



RESEARCH

INFORMATION

Childhood adversities and their subsequent impact on mental health and suicidal behaviour (CHASE)



AIMS

In Scotland, deaths by suicide in young people aged 10-34 numbered 232 in 2018, 29% higher than the previous five year average. Earlier intervention is necessary, but it is not clear where to focus suicide prevention activity. Childhood adversity (including abuse) carries an increased risk of developing later mental health problems and suicidal behaviour. Knowing the first hospital attendance diagnoses associated with childhood adversity or mental health problems in children's lives may provide clearer opportunities for healthcare and emergency services to intervene.

There were two main aims:

1. To analyse lifespan hospital records from birth of a group of young people who later died by suicide in Scotland, compare these with a general population group, and report on differences seen in records related to mental health, childhood adversity and suicidal behaviour.
2. To hold a national workshop with key agency stakeholders to understand the problems and possible solutions related to people in distress or with suicidal behaviour.



KEY FINDINGS

First recorded hospital admissions for childhood adversity: 8% of young people who later died by suicide had a *first* inpatient admission aged 10-17 associated with childhood adversity, compared with 3% in the general population. Most (81%) *first* admissions for teenage boys were for 'assault', while 68% of teenage girls were admitted with co-recorded 'adverse social circumstances'. Both boys and girls were mostly seen in **General Hospitals** for childhood adversity.

First recorded hospital admissions related to mental health: 22% of the group who later died by suicide had a *first* in-patient admission aged 10-17 for mental health issues, compared with 4% in the general population. **Self-harm and poisonings** were the most common *first* mental health admission in 30% of girls and 9% of boys of the group who later died by suicide, 10 times more than the general population estimates for girls (3%) and boys (1%), with almost all occurring in **General Hospitals**, not Psychiatric Hospitals.





WHAT DID THE STUDY INVOLVE?

We analysed anonymised electronic hospital records of **2,477** people born after 1981 who later died by suicide in Scotland aged between 10-34 years. We followed their records in time from birth to death, looking for hospital episodes related to childhood adversity or mental health. We compared this group with a ten times larger group of **24,777** randomly selected people from the general population matched on age, gender and geography at death.

A National Summit on Mental Health, Distress & Emergency Departments was also held October 2019. At this event, multiple agencies and experts with lived experience worked collaboratively to identify barriers and solutions to people in distress accessing care. The event was held collaboratively with Scottish Government and Global Law Enforcement & Public Health Association.



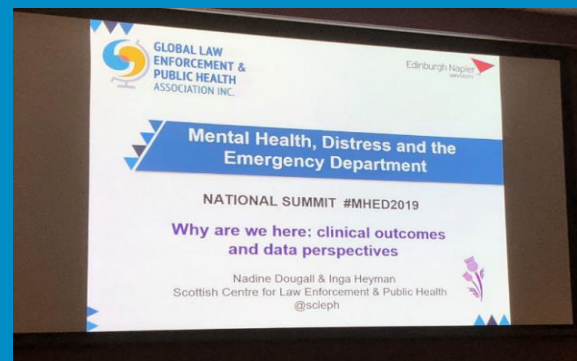
WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Data analysis: We wanted to know what the *first* admissions for mental health and childhood adversity were for people who later die by suicide, so that opportunities for suicide prevention activity could be identified. Analysis revealed that 22% had *first* in-patient admissions related to mental health issues and another 8% were associated with childhood adversity. The majority of both mental health and childhood adversity first admissions were in general hospital. Regarding mental health related issues, these were for self-harm/poisonings, alcohol-related conditions and substance use, while childhood adversity was most commonly found as 'assault' in adolescent boys and a co-occurring code for girls of 'adverse social circumstances'. Future work should focus on these as potential 'red flags' for further investigation. As these were diagnosed in hospital, they may be considered more 'severe' cases. Findings have been disseminated to key stakeholders.

National Summit findings: These were summarised by Communique, with seven key areas identified for action, namely: police time in A&E, intoxication and distress in A&E, alternative care pathways, alternative safe spaces to A&E, managed discharge from A&E, better response to children and young people, and better use of information, data & technology. The event fostered cross-agency perspectives of key issues, with impact on policy, practice and research. Communique in full at: <https://leph2021philadelphia.com/new-communique-arising-out-of-leph2019-consultation-by-glepha-special-interest-group-on-mental-health/>



National Summit on Mental Health, Distress & Emergency Departments, Oct 2019





WHAT IMPACT COULD THE FINDINGS HAVE?

This study identified opportunities for healthcare staff to engage in suicide prevention strategies with adolescents, finding that most **first** hospital records in those who later die by suicide are in general hospital for self-harm, poisoning, alcohol and substance use.

Limitations: As with all studies there are limitations. This is a study of hospital records that capture mental health and childhood adversity related episodes as inpatient or day case admissions. Therefore, there are likely to be a far greater volume of childhood adversities and mental health in the community, since much of it may be unrecorded, or recorded in GP or out-patient data that does not have the required quality for lifespan analysis.



HOW WILL THE OUTCOMES BE DISSEMINATED?

- Academic paper outlining the study protocol, link here: <https://ijpds.org/article/view/1338>
- Communique summarising National Summit on Mental Health, Distress and Emergency Departments, link here: <https://leph2021philadelphia.com/new-communique-arising-out-of-leph2019-consultation-by-glepha-special-interest-group-on-mental-health/>
- Policy brief circulated to key stakeholders in agencies and government for feedback.
- Further academic papers summarising main findings related to childhood admissions prior to suicide and on the linked anonymised mothers data on mental health will be published.



CONCLUSION

- Much more attention needs to be paid to adolescents attending general hospital for the first time for self-harm, poisoning, alcohol or substance use, which are much more common as a first presentation to general hospital than other psychiatric disorders e.g. mood and anxiety disorders seen in psychiatric facilities.



RESEARCH TEAM & CONTACT

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Acknowledgements:

Thank you to Liz Nolan, Aberlour Children's Charity and to those with perspectives gained by personal experience of childhood adversity or of suicidal behaviour who generously gave their time.

