

Predictors of A&E staff attitudes to self-harm patients who use self-laceration: Influence of previous training and experience

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Abstract

Objective: The aim of this study was to investigate the attitudes of accident and emergency (A&E) staff towards patients who self-harm through laceration. **Methods:** We developed a questionnaire using focus group methodology. Questionnaires were distributed to 117 A&E staff members. **Results:** Of the staff, 53.8% responded. The staff believed that self-laceration was an important problem but felt unskilled in managing patients. The staff were unsure of the relationship between self-laceration and both mental illness and risk of suicide. They had previously received little training in managing this condition. In those staff without previous training, a longer period working in A&E was correlated with higher levels of anger towards patients and an inclination not to view patients as

mentally ill. A&E staff were keen for further training and wanted a higher proportion of patients to be seen by specialist mental health services. **Conclusions:** This study highlights the need for greater staff training in A&E. Despite considerable experience in the field, we found evidence for unhelpful attitudes amongst some staff. This is particularly true for more senior staff without previous DSH training, who, as a group, were less sympathetic to this group of patients. Unfavourable attitudes of health professionals are likely to adversely influence the quality of clinical care delivered to DSH patients who use self-laceration as well as those who use other methods of self-harm.

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Introduction

Deliberate self-harm (DSH) is one of the most common reasons for attendance at accident and emergency (A&E) departments, with an estimated 140,000 attendances in England and Wales each year [1]. In contrast to the trend in completed suicide, there has been a rise in the incidence of DSH in the UK over the last 10 years, particularly in young women, and men aged 55 years or older [2,3]. DSH is important for a number of reasons, not the least because up

to 13% may go on to complete suicide [4]. In addition, approximately 40% of individuals later reattend A&E with a repeat episode of DSH, and some evidence suggests that this proportion is rising [2,5].

Although the majority of patients who self-harm choose self-poisoning, a significant proportion use other methods such as laceration, burning, and hanging. Individuals who use laceration (also known as self-cutting) account for about 5–10% of all self-harm presentations to A&E (approximately 7000–14000 presentations per year nationally) but comprise a much higher proportion of self-harmers in the community [6]. Surprisingly, this group has been remarkably understudied [7]. Compared with patients who self-harm using medication, this population is generally younger and more likely to be male and single [8]. Contrary to some

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beliefs, patients who use laceration as a form of self-harm may have serious suicidal intent [9]. They are also more likely to reattend A&E after initial presentation than those who harm by self-poisoning [8]. However, self-laceration is not mentioned in the National Suicide Prevention Strategy.

There have been a number of guidelines on the management of DSH, most recently from the National Institute of Clinical Excellence (2004; [10]) and the Royal College of Psychiatrists (2004; [11]). Yet, services for this group vary enormously from region to region and from country to country. One possible explanation for this variance might be differences in attitudes of health professionals. It is well recognised that attitudes of the staff exert a major influence on clinical care [12,13]. Studies of DSH have shown that multi-professional staff often regard this group as more “difficult to treat” and more challenging than other patients [14]. For example, in a survey of 107 nurses, Sidley and Renton [15] reported that 55% of the staff disliked working with DSH patients. Staff attitudes are often reflected in the opinions from DSH patients themselves. Such patients are the least satisfied group of A&E users [16]. Remarkably, in one study from Bristol, 69% of self-harm individuals were dissatisfied with emergency services [17]. The attitudes of staff to people who self-harm is important because this will determine whether patients are appropriately referred and also whether patients will attend [18]. Importantly, Hickey et al. [19] found that 58% of patients were not accurately assessed and that those who were not assessed were at greater risk of repetition.

These surveys of staff attitudes and beliefs are based on unselected DSH patients. To date, no study has differentiated between self-poisoning and self-laceration behaviour. This lack of research led us to design a study to gain an understanding of the attitudes of staff working in a busy general hospital A&E department towards patients who use laceration as the principle method of self-harm.

Methods

We conducted this study in three phases: a literature search, development of a rating instrument using focus groups, and using this for a survey of multi-professional A&E staff.

We conducted a literature search and contacted experts in the field to identify literature on attitudes to self-harm and also to identify any existing questionnaires of attitudes appropriate to DSH. We used the search terms (self-harm; DSH, parasuicide, suicide attempt*; overdose, self-poisoning, self-cutting*, self-laceration, nonaccidental injury) combined with (attitude* or belief* or opinion or empathy or understand*). We searched the databases Medline 1966–2005, Embase Psychiatry, Web of Knowledge, and full text searches in OVID, ScienceDirect, Wiley Online up to January 2005. Although we identified a number of primary data studies concerning staff attitudes to DSH

patients in general, we identified none on self-laceration and no existing instrument designed to elicit attitudes.

Using focus-group methodology (six groups of eight individuals, each with two facilitators), we identified items of relevance to multi-professional staff dealing with DSH in an A&E setting. Following a brief pilot testing at a large focus group workshop, we developed a questionnaire that examined various attitudes, divided into four sections. First, we gathered demographic information about the professional discipline, grade, and years of A&E experience of the staff. Second, we asked the staff about their perception of patient turnover, evaluation of risk, and necessity for psychiatric assessment. Third, we asked questions about their previous staff training in DSH as well as future training needs; and finally, we asked the staff about their attitudes towards people who self-harm through laceration.

In the final phase, we distributed 117 questionnaires by post to a database of A&E staff working in the A&E department at Leicester Royal Infirmary over a 3-month period. This comprised of 88 nurses and 29 doctors.

The Leicester Royal Infirmary is a large teaching hospital. It covers a catchment area of one million people, with average yearly attendances of 120,000 to A&E. Approximately 2000 attendances per year are following DSH and about half are seen by a dedicated DSH team with mental health backgrounds. The data were analysed using MS Excel and StatsDirect.

Results

We received 70 responses to the questionnaires, although 7 had significant missing data, leaving 63 questionnaires for complete analysis. Thus, the final response rate was 53.8%.

Background and experience

There were 55 (88%) women and 8 (12%) men in the study. The majority of those in the study were nurses ($n=53$, 84%). The staff had a mean of 4.6 years experience of working in A&E. Only seven (11%) had received specific mental health training at any stage since qualification.

There was a wide range of past experience in managing self-harm, with staff estimating that they had seen as many as 1500 cases (the mean estimate was 117 cases). The average number of cases seen within the previous 6 months was 22. We asked the staff to estimate the number of cases of self-laceration that they thought presented to A&E in 1 year. The mean estimate by the staff was 2200 (range 20 to 7500), much greater than the actual figure of 300 cases.

Response to patients presenting with self-laceration

We asked the staff about psychiatric assessment and management of patients. They correctly estimated the proportion of patients currently referred for psychiatric

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