PAPER C

Isle of Wight Healthcare NHS
NHS Trust

A "CRY FOR HELP"

OR

A "CRY OF PAIN".

ISLE OF WIGHT

ADOLESCENT SELF POISONING

SELF MUTILATION

2004/5

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Child & Family Healthcare Group
May 2005

SIGNIFICANT DELIBERATE HARM -

SUBSTANCE ABUSE & SELF MUTILATION.

ACUTE IOW CHILDREN'S WARD ADMISSIONS 2004/5.

1. INTRODUCTION.

1.1 This papers outlines an analysis of admissions of children aged nine to eighteen years to the acute children's ward, St Mary's Hospital during twelve months April 2004 to March 2005 for taking behaviour and those admitted following self harm and bullying at school in the four month period November 04 to March 05.

2. POPULATION SELF HARMING BEHAVIOUR.

RESEARCH FINDINGS.

2.1 Research has identified that there are key family risk factors, which may identify children who self harm or attempt to commit suicide. These risk factors include being in a one parent family, (50%) accommodated (40%); having a family member who committed suicide, (25%) family history mental health disorder, family discord; disturbed family relationships, disturbed mother-child relationships and lack of warmth in the family.

2.2 Research has also identified key characteristics of a child who self harms including impulsivity; lack of concern for danger; less problem solving skills; polarisation of problems rather than solutions and combination of aggression/anger/hostility. The child feel trapped without an escape route, without anyone who could rescue feeling utterly defeated. Meanwhile the means of self-harm is to hand.

2.3 A deliberate self-harm attempt may be classified as either a "Cry for help" or a "Cry of pain".

2.4 In a "Cry for help" the child wishes to communicate his/her distress in an attempt to re- establish an escape route and to facilitate rescue from the current circumstances.

2.5 In a "Cry of pain", the child's actions are reactive within lethal suicidal behaviour during which the child sees no escape route and no possibility of rescue.

ISLE OF WIGHT POPULATION

2.6 Ninety eight children were admitted to the acute children's ward during 2004/5 with a diagnosis of self poisoning on either drugs, alcohol or combination giving an approximate ratio of 4:1 Female: Male within the age range of nine to eighteen years. (79 F: 21M)

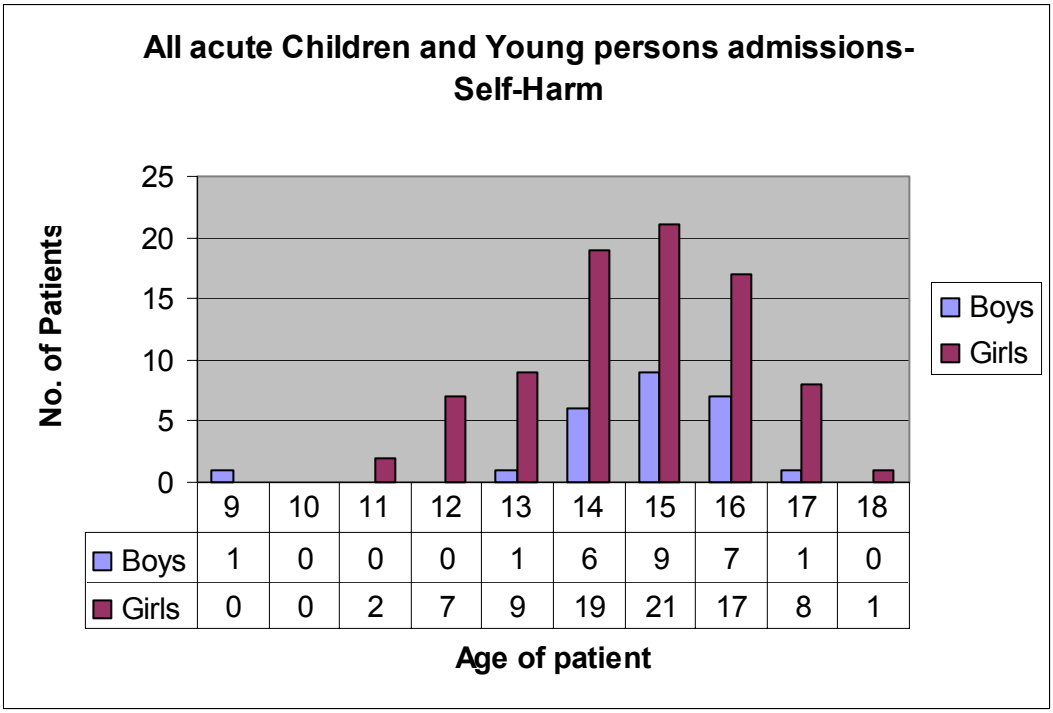
2.7 Eleven children were admitted with self-harming behaviour defined as cutting or suicidal ideation in period November 2004 March 2005. Age ranges twelve to seventeen years, ratio 1.8: 1 Female: Male.

2.8 Three children spanned both criteria being admitted with self-harming and overdosing on drugs, Age range older at 15-16 years. 2:1 Female : Male.

2.9 Fourteen children have been admitted in the four month period 16.11.04 to 31.3.05 from the effects of bullying or assaults at school. Age range 8 – 16 years 1:2 Female : Male.

2.10 One child was considered to have made a serious attempt to kill himself, a fourteen-year-old boy, while an eighteen-year-old girl with repeated admissions declared that she would. This is not to minimise the potential harm to any overdosing child, if the toxic substance is not removed from their bloodstream within the appropriate window of opportunity to prevent permanent damage.

2.11



	9	10	11	12	13	14	15	16	17	18
Boys	1	0	0	0	1	6	9	7	1	0
Girls	0	0	2	7	9	19	21	17	8	1

3. METHOD OF SELF HARM – OVERDOSE OF DRUGS (SELF POISONING)

3.1. Research has identified that 80% of children who self poison take less than fifteen minutes of reflection time prior to the event, 80% being an impulsive cry for help.

3.2. Analysis of the IOW episodes of overdose, “over the counter” or prescribed drugs were implicated in fifty three admissions.

3.3. Paracetamol was taken in twenty three cases (43%) and as the sole agent in fourteen of these admissions. (26%)

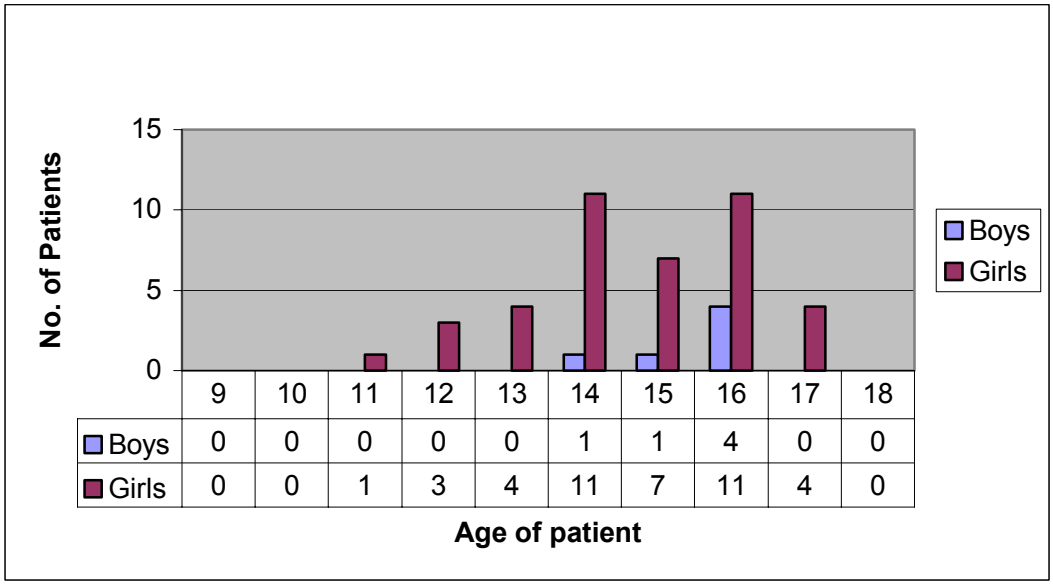
3.4. Five children mixed paracetamol with other drugs including ibuprofen (3), epileptic medication (1) and antibiotic (1)

3.5. Four children had mixed paracetamol with alcohol within the age range 12 to 16 years (12:14:15:16) accentuation the poisonous effect of both on the child's metabolism and liver. Alcohol also enhancing the uptake of the drug.

3.6. One sixteen year old had overdosed on a more lethal concoction of paracetamol, heroin and alcohol.

3.7. **<u>Diagram 2.</u> Admission of "Over the Counter" or Prescription drugs, The male admission included two mainland teenagers who had taken overdoses of pills on the IOW, and a third who overdosed deliberately on insulin, a serious medical emergency. Statistically male suicide attempts demonstrate more serious behaviour**

3.8



	9	10	11	12	13	14	15	16	17	18
Boys	0	0	0	0	0	1	1	4	0	0
Girls	0	0	1	3	4	11	7	11	4	0

3.8. Other drugs used included co- proximal (2) diazepam (with cider and cannabis), ibuprofen, neurofen, volterol, insulin, Beecham's capsules, Benylin Cough Mixture, and caffeine tablets while eight children were admitted having ingested and overdosed on an unknown or undisclosed substances. Age range of children 11 – 17 years.

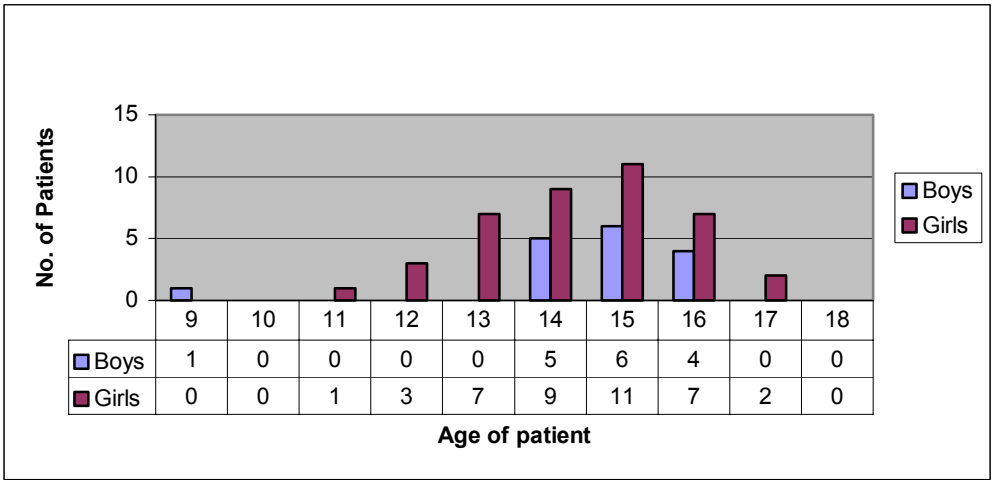
3.9. Ten children overdosed on illegal drugs- Cannabis (3); Cannabis and amphetamines (1); Ecstasy (1); Smoked unknown substance (1); Cannabis + Alcohol (1); Cannabis, alcohol + diazepam (as above) while one child overdosed on paracetamol, heroin and vodka.

4 METHOD OF SELF-HARM – ALCOHOL & VARIATIONS

4.1 Forty six (45%) of the ninety eight population were admitted to accident and emergency and to the acute children's ward with an overdose of alcohol, either alone

or combined with other substances, the youngest child being a boy aged nine years and the oldest sixteen years.

4.2 Thirty six of this number (78%) overdosed on alcohol alone while the other ten children ingested a combination of alcohol with prescribed drugs, over the counter drugs and illegal drugs increasing the risk of permanent harm in that alcohol increases the uptake of the substance.



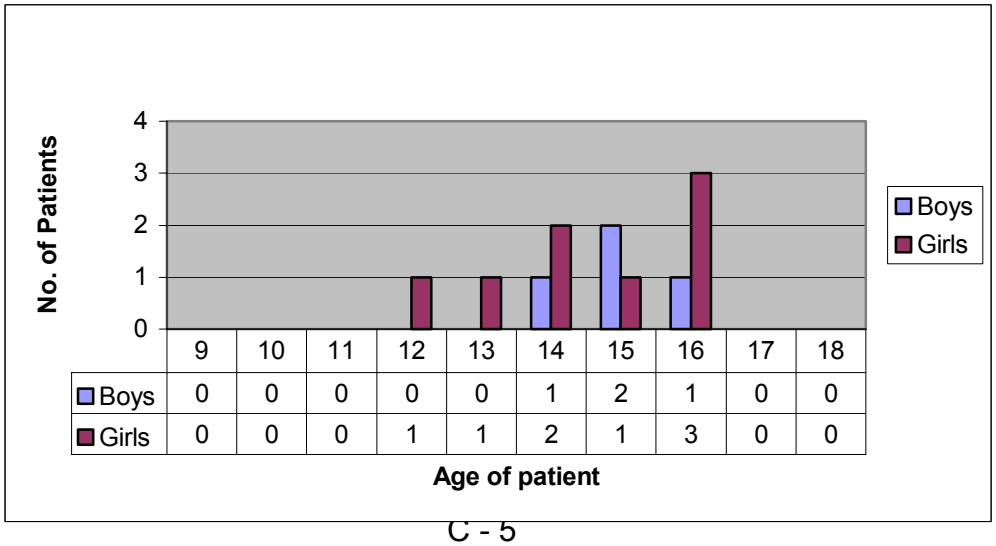
	9	10	11	12	13	14	15	16	17	18
Boys	1	0	0	0	0	5	6	4	0	0
Girls	0	0	1	3	7	9	11	7	2	0

Diagram 2. Alcohol Related Admissions

4.3 Of the ten children mixing alcohol and drugs, four had used tablets usually paracetamol (age range 12:14:15:16); one had used alcohol paracetamol and heroin: four had used alcohol and cannabis while one had used alcohol, diazepam and cannabis. (age 16 years). A further child age fourteen years was admitted for treatment of spiked drinks.

4.4 Two fourteen-year-old children, a male and a female, were physical or sexually assaulted in addition to their overdose of alcohol.

4.5 *Note- A number of seventeen / eighteen year old may have been discharged from A & E or been admitted to an adult ward so that the absence of stats for this age group17-18 year olds may be a underestimate*

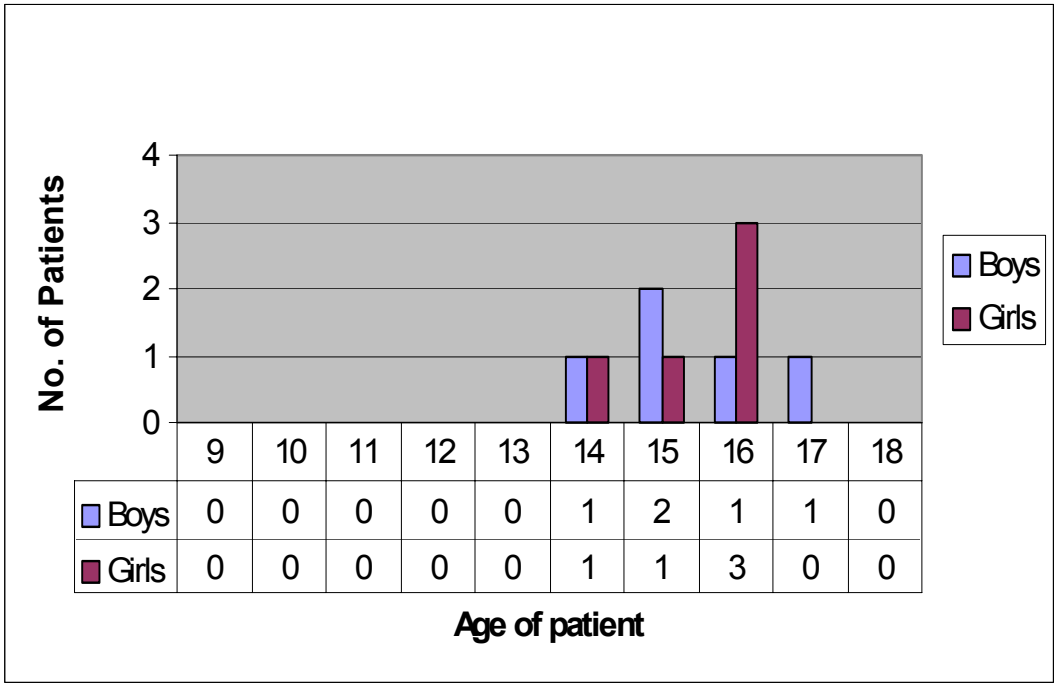


	9	10	11	12	13	14	15	16	17	18
Boys	0	0	0	0	0	1	2	1	0	0
Girls	0	0	0	1	1	2	1	3	0	0

Diagram: Admission of children who overdosed on alcohol plus other substances/ drugs. Small numbers but could suggest teenage girls are embarking on more risky behaviour and at an earlier age than teenage boys.

5 ILLEGAL SUBSTANCES

5.1 Ten children were admitted having overdosed by inhaling or ingesting illegal drugs either alone or in combination with alcohol and prescribed drugs. The eleven included cannabis (3); cannabis and amphetamines (1), Cannabis & alcohol (4): Cannabis, diazepam and alcohol (1): Heroin, Paracetamol and Vodka (1) and Ecstasy (1). The age range Age range was slightly older at 14- 17 years. Ratio Female to Male - 6:5.



	9	10	11	12	13	14	15	16	17	18
Boys	0	0	0	0	0	1	2	1	1	0
Girls	0	0	0	0	0	1	1	3	0	0

Diagram 3. Age Sex Distribution of ingestion of Illegal Drugs including heroin, cannabis, ecstasy, amphetamines and smoking an unknown substance

5.2. Recent research by the Royal College of Psychiatry (2004) has identified increased risk to the mental health of the cannabis smoker adolescent in that one in four of the general population carry a gene, which predisposes that user to the development of psychosis in adulthood from cannabis.

6 SELF HARMING BEHAVIOUR

6.1 In addition to the ninety-eight admissions of children having overdosed, a further eleven children were admitted since November 2004 with self-harming behaviour, defined as cutting, mutilation or suicidal ideation. (Age range 12 – 16 years)

6.2 Of the eleven children, a higher percentage 36% (4) had had previous admissions for self harming behaviour compared to the overdosing population of whom 12% had had a previous admission. The twelve-year-old child had two admissions in a four-month period for self-harming behaviour.

7. SELF-HARMING & OVERDOSE

7.1 Three children, (age range 15 – 16 years) were admitted having combined self-harming with an overdose. Two girls and one boy.

8. INCREASE IN INCIDENCE in ADOLESCENT SELF-HARM

8.1. The children's ward has experienced a 200% increase in ADSH admissions since 1992 and a doubling of admissions since 1999.

8.2. The average admissions of ADSH for the period 1992 to 1999 was forty six admissions per annum fluctuating between twenty –five and sixty nine ADSH admissions.

8.3. 2004/5 saw one hundred and nine admissions.

8.4. This 100- 200 % increase in admissions of a highly vulnerable population of acutely ill children requiring emergency intervention, medical monitoring, and at times specialling to prevent further harm to self or others represents a significant professional and financial commitment undertaken by the Children's unit to support these children in need who may be indicating their distress in the only way they find possible, either as a cry for help or a cry of pain.

8.5. During 2004/5, several of the cries were of pain.

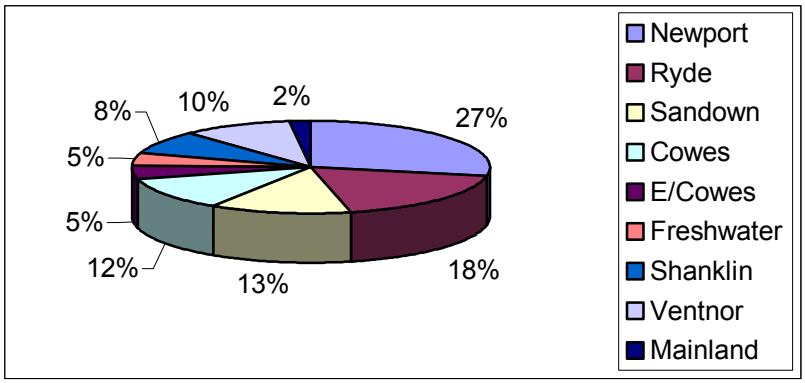
9. LOCATION

9.1. Newport was the home address of a significant percentage of the children admitted with overdose or an episode of self-harm.

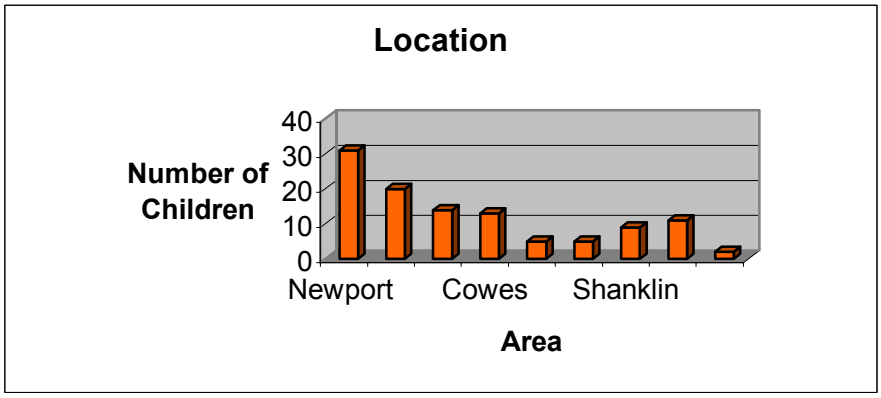
9.2 Newport had thirty one admissions (28%) followed by Ryde twenty (18%): Sandown fourteen (13%); Cowes thirteen (12%); Ventnor Eleven (10%); Shanklin Nine (8%) East Cowes five (4.5%) a similar percentage to Freshwater et al.

9.3 Two admissions were from mainland residents.

9.4. **RESIDENCE OF THE CHILD**



9.4. **RESIDENCE OF THE CHILD**



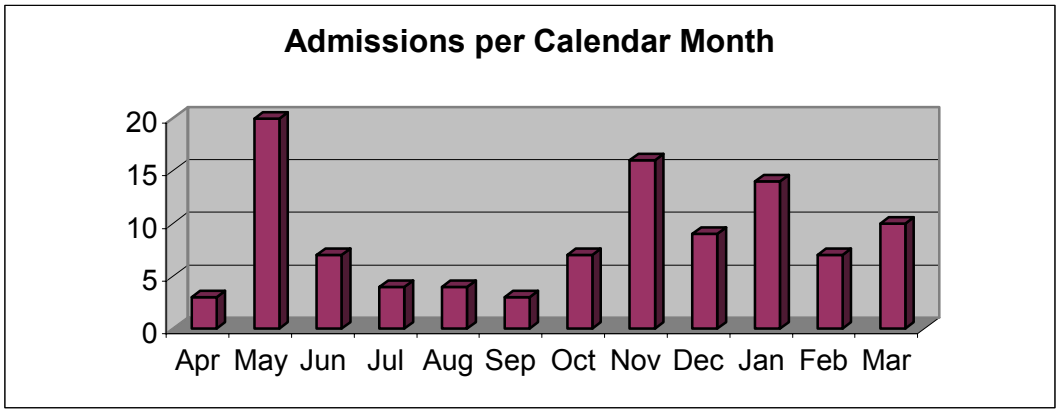
10. ADMISSIONS PER CALENDAR MONTH

10.1 The twenty admissions in May 2004 were reviewed to determine if there were a commonality in the admissions for that month, but no common denominator was found.

10.2 Nine of the May 04 admissions, (45%) were alcohol sole agent, five (25%) were drug self poisoning, two (10%) involved illegal drugs while a further four (20%) were admitted with a mixed of overdosing on medication, illegal drugs and/or alcohol

10.3 Four (40%) of the admissions in November related to illegal drugs.

10.4 January is a more predictable month.



11. OUTCOME

11.1 All children with Adolescent self harm received emergency treatment in accident and emergency department, followed by admission to the Children's ward for assessment. Some children were specialled on the unit.

11.2 Nineteen children were re- admissions, having previously has a previous episode of ADSH. Seventeen percent of those nineteen re-admissions were drug related, ten percent were mixed alcohol and drugs and six percent were self poisoning with alcohol as the sole agent,

11.3 Sixty-two children were referred or re- referred to CAMHS for psychological assessment and intervention as appropriate.

11.4 Two children were referred for mental health assessment to the Mental Health Assessment Team. Twenty nine children were referred to Social Services, Children's Service. One child was an accommodated child.

11.5 Nine children were referred to, or the team had communication with, police colleagues as regards child in need of protection.

11.6 Eleven children were referred to, or the team had liaison with, YOT, IDAS or YPSMS, the latter increasing in the last quarter as face-to-face liaison was made by the YPSMS team and the nursing staff on the children's ward.

Note- The outcome stats may be an underestimate of the number of referrals as they are taken from the ward discharge ledger. An audit of the child's record would be required for a more detailed analysis.

12 ADMISSION FOLLOWING BULLYING AND ASSAULTS IN SCHOOL.

12.1 Fourteen children were admitted in a three and a half month period, 17th November 04 to 31St March 05 giving a projected figure of forty-four admissions per annum.

12.2 Of the nine children whose injuries are recorded, six involved head injuries including hit on eye, punched on jaw, injury to mouth, punched in face, kicked and head jumped on and kicked and head butted.

12.3 One child was admitted from primary school, three from middle schools and nine from the four high schools.

13 CONCLUSION.

13.1 Analysis of the admission to the Children's Acute Ward has been prepared to assist interagency colleagues in focusing preventative work at ameliorating the most significant harm from child "crying for help" or children " crying in pain".

13.2 The analysis will and perhaps assists in the deployment of scarce resources to meet greatest need, whether by age, sex or location.

- Acknowledgement: ADSH admission statistics were collated and presented by Sarah Bain & Sally Stewart, Paediatric Liaison Officers.

Jane Dowdell. Associate Director Child & Family. May 2005.