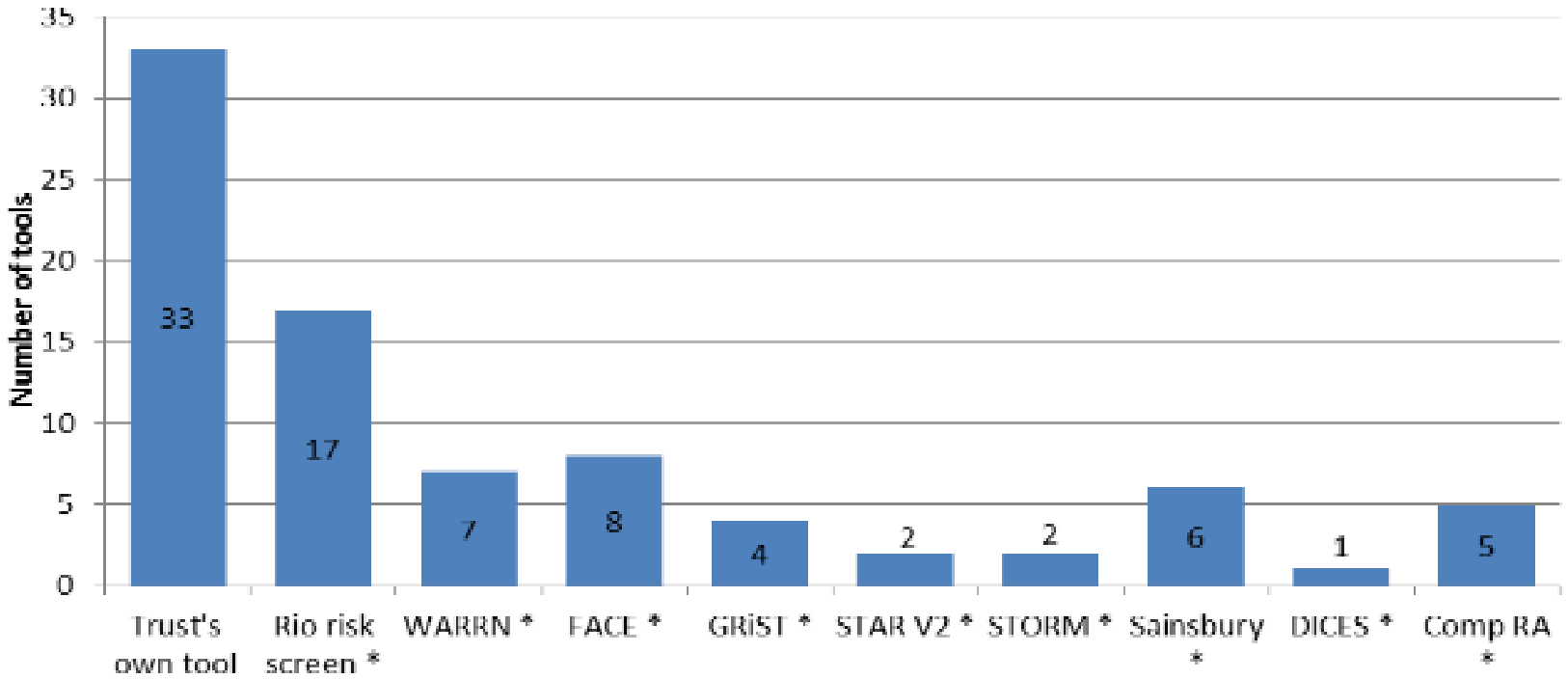
- Most trusts use their own locally-devised risk tool

Figure1: Types of tools used by mental health services in the UK



The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: University of Manchester, 2018.

Clinical Rating Scales

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- There are a variety of actuarial clinical rating scales that can be used to assess risk in a variety of populations and settings
- They are not reliable alone and should be used in conjunction with skilled clinical assessment

MSPS
Modified SADPERSONS score

BDI
Beck Depression Inventory

BAI
Beck Anxiety Inventory

BHS
Beck Hopelessness Scale

BSS
Beck scale for suicidal ideation

HCR-20
Risk of violence

RSVP
Risk of sexual violence protocol

VRAG
Violence risk appraisal guide

Cochrane-Brink, et al (2000) Clinical rating scales in suicide risk assessment. Gen Hosp Psychiatry. 22(6): 445-51

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Using a Structured Clinical Judgement Approach

Risk Factors

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Static Risk Factors

Non-modifiable, chronic, poor targets for intervention

Likely to be the same in every future consultation

- History of self harm
- Seriousness of previous suicidality
- Previous hospitalisation
- History of mental disorder
- History of substance use disorder
- Personality disorder/traits
- Childhood adversity
- Family history of suicide
- Age, gender and marital status

The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: University of Manchester, 2018.

Risk Factors

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Dynamic Risk Factors

Modifiable, acute, better targets for intervention

Could change from minute to minute

- Suicidal ideation, communication and intent
- Hopelessness
- Active psychological symptoms
- Treatment adherence
- Substance misuse
- Psychiatric admission / discharge
- Psychological stress
- Problem-solving deficits
- Physical comorbidity

The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: University of Manchester, 2018.

Risk Factors

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Future Risk Factors

Potential factors increasing the risk in the future

Important for risk management

- Access to preferred method of suicide
- Future service contact
- Future response to drug treatment
- Future response to psychosocial intervention
- Future stress
- Upcoming anniversaries

The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: University of Manchester, 2018.

Suicide Attempt Risks

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- Features conveying higher risk of repetition of attempt and eventually completed suicide:

More likely	Less likely
Previous self-harm	First attempt
Planned attempt	Impulsive attempt (unplanned)
Attempt performed in isolation	Attempt in front of others
Precautions taken to avoid rescue	Rescue intervention likely or actively sought
Violent method (hanging, guns)	Non-violent method (eg overdose)
Patient expectation of fatal outcome	Patient unsure of outcome
Regret at rescue	Reflief at rescue
Final preparations: will or suicide note	No final preparations

Risk Assessment Framework

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- Define the behaviour to be predicted
- Distinguish between probability and cost of behaviour
- Be aware of possible sources of error in the assessment
- Take into account internal and external factors on the behaviour
- Check all the necessary information has been gathered
- Predict factors likely to increase or decrease future risk

- Use risk assessment tools where available
- Obtain collateral history from a variety of sources

- Document risk formulation
- Identify when other professionals or agencies need to be involved
- Plan key interventions

Risk History Taking

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- The context of the presentation ('the story')
- What, where, when, how and why of events
- Look for risk factors within this story
- Family history – *history of abuse, suicide, violence, mental illness*
- Development and education – *behavioural/social problems, LD*
- Work – *multiple jobs, reasons for ending, bullying*
- Sexual history – *behaviour and interests*
- Past psychiatric and medical history
- Substance misuse history
- Premorbid personality
- Current situation – *family, employment, finances, accommodation*

Risk History Taking

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- Collateral history is vital for risk assessment:
  - Locate previous records, reports, discharge summaries, etc…
  - Summarising of notes and several assessments may be required
  - Obtain information from staff (A+E, care coordinator, etc)
  - Obtain information from family and friends

Why things go wrong

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- Several common pitfalls in risk assessment:
  - Failure to lend sufficient weight to reports by carers and members of the public about disturbed behaviour
  - Undue emphasis on civil liberties of the patient
  - Failure to properly implement Mental Health Act
  - Taking a cross-sectional rather than long-term view of risk
  - Failure to share information in the best interests of the patient

Strategies to resolve uncertainties

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External Consultation

Seeking the opinion of others or information from other sources

Assessment-induced Evidence

Using the assessment itself to provoke necessary evidence

Watch, wait and see

Waiting while observing the situation

Negotiated Compromise

Negotiating risk-reduction strategies with the patient

Allow to Fail

Allowing a behaviour to occur in order to confirm suspicions

Dixon M & Oyebode F (2007) Uncertainty and risk assessment. Advances in psychiatric treatment (13): 70-8

References & Further Reading

- Carter G, Milner A, McGill K, Pirkis J, Kapur N, Spittal M. Predicting suicidal behaviours using clinical instruments: systematic review and meta-analysis of positive predictive values for risk scales. The British Journal of Psychiatry, 2017; 210: 387-95.
- The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: University of Manchester, 2018.
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- Undrill G (2007) The risks of risk assessment. APT 13,291-297.
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- Cochrane-Brink K, Lofchy J, Sakinofsky I (2000) Clinical rating scales in suicide risk assessment. General Hospital Psychiatry 22, 445-451.

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Any Questions?

Thank you

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MCQ

1. **Which of the following has been shown to be associated with increased rates of suicide?**
   A. Peptic ulcer
   B. Non-delusional body dysmorphia
   C. Huntington's chorea
   D. Epilepsy
   E. All of the above

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MCQ

2. Deliberate self-harm is more common in:

A. Males
B. Rural areas
C. Age over 35 years
D. Lower socioeconomic status
E. Married

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MCQ

3. Predictors of repetition of DSH include all except:

A. Personality disorder
B. Alcohol misuse
C. Male gender
D. Previous DSH
E. Younger age of onset

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MCQ

4. Which of the following is associated with suicide in patients with schizophrenia?

A. Akathisia
B. Older patient
C. Poor premorbid functioning
D. Short duration of illness
E. Presence of positive symptoms

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Any Questions?

Thank you.