Deliberate self harm (DSH) is defined as ‘intentional self-injury or self-poisoning, irrespective of type of motivation or degree of suicidal intent’.1 It is very important to recognize patients presenting with DSH in the Emergency Department (ED) because of the fact that these patients are at risk of re-attempt in future.2 According to World Health Organization, DSH is 10-20 times more frequent as compared to completed suicide.3 For this reason, the number of DSH are more than suicides. This is also true for Pakistan. According to an estimate, there are around 100,000 acts of DSH in Pakistan.4

DSH is a criminal act in Pakistan and is a punishable act with a jail term and/or fine.6 Therefore, the family does not disclose it due to stigma related issues and claim it to be either homicide or an accident. Police harassment is very common and this is also one of the reasons that the people are scared to tell the true history in the ED.2 DSH is a medico-legal act in Pakistan. When the patient comes in the ED, he/she is managed accordingly and later police is informed. Large public sector hospitals are designated medico-legal centres (MLCs), which deal with such kind of cases. However, people avoid going to such hospitals and get the first aid from either small private hospitals, clinics or other non-professional people.7 It is important to manage both the physical as well as the psychological problems of DSH patients.

People mainly use organophosphorus poisoning8 and other medications (benzodiazepines) for this act.2 Public sector hospitals usually receive patients from lower socioeconomic strata and mostly from the rural areas. Organophosphorus compounds are freely available in rural regions for agriculture use and in urban regions for household use. Private sector hospitals usually receive patients from high socioeconomic strata and benzodiazepines are available as over-the-counter medication. Organophosphorus compounds have very high mortality and several complications in future. Therefore, there is also a huge cost associated with DSH in Pakistan.9 Mental illnesses are increasing in Pakistan;10 however, there are limited mental health facilities available throughout the country (especially in rural areas).11 People also avoid going to Psychiatrists due to stigma related problems and follow-up with the primary physician is also very low after such attempt.12 Selling organophosphorus to everyone should be stopped and drugs especially benzodiazepines should not be sold as over-the-counter medications.

 Mostly the studies conducted on DSH from Pakistan were retrospective, hospital based and from a single centre.7 International Association for Suicide Prevention (IASP), is a Non-Governmental Organization, founded in 1960.13 IASP wants to reduce the burden of suicide and DSH in the world. Every year on the 10th of September, IASP observes “World Suicide Prevention Day” and holds different activities and events throughout the world. For the last four years, regular activities are also held to prevent DSH and suicides in Pakistan. In 2009, first National Seminar on Suicide Prevention was arranged in Karachi. The main aim was to highlight the fact that DSH and suicides are increasing in Pakistan. Early recognition of the signs and symptoms of depression is important. Similarly, proper referral is crucial for the correct management of these patients.

There is an important role of Family Physicians, Internists, Emergency Physicians and Psychiatrists in the diagnosis and management of DSH patients. Family Physicians know the family background and can manage day-to-day clinical as well as social problems of the patients. They can recognize any change in their normal behaviour especially the state of depression in the patients and can manage it accordingly. Similarly, Internists are also in close contact with the patients. Emergency Physicians have a very unique role in Pakistani context.11 They can manage DSH patients in the ED and refer these patients appropriately. Family Physicians, Internists, Emergency Physicians as well as Psychiatrists should work together to recognize high risk patients and manage them at an early phase.

There are different community institutions and intervention centres working in many countries such as SNEHA in India and Sumithrayo Befrienders in Sri Lanka. Similar centres and helplines should also operate in Pakistan.14 This will help those people who are under a lot of stress and need appropriate and immediate attention. Now it is the time to realize the fact that DSH cases are increasing in Pakistan and we should all work together to reduce the burden of this problem.
REFERENCES


13. International Association for Suicide Prevention (IASP) [Internet]. 2013. Available from: http://www.iasp.info/