Original Article

Non-suicidal and Suicidal Self-harm at a Psychiatric Centre at the Ekiti State University Teaching Hospital in Ado Ekiti, Nigeria: A review of cases

Lateef Olutoyin. Oluwole[1,2] Adetunji Obadeji[1,2], Mobolaji Usman Dada[1,2]

[1]*Department of Psychiatry, College of Medicine, Ekiti State University, Ado-Ekiti, Ekiti State, Nigeria.*
[2]*Department of Psychiatry, Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State, Nigeria.*

ABSTRACT

Background: Previous self-harm has been reported as an important risk factor for future attempts and death by suicide, therefore understanding the psychosocial characteristics of people with a history of self-harm may help in developing models for reduction of suicide. The objective of this study was to present the psychosocial characteristics of patients who presented with self-harm and recorded them in our suicidality register.

Method: This is a review of the suicidality register of patients who presented with deliberate self-harm and were referred and reviewed by the psychiatric unit at the Ekiti State University Teaching Hospital (EKUSTH). Data were retrieved from the register and enter in SPSS version 25. Descriptive statistics such as mean with standard deviation and frequency were done to describe the characteristics of interest.

Results: Of the 33 cases reviewed, the majority were females 51.6%, aged 29years and below, single (67.7%), unemployed 17 (51.5%), and had depression as the primary psychiatry diagnosis (54.5%). Although multiple reasons were given for self-harm, the desire to die was the commonest (54.5%) while ingestion of poisons was the commonest (75.8%) method adopted.

Conclusion: Previous self-harm is an important risk factor for future attempts and death by suicide, understanding the psychosocial characteristics of people with a history of self-harm may help in developing frameworks for a surveillance system for self-harm and attempted suicides.

Corresponding Author:
Dr. A. Obadeji,
Department of Psychiatry,
Ekiti State University Teaching Hospital,
PMB 5535, Ado-Ekiti, Ekiti State,
Nigeria. Tel: +2347038733020
E-mail: doctunjioba@yahoo.com

INTRODUCTION

Deliberate self-harm (DSH) refers to a wide range of self-injurious behaviours, regardless of their intentions, that can harm the body in a non-fatal way[1]. This incorporates suicidal behaviour such as suicidal thoughts and/or suicide attempts, or other behaviours intended to deliberately injure oneself or end life. The World Health Organization (WHO) regards self-harm as "an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance above the prescribed or generally recognized therapeutic dosage, and which is aimed at realizing changes that the person desires via the actual or expected physical consequences"[2,3]. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), on the other hand,

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DSH covers a wide range of behaviours that can harm the body in a non-fatal way, regardless of intentional death[4]. In contrast, non-suicidal self-harm (NSSI) recently included in DSM-5 refers to deliberate self-injurious behaviour on the surface of a person without the conscious intention of death. This ranges from self-cutting, burning, or self-hitting, ingestion of a substance in excess or a nondigestible object; jumping from a height, and self-cutting or self-burning or any case of self-harming behaviour of any kind that is against fundamental survival instinct or any purpose socially sanctioned.[5,6] Non-suicidal and suicidal self-harm usually occur simultaneously, especially in clinical samples.[7,8] Based on the above, people engaged in self-harm are characterized by a wide variety of behaviours and different levels of suicide intent and a wide range of motives.[1,9-12] The main groups of motives behind these actions may be revenge against others, manipulation, intention to die, seeking attention, academic failure, sexual, physical or emotional abuse, relationship problems, previous self-harm family conflict, depression, as or escape from intolerable and agonizing conditions.[2,9,10,12] Thus, the intention of deliberate self-harm ranges from intention to end one's own life, NSSI, to strong intention to end one's own life (suicidal attempt/completed suicide), while it is also possible for multiple motives to coexist, for example: wanting to send a message and at the same time to obtain relief from suffering.[1,10] There is increasing evidence that NSSI is one of the strongest predictors of suicide attempts, surpassing previous suicide behaviours.[13,14]

Suicide and suicidal behaviours are a global phenomenon. Suicidal behaviours are among the leading causes of death worldwide, more importantly among young adults and adolescents.[15-17] Suicide alone represents about 20million years of healthy life lost due to premature death or disability and accounts for 1.5% of the global burden of disease.[17-19] Self-injurious behaviour crosses ethnicity, culture, gender, age groups with higher rates among the elderly, particularly white men aged 85 years and older. It is the 11th leading cause of death; and the rates cross across different age groups, races, and sex.[10] The greatest risk of progressing to suicide or attempt among attempters occurred within the first year after ideation onset. Although DSH may occur at any age, research findings showed that adolescents and young adults are at a higher risk.[11,21] Thus, there is a consensus that adolescence is a risky period in which DSH may occur.

Globally, suicides are the second leading cause of premature mortality in individuals aged 15 to 29 years and third among aged 15–44 years.[18,22] In a systematic review of 74 studies from 18 sub-Saharan African countries, the median lifetime prevalence estimate of suicidal attempt was 10·3%; the median 12-month prevalence estimate was 16·9% and the median 1-month prevalence estimate was 3·2% with the highest 12-month prevalence estimates (median = 24·3%) reported in West African sub-region.We presented patients with self-harm that were reviewed by the psychiatric unit of the Ekiti State University Teaching Hospital (EKUSTH) and recorded in our suicidality register, intending to present their psychosocial and demographic characteristics.

MATERIALS AND METHODS

This is a review of patients in our suicidality register who presented with deliberate self-harm and reviewed by the psychiatric unit at the Ekiti State University Teaching Hospital (EKUSTH). As part of the hospital policy, all patients who presented at the emergency with a history of deliberate self-harm are expected to be reviewed by a psychiatrist, though, some patients often declined psychiatric interventions. The departmental suicidality register contained information on sociodemographic such as age, gender, level of education, marital status, and psychosocial characteristics such as venue of attempt, suicidal note, previous attempt, previous criminal record, motivation for the attempt as well as the psychiatric diagnoses at the time of assessment. All patients seen were either reviewed by a senor

resident or a consultant psychiatrist, and psychiatric diagnoses made according to ICD-10 criteria.

Data analyses

Data were retrieved from the register and entered in SPSS version 25. IBM Incorporation, USA. Descriptive statistics such as mean with standard deviation and frequency were done to describe the characteristics of interest.

Ethical Considerations

Permission was obtained from the departmental head to access the register for review: ensuring confidentiality the identity of each patient was not disclosed.

General characteristics

A total of 33 people presented with deliberate self-harm during the period under review. Their age ranges between 12 to 60 years, with a mean of 28.2 years. Most 17 (51.5%) were females, students18 (54.5%), single 18 (67.7%), unemployed 17 (51.5) %,with secondary education 18 (54.5%).Other characteristics are shown in table 1.

Socio-demographic characteristics

Variables	Frequency (%)
Age groups	
= 19years	7 (21.2)
20-29years	11 (33.3)
30-39years	11 (33.3)
40 years and above	4 (12.2)
Gender	
Male	16 (48.5)
Females	17 (51.5)
Occupation	
Students	18 (54.5)
Artisans	5 (15.2)
Trading	5 (15.2)
Public servants	4 (12.1)
Professionals	1 (3.0)
Marital status	
Singles	23 (67.7)
Married	10 (30.3)
Employment status	
Employed	16 (48.5)
Unemployed	17 (51.5)
Educational levels	
Primary	1(3.0)
Secondary	18 (54.5)
Tertiary	14 (42.5)

Psycho-social characteristics

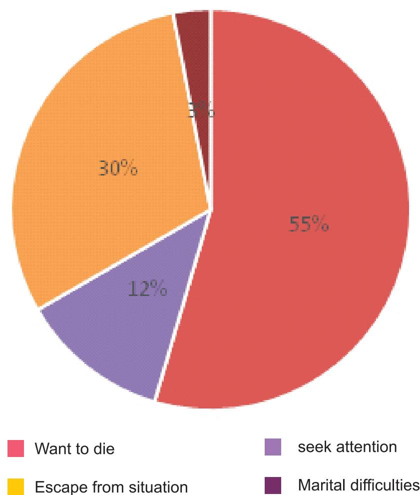
The majority had the attempt at home 27 (81.8%) and had no suicidal note 31 (93.9%). One previous attempt, and none with a previous criminal record. Various reasons were given for the attempt ranging from the desire to die18 (54.5), escape from current challenges 10 (3.0) to attention-seeking 4 (12.1%). Four (12.2%) of them were fatal.

Psycho-social characteristics

Variables	Frequency (%)
Venue of attempt	
At home	27 (81.8)
Outside home	6 (18.2)
Suicidal note	
No	31 (93.9)
Yes	2 (6.1)
Previous attempt	
No	32 (97.0)
Yes	1 (3.0)
Previous criminal record	
No	33 (100)
Case-fatality	4 (12.2)

Reasons for deliberate self-harm

Figure 1 shows the various reasons for deliberate self-harm. Reasons were given for the attempt ranging from the desire to die18 (54.5), escape from current challenges 10 (3.0), and attention-seeking 4 (12.1%).



Psychiatric diagnoses and methods adopted

Depression was the commonest psychiatric diagnosis accounting for54.5%, followed by Deliberate Self-harm 9 (27.3%) and Psychotic disorders 5 (15.2%). Ingestion of poisonous substances was the commonest method 25 (75.8%) followed by pills' overdosage 4 (12.1%), hanging 2 (6.1%), and self-mutilation.

Methods of self-harm and Psychiatric diagnosis

Variables	Frequencies N (%)
Psychiatric diagnoses	
Depression	18 (54.5)
Deliberate Self-harm	9 (27.3)
Psychotic disorders	5 (15.2)
Substance use disorders	1 (3.0)
Methods	
Swallowed pills	4 (12.1)
Ingestion of poison	25 (75.8)
Self-mutilation	1 (3.0)
Jumped from Height	1 (3.0)
Hanging	2 (6.1)

DISCUSSION

Over 50% of people recorded in our register were aged 29years or lower, and the mean age for the population was 28.4years suggesting a majority of this population were young adults similar to findings from other populations.[18,22,23] Although, suicidal behaviour cut across all age groups, Suicide has been reported to be the second commonest cause of death among this population.[18] Again, the majority of these patients were females, unemployed with secondary education similar to earlier findings.[16,18,24] Most studies reporting self-harm or suicidal behaviours had reported higher rates among females.[25,26,27,28]

As reported by most studies,[1,2,9,10] several motivations have been reported regarding suicidal behaviours similar to our findings. These range from desiring revenge and manipulating others, intending to die, seeking attention, sexual, physical, or emotional abuse, relationship problems, previous self-harm family conflict, and depression. Suicidal behaviours had also been reported as a means of escaping from intolerable, agonizing conditions and academic failure.[2,9,10,12] Although several motives do occur, it is also possible for multiple motives to coexist, for example, wanting to send a message and at the same time to obtain relief from suffering.[1,10] As noted in this study, motivation to die was the commonest. This may, however, overlap with other reasons.

Among this population, several methods were used for self-harm, however, ingestion of substances such as insecticides or corrosive substances were the commonest. Deliberate self-poisoning is the most common method of intentional suicide, accounting for 85-95% of suicide-relatedhospitalizations.[29-31] Most patients that survived such are at increased risk of repeated suicide attempts using more violent, often fatal means.[29,32,33] Studies have shown an initial episode of self-poisoning is a good predictor of subsequent suicide and early death which usually occur long after the initial poisoning.[29,30] This underscores the importance of long-

termmaintenance and secondary prevention initiatives. Both adolescents and young adults were more at markedly elevated risk of suicide and this underscores the importance of follow-up care to ensure their safety.[21,28] A study has shown that adolescents using violent methods had an increased probability of psychiatric inpatient care following initial treatment for self-harm.[21]

Although only one of the patients had previous history, repetition of self-harm had been reported to be associated with an increased risk of suicide, such[28] indicates continuous distress, and places demand on limited health care resources. It was observed that over half gave the desire to die as the reason for the attempt. The desire to die might not be unconnected to the relatively high case fatality observed among the cases reviewed. The intent has been reported as a strong indication for fatality. The more lethal methods in the index episode the higher the mortality, though modified by gender.[32-34]

Similar to other study,[35] a lower proportion of the patients studied left suicidal note. Suicide notes had been reported to be associated with higher suicidal intent and were more likely to have a higher depression scores than those without suicidal note.[35,36] In this review both patients with suicidal note had depression as their primary psychiatric diagnosis, with one fatal outcome. Oftentimes, such note contain fewer words expressing apology, shame or guilt which also suggest depressive illness.[36,37] Possibly, suicidal note may also suggest severity of suicidal intent and the use of more fatal methods.

Over half of the patients in this study had depression; a few others had psychotic disorders and substance use disorders as the main psychiatric diagnoses. The presence of specific psychiatric disorders such as depression, schizophrenia, substance use disorders, attention-deficit/hyperactivity disorder (ADHD), and personality disorders. alongside a history of previous mental health treatment, had been reported to increase the risk of repeated self-harm.[24,28,38,40] Psychiatric diagnoses have been described as contemporaneous risk factors for suicide attempts particularly among young adults and adolescents.[24]

STUDY LIMITATIONS

In review, there are limited patients with suicidality during the period of review. This did not allow for inferential statistics, thus limiting our analyses to just descriptive statistics. Nonetheless, the study is of the few studies providing an insight into psychosocial characteristics of patients presenting with deliberate self-harm at the hospital in this environment.

CONCLUSIONS

Previous self-harm has been reported as an important risk factor for future attempts and death by suicide, therefore understanding the psychosocial characteristics of people with a history of self-harm may help in developing frameworks for a surveillance system for self-harm and attempted suicides. The high proportion of diagnosable mental disorders reiterates the importance of early identification and treatment of these disorders as part of the overall suicide prevention programs, more importantly, depressive disorder. Therefore, understanding the incidence as well as the demographic characteristics and methods adopted in cases of deliberate self-harm presenting at hospitals in a country will provide important insight into the development of suicide prevention strategies.

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