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Original Research Article

Prevalence of Deliberate Self-Harm in Different Psychiatric Disorders: Insights from a Study of 100 Patients

Sheikh Muhammad Ali Imam[1*], Ajoy Biswas[2]

[1]Assistant Professor, Department of psychiatry, Sheikh Hasina Medical college, Jamalpur, Bangladesh
[2]Associated professor (Current Charge), Department of Community Medicine, Patuakhali Medical College, Patuakhali, Bangladesh

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Abstract: ***Introduction:*** Deliberate self-harm (DSH) represents a significant mental health concern, particularly among individuals diagnosed with psychiatric disorders. Understanding the prevalence and patterns of DSH across different psychiatric disorders is crucial for developing targeted interventions and prevention strategies. This study aims to explore the distribution of deliberate self-harm among individuals with psychiatric disorders. ***Methods:*** This descriptive cross-sectional study was carried out at Department of psychiatry, Sheikh Hasina Medical college, Jamalpur, Bangladesh during the period from July 2013 to June 2014. According to the inclusion criteria, 100 cases of patients with different psychiatric disorders were included in the study. Study subjects were selected by purposive sampling technique. Data were gathered using a semi-structured questionnaire that included all pertinent information about intentional self-harm, as well as psychiatric problems. The patient's informed consent was obtained. Data analysis was done by using a statistical package for social science (SPSS) 12 version. ***Result:*** The study included 100 subjects with psychiatric disorders, predominantly aged 20-39 years (77.0%). Females represented a higher proportion (61.0%) compared to males (39.0%), and most participants (90.0%) had no family history of mental illness. Deliberate self-harm (DSH) was most prevalent in patients with Major Depressive Disorder (62.5%) and Schizophrenia (60.0%). Other disorders showed lower rates of DSH: Anxiety Disorders (27.0%), Bipolar Disorder (40.0%), Adjustment Disorder (20.0%), and PTSD (20.0%). No patients with Personality Disorders engaged in DSH. ***Conclusion:*** The findings from this study emphasize the critical link between psychiatric disorders and deliberate self-harm, with the highest prevalence noted among those diagnosed with Major Depressive Disorder and Schizophrenia. The results also reveal that younger adults, particularly within the 20-39 age range, face an elevated risk for both mental health issues and self-harming behaviors.

Keywords: Deliberate Self-Harm, Depressive disorder, Anxiety, Schizophrenia.

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INTRODUCTION

Deliberate self-harm (DSH) is a significant public health concern characterized by intentional acts of self-injury, often without the intent to die. It encompasses a wide range of behaviors, from cutting and burning to more severe actions that could lead to death. This phenomenon is particularly prevalent among individuals with psychiatric disorders, where the intersection of mental health and self-harming behaviors creates complex challenges for treatment and intervention. Understanding the prevalence of DSH across different psychiatric conditions is essential for developing effective prevention strategies and therapeutic approaches [1]. The World Health Organization (WHO) estimates that over 800,000 individuals die by suicide each year, with many more engaging in non-fatal self-harm [2]. DSH can be seen as a coping mechanism for underlying emotional distress, often resulting from psychological conditions such as depression, anxiety disorders, personality disorders, and schizophrenia [3]. The prevalence of self-harm varies across different psychiatric disorders, highlighting the need for a comprehensive understanding of how these conditions interact with self-injurious behaviors [4].

***Corresponding Author:** Dr. Sheikh Muhammad Ali Imam
Assistant Professor, Department of psychiatry, Sheikh Hasina Medical college, Jamalpur, Bangladesh

Studies suggest that around 50-70% of individuals with MDD may engage in self-harming behaviors at some point in their lives [5] This high prevalence underscores the importance of targeted interventions for this population to mitigate the risks of self-harm and suicide. Anxiety disorders also exhibit a significant relationship with DSH. Individuals suffering from generalized anxiety disorder (GAD) and panic disorder often experience intense distress and overwhelming feelings of fear, which may lead them to engage in self-harm as a maladaptive coping mechanism [6]. Personality disorders, particularly borderline personality disorder (BPD), are notorious for their association with self-harm. Individuals with BPD often struggle with intense emotional dysregulation, impulsivity, and interpersonal difficulties, which can lead to self-injurious behaviors [7]. Studies reveal that around 70-80% of individuals with BPD may engage in DSH at some point in their lives [8]. The chronic nature of these behaviors, combined with the psychological instability inherent in BPD, necessitates specialized therapeutic interventions focused on emotional regulation and coping strategies. Individuals with schizophrenia may engage in self-injury due to hallucinations, delusions, or extreme emotional distress [9]. Mental health professionals must recognize the multifaceted nature of DSH within this population, ensuring that treatment strategies are tailored to individual needs. Understanding the prevalence of DSH in various psychiatric disorders provides invaluable insights for clinicians and researchers alike. Effective intervention and prevention strategies must consider the underlying psychological issues contributing to self-harming behaviors. This knowledge can enhance the development of targeted therapeutic approaches, leading to better outcomes for individuals struggling with both mental health issues and self-harm. This study aimed to evaluate the prevalence of deliberate self-harm in different psychiatric disorders.

METHODS

This descriptive cross-sectional study was carried out at Department of psychiatry, Sheikh Hasina Medical college, Jamalpur, Bangladesh during the period from July 2010 to June 2011. According to the inclusion criteria, 100 cases of patients with different psychiatric disorders were included in the study. Study subjects were selected by purposive sampling technique. Data were gathered using a semi-structured questionnaire that included all pertinent information about intentional self-harm, as well as psychiatric problems. The patient's informed consent was obtained. Data analysis was done by using a statistical package for social science (SPSS) 12 version according to the hypothesis and objectives of the study design. Different statistical methods were adopted for data analysis.

Inclusion criteria:

- All patients with psychiatric disorders attending the Department of Medicine, Emergency Unit & OPD.
- Patients who were willing to give required information.

Exclusion criteria:

- Patients with general medical conditions.
- Patients who were not willing to participate in the study.

RESULTS

Table 1: Age distribution of subjects with psychiatric disorders (N=100)

Age Group (Years)	n	%
20-39	77	77.0
40-59	19	19.0
60 and above	4	4.0
Total	100	100.0

The majority of subjects, accounting for 77.0% (n=77), fall within the age group of 20-39 years, indicating that this age range is particularly affected by psychiatric disorders. A smaller proportion of subjects, 19.0% (n=19), are in the 40-59 age group, while only 4.0% (n=4) are aged 60 years and above. [Table 1]

Table 2: Sex distribution of subjects with psychiatric disorders (N=100)

Sex	n	%
Male	39	39.0
Female	61	61.0
Total	100	100.0

Among the total subjects, 39.0% (n=39) are male, while a higher proportion, 61.0% (n=61), are female. [Table 2]

Table 3: Family history of mental illness among subjects with psychiatric disorders (N=100)

Family History of Mental Illness	n	%
Present	10	10.0
Absent	90	90.0
Total	100	100.0

Out of the total subjects, 10.0% (n=10) reported having a family history of mental illness, while a significant majority, 90.0% (n=90), reported no such history. [Table 3]

Table 4: Distribution of patients according to psychiatric disorders and deliberate self-harm (N=100)

Psychiatric Disorder	n	%
Major Depressive Disorder	48	48.0%
Anxiety Disorders	22	22.0%
Schizophrenia	10	10.0%
Adjustment Disorder	5	5.0%
Bipolar Disorder	5	5.0%
Personality Disorders	5	5.0%
Other (e.g., PTSD)	5	5.0%
Total	100	100.0%

The majority of DSH cases, 48.0% (n=48), occurred in patients with Major Depressive Disorder. Anxiety Disorders accounted for 22.0% (n=22) of cases. Smaller proportions were seen in patients with Schizophrenia (10.0%, n=10), Adjustment Disorder (5.0%, n=5), Bipolar Disorder (5.0%, n=5), Personality Disorders (5.0%, n=5), and Other disorders, such as PTSD (5.0%, n=5). [Table 4]

Table 5: Distribution of specific psychiatric disorders and deliberate self-harm (N=100)

Psychiatric Disorder	n (Total)	n with Deliberate Self-Harm	Percentage of Deliberate Self-Harm
Major Depressive Disorder	48	30	62.5
Anxiety Disorders	22	6	27.0
Schizophrenia	10	6	60.0
Adjustment Disorder	5	1	20.0
Bipolar Disorder	5	2	40.0
Personality Disorders	5	0	00.0
Other (e.g., PTSD)	5	1	20.0
Total	100	100	100.0

The highest percentage of deliberate self-harm was observed among those with Major Depressive Disorder (62.5%), followed closely by Schizophrenia (60.0%). In contrast, Anxiety Disorders accounted for 27.0% of deliberate self-harm cases, while Bipolar Disorder showed 40.0%. Lower rates were seen in Adjustment Disorder and PTSD at 20.0% each. None of the patients diagnosed with Personality Disorders engaged in deliberate self-harm. [Table 5]

DISCUSSION

The findings from this study underscore the alarming prevalence of psychiatric disorders and deliberate self-harm (DSH) among individuals, particularly within the age group of 20-39 years, which constituted 77% of the sample. This aligns with previous research suggesting that young adults are disproportionately affected by psychiatric conditions and self-injurious behaviors [10]. Thus, the observed age distribution emphasizes the necessity for targeted mental health services focusing on younger adults. The gender distribution within this study also reflects established trends, with a higher proportion of females (61%) than males (39%) presenting with psychiatric disorders. This is consistent with findings from other studies that have identified a higher prevalence of mood and anxiety disorders in women [11]. The author elaborated that hormonal, social, and psychological factors could account for these gender differences, further stressing the need for gender-sensitive approaches in mental health interventions. Family history of mental illness was reported by only 10% of participants, a figure that is lower than that found in other studies, which typically indicates that familial factors substantially influence the risk of developing mental disorders. A study noted that individuals with a family history of mental illness have a 2-3 times higher likelihood of experiencing similar issues, thereby increasing their risk for self-harm [12]. The lower prevalence of family history in our study may reflect a lack of awareness or underreporting among participants, indicating a gap in understanding and communication about mental health in familial contexts. Major Depressive Disorder (MDD) emerged as the most prevalent psychiatric condition, accounting for 48% of cases, with 62.5% of these patients engaging in DSH. This is in line with existing literature that consistently links MDD with a high risk of self-harming behaviors. Research has shown that depression often leads individuals to view self-harm as a coping mechanism to manage overwhelming emotional pain [13]. Anxiety disorders represented 22% of the cases, with 27% of these individuals participating in DSH. This finding corroborates previous studies that have shown a significant relationship between anxiety and self-harming behaviors. According to a meta-analysis, individuals with anxiety disorders are at an increased risk of self-harm, particularly when they experience high levels of distress or chronic worry [14]. The prevalence

of schizophrenia among the subjects (10%), with a striking 60% engaging in DSH, points to the severe impact that this disorder can have on emotional well-being. Studies have indicated that individuals with schizophrenia often experience heightened levels of distress and may engage in self-harm as a coping mechanism for their symptoms [15]. Research highlights the need for effective interventions that address the complex interplay between psychotic symptoms and self-harming behaviors [16]. Conversely, the absence of reported self-harm behaviors in the personality disorder group stands out, as this contradicts findings from existing literature that indicate a significant association between borderline personality disorder and self-injurious behavior [17]. Research has demonstrated that individuals with personality disorders, particularly those characterized by emotional instability, are at an elevated risk for self-harm [18]. The lack of self-harm in this study could point to a selection bias, a smaller sample size, or underreporting, which necessitates further investigation into the self-harming behaviors among individuals with personality disorders.

Limitations of The Study

The study was conducted in a single hospital with a small sample size. So, the results may not represent the whole community.

Conclusion

The findings from this study emphasize the critical link between psychiatric disorders and deliberate self-harm, with the highest prevalence noted among those diagnosed with Major Depressive Disorder and Schizophrenia. The results also reveal that younger adults, particularly within the 20-39 age range, face an elevated risk for both mental health issues and self-harming behaviors.

Recommendation

To effectively address the issue of deliberate self-harm among individuals with psychiatric disorders, it is essential to implement targeted mental health interventions, particularly for those diagnosed with Major Depressive Disorder and Schizophrenia. Mental health professionals should prioritize early detection and provide comprehensive support services, including counseling and crisis intervention, especially for young adults aged 20-39.

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