

Overdose & Deliberate Self Harm

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Introduction

- ✦ Very common: 880 attendances in last 12 months at NMGH A&E department (overdose or DSH)
- ✦ Potential to send someone home who will then successfully kill themselves
- ✦ Inexact 'science', so balance of risks.
- ✦ Risk assessment and MSE part of A&E exams!
- ✦ Need to refer at risk patients to mental health team-not ALL patients

Sections of Mental Health Act (1983) Applicable to Clinical Practice

	Section 2	Section 3	Section 4	Section 5(2)	Section 5 (4)	Section 7
Type of Application	Admission for assessment and treatment`	Admission for treatment	Emergency admission for assessment	Detention of an inpatient	Nurses holding power	Guardianship
Application	Nearest relative & ASW	Nearest relative & ASW	Nearest relative & ASW	Report from doctor in charge of pt	None	Nearest relative & ASW
Medical Recommendation	2 Drs*	2 Drs*	1 Dr	1 Dr	None	2 Drs*
Length of detention	≤28 days	≤6 months	≤72 hours	≤72 hours	≤6 hours	≤6 months
Renewable?	Must →s.3	Yes	Must→s.2/s.3	Must →s.2/s.3	Must →s.5(2)	Yes
Application to tribunal	Within 14 days	Once in each 6 month period	No	No	No	Once in each 6 month period

- 1 of the doctors must be Section 12 approved (special experience in the diagnosis and treatment of mental disorders)
- ASW= approved social worker

(Section 136: police officer in public place, can only be revoked by on call psychiatrist)

Mental Health Act

History: Current Problem



- ✦ Use MASH form
- ✦ Details of current event: time, date, number of tablets, what tablets, vomiting, concurrent alcohol
- ✦ Triggers: argument, job loss, mental symptoms etc
- ✦ Tried to avoid discovery, notes, wanted to die, how much planning (eg bought paracetamol at 4 shops)

Previous Psychiatric History

- ✦ Previous self harm, how and when
- ✦ Previous/current medication, psych. services use

Social history

- ✦ Sex, single/married etc
- ✦ Employment
- ✦ Drugs and alcohol use, how much and how often

Other relevant history



- ✦ Previous medical problems
- ✦ Medications
- ✦ Allergies
- ✦ Forensic history
- ✦ Relevant history e.g. abuse (but **not** a detailed history of childhood, school, university, jobs, sex life etc etc.)

Mental State Examination

- ✦ Appearance (unkempt?) and behaviour, mannerisms
- ✦ Rapport: eye content
- ✦ Speech: flow and content (echolalia, rapid, neologisms)
- ✦ Mood
- ✦ Thought: flight of ideas, delusions, paranoid, hallucinations, thought insertions/deletions/broadcasting). Insight?
- ✦ Cognition

Cognitive Assessment

e.g. Mini Mental State Examination

Examination

Could use shorter version

Orientation for time- year, season, date, day, month (5 points)

Orientation in place- country, county, town, hospital, ward (5 points)

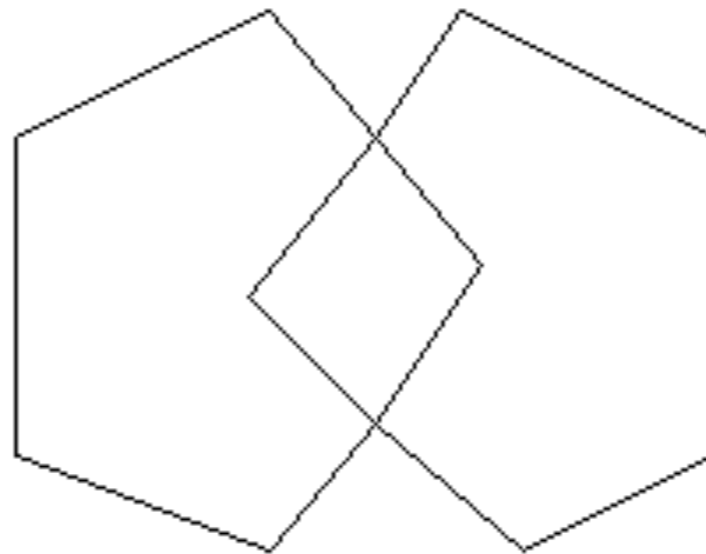
Registration of new information- repeat carrot, purple, library (3 points)

Attention/Concentration- spell WORLD backwards (5 points)

Short term memory- recall the above three words (3 points)

Language- (9 points)

1. Name 2 objects (2)
2. Repeat "no ifs, ands or buts" (1)
3. Three stage command "take this piece of paper with your right hand, fold it in half and put it on the floor" (3)
4. Read and obey (Close your eyes) (1)
5. Write a sentence (subject/verb/makes sense) (1)
6. Copy this diagram: (1)



Total Score out of 30

23 is taken as cut off for significant mental impairment in elderly

Manchester Self-Harm Assessment Form

A&E Number

1. Patient Details

NHS No

DISTRICT No

Postcode

Date of birth

Date of presentation

Time of presentation (24hr)

If not assessed please give reason

2. Self-harm Details

Date of harm Time of harm (24hr)

Was alcohol taken within 6 hours prior to this attempt?
 Yes No If yes, how many units?

Method of harm:

Self-poisoning drugs
 Self-poisoning other
 Self injury (cutting or piercing)
 Other (drowning, asphyxiation, CO poisoning etc)

Further Details: For drug poisoning specify type and number of tablets; for all remaining methods give details of attempt.

Tick all drugs taken as part of self-harm

Paracetamol (incl compounds) Yes No
 If Yes, specify which category How many?
 Pure Paracetamol
 Paracetamol and other

Other analgesic Yes No
 If Yes, specify which category How many?
 Pure aspirin
 Contains aspirin plus other
 OTC NSAID
 POM NSAID
 Opioid analgesic

Anti-depressant Yes No
 If Yes, specify which category
 Tricyclics MAOI
 SSRI/SNRI Other

Antipsychotics Yes No
Benzodiazepines Yes No
Other sedatives (zopiclone, zolpidem etc) Yes No
Opiates (pure methadone, morphine, heroin only) Yes No
Other (specify.....) Yes No

Conscious level (GCS=)
 Alert Voice Pain Unconscious

Nature of the act:

Premeditated? Yes No
 Tried to avoid discovery? Yes No
 Suicide note? Yes No
 Wanted to die during incident? Yes No

Further details of circumstances:

MAIN precipitant(s) of self-harm:

Any known precipitants? Yes No

If the precipitants are known, what are they?

Relationship problems (partner or boy/girl friend) Yes No
 Relationship problems (parents/siblings) Yes No
 Relationship problems (with others) Yes No
 Bullying/intimidation Yes No
 Bereavement Yes No
 Housing problem Yes No
 Employment or study problem Yes No
 Legal problem (eg. criminal charge) Yes No
 Victim of crime Yes No
 Physical health problem Yes No
 Miscarriage, stillbirth Yes No
 Financial problems Yes No
 Direct response to mental symptoms Yes No
 Drug abuse or misuse Yes No
 Alcohol abuse or misuse Yes No
 Other mental health issues Yes No
 Abuse (physical/mental/sexual) Yes No
 Other (specify) Yes No

3. Risk Factors for Suicide

Sex: Male Female

Marital status:
 Q: Are you married or living with a partner or do you regard yourself as separated, widowed or single?
 Single Separated/divorced
 Widowed Married/partnered

Ethnic Origin: (Tick most likely classification)

White Black
 Indian/Pakistani/Bangladeshi Chinese
 Mixed Other

Living circumstances: (tick first applicable box)

Q. Whom do you normally live with

Homeless
 Alone
 With spouse/partner
 Parent/sibling
 With friends/other relatives
 Hostel resident/lodgings
 Dependent children only
 Other (including prison etc - please specify)

Employment:

Q. Are you employed at the moment?

Employed (including part time)
 Registered unemployed
 Registered sick
 Retired
 Student (Including schoolchildren)
 Housewife/husband (Including child care)
 Other (including prison etc - please specify)

Duration of unemployment: (If reg u/e ask...)

Q. About how long have you been unemployed?
 Up to 26 weeks Over 26 weeks
 Not applicable Not known

Previous self-harm: (tick all appropriate boxes)

Q. Have you harmed yourself deliberately in the past?
 No Yes, in the last 12 months Yes, more than 12 months ago

Current psychiatric treatment:

Q. Are you currently having any help with mental problems?
 No Inpatient Outpatient GP
 Other (specify)

Previous psychiatric treatment

Q. Have you previously had any help with mental problems?
 No Last 12m >12m ago

Current alcohol use: (average units per day)

Q. How much do you normally drink per day?
 0 1-3 4-6 7+

Current substance use (regular): (including cannabis)

Q. Do you use street drugs at least once weekly?
 Yes No

4. Current Mental State

Symptoms of depression:

Feels depressed Yes No
 Looks depressed Yes No
 Sleep disturbance Yes No
 Appetite disturbance Yes No
 Hopelessness Yes No
 Suicidal thoughts Yes No
 Suicidal plans Yes No
 Hallucinations/delusions Yes No

5. Clinical Impression

How potentially lethal was this attempt?
 Low Moderate High

What is the likelihood of further attempts?
 Low Moderate High

What is the chance that further attempts will be lethal?
 Low Moderate High

6. Management Plan

What was the outcome? (tick appropriate box(es))

Discharged, formally referred to GP Yes No
 (eg by letter or phone)

Discharged, told to see GP Yes No

Discharged, no referral Yes No

Self-discharge Yes No

Referred to psychiatric services (including alcohol and drug team; specialist mental health team) Yes No

Referred to medical or surgical services Yes No

Referred to other services (specify) Yes No

.....

Died Yes No

Further details of management follow up:
 (include referrals to assessment and decision units)

General hospital admission requested? Yes No
 General hospital admission achieved? Yes No
 Psychiatric referral offered but patient refused? Yes No

.....

Assessed by (BLOCK CAPITALS)

Name:

Signed:

Speciality

Date of assessment

Time of assessment (24hr)

Grade of assessor: Consultant Registrar
 SHO ENP

Other (specify)

Management

- ✦ Assess the mental state at the same time as the physical examination
- ✦ Treat the underlying physical problem first
- ✦ Be empathic, which can be trying
- ✦ When medically cleared, then refer or discharge
- ✦ Refer those who exhibit some risks to registered mental health nurses, RMNs. Not ALL need referral
- ✦ If patient lacks capacity or you're worried-restrain/sedate

Sad Persons Score

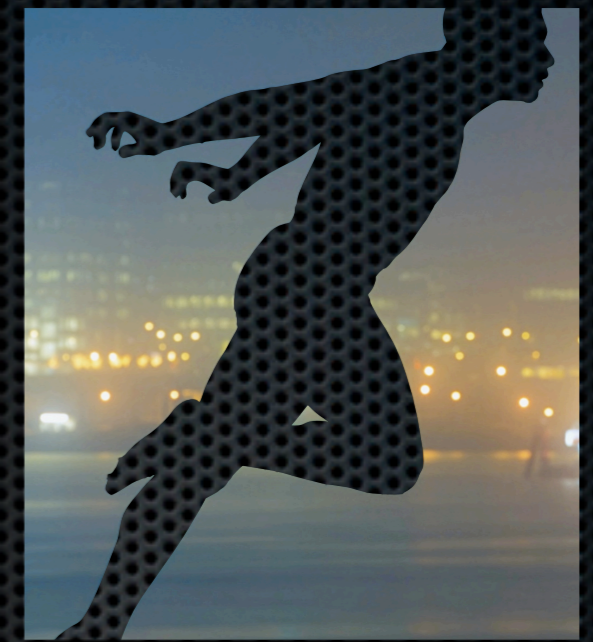
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- ✦ **S**ex male: 1
- ✦ **A**ge <19/>45: 1
- ✦ **D**epression/hopelessness: 2
- ✦ **P**revious attempts/ Ψ : 1
- ✦ **E**thanol excess use: 1
- ✦ **R**ational thinking loss: 2
- ✦ **S**eparated/divorced/widowed: 1
- ✦ **O**rganised/serious attempt: 2
- ✦ **N**o social support: 2
- ✦ **S**tated future attempt: 2

<6:low, 6-8:refer to Ψ , >8: needs admission

'Patient absconded'



- ✦ If patient has left department, the trust still has some 'duty of care'. Discuss with triage nurse to get a feel for how they were. Did they have any worrying features?
- ✦ Coordinator to inform security then police to try and get the patient back.
- ✦ The police have no legal powers to remove a patient from their home to hospital against their will.
- ✦ May need Section 135 (ASW, police officer, GP with a magistrates warrant), 136 in public (police officer)



