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Self-Harm & Suicidality: What is it?

Royal Free London Eating Disorder CAMH Service
27 January 2016
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OVERVIEW

- Definitions of Self-harm
- Definitions of Suicidality
- How do young people Self-Harm?
- How common are Self-Harm and Suicidality?
- Why do young people harm themselves?


medication
assault
anxiety overwhelmed fear
neuroendocrinology
injuring
numbing
disturbance
biochemical
veterans
sad
intentional
behavioural
threats
falling
feeling
stress cause
abuse
detection
problems people
criteria
irritable
blood pressure
insecure
avoidance
traumatic experience
mental health problems
distressing dreams
emotional
problems concentrating
scratching
reaction
cognitive
feelings
self-harm
risk
activity
psychological trauma traumatic
guilty
avoid
behavior
low mood diagnostic
counselling
cutting
deliberate
anxious
death
damage
treatments
acute
attempt
intervention

What is Self-Harm?

- **Self-Harm is a maladaptive Coping, Communication, or Care-seeking strategy for unmanageable thoughts and emotions**

- Intentional attempt to use physical ‘solutions’ for emotional problems

- Mostly seeks temporary relief from difficult feelings, occasionally it is intensification

- It may be both instinctive and addictive

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Self Harm and Self-Injurious Behaviour

- Lots of different terms for Self-Harm
- **Self-Harm is not the same as Self-Injurious Behaviour**
- **Self-injurious behaviour** occurs in CYP with severe LD or Autism – these behaviours are sensory seeking, and there is limited 'intentionality'
- 'Aim' is not to relieve emotional distress

What is Suicidality in Young People?

Using guns

Cutting

Jumping From Heights

Thoughts, wishes, intent or attempts to end life

Jumping in front of trains

Not caring about safety

Drowning

Suicidal thoughts are common, completed suicide is rare

Poisoning

Overdoses

Hanging / Suffocation

Emotional problems in CYP are increasing

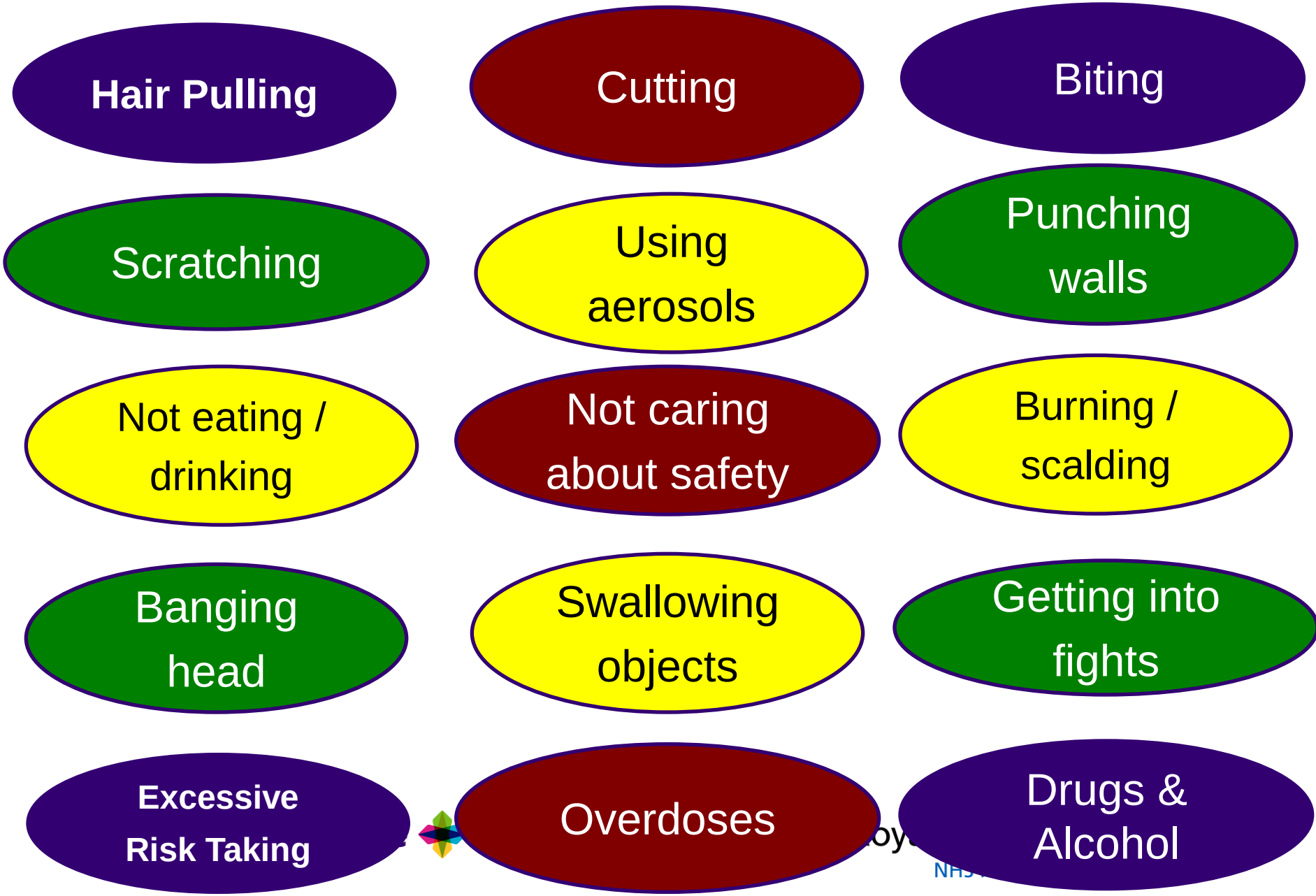
- Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years, particularly since the mid 1980's.

- The number of children and young people who have presented to A&E with a psychiatric condition have more than doubled since 2009. (8,358 in 10/11; 17,278 in 13/14)

Source: Young Minds


No one has noticed how broken I am.

Types of Self-Harm



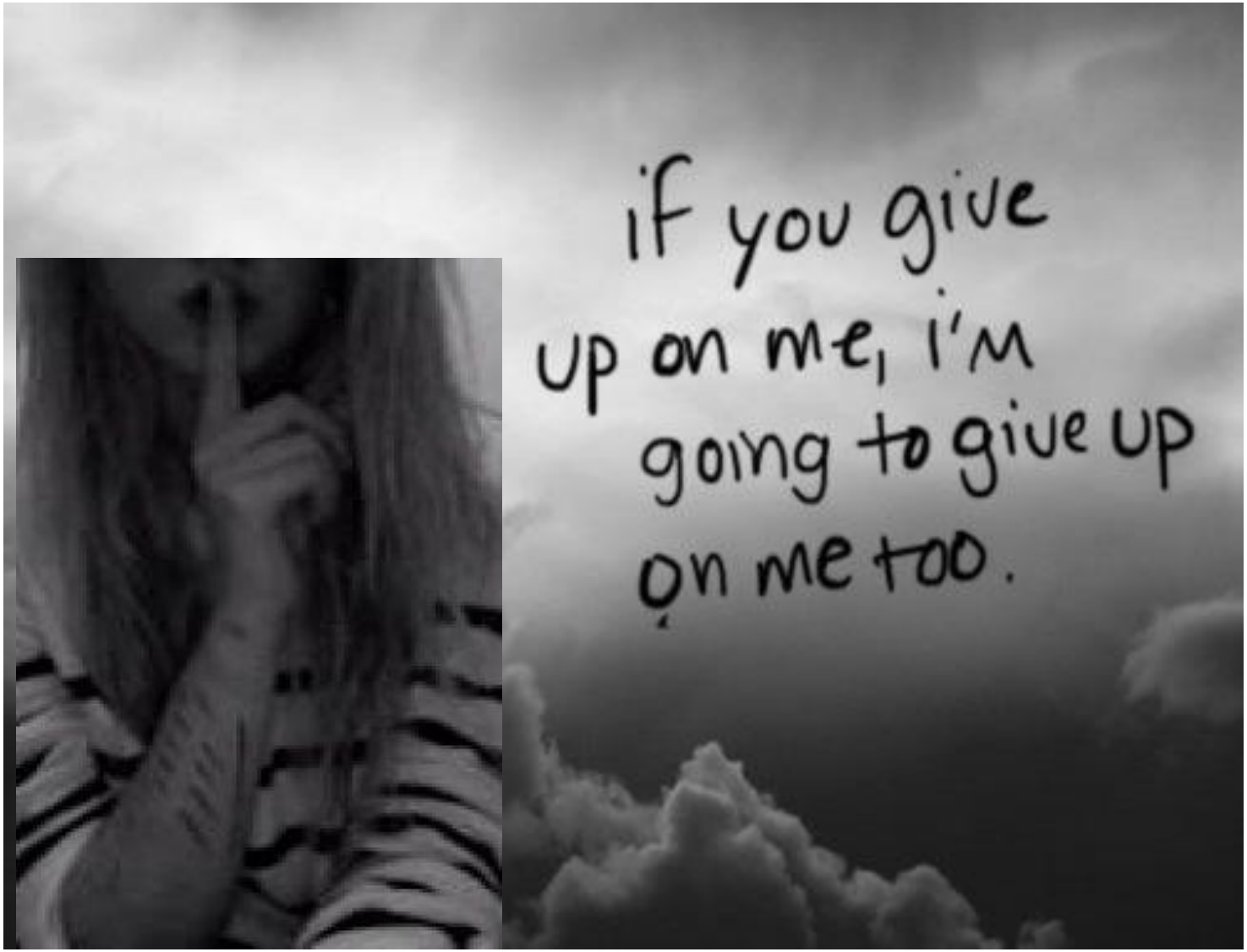
Case Example 1 – Primary School

Lily-aged 9 years-parents divorced, mother had breast cancer.

Teachers had noticed Lily pulling at her hair and eye-brows. Lily lost her appetite and experienced several fainting episodes with nausea. Lily became afraid of fainting and feeling sick at school and to distract herself she would bite her arm and scratch herself, on occasions drawing blood.

Lily was referred to CAMHS, for low mood, emotional distress and self-harming behaviours.

Through her individual therapy, Lily was able to express her distress through art and play and able to think with her therapist about ways of asking for help at school.


if you give
up on me, i'm
going to give up
on me too.

Case Example 2 – Secondary School

- Sylvie age 14, had recently been diagnosed with ASD and was referred for an eating disorder.

- She gained weight she found the sensations of change in her body unbearable,

She described feeling, “fat and obese-too big to come to CAMHS or to go on a holiday flight to Spain. She thought she would be “too heavy for the plane”

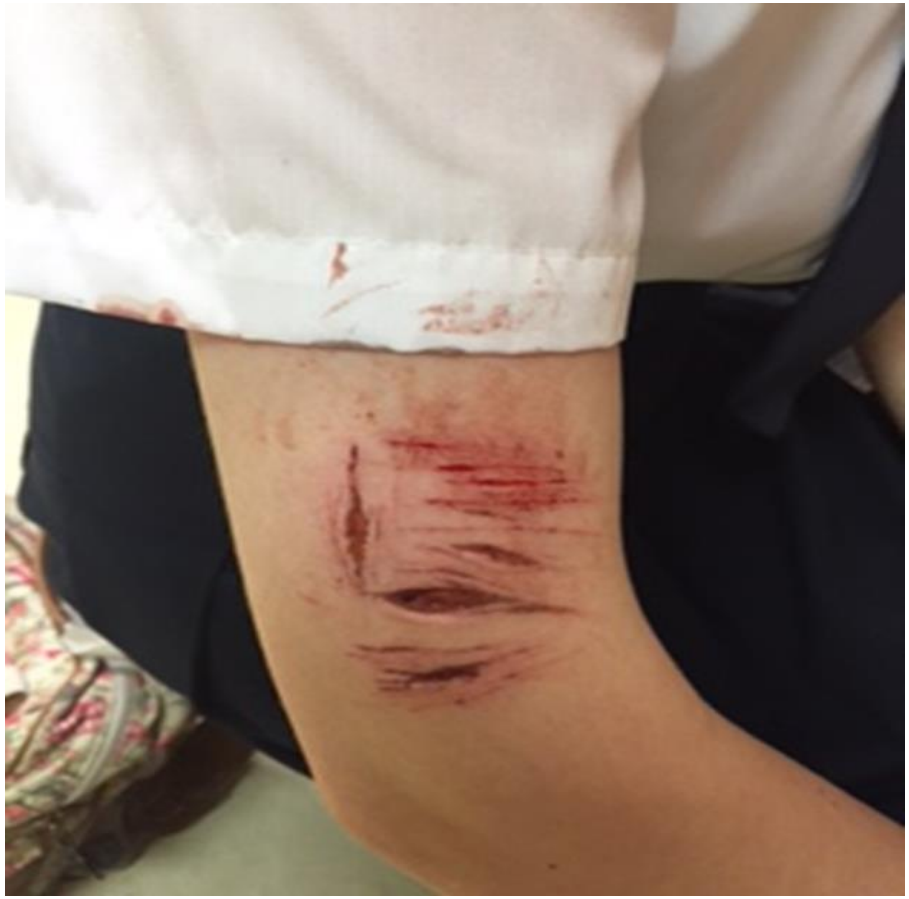
The only way she felt she could manage these feelings was to cut herself with a razor, penknife, and scissors.

Case Example 2 – Secondary School

Sylvie wrote: ,

“ It [Self-Harm + Eating disorder] is clothing yourself with a ring of blazing flames; the fire fuelled with self-hatred and fury both long eager to be unleashed. And that is your bubble to the world-a ring of flames that cuts you off from it entirely. Makes you untouchable. But then nothing comes for free- the sacrifice being that you are burning yourself down in the process, and doing so without even knowing”

Case Example 2 – Secondary School (3)



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How common is Self Harm in CYP?

- **It is very common** – but hard to estimate accurately
- Most Self Harm is secret
- Many forms are unrecognised
- Do girls self-harm more than boys?

- **22% of 15 year olds have self-harmed at least once**
- Male : Female = 1 : 3
- *Health Behaviour in School Aged Children (HBSC) England National Report, WHO, 2014*

- **1/10 Young People will self-harm at some point**
- *Royal College of Psychiatrists Self-Harm Leaflet*

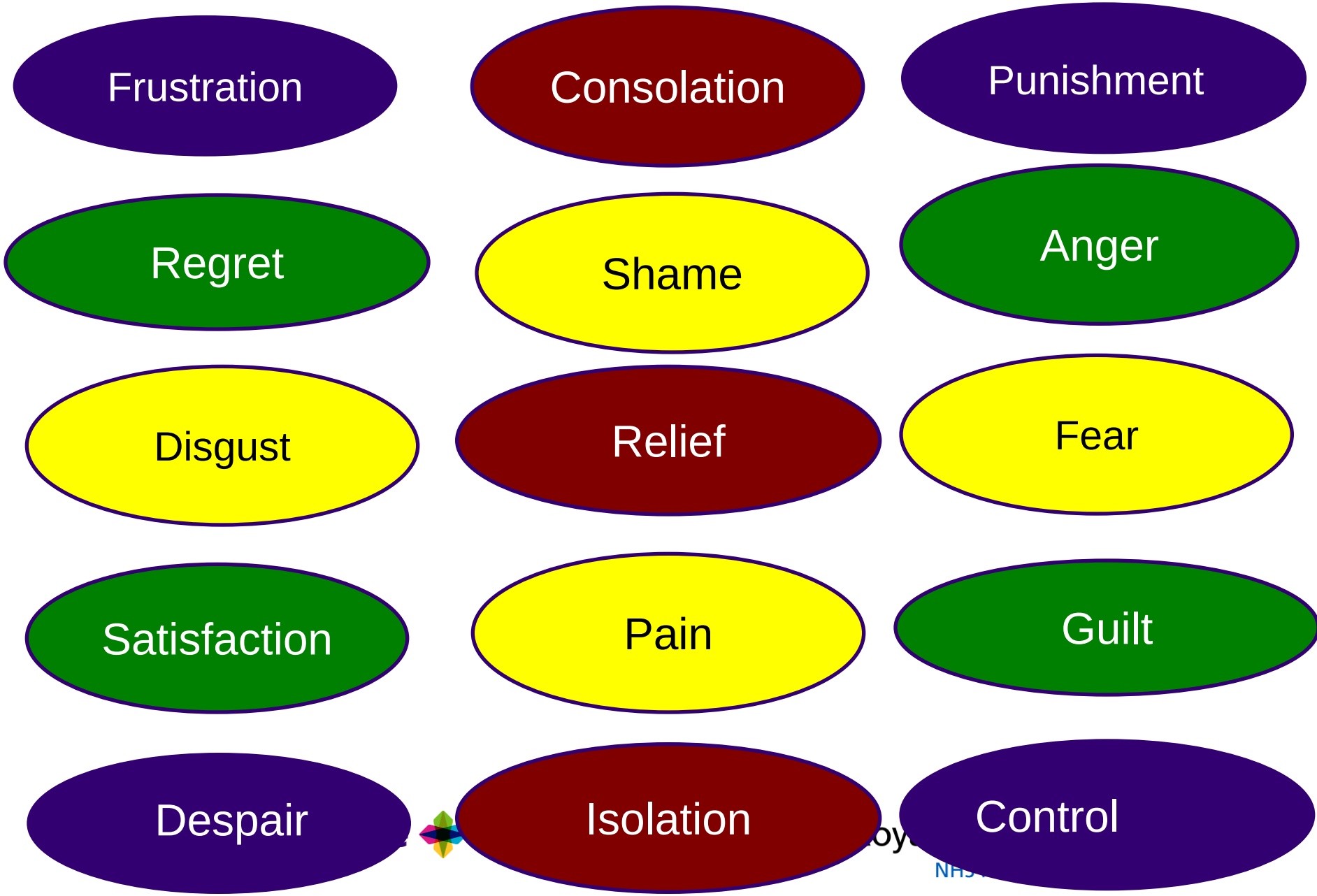
How common is Self-Harm in CYP?

- **Statistics from Young Minds**:
- A&E presentations of self-harm by those aged 17 and under have risen by 30% since 2003-04

- Between 2001 and 2011 inpatient admissions for young people who self-harm increased by 68%.

- 87% of young people who self-harm do not seek treatment from an acute hospital.

Some Emotions after Self-Harm



How common is suicidality in CYP? (1)

- **Thoughts of suicide, death, not wanting to be alive, are relatively common**
- Suicidal thoughts are one symptom of depression
- Across several studies about 20 – 30% of adolescents report ever having had suicidal thoughts
- **Suicide in children and adolescents is very rare**

How common is suicide in CYP?

- "1 in 4 young people experience suicidal thoughts" (Young Minds website)
- Population of under 19 in England = 12.7M (2011 census)

- **Rates of completed suicide in 15-19 yrs in England, per 100,000: M = 6, F = 2, Overall = 4**

  Samaritans Suicide Statistics Report 2015

- **60-70 people under the age of 18 in England kill themselves each year**

  The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report July 2013

Some Statistics from Young Minds

- 41% have self-harmed directly because of bullying
- 41 % have thought about taking their own life or attempted to take their own life directly because of bullying
- 44% of young (16-24 year old) LGBT people have considered suicide
- For young people in Gangs:
  - 34% will have attempted suicide
  - 20% will have depression
  - 30% of female gang members identify as self-harming or at risk of suicide.

Is there a relationship between DSH and Suicidality?

- Young people who have attempted suicide are more likely to have previously Self-Harmed
- Young people who have Self-Harmed are at greater risk of attempting / committing suicide
- **Most CYP who Self-Harm will not end their lives**
- Suicide is very rare in CYP

Identifying CYP at risk of Self Harm

Individual Factors	Family Factors	Social Factors
Low-Self Esteem	Poor Parental relationships	Relationship difficulties
Poor Problem Solving Skills	Unreasonable expectations	Isolation
Poor Communication Skills	Family mental illness	Bullying
Hopelessness	Abuse	
Impulsivity		
Drug / Alcohol Use		

Why do people Self Harm? (1): Triggers

Difficult experiences:

- Stress / pressure at home or school
- Problems in relationships – peers, home
- Losses – e.g. bereavements
- Bullying
- Money / Housing worries
- Illness or health problem
- Confusion about sexuality
- Difficult feelings, such as depression, anxiety, anger or numbness, experienced as part of a mental health problem.
- Sexual, physical or emotional abuse

Why do people SH : Psychological perspective (1)

- **Self-Harm is both a Communication and Coping strategy**
- **It provides temporary relief from difficult feelings or emotions**
- It may be both instinctive and addictive
- It is always **maladaptive**
- It may also serve to elicit **Care**

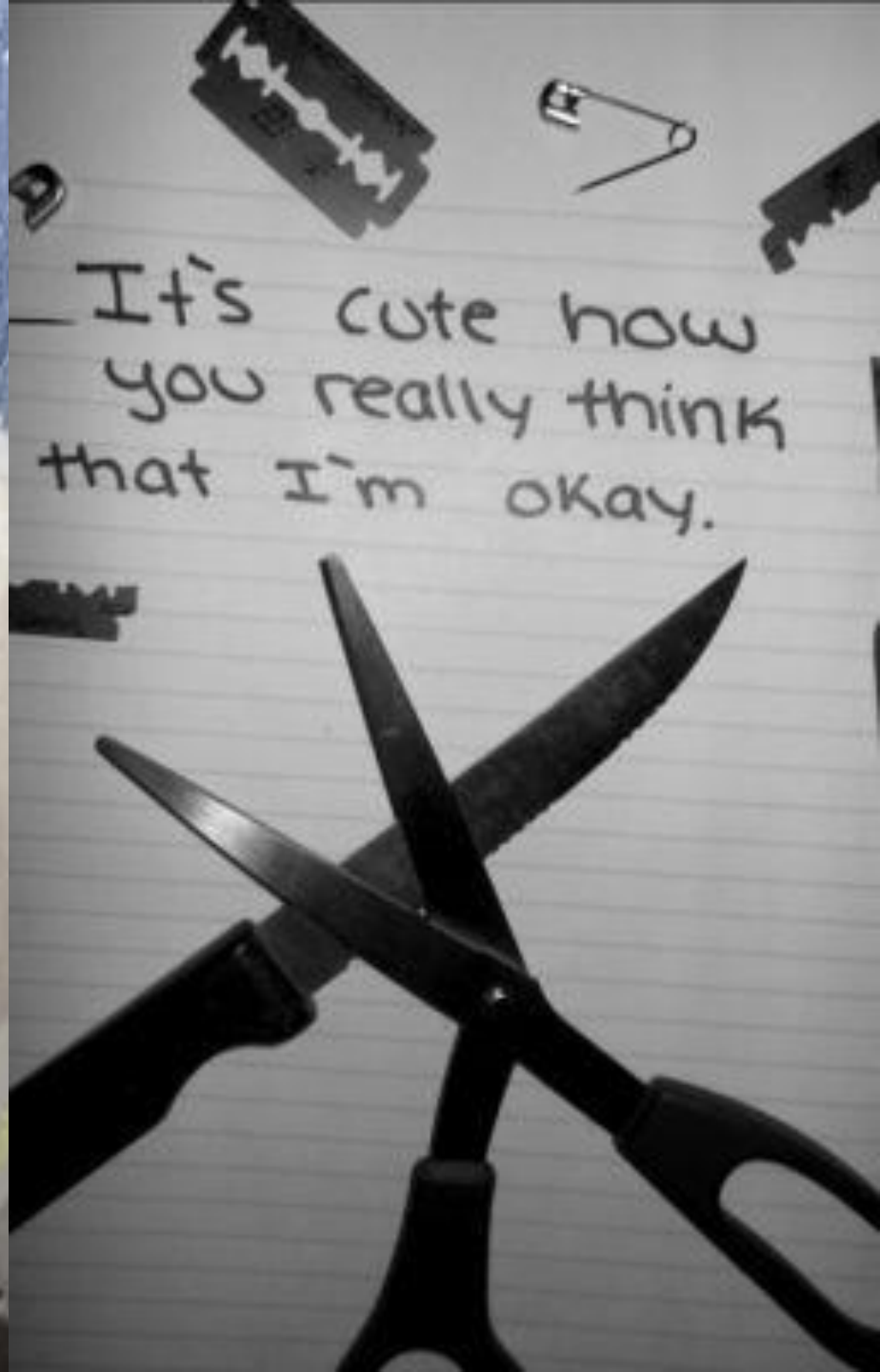
Why do people DSH : Psychological perspective (2)

- Express something that is hard to put into words
- Have a sense of being in control
- A response to feelings of hopelessness or powerlessness
- Make experiences, thoughts or feelings that feel invisible into something visible
- Change emotional pain into physical pain
- Reduce overwhelming emotional feelings or thoughts
- Stop feeling numb, disconnected or dissociated, or unreal

Why do people DSH : Psychological perspective (3)

Communication to self and / or others is often unconscious:

- Letting themselves and other know that they are experiencing significant distress.
- A visible reminder of both pain and the attempt to relieve it
- A reason to physically care for oneself
- A reason to seek help from others
- Express suicidal thoughts and feelings without taking their own life


It's cute how
you really think
that I'm okay.

Why do people Self-Harm? Psychodynamic perspective (1)

- Self-harm is viewed not as a suicidal gesture, but rather, as an attempt to preserve life, and to represent and contain unbearable states of minds. self-harm can create a visual and shocking narrative, and embody unbearable feelings and unspoken thoughts.
  It is seen as a form of self-expression and communication, both conscious and unconscious, which is not wholly destructive but has important and self-preservative aims.

Why do people DSH : Psychodynamic perspective (2)

- Self harm or object harm, Who is being harmed? A young person who is being bullied may feel helpless, and turn their anger on themselves but in their fantasy they are hurting the bully.

Why do people DSH : Psychodynamic perspective (3) bloated with emotions

Self-Harm and Suicidality Summary

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Self-Harm and Suicidality: What can schools do about it?

Royal Free London Eating Disorder CAMH Service
27 January 2016
Dr Darren Cutinha

OVERVIEW

- **DON'T PANIC!**
- Creating the right culture:

  Caring, Communicating, Containing
- Talking about self-harm and suicide
- Risk Assessments for Self-Harm and Suicidality
- Practical steps to support a child with Self-Harm and / or Suicidality

Creating the right Culture: Caring, Communicating and Containing

- **Your anxiety and panic can be an additional harm to the child**

- Managing our own emotions is always difficult. But excessive anxiety or anger can create a sense that you cannot cope and do not care.

- **Helpful conversations about SH / Suicidality are the most powerful means to reduce risk**

- Children and young people with DSH and suicidal thoughts need adults to be **Containing**: = Accept and manage difficult experiences or emotions of other people in a warm, caring, compassionate, non-judgemental, empathic, way.

Creating the right culture: caring, communicating, containing

- Staying calm will depend on:
- The nature and description of SH and suicidality (!)
- Your personality
- Your own previous personal experiences
- Your past professional experiences
- Competence and training
- Access to advice and support

Talking to a child about their self-harm / suicidal thoughts

- **Talking with young people about Self-Harm / Suicidality does not increase its likelihood or severity.**
- Provided young people can see that you care
- Important also to have conversations peers if they approach you with concerns about another pupil.

Creating the right culture: communicating, caring, containing

DO's	DON'Ts
Talk to the child and try to find out more	Panic!
Show that you care	Appear critical, angry or judgemental
Show that you are listening	Take a punitive or rejecting response
Find a private space	Make it someone else's problem without doing your bit
Take your time	Send a child straight home or to A&E without finding out more
Have a discussion about confidentiality at the outset	Exclude a child from school for repeated self-harm or suicidality in school
Make some notes	
Try to work together to agree a way forward	

Talking to a child about their self-harm / suicidal thoughts

- **Most children may be reluctant to talk initially but most can with persuasion, patience and persistence!**

1. Reduces distress and other unpleasant emotions
2. Helps the child feel supported and make sense of what has been happening
3. Get an idea of the likely risks of any self-harm or suicidality
4. First step to create a plan to reduce risks and promote safety and well being

Signs a child may be at risk of self-harm / suicide

- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Decreased academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in appearance / clothing

Confidentiality in CYP

- Always complicated

Basic Principles:

- Safety is top priority
- Aim to preserve confidentiality wherever possible
- Greater the risks, greater likelihood confidentiality may need to be breached in order to keep a child safe
- Always inform child / YP before sharing information

Risk Assessments

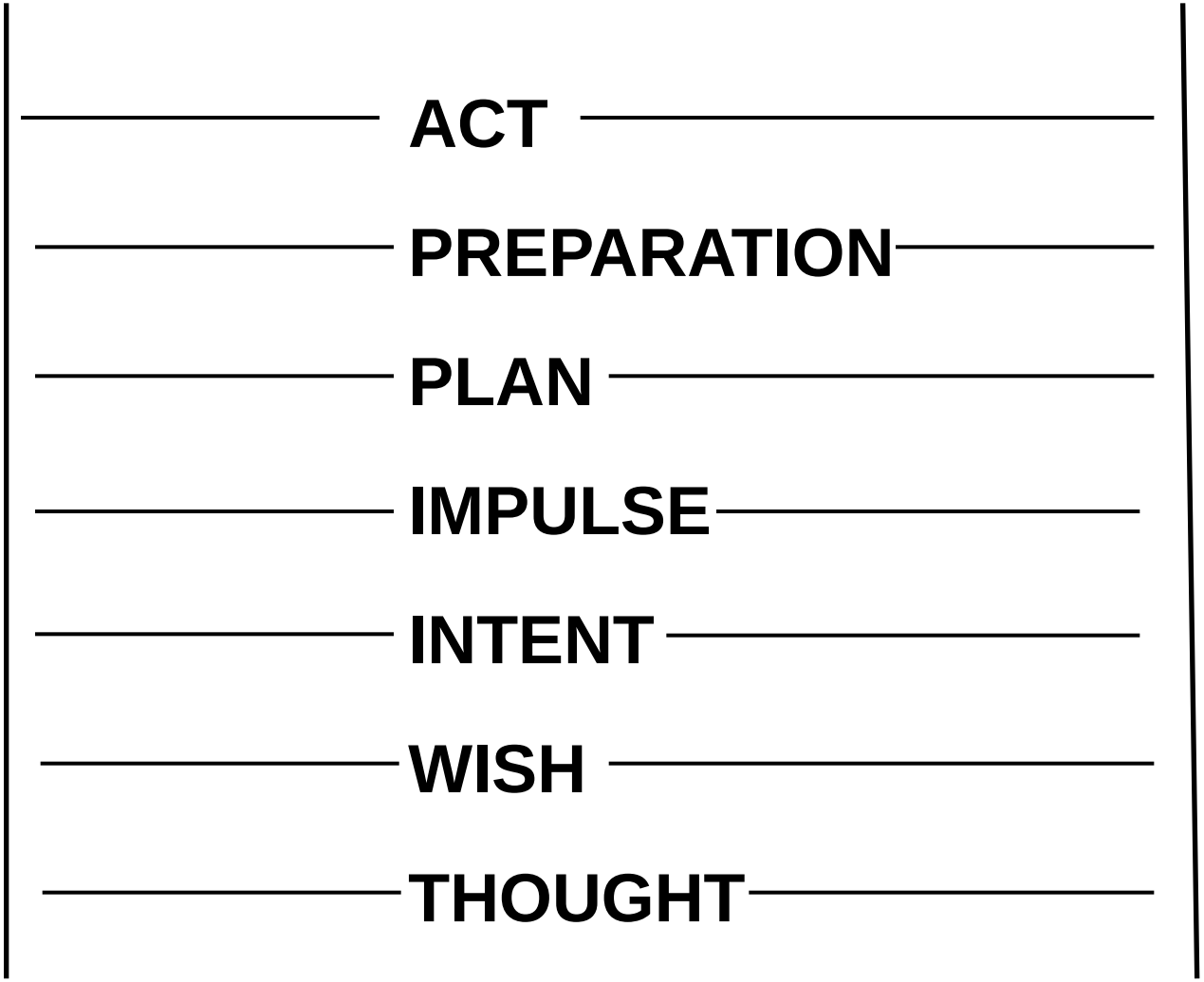
- **Risk = Likelihood and Potential impact of an adverse event occurring**
- All risk assessments are imprecise and imperfect
- Risk is dynamic and context–dependent
- 4 main questions in any RA:

1. **How likely?**
2. **How bad?**
3. **How soon?**
4. **How can it be reduced?**

Risk Assessments - Context

- **What is going on in this child's world to make them feel like harming themselves?**
- How are things at home, school, and outside school?
- What are potential triggers?
- What are the maintaining factors?

Suicide Risk Assessment: The Ladder



Risk Assessment – Self Harm

Factors	Questions
1. Site / Location	Where on body? near to nerves, arteries, veins?
2. Amount	Number, frequency / day
3. Method	Knife, safety pin?
4. Depth	Superficial (skin intact), Deep (bleeding)
5. Effect	Bleeding, Infection, Pain, Relief of distress
6. Appearance	Inspection, Photograph
7. Concern	How worried are they about what they have done? Is this appropriate?
8. Intent	Past, Current, Future. Are they planning more self-harm. What will they do?

Risk Assessment: Self Harm - Overdose

Factors	Questions
1. Nature	What tablets? Any other substances?
2. Amount	How many?
3. Timing	When?
4. Method	All together / staggered?
5. Effects	Vomiting, abdominal pain, confusion
6. Planning	Impulsive / Planned – degree of preparation – e.g. storing tablets, last goodbyes, precautions against discovery
7. Intent at the time	An attempt to end life? To go to sleep? Unclear?
8. Concern / Remorse	Any regrets? Do they seem worried about what they have done? Is this appropriate?
9. Future Intent	Do they think they will take another overdose? Or do anything else to end their life?

WHAT TO DO (1)

1. **Conversation with child / young person to support them and find out more**

2. Consider whether appropriate for child to go to next / stay in current lesson – will depend on degree of distress and harm

3. Speak to Safeguarding Teacher / Senior colleague, according to local school policy

4. Involve parent(s) wherever possible and appropriate

5. Consider involving other professionals:

   - CAMHS worker in school, School counsellor / nurse GP

   - Consider referral to CAMHS and / or Social Care if not already known. Speak to CAMHS team if known.

WHAT TO DO (2)

- Consider need for First Aid in all young people with significant self-harm
- All young people who have taken an overdose should go to A&E if within 72 hours. If greater, then ring A&E for advice.
- Young people who are at high risk of imminent suicide should be taken to A&E
- **Ensure that there is an adult to wait with High Risk young people, until parent arrives, and / or consider whether a staff member should take young person to A&E**
- Document conversations and actions taken

WHAT TO DO (3)

Consider the peer-group of the person who has self-harmed or is suicidal:

- One or more members may be upset by the self-harm / suicidality.
- Some may have additional useful information regarding their friend's risk
- Others in peer group may also be Self-harming and need support
- Talk to them: Be Caring, Communicating, Containing

Managing Repeated Self-Harm

- Creating the right school culture – 3 C's
- **Clear boundaries and strategies**: Safety and Emotional Wellbeing are priorities
- Are young people aware of alternatives to self-harm? e.g. distraction / relaxation
- Consider timeout from lessons if very distressed? BUT beware of reinforcement i.e. 'rewarding' the distress
- Who are named people at school the child should go to if having difficulties?
- Consider schools based interventions? e.g. If isolated
- Consider referral to CAMHS if not made already
- Consider meetings with CAMHS and school

What to do about Self-Harm and Suicidality: what we have talked about

- **DON'T PANIC!**
- Creating the right culture:

  Caring, Communicating, Containing
- Talking about self-harm and suicide
- Risk Assessments
- Practical steps to support a child