An exploration of self-harming behaviour in clients with learning disabilities in an inpatient setting: client characteristics, behaviours and staff responses.

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Outline

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Self-harm is a significant issue for service users in inpatient services (James, Bowers, & van der Merwe, 2011).

Service users in inpatient learning disability (LD) services, especially those with a forensic history are more at risk of self-harming (Beer et al, 2005; Reed, Russell, Xenitidis, & Murphy, 2004).
Background: Physical restraint and seclusion

- Staff frequently respond to self-harm incidents with physical restraint and seclusion (MIND, 2013).

- Significant negative psychological and physical impact.


- Should only be used as a last resort (Department of Health [DoH], 2015; National Institute for Health and Care Excellence [NICE], 2015).

- Actually increasing in LD services (HSCIC, 2015).
Background: Associated factors

- **Age** - Younger service users more likely to experience physical restraint (HSCIC, 2015; Whittington et al., 2009) and seclusion (for a review, see van der Merwe et al., 2009) in inpatient services.

- **Security level** - Those on medium secure wards are more likely to experience restrictive interventions (HSCIC, 2015).

- **Gender** - Mixed findings:
  - No gender differences in use of physical restraint and seclusion (McClintock, Hall, and Oliver, 2003; Nicholls, Brink, Greaves, Lussier, & Verdun-Jones, 2009)
  - BUT - Females more likely to experience physical restraint and seclusion in LD service (HSCIC, 2015)
Service Context and Aims

Service Context:
- Forensic inpatient service for males and females with learning disabilities
- Low secure, medium secure and specialist services
- Over 200 service users in the whole service

Aims of this service evaluation:
- To explore incidents of self-harm in this service over a 12 month period.
- To identify factors that may influence the use of physical restraint or seclusion in response to self-harm incidents in this service.
Method

- Data on all incidents was routinely collected by the service and anonymised.

- **Dataset** contained record of all self-harm incidents that occurred:
  - between 1\textsuperscript{st} January 2015 and 31\textsuperscript{st} December 2015
  - in the low and medium secure wards
Results: Overview of self-harm incidents

- **Incidents:**
  - 65 service users reported to have at least one incident of self-harm in the 12 months
  - Total of 617 incidents recorded
  - Ranged from 1 to 80 incidents recorded for each service user
  - 8 service users (11.9%) contributed 328 incidents (53.2%)

- **Service user characteristics** (one was missing demographic data):
  - 42 males, 22 females
  - 19 to 60 years old
  - Majority were British (60 British, 1 Caribbean, 1 Irish, 2 Pakistani)

- **Method of self-harm**
  - Ligature use was the most commonly used method - 35% of all incidents
  - Self-harm rated as ‘superficial’ – 21% of all incidents
Results: Overview of self-harm incidents

- **Chi-square analyses** to compare between group differences
  - BUT these do not take into account the nested nature of data (i.e. many services users had more than one incident of self-harm)

- **Gender**
  - Females were over twice as likely to self-harm than males.
  - No gender differences in incident severity*
  - Females were more likely to repeat the behaviour than males*

- **Ward Security Level**
  - Self-harm incidents were over twice as likely to occur on medium secure wards than on low secure wards.
  - No differences in ratings of incident severity *
  - Incidents in medium secure services more likely to be repeated than in low*
Methods of self-harm were merged into 3 categories: ‘Ligature use’, self-harm described as ‘superficial’, and ‘other methods’.

Two Generalized Linear Models (multilevel models for discrete outcomes) were generated, with physical restraint and seclusion as the dependent variables.

Independent variables:
- Age
- Gender
- Security level of ward
- Ligature use
- Self-harm described as ‘superficial’
- Staff ratings of injury severity
- Staff ratings of the likelihood of the service user repeating the behaviour.
Results: Physical Restraint

- **Age** and **Gender** were not significantly associated with the use of physical restraint after self-harm.

- Factors associated with **higher odds** of being physically restrained after an incident of self-harm:
  - Higher ratings of incident **severity**
  - Higher ratings of the **likelihood** of the self-harming behaviour being repeated
  - **Ligature use** (‘superficial’ self-harm was associated with lower odds)
  - Being on a **low secure** ward (OR = 0.25; CI = 0.09 – 0.65)
Results: Seclusion

- **Age** and **security level** were **not significantly** associated with seclusion after an incident of self-harm, nor were **ligature use** or incident **severity**.

- ‘**superficial**’ self-harm was associated with lower odds.

- Factors associated with **higher odds** of being secluded after an incident of self-harm:
  - Higher ratings of the **likelihood** of the self-harming behaviour being repeated.

  - **Female** gender (OR = 6.69; CI = 1.80 - 24.91)
Discussion

- Ligature use and severity associated with physical restraint, not seclusion
  - Immediate risk

- Low secure wards associated with higher odds of physical restraint
  - More potential environmental risks – access to grounds, objects
  - Staff – lower numbers, exposure

- Females have higher odds of being secluded
  - Females more likely to repeat behaviour

- May be based on individual’s support plan or request
Factors beyond the incident itself may contribute to staff’s decision-making that leads to the use of physical restraint and seclusion.

Future research should focus on WHY these factors influence staff members to decide to use physical restraint and seclusion.

Better understanding may reduce use of restrictive interventions in inpatient services, reducing associated negative consequences.

Further training for staff may increase understanding of self-harm and negative consequences of physical restraint and seclusion.


References


Any questions?