

Study: General practitioner role important in supporting people who self-harm

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Self-harm is a major public health concern and new research at Keele University has found that GPs recognize self-harm as a serious risk for suicide, but some do not feel equipped to manage people who self-harm.



Self-harm is a serious risk factor for suicide and more than half of young people who die by suicide have a history of <u>self-harm</u>. Among <u>male</u> <u>patients</u>, there are increasing self-harm rates reported in midlife, and people aged over 65 who self-harm are at an increased risk of suicide by 145 times. The rates of self-harm in patients presenting in <u>primary care</u> are rising and an estimated 220,000 self-harm episodes present yearly to A&E departments in England.

Research, led by Dr. Faraz Mughal, a GP and National Institute for Health Research (NIHR) In-Practice Fellow at Keele University, has found that GPs have an important role in the management of people who self-harm including assessment and treatment, giving on-going support, and referral for further care. In addition, there are currently no effective GP-delivered interventions for people who self-harm. He suggests that there is an urgent need for acceptable and holistic training for GPs to improve their confidence in supporting people who self-harm.

The research, published today (February 11th 2020) in the *British Journal of General Practice*, is a systematic review which analysed 12 studies published between 1997-2016 on 789 GPs and family medicine physicians from Europe, America and Australia. The study identified barriers and facilitators which impacted GP management of patients who self-harm. The current limited consultation time in general practice with people who self-harm, and a lack of self-harm services in primary care were found to be barriers to the provision of good care. Development of self-harm clinical guidelines with people who self-harm and GPs was identified as facilitating effective GP care.

Dr. Mughal suggests that GPs are well positioned to support early selfharm intervention. The development and testing of effective, GPdelivered self-harm interventions is therefore required to reduce repeat



self-harm, and training incorporated, particularly around communication about self-harm .

The National Suicide Prevention Strategy has prioritized reducing selfharm as a key priority to reduce suicide risk, and this research outlines the current role of the GP in the support and management of people who self-harm, and will inform the development of integrated primary care self-harm models outlined in the NHS Long Term Plan.

Dr. Mughal said: "This is the first study to review the global literature on GPs and self-harm, and bring it all together, to outline the role a GP could play in helping people who self-harm. This provides the foundation for important further research to understand and test how GPs can better support people who self-harm. We know it is increasingly common for people to see their GP for self-harm. I aim to study how GPs can improve their provision of self-harm care, and how they can help people struggling with self-harm"

Professor Carolyn Chew-Graham, Professor of General Practice, Keele University, said: "That this is an important study highlighting the key role a GP might play in supporting people with self-harm behavior, but identifies learning needs and training opportunities—which Dr. Mughal will be addressing in his future work."

More information: Faraz Mughal et al. Role of the GP in the management of patients with self-harm behaviour: a systematic review, *British Journal of General Practice* (2020). DOI: 10.3399/bjgp20X708257

Provided by Keele University



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