

## Problems reported by self-harm patients Perception, hopelessness, and suicidal intent

David Milnes<sup>a</sup>, David Owens<sup>b,\*</sup>, Paul Blenkiron<sup>c</sup>

<sup>a</sup>Leeds Community and Mental Health Trust, Leeds LS6 4QB, UK

<sup>b</sup>Academic Unit of Psychiatry and Behavioural Sciences, School of Medicine, University of Leeds, 15 Hyde Terrace, Leeds LS2 9LT, UK

<sup>c</sup>Bootham Park Hospital, York, YO3 7BY, UK

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### Abstract

**Objective:** Research suggests that problem-solving therapy may be an effective intervention following self-harm. This study determines the relation between self-harm patients' perceptions of their problems and their expressions of hopelessness and suicidal intent. **Method:** One hundred fifty patients admitted to a district hospital following self-harm were asked questions about the type and perceived solubility of their problems. In addition, in each case, the patient completed a Beck's hopelessness scale and a psychiatrist completed a Beck's suicidal intent scale. **Results:** 66% of patients, and more of the males than of the females, recorded

at least one problem that they believed to be insoluble; such problems were most often in the area of relationships. Patients who reported insoluble problems experienced higher levels of hopelessness and more suicidal intent. There was significant correlation among the number of insoluble problems, hopelessness, and suicidal intent. **Conclusions:** People who undertake self-harm report insoluble relationship problems. When assessing hopelessness and suicidal intent in self-harm patients, clinicians should ask about perception of insoluble problems. © 2002 Elsevier Science Inc. All rights reserved.

*Keywords:* Self-harm; Attempted suicide; Problem-solving; Hopelessness; Suicidal intent

### Introduction

Recent rates of self-harm in the UK are higher than ever before [1]. As many as one in six self-harm patients repeats within a year [2] and this proportion may be increasing [1]. In the year following nonfatal self-harm, the best estimate of the suicide rate is a hundred times that of the general population [3] but evidence about which interventions might reduce that risk is disconcertingly poor [4]. People who harm themselves describe problems in their lives [5] and report hopelessness [6,7]. Problem-solving therapies [2] and interpersonal therapy, focussing on interpersonal problems [8], have been identified as the most promising interventions. The present study determines the number, type, and solubility of problems in a sample of people admitted to

hospital following self-harm—to identify their relation to suicidal intent and hopelessness.

### Method

We studied prospectively all patients aged over 15 who attended hospital as a result of self-harm, whether by self-poisoning or self-injury, and who were admitted to medical, surgical, or overnight admission wards of York District Hospital over 136 consecutive days in 1997. Cases occurring at weekends or outside working hours were included. Those who left before psychiatric review were excluded. One of the researchers (D.M.) examined the accident and emergency records to determine how many episodes of self-harm attendance during the study period were missed.

Self-harm patients, when medically fit, were routinely referred for psychosocial assessment according to a roster of staff. In each case, the psychiatrist, in addition to the routine procedures, asked the patient to complete two questionnaires: a problem questionnaire devised for this study [9]

\* Corresponding author. Tel.: +44-113-233-2739; fax: +44-113-243-3719.

E-mail address: d.w.owens@leeds.ac.uk (D. Owens).

and Beck's scale for measuring hopelessness [10]. The psychiatrist also administered the Beck interview scale for suicidal intent [11] and collected basic demographic data, method of self-harm, number of previous episodes, and the patient's diagnosis [12].

The hopelessness scale contains 20 statements—each rated true or false. We identified and categorised problems using a self-rated questionnaire that listed 12 commonly reported problem areas, providing space for unspecified problems [9]. The specified problems included: housing, money, work, and relationships with partner, spouse, family, and children (Table 1). Patients were asked, where they had ticked a problem area, to indicate by another tick one of three levels of problem solubility: whether the problem seemed likely to be easily solved, whether it required time and help, or whether it seemed insoluble.

The ordinal data were analysed using distribution-free measures, using the Statistical Package for the Social Sciences (SPSS) Version 9.

## Results

Over the study period, 55% (197/356) of the self-harm patients attending were admitted to the general hospital. The remainder were discharged, or discharged themselves, from accident and emergency—a proportion in line with practice in hospitals around the UK [13,14]. Psychiatrists assessed 89% (175/197) of the admitted patients and, in doing so, recorded suicidal intent scores in 86% (150/175) of them; this group of 150 formed the study sample.

Self-poisoning accounted for 89% (133/150) of the study patients, self-cutting accounted for 5%, and carbon monoxide poisoning, hanging, and other methods for the remaining 6%. Fifty-eight percent (87/150) were female. In line with the ethnicity of the local population, almost all patients were White and UK-born. Limited data collected on the 206 patients not included in the study showed similar

proportions of females (54%) and of each category of self-harm (85% poisoning, 9% cutting, and 6% in the residual categories).

Suicidal intent scores ranged from 0 to 29, with a median of 9 (interquartile range 4–13.5). The hopelessness scale was completed by 79% (119/150), with a range of 0–20 and median of 11 (6–14.5). Missing data are a consequence of patients declining to complete the self-rated scales.

### Problem perception

The problem questionnaire was completed by 80% (120/150) of the study sample. The number of problem areas ranged from 1 to 13, with a median of 4 (interquartile range 3–6). The median number of problems recorded by males was 5 (interquartile range 3–7) compared with 4 (interquartile range 3–6) for females (Mann–Whitney  $U=2330$ ,  $P=.17$ ). Table 1 shows the number (%) of the sample recording one or more problems in each area. Problems with partner, family, and money were those most frequently recorded. In many of the categories, males recorded more problems.

### Problem solubility

Sixty-six percent (79/120) of the study sample recorded at least one insoluble problem, significantly more males (42/54, 78%) than females (37/66, 47%) ( $\chi^2=6.2$ ,  $df=1$ ,  $P=.01$ ). Similar proportions of males (48/54, 89%) and females (54/66, 82%) reported at least one problem needing time and help to solve, but the males had a median of 3 such problems (interquartile range 2–4) compared with a median of only 2 (interquartile range 1–3) in the females (Mann–Whitney  $U=1265$ ,  $P=.006$ ). Age appeared to have no relation with either the existence or number of insoluble problems; median age for those with an insoluble problem was 29, for the others it was 31 years (Mann–Whitney  $U=1438$ ,  $P=.9$ ). Table 1 allows comparison of the existence of any problems and of insoluble problems; the striking

Table 1  
Nature of problems, of any kind and insoluble: numbers and proportions of males and females, ranked by overall frequency of all problems

Problem area	All problems			Insoluble problems		
	Whole sample ( $N=120$ )	Males ( $n=54$ )	Females ( $n=66$ )	Whole sample ( $N=120$ )	Males ( $n=54$ )	Females ( $n=66$ )
Partner	77 (64)	30 (56)	47 (71)	29 (24)	13 (24)	16 (24)
Family	72 (60)	33 (61)	39 (59)	25 (21)	15 (28)	10 (15)
Money	71 (59)	33 (61)	38 (58)	18 (15)	6 (11)	12 (18)
Work	58 (48)	31 (58)	27 (41)	8 (7)	4 (7)	4 (6)
Mental health	56 (46)	30 (56)	26 (40)	9 (7)	5 (9)	4 (6)
Friends	48 (40)	24 (44)	24 (36)	13 (11)	7 (13)	6 (9)
Housing	49 (40)	23 (43)	26 (39)	5 (4)	0 (0)	5 (8)
Alcohol	38 (32)	21 (39)	17 (26)	5 (4)	4 (7)	1 (1)
Physical	38 (32)	22 (40)	16 (24)	7 (6)	5 (9)	2 (3)
Death	35 (29)	15 (28)	20 (30)	15 (12)	7 (13)	8 (12)
Other	19 (17)	11 (21)	8 (12)	8 (7)	5 (9)	3 (4)
Law	19 (16)	10 (19)	9 (14)	2 (2)	1 (2)	1 (1)
Drugs	16 (14)	9 (17)	7 (11)	3 (3)	2 (4)	1 (2)

Values are numbers of study subjects (%).

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