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Staff knowledge and attitudes towards deliberate self-harm in adolescents

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Abstract

This study investigates knowledge, attitudes and training needs concerning deliberate self-harm (DSH) in adolescents, amongst a variety of professionals involved in the assessment and management of adolescence who self-harm. A questionnaire survey was completed by 126 health professionals working with adolescents who harm themselves. The main outcome measures were a knowledge measure and three attitude measures (generated using factor analysis). The mean percentage of correctly answered knowledge questions, across all professional groups, was 60%. With regard to knowlege, over three-quarters of participants were unaware that homosexual young men and those who had been sexually abused are at greater risk of DSH, whilst one third of staff were unaware that adolescents who self-harm are at increased risk of suicide. Staff who felt more effective felt less negative towards this group of patients ($B = -0.21$, $p = 0.03$). Forty-two per cent of the participants wanted further training in DSH amongst adolescents.

1. Introduction

Deliberate self-harm (DSH) is a serious and growing problem amongst adolescents (Fergusson, Woodward, & Horwood, 2000). DSH is a deliberate, self-initiated, and non-fatal act, carried out in the knowledge that it is potentially harmful. This includes self-poisoning or self-injury, irrespective of the apparent level of suicidal intention. The most common form of DSH is self-poisoning. (Hawton, Fagg, & Simkin, 1997). James and Hawton (1985) found that only 41% of

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self-poisoners expressed intent to die. Lifetime prevalence estimates of DSH range from 1.5% to 10.1% among females and 1.3% to 3.8% among males (Brent, 1997). One per cent will commit suicide in the year following a suicidal attempt, whilst 10% are likely to repeat the attempt within 3 months (Spirito, Plummer, & Gispcrt, 1992) and 20% are likely to repeat with in a 15-year period. These adolescents are more likely to have psychiatric, academic, social and behavioural problems (Taylor & Stansfield, 1989; Flisher, 1999) but are notoriously difficult to engage in follow-up (Trautman, Stewart & Morishma, 1993; Nasr, Vostanis, & Winkley, 1997).

House, Owens and Storer (1992) noted a general perception amongst hospital staff that treatment of adult patients who self-harm was ineffective leading to ambivalence towards assessment and referral for psychiatric follow-up. Negative attitude amongst staff working with self-harming adult patients has been found in other studies (Barber et al., 1975; Patel, 1975; Ghodse, 1978). However to date there has been surprisingly little research about attitudes of clinicians to deliberate self-harm in adolescents.

The purpose of this study is to investigate: (a) level of knowledge concerning DSH in adolescents; (b) attitudes towards adolescents who harm themselves; (c) training needs; amongst of a variety of professionals involved in the assessment and management of children and adolescence who self-harm.

2. Methods

A questionnaire was developed specifically for the study, using design methodology recommended by Rust & Golombok (1989), as there were no suitable questionnaires from previous research. The study was carried out in three inner city boroughs of south London and involved staff from three teaching hospitals and the related Child and Adolescent Mental Health Services (CAMHS).

The authors approached heads of all the clinical services, that had regular clinical contact with self-harming adolescents, to request participation in the study. All those approached agreed to take part. Boroughs A and C both had casualty departments, associated paediatric inpatient units and local CAMHS. Borough B had an inpatient psychiatric adolescent unit and a CAMHS service. There was no casualty service in borough B. Patients from borough B usually attended casualty in boroughs A and C. (The south east area of borough C had another hospital with a casualty department, associated paediatric inpatient unit and local CAMHS which did not take part in the study). Teaching hospitals were targeted because of the range of staff with different levels of training and experience who would be available to take part in the study. All clinical staff, working at the above sites, who had regular clinical contact with self-harming adolescents, were invited to take part.

Both paediatric casualty departments were separate units within a general casualty department and had similar admission policies whereby all adolescents who harmed themselves were admitted to a paediatric ward for assessment by a child and adolescent psychiatrist. The assessment involved interviewing the adolescent and also their parents or carers. On one site this assessment was usually carried out jointly with a hospital-based social worker.

Information collected included: (a) individual experience in working with children and adolescents; (b) knowledge about DSH in young people; and (c) attitudes towards managing this