

Management of Self-Injury and Suicidality

Wednesday 26 September 2018, 7:15 pm – 8:30 pm AEST

Rebecca's story

Rebecca (pseudonym) is a 28 year-old woman who lives with her partner of two years, Scott. She works at McDonald's. Rebecca has a well-established diagnosis of Borderline Personality Disorder (BPD). She has self-injured since the age of 11. Her preferred method is superficial cutting (at times requiring suturing). She cuts in order to cope with mood swings and, at times, to punish herself, as she believes she is a bad or an evil person who deserves punishment. She believes cutting is a means of suicide and sometimes burns herself superficially when in conflict with friends/family. She describes feeling sad "always" – since her primary school years.

Rebecca describes her mood as unstable: "Like going on a roller coaster, up and down, up and down ... my emotions are all over the place". She reports that she "snaps very easily" and that her emotional reactions and anger outbursts are often out of proportion to the triggers. However she is unable to control it in the moment. Rebecca has a very poor sense of self and tends to hate herself. She has chronic low self-esteem. Rebecca has thought about suicide since she was 11 years-old. She reports feeling empty most of the time: "I feel I am nothing, metaphorically speaking.....if someone cut me open they will find nothing inside of me, it will just be black". She has always felt lonely and unloved.

Family history:

Jeff, Rebecca's 58 year-old father is alcohol dependent and lives alone. Rebecca has had no contact with him since she was 13 years-old. When she was 16, her mother, Mary aged 41 died in a car accident. She had "chronic

depression" and also self-injured by cutting. Rebecca suspects it was suicide. Rebecca had an ambivalent relationship with her mother and found her invalidating and critical. Her parents separated when Rebecca was 13, due to severe domestic violence. Her paternal grandfather sexually abused Rebecca from when she was 11 to 13. She has a 22 year-old sister who has chronic depression.

Further history:

16-19 years: Rebecca attempted to hang herself at age 16, two months after her mother's death. Feeling sad, angry and confused, she called her friend prior to the act to say goodbye and the friend called the police. Rebecca was admitted to a psychiatric hospital for three weeks where a differential diagnosis of grief reaction versus mild depressive episode was considered. A diagnosis of emerging BPD was also suggested. Rebecca experienced no melancholic/psychotic features during this episode, and is unable to describe if her mood was any different after starting antidepressants. She was prescribed Sertraline 200mg/day, but she discontinued it one week after discharge.

During this period, Rebecca had numerous brief relationships. Many of these men were abusive and had substance abuse disorders. She found it hard to let anyone become close to her, and was very sensitive to possible rejection. She would push everyone away before they become emotionally close, to prevent them from rejecting her. She made "suicide attempts" by cutting or burning. She abused cannabis, speed and alcohol. She also experimented with cocaine and ecstasy. She dropped out of school after year 11.

19 to 24 years of age: Rebecca worked in the sex industry. She continued to abuse substances. During this period she stopped cutting and burning, but commenced minor overdoses. She gave up all substances by the age of 24, after she established a stable relationship with Mark (aged 50) whom she met in the sex industry.

24 to 26 years of age: During this period Rebecca lived with Mark and abused no substances. Her self-harm behaviours were minimal in frequency and severity. The relationship with Mark broke down after two years (when she was 26) when she discovered he was unfaithful to her. She attempted a serious poisoning soon after the relationship breakdown, and had her second hospitalisation (public psychiatric hospital). She was treated with six ECT treatment and Venlafaxine 150mg (discontinued two weeks post-discharge). She described feeling very sad for a few months. Rebecca met her current partner Scott in hospital, and moved into his house two months later. Scott also has a diagnosis of depression and anxiety.

26 to 28 years (last two years): Rebecca and Scott have been living together for two years. Rebecca feels she has finally met her soul mate in Scott. Rebecca did not use substances in this period. Her self-harm acts became intermittent (once in 6-8 weeks) and limited to minor superficial cuts only. She started working at McDonald's again. Long-term suicidal thoughts persist although she has not acted on them in the last two years.

Last three months: Rebecca has been seeing her psychiatrist and prescribed Escitalopram 10mg/day for BPD and past depression, and has been revisiting the psychiatrist fortnightly. Long-term suicidal thoughts persist although she has not acted on them and her medication recently changed to Lexapro 10mg/day for BPD.
What is the risk assessment at this stage?

Two weeks ago: Rebecca cut superficially and overdosed in response to relationship conflicts with Scott. She is still working at McDonald's, although she is sad, and not abusing substances. Her suicidal thoughts have increased but she has no plans to act on them.
What is the risk assessment at this stage?

Last week: Rebecca discovered Scott has been sleeping with another woman. She feels rejected and angry, sad and agitated. The suicidal thoughts have increased further and she has considered killing herself. She has not been sleeping or eating well and has lost 4kg. She has been drinking alcohol heavily in the last three days and started using cannabis. She reports hearing voices in her head that tell her to kill herself and that she is worthless and stupid. She has been compliant with Lexapro. ***What is the risk assessment at this stage?***

Rebecca recovers from depression in eight weeks. She is currently not using substances. She is no longer hearing voices in her head and has no current suicidal thoughts. She moves interstate and is lost for follow up. One year later, she comes back because she has found a new partner (Jordan). She has not received any psychotherapy in the last year. Substance abuse has relapsed. She has tried to hang herself four times and had three significant overdoses requiring medical intervention. She has also tried to gas herself on two occasions. She is still grieving for her soul mate; Scott. She has had brief relationships with five men in the last year. She is currently not clinically depressed and reports no immediate suicidal plans. ***What is the risk assessment at this stage?***