

Mixed Presenters: People who present to ED for self-harm and other reasons

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Overview

- ❑ Background

- ❑ Method

 - ❑ Qualitative, quantitative, triangulation

- ❑ Findings

 - ❑ Who are Mixed Presenters?

 - ❑ Serious self-harm risk

 - ❑ ED management

- ❑ Discussion/conclusion



Background – emergency department

- Overcrowding
- Lack of privacy
- Focus on physical health and trauma
- Increasing no. of patients present for self-harm
- Negative staff attitudes towards self-harm



Background – Mixed presentations

- ❑ Suicide risk associated with physical illness, chronic pain, trauma^(1, 2, 3, 4, 5)
- ❑ Frequent ED use
- ❑ Of those who died by suicide 43% had attended ED, 25% of these for physical reasons⁽⁶⁾
- ❑ 60% of ED patients did not communicate suicidal thoughts to staff⁽⁷⁾. Occult suicidality in ED⁽⁸⁾

(1) Scott et al. (2010), (2) Qin et al. (2013), (3) Anguiano et al. (2012), (4) Ilgen et al (2010); (5) Martiniuk et al. (2009); (6) Cruz et al (2011); (7) Douglas et al (2004); (8) Claassen & Larkin.(2005)



Research questions

1. Who are Mixed Presenters?
2. What is Mixed Presenters' serious self-harm risk?
3. What is the ED management of Mixed Presenters?



- Data from another study (MISP)
- Ethics approval: 3 and 8 DHBs
- Qualitative study: Nurse Recruiter made initial contact, face to face interviews (n=27)
- Quantitative study: Survival analysis (n=1921)
- Triangulation

Self-harm?



Qual: Who are Mixed Presenters

Intertwining health and social issues & self-harm



- Chronic physical conditions contributed to self-harm (n=12)
- Pain exacerbated self harm
- Social struggles: violence, money, daily coping, the law

I had an accident when I was seven years old. I got pushed off the top of a two-storey house. And I fell face first onto a wooden peg in the ground and I've ripped right down the centre of my face open. And I was in a coma for about 2 or 3 weeks, but ever since then I've been in pain as a kid. (Mike)

Quant: Who are Mixed Presenters?

- **(4:1)**
- Mixed Presenters
(n=1544)
- 51% male, 31% Māori
- 54% single/separated
- Self-harm Only
Presenters (n=377)



Qual: Serious self-harm risk

Coping has limits

- Unpredictability of mental state
- Medical/ED care influenced self-harm
- Support people instrumental

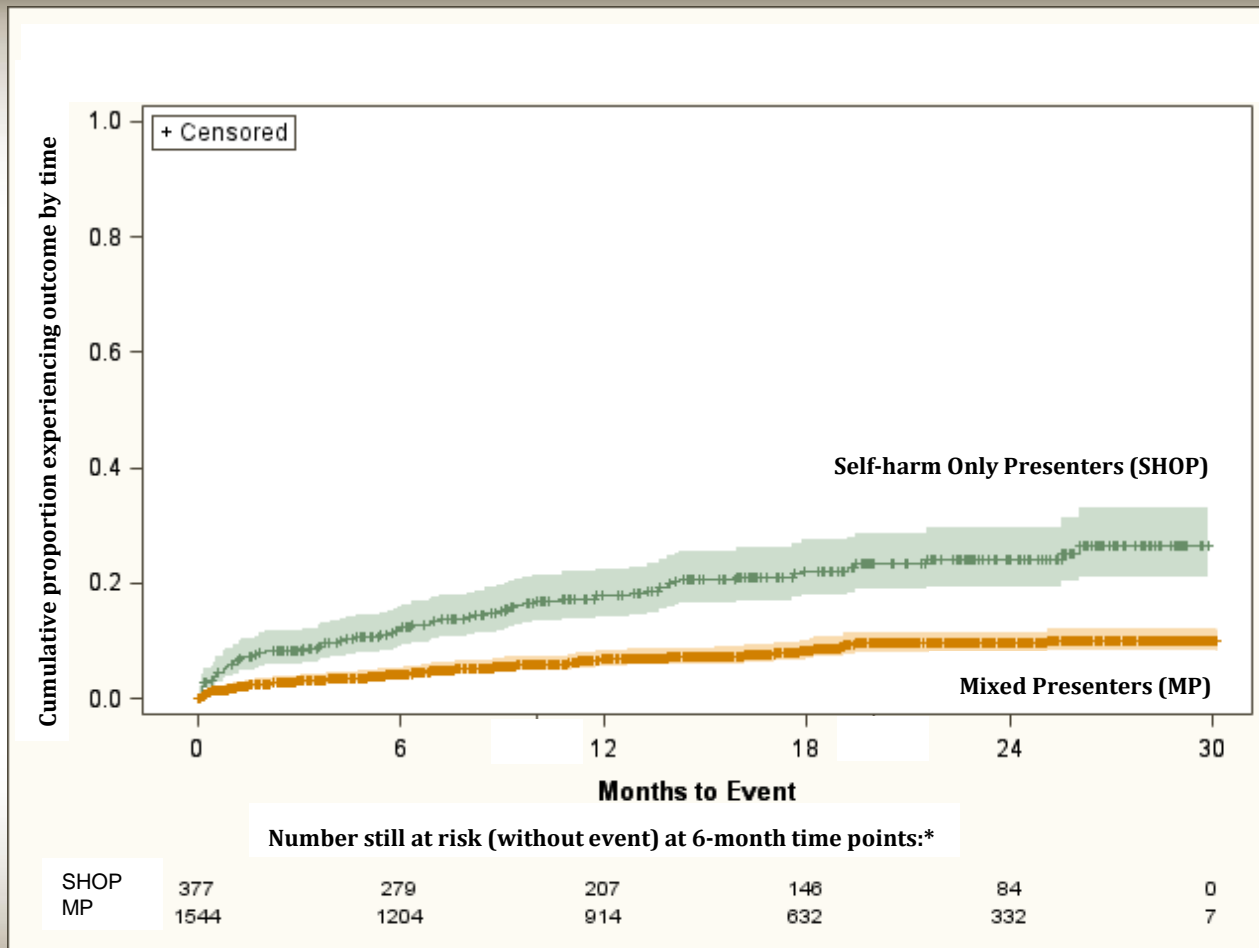


I actually felt like a failure...as a husband, a father, a failure of killing myself. So pretty much just put it down to being a failure. Just disappointed in myself 'cause I don't like to fail

(Matt)

Quant: Serious self-harm risk

Kaplan-Meier plot





Qual: ED management

- Vulnerability “... jus’ wanna crawl in and crawl out ..” (Amelia)

I think with the OD it's 'You're a naughty girl!' Whereas with chest pain it's 'Y'know you've got a condition' (Felicia)

- Limited input in care “Like you are a spare part ...” (Patricia)
- Inadequate assessment

When I was in ED... I went home with – well, I had 250 tramadol, 200 panadol, 200 nurofen, and 180 codeine which is what a doctor at ED sent me home with (Polly)



Quant: ED management

- ↑ Urgent triage codes (1-3):
 - Mixed Presenters 53%
 - Self-harm Only Presenters 69%
- ↑ Admissions
 - Mixed Presenters 27%
 - Self-harm Only Presenters 34%
- Self-harm presentations aligned in the two groups: triage 69%, admission status 34%

Limitations

- Identification of self-harm from ED data challenging – Presenter groups distinct?
- Non-inpatient admissions such as respite care not included as outcome events
- Participants interviewed might differ from non-participants

Conclusion

- Acknowledge complex health and social issues of Mixed Presenters
- Take self-harm risk seriously
- Contribute to the wellbeing of Mixed Presenters

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Doctors rather medicate it, scan it, suture it, splint it, excise it, anaesthetise it, or autopsy it than communicate with it.

Fadima, 1997