

Child Maltreatment and the Risks of Deliberate Self Harm (DSH)

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WORKSHOP

**A Health Services Research Agenda:
Building Capacity within the Maternal, Child,
& Youth Sector**

**February 18th and 19th, 2010
Sheraton Gateway Hotel, Toronto, Ontario**

Project Overview

- **DSH = Non fatal self-inflicted injury or poisoning**
 - Varying intentions
 - Increases in adolescence, higher in girls
 - 8.9% in girls and 2.6% in boys annually (Madge et al. 2008)

- Some, but not all, will present to hospital
 - In youth, wish to die strongest predictor of health service use following DSH in boys and girls (Ystgaard et al, 2009)
 - About 50% inpatient admission (Bethell & Rhodes, 2009)

- Hospital presentation for DSH: major risk factor for suicide
 - 16% will repeat DSH and 2% will die by suicide in the subsequent year (Owens et al. 2002)

Project Overview

- Known link between childhood maltreatment and DSH in children and youths (Evans et al. 2005)
- Children with substantiated maltreatment likely higher risk
 - In Ontario, Crown ward children, removed from home through courts
- However, magnitude of risk unclear
 - Few longitudinal studies of sufficient size, not Canadian
 - Swedish study: hospital admissions for DSH and/or mental health reasons, 5 to 6 x higher in child welfare population (Vinnerljung et al. 2006)
 - Suggestive evidence from single hospital studies re: DSH repetition (Vajda & Steinbeck, 2000; Stewart et al 2001)
- Assuming the risk of DSH is greater in Crown wards than their population-based peers
 - Information on their interactions with health care and child welfare settings can be used to help shape prevention strategies

Project Overview

- Accordingly, we are quantifying the risk of DSH, its severity and repetition
 - among Crown Ward children in relation to their population-based peers
 - via hospital emergency department (ED) and inpatient stay data
 - over a five year period
- Made possible via privacy, linkage expertise, data holdings at ICES under the umbrella of data sharing agreement with the Ontario Ministry of Child and Youth Services

AND

- We are developing ‘candidate’ indicators for the ED management of these presentations for children and youths
 - Currently feasible to examine some in the above research project
 - And whether differ between Crown wards and their population-based peers or among Crown wards

Achievements / Milestones

Investigative Team:

- ❑ Anne Rhodes, PhD
- ❑ Christine Wekerle, PhD
- ❑ Eman Leung, PhD
- ❑ Michael Boyle, PhD
- ❑ Deborah Goodman, PhD

Trainees:

- ❑ Jennifer Bethell, PhD candidate
- ❑ Polina Mironova, BA candidate

Professional Librarian:

- ❑ Carolyn Ziegler, MA, MSt



Partners/Supporters:



Ontario Association of Children's Aid Societies



Achievements / Milestones

- Demonstrating how existing data holdings across sectors of care can be linked and analyzed over time for outcomes tracking
 - FIRST project of this nature with the Ontario Ministry of Child and Youth Services (MCYS) and ICES
 - Probabilistic linkage methods
 - N=8,849 of active Crown wards in 2004 (~95%) successfully linked to their health care records; analyses underway

- Three partnered reports with Public Health Agency of Canada (PHAC)
 - 1st: **Report: Systematic review of the association between child maltreatment and DSH**
 - Association between childhood sexual abuse and DSH in boys and girls, but stronger in boys
 - Oral presentations: the International Association for Suicide Prevention, the International Federation of Psychiatric Epidemiology
 - 2 papers in prep for peer-reviewed journals

Achievements / Milestones

- **2nd & 3rd PHAC reports:**
'Candidate' indicators for DSH ED management in youths

Definitions:

- **Process indicator:**
 - based on direct measures of the quality of health care, provided that a link has been demonstrated between a given process and outcome
- **Outcome indicator:**
 - based on measures of health, morbidity and mortality
(Mant, 2001)

Achievements / Milestones

Step 1: Review clinical guidelines, Canadian reports for consensus
→ Identify process indicator **'areas'**

“If there is no evidence that a measure of process is linked to outcome, then there is *little justification for using such a measure*, unless perhaps if it is endorsed by a *nationally credible consensus guideline.*” (Mant, 2001)

Achievements / Milestones

Clinical guidelines	Specific to*:	
	Young	ED
UK National Institute for Clinical Excellence, 2004 <i>Self-harm. The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care</i>	✓	✓
UK Royal College of Psychiatrists, London, 1998 <i>Managing deliberate self-harm in young people</i>	✓✓	✓✓
American Academy of Pediatrics, Committee on Adolescents, 2007 <i>Suicide and suicide attempts in adolescents</i>	✓✓	✓
American Academy of Child and Adolescent Psychiatry, 2001 <i>Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior.</i>	✓✓	✓
New Zealand Guidelines Group and Ministry of Health, 2003 <i>The assessment and management of people at risk of suicide</i>	✓	✓
Australasian College for Emergency Medicine and The Royal Australian and New Zealand College of Psychiatrists, 2000 <i>Guidelines for the management of deliberate self-harm in young people</i>	✓✓	✓✓

✓✓ = entire document specific to young people/ED
 ✓ = sections of document specific to young people/ED

Achievements / Milestones

Canadian reports and suicide prevention strategies	Specific to*:	
	Young	E D
Standing Senate Committee on Social Affairs, Science and Technology <i>Out of the shadows at last. Transforming Mental Health, Mental Illness and Addiction Services in Canada.</i>	✓	
Child Death Review Unit, BC Coroners Service <i>A Five-Year Retrospective Review of Child and Youth Suicide in B.C.</i>	✓✓	✓
The Canadian Association for Suicide Prevention <i>Blueprint for a Canadian National Suicide Prevention Strategy</i>		✓
Government of Nova Scotia <i>Nova Scotia Strategic Framework to Address Suicide</i>		
Government of New Brunswick <i>Connecting to life. Provincial suicide prevention program</i>		
Government of Quebec <i>Help for life. Quebec's strategy for preventing suicide</i>		
Government of Manitoba <i>A framework for suicide prevention planning in Manitoba</i>		✓
Alberta Mental Health Board <i>A call to action. The Alberta suicide prevention strategy</i>		

- ✓✓ = entire document specific to young people/ED
- ✓ = sections of document specific to young people/ED

16 Process Indicator “Areas”

1. Emergency department management of suicide-related behaviours		
1.1 Triage*	1.7 Leaving before assessment/treatment*	
1.2 Medical management	1.8 Follow-up after discharge*	
1.3 Mental health/psychosocial/risk assess.	1.9 Health record documentation	
1.4 Involving others	1.10 Written information provided on discharge	
1.5 Intoxication	1.11 Information directed to patient's health service provider(s)	
1.6 Decision to admit and admission*		
2.0. Emergency Department Resources		
2.1 Staff training and supervision	2.2 Facilities	2.3 Hospital Services
3.0 Regional Resources		
3.1 Local policies, protocols and procedures	3.2 Data collection and evaluation	

***Some measures currently feasible**

Achievements / Milestones

Step 1: Use the 16 process indicator 'areas' as framework



Step 2: Review relevant published research

(80 studies specific to young persons, ED presentations for DSH, suicidality, mental health)

→ compile list of **process 'measures'**

Step 3: Review relevant published intervention studies

(Source: Newton et al. Pediatric suicide-related presentations: A systematic review of mental health care in the emergency department, forthcoming Annals of Emergency Medicine)

→ compile list of **outcome 'measures'**

Main categories: Mortality, DSH repetition(s), self-reported symptoms, emotions, behaviours

Achievements / Milestones

□ **KT Activities**

- Pediatric Emergency Research Canada (PERC)
 - Co-authors on systematic review of interventions
 - Presented findings from the review and indicator work to date at PERC annual meeting
 - » Indicator work ↔ Clinical trials

- With Ontario Association of Children's Aid Societies distributed informational letter to all Executive Directors in CAS Agencies

- Webinar with Practice and Research Together (PART): Ontario child welfare and children's mental health community agencies –over 400 participants

Key KT Challenges

- Managing expectations while building hope
 - Evidence tying process to outcome measures scant
 - Widespread implementation of 'candidate' indicators premature
 - Candidate measures, existing evidence can guide future research
 - Ongoing focused, dedicated team-work necessary to mature knowledge base

- Upside ...
 - Recognition of need to build knowledge base
 - Desire to exchange ideas, share information, move forward in complementary manner
 - By scientists, practitioners, provincial and national decision-makers across sectors of care

Next Steps

- Complete research, gain feedback on results and ‘candidate’ indicators
 - Academic: peer-reviewed papers, presentations to child welfare, suicidology, mental health/pediatrics audiences
 - Policy/Practice: small group/interactive sessions, brief reports for Ontario Ministry of Health and Long-Term Care, MCYS, OACAS, CAS agencies/workers, PHAC, PART and PERC members
 - Publish ‘candidate’ indicators, post on related websites

- Identify gaps/joint future projects:
 - Improve current data collection, link to other data sources, consider expanding indicator list
 - Indicator development: evaluate existing process and outcome measures cross-provincially