

SELF-HARM THOUGHTS AND BEHAVIOUR: A REVIEW OF HEALTH RECORDS OF ADULTS RECEIVING PSYCHIATRIC INPATIENT SERVICES IN CANADA

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This study explored non-fatal suicide and self-harm events, including both recent and lifetime occurrences, among psychiatric inpatients at a public psychiatric hospital in Saskatchewan, Canada. A key aim was to provide foundational data on this issue following the implementation of a new policy and protocol for the assessment and management of suicide and self-harm at the hospital. Health data were retrospectively collected from 97 civil and 86 forensic patients who had resided in, or been admitted to, the hospital from April 1 to December 31, 2021.



This included collecting information from admission notes, discharge summaries, a suicide screening questionnaire, assessment, and risk management plan, among other clinical forms. Additional clinical factors that were collected from medical records included psychiatric diagnoses; history of: childhood trauma, involvement in the criminal justice system, violence, and substance use; as well as measures of hopelessness, social support, impulse control, and coping. Patients' medical records also included information on certain sociodemographic factors and whether they were residing in units dedicated to the treatment of civil or forensic inpatients.

Patient Characteristics

Key Findings

Selected Findings from Bivariate Analysis, Comparing Record of Suicide/Self-Harm

	Any record of suicide/self-harm (n = 113)	No record of suicide/self-harm (n = 70)	P-value
Age, years	38.6 (SD = 14.1)	44.6 (SD = 17.1)	.018
Female sex	49%	24%	.001
Childhood trauma	63%	40%	.001
Custodial hospital unit	57%	31%	.002
Hopelessness	58%	16%	< .001
Neurodevelopmental disorder	27%	14%	.030
Psychotic disorder	68%	86%	.024
Depressive disorder	17%	4%	.005
Anxiety disorder	11%	3%	.046
Impulse control (poor)	36%	26%	.029
Coping (poor)	21%	9%	.001

Multivariate Analysis for Lifetime History of Suicidal Behavior, Compared to No History

	B	SE	aOR (95% CI)	p
Age, years	-0.003	0.016	1.00 (0.96 – 1.03)	.868
Female sex	0.913	0.448	2.49 (1.03 – 6.01)	.042
Single relationship status				
Childhood trauma				
Criminal history				
Custodial hospital unit	0.976	0.447	2.65 (1.10 – 6.39)	.029
Violence history				
Brøset Violence Checklist (sum)				
Hopelessness, helplessness, depression	1.018	0.489	2.77 (1.05 – 7.28)	.039
Substance abuse history	0.738	0.521	2.09 (0.75 – 5.83)	.158
Mental disorder diagnosis				
Neurodevelopmental				
Schizophrenia spectrum and other psychotic	0.513	0.640	1.67 (0.48 – 5.86)	.423
Bipolar and related				
Depressive	1.477	0.873	4.38 (0.79 – 24.26)	.091
Anxiety	0.089	0.639	1.09 (0.31 – 3.82)	.889
Trauma- and stressor-related				
Somatic symptom and related				
Disruptive, impulse-control, and conduct				
Substance-related and addictive				
Neurocognitive				
Personality				
Other				
Vulnerabilities (poor)				
Social support				
Impulse control				
Coping				

Note. Mental disorder variables with insufficient sample sizes were not included in analysis.

Strengths and Limitations

Strengths

- Assessed suicide and self-harm events for both forensic and civil psychiatric patients.
- Filled gaps in terms of epidemiological data on suicide and self-harm among psychiatric inpatients in Canada.
- The retrospective review of medical records provided unique insight into the historical and recent health information of each patient included in the sample.

Limitations

- Some instances of incomplete, infrequent or inaccurate medical records.
- Assessment tools used to screen for suicide and self-harm were not validated.
- There was no specific assessment of Indigenous Peoples; a notable limitation as rates of suicide are higher among Indigenous compared with non-Indigenous people in Canada.

Multivariate Analysis for Lifetime History of Self-Harm, Compared to No History

	B	SE	aOR (95% CI)	p
Age, years	-0.026	0.016	0.97 (0.95 – 1.01)	.106
Female sex	0.762	0.413	2.14 (0.95 – 4.82)	.065
Single relationship status				
Childhood trauma	0.431	0.446	1.54 (0.64 – 3.70)	.335
Criminal history				
Custodial hospital unit	0.906	0.427	2.47 (1.07 – 5.72)	.034
Violence history				
Brøset Violence Checklist (sum)				
Hopelessness, helplessness, depression	0.673	0.459	1.96 (0.79 – 4.85)	.144
Substance abuse history				
Mental disorder diagnosis				
Neurodevelopmental	0.722	0.455	2.06 (0.84 – 5.02)	.112
Schizophrenia spectrum and other psychotic	1.148	0.674	3.15 (0.84 – 11.81)	.088
Bipolar and related				
Depressive	1.357	0.949	3.88 (0.60 – 24.96)	.153
Anxiety				
Trauma- and stressor-related				
Somatic symptom and related				
Disruptive, impulse-control, and conduct				
Substance-related and addictive				
Neurocognitive				
Personality				
Other				
Vulnerabilities (poor)				
Social support				
Impulse control				
Coping				

Note. Mental disorder variables with insufficient sample sizes were not included in analysis.

Conclusions and Recommendations

- With the high incidence of suicide and self-harm events among psychiatric inpatients, especially forensic patients, this represents a top priority for prevention and treatment in psychiatric settings.
- Research to inform prevention and treatment has been scarce, especially within the Canadian context.
- Medical records provided valuable epidemiological data, but they are unable to present the “full picture” as it relates to development and progression of suicide and self-harm thoughts and behaviours.
- Future research into this topic should look to adopt a framework that acknowledges the complexity and course of suicidality and self-harm leading to more effective strategies for managing these issues in psychiatric settings.

