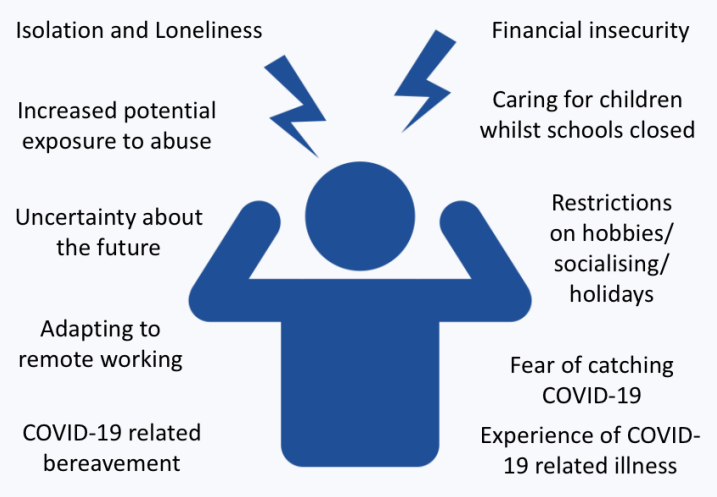
SELF-HARM & SUICIDE

Consulting and supporting people in distress

Welcome to the second of twelve newsletters, highlighting research that addresses the top challenges currently facing general practice…

The COVID-19 pandemic has placed multiple potential threats on peoples' mental wellbeing. Some have feared serious physical illness, whilst others have experienced the reality of this. Others have been affected by COVID-related bereavements, financial insecurity, loneliness, caring for children unable to attend school and increased potential exposure to abuse (1).

Stressors related to the COVID-19 pandemic



An increasing number of people have presented with anxiety, depression and post-traumatic stress disorder, particularly young people and those living with children (1). Since lockdown has eased there has been a surge in demand for appointments, with many presenting with mental health concerns.

It is important that within our time-pressured consultations, self-harm and suicidal thoughts are explored, so we can assess the severity of a persons' illness and provide the support they need. However, clinicians may sometimes be reluctant to ask about suicidal thoughts, preferring to rely on their intuition. Others may fear interrupting the flow of a consultation (2).

This may lead clinicians to frame questions in a way that is seeking a negative answer. For example, *"Sorry, but this is something we always have to ask everyone. You've not had any thoughts of harming yourself or anything like that have you?"* A more open approach could be:

"Sometimes when people are feeling low like this, they can have thoughts of harming themselves or ending their life. Is that something you've experienced?"

A positive response often doesn't lead to a Crisis team referral, but can prompt a useful discussion about strategies to stop any thoughts turning into actions (2). The figure below highlights some common risk factors for suicide to consider (1).

CLINICAL FEATURES THAT RAISE CONCERNS FOR HEIGHTENED SUICIDE RISK

- Male sex (3 times commoner, especially aged 45–49 years)
- History of mental illness, particularly if recent inpatient care
- Chronic physical illness and disability
- Poor social support or isolation and loneliness
- Recent bereavement
- Unemployment
- Perceived burdensomeness
- Low self-worth
- Hopelessness
- History of, or current, self-harm and/or alcohol/substance misuse
- Active plans for suicide and access to means

A qualitative study explored young peoples' experiences of seeking support for self-harm. The value of **active listening, attempting to understand a young person and continuity of care** with proactive follow-up were highlighted (3).

If you're unsure how you can best help a young person going through a mental health crisis, consider accessing the **Crisis Tools Learning resource**, developed by Health Education England and Healthy Teen Minds (www.crisistools.org.uk). The resource is relevant for professionals, parents and carers and includes tips to help build trust when supporting a young person, advice on how to discuss risk of self-harm and suicide and strategies to help end a consultation in a safe, collaborative way.

It can be easy to presume that self-harm is a condition confined to the young. However, a recent study highlighted how **older adults can conceal self-harm thoughts and behaviours due to stigma and shame**, preventing them from seeking help (4). Self-harm in older adults can occur on a spectrum from no suicidal intent, to high levels of intent, hence it is important these thoughts and behaviours are identified to ensure individuals get the right support.

Often the emphasis is on the patient with suicidal thoughts, but what about their relatives? A qualitative study explored GPs experiences of dealing with parents bereaved by suicide (5). Some GPs described feeling unprepared and reported a reluctance to contact parents bereaved by suicide. **Bereavement by suicide is a further risk factor for suicide, hence it's important that bereaved parents get the right support and that GPs feel prepared to provide this.** Suicide bereavement training for health professionals informed by this study, is available here: https://suicidebereavementuk.com/pabbs-training/.

Doctors are human too. If you or someone you know might need help with a mental health concern, help is available.

Beyond patients and their relatives, we also need to consider the mental health of clinicians. **Doctors need a safe outlet to talk about the impact of their work. Carrying stress beyond the consulting room can pose doctors at an increased risk of depression, substance abuse and suicide (6).** Receiving a complaint can lead doctors to be 77% more likely to suffer from moderate or severe depression, whilst they can also suffer from sleep difficulties, relationship problems, suicidal thoughts and a range of physical health problems. See some information about support available in the table below.

EMERGENCY CONTACTS FOR GPs
BMA- Online advice and support, where doctors can speak to a counsellor or advisor in confidence. https://www.bma.org.uk/advice-and-support
Samaritans- Call 116 223 for confidential support 24 hours a day. https://www.samaritans.org/
Contact to your local **RCGP Faculty.** https://www.rcgp.org.uk/rcgp-near-you/faculties.aspx
Practitioner Health, a confidential self-referral NHS service for doctors with mental health and addiction problems. https://www.practitionerhealth.nhs.uk/
Doctors' Support Network is a peer support group for doctors with mental health problems https://www.dsn.org.uk/support-for-doctors
RCGP Wellbeing Page- A list of help available, with information on looking after yourself, wellbeing in the workplace and online support https://elearning.rcgp.org.uk/mod/page/view.php?id=10501

References

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2. Norman, C. (2021). Moving beyond clinician discomfort. *Br J Gen Pract.* 71(706): 217.
3. Mugal, F., Dikomitis, L., Babatunde, O. & Chew-Graham, C.A. (2021). Experiences of general practice care for self-harm: a qualitative study of young peoples' perspectives. *Br J Gen Pract.* 0091.
4. Troya, M.I., Dikomitis, L., Babotunde, O., Bartlam, B. & Chew-Graham, C.A. (2019). Understanding self-harm in older adults: A qualitative study. *EClinicalMedicine*. 12: 52-61.
5. Foggin, E., McDonnell, S., Cordingley, L., Kapur, N., Shaw, J. & Chew-Graham C.A. (2016). GPs' experiences of dealing with parents bereaved by suicide: a qualitative study. *Br J Gen Pract.* 66 (651): e737-e746.
6. Gerada, C. (2018). Doctors and Suicide. *Br J Gen Pract.* 68(669): 168-169.

HIGHLIGHTS FROM WISEGP

Wise Learning, Wise Careers and Wise Stories…

"It's not what you know that matters, but how you use what you know".

Clinical scholarship is integral for everything we do in General Practice. It is our professional capacity to use and generate knowledge in everyday practice to enhance patient care whatever your portfolio of roles - be they patient-focused, education, research, quality improvement or leadership.

We have spoken with many GPs, trainees and students who have told us that you want to develop these skills but often you don't know where to start. We have pulled together a number of resources to help guide you in our **WiseLearning pages** (https://www.wisegp.co.uk/wiselearning) and tips for each stage of your professional development in the **WiseCareers pages** (https://www.wisegp.co.uk/wisecareers).

You can hear about how others use their scholarship skills to contribute towards Wise General Practice in our **WiseStories pages** (https://www.wisegp.co.uk/wisestories). Keep an eye on these pages for regular updates.

WISE GP Podcast- Episode 2

The second podcast hosted by WISE Intern Johanna Reilly features Joanne Reeve, talking about generalism, person centred care and scholarship in action in primary care.

The podcast is available to download on our website and from several major podcast hosts. Please have a listen and let us know if you like it, and if you would like to be a guest or have any guest suggestions!

https://www.wisegp.co.uk/wisereads

Over a series of twelve newsletters we will be focussing on research addressing the top challenges currently facing general practice. If you haven't already, please sign up to receive regular WiseGP newsletters at https://www.wisegp.co.uk/.

In our next newsletter we will be focusing on how to support people with post-COVID syndrome…