ABSTRACT

Deliberate Self-Harm (DSH) has emerged as an important health problem and a social issue worldwide. It is estimated that nearly 30000 people commit DSH each year in Sri Lanka, adding an immense burden to the health care system of the country. Since DSH is the most significant predictor of suicides, patients with DSH are considered as the best target group for prevention of completed suicides. It also provides a window of opportunity to uncover otherwise hidden psychiatric morbidities in community. Deficiencies were noted in psychiatric management and follow up in community in previous studies.

This study was conducted to describe the status of psychiatric management, community follow up and factors associated of persons who are admitted with DSH to selected health institutions in Galle district, and then to develop, implement and evaluate an intervention to improve the situation. An episode of intentional self-harm that did not lead to death and may or may not have been motivated by a desire to die was defined as DSH.

The entire study consisted of five components. A descriptive study was conducted to describe current status of management as the component one. Interviewer administered questionnaire (IAQ) was used to obtain socio-demographic data and other relevant variables from patients while a data sheet was used to extract information from medical records. A descriptive study was done to assess knowledge, attitudes and practices (KAP study) of medical staff and nursing staff using a self-administered questionnaire as the component two. It was also supplemented by a series of in depth interviews (IDI's) with doctors and nurses. Next component, which was intended to describe the follow up of patients in the community, consisted of administering an IAQ and IDI's with patients after three months of discharge. Comparison was done based on receiving satisfactory management or not to determine factors associated with satisfactory management as the component four.

Based on findings of first four components an intervention was developed. Intervention consisted of a training program for medical staff and delivering an advocacy tool for consultants. Intervention was evaluated by applying quasi experimental design.

For the first component, 392 episodes of DSH were recruited. Majority of patients admitted following DSH were females (61.2 %) and mean age was 26.86 years (SD 12.59). Commonest precipitating factor was conflict with spouse (28.1%) and most of the subjects were presented with drug overdose (51.5%).

Highest rate of admissions was noted during Sundays (2.27 per day) and, when disaggregated with time, the highest rate was noted between 4pm to 8pm of the day (0.14 per hour). Out of total study population a large majority (88.3%) was admitted to medical wards, while the rest were admitted to the surgical wards.

Only in 3.3 % of patients, suicidal risk was assessed, only in 16.3% of patients psycho-social problems were inquired according to notes in BHT's. Past attempts of self-harm was inquired only from 2.3% and presence of psychiatric symptoms was only in 3.8% of patients. Referral practices of patients with DSH to psychiatry unit was also poor, since only 36.5% of patients admitted following DSH were seen by psychiatric unit before they were discharged. Contacting family members by medical staff, involving them in management and empowering them on proper follow up was inadequate.

Component two, the KAP study involved 118 medical staff and 221 nursing staff. Both categories had shown a satisfactory level of knowledge, attitudes and practices. However certain deficient areas were identified during IDI's. Among doctors male gender (OR 3.560, 95% CI 1.46 – 8.67) and those who had a work experience of 5 years and below (OR 6.184, 95% CI 1.96 – 19.49) showed significantly higher level of knowledge while those who were below 30 years of age (OR 4.497, 95 % CI 1.91 – 10.51) showed satisfactory level of practices. Among nurses only female gender (OR 5.574, 95 % CI 1.25 – 24.77) was significantly associated with satisfactory level of practices.

A sub sample of 60 patients were chosen for the third component. But only 47 patients could be contacted for IDI's. It had shown that, there is no proper system to follow up patients with DSH in community. Though scheduling clinic visits was shown to be the only mean of follow up, only 21.7% attended clinics as requested. Though many patients reported perceived resolution of their problems, only few attributed it to the care they received in hospital. Though many patients gave a positive feedback about psychiatric referral, most of them did not receive psychological support for their specific problems.

Lack of awareness on services to seek help was noted. In certain cases the event seriously disrupted their social life like continuing education and work.

According to the comparative study, those who were not occupied were more likely to miss the opportunity of entering satisfactory care pathway ($p = 0.023$). On the other hand those who were currently married were more likely to exit the satisfactory care pathway ($p = 0.035$).

Intervention had resulted in improving knowledge, attitudes and practices of hospital staff in managing patients with DSH and contributed in significant improvement in performing assessments and referral practices. But no positive changes were observed in compliance with clinic attendance, which means proportion of patients who continued in the satisfactory management pathway was not increased. It warranted the need of conducting more studies to explore other factors influencing the continuation of management practices. Establishing a proper system to follow up the patients with DSH in community should be done.

Key words – Deliberate Self-Harm, Psychiatric management and Follow up