

Beyond Self Harm – working together


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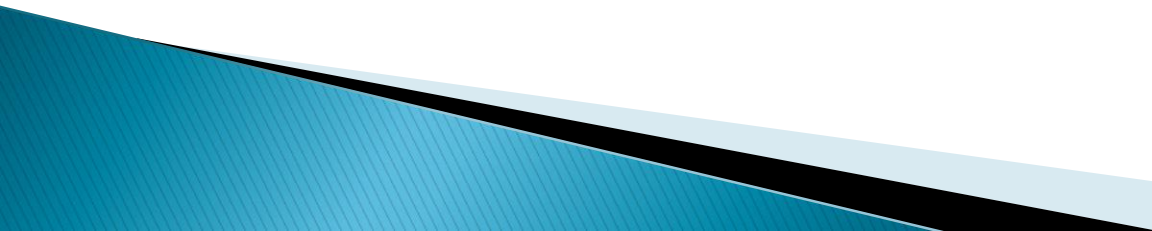
Potted history– context

Definition – ‘intentional harming of one’s body in order to reduce emotional pain and cope with overwhelming emotions’ (Turner 2002)

- Babiker and Arnold (1997) report 28–41% (currently closer to 50%) of individuals who self-harm report suicide ideation but it is action or attempts that is a predictor of completed suicide;
- Despite low number of suicides and that self-harm not the same as attempted suicide ‘we should not ignore risk of suicidality in self-harming individuals’ (Muehlenkamp et al 2004);
- ‘Primary care physicians don’t sufficiently explore suicide intent’ (. Feldman 2007).
- Latest Health Dept advice –safety planning is key.
- Adolescent phase by mid 20s– half of self-harm has stopped.
- Secular rise in self harm –11–17 year olds in last 10 years, twice rate of MH rise
- 3x more common in girls.
- No relationship to IQ, verbalisation, cultural pressures, usual predictors of child vulnerability.
- Less than half 40% have no MH issues at all but increased risk of MH if child uses cutting to harm themselves or parent has MH; most likely harm happens in bedroom at night.
- Relationship between self-harm and suicide ideation –‘continuum of hazardous effect’, severely clinically depressed and self-harm –more toxic.

Summary findings

- The parents' levels of distress and wellbeing was impacted negatively by the affected young person's self-harming behaviour.
 - Parent involvement and a family approach to safety planning and joint decision making with the young person – consent to share should be persistent.(Circle of support approach)
 - Young people often reported a relationship tension or conflict at home or school.
 - The professional system mirrored the tensions of the family around self-harm
 - Communication improvement at home and in the professional system created a sense of safety where change could happen over time.
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- Transitions between professional services and ‘waits’ for services often triggered escalation of self-harm and increased risk .how do we talk about risk and service threshold versus validating the person?
 - Parent support interventions worked with 25–39% of parents feeling more able to cope. Parent support intervention was effective irrespective of socio-economic background.
 - General Practitioners (GPs) were the most effective professional group at converting help-seeking interest into parent programme engagement at the same time as referring the young person to help.
 - Stigma at the level of community and professional engagement was a huge barrier to engagement with help.
 - 2016 Research.. ‘There is no recovery without parent and family involvement’
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Parental Support



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It works

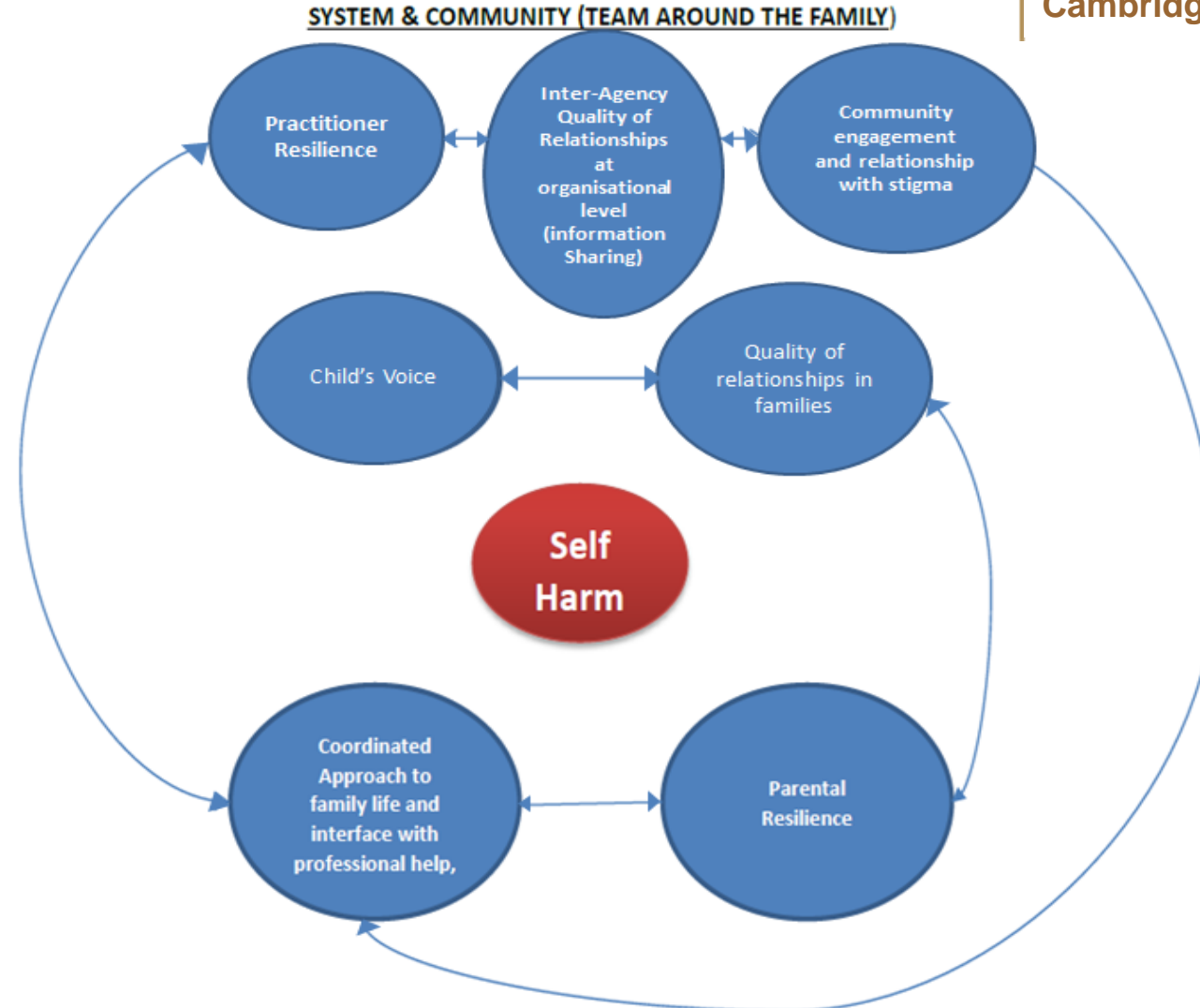
- Light touch–Facilitated
- More intensive
- Over 25% improvement in questionnaire self report measures
qualitative data/feedback

Co-ordinated Model of Self-Harm



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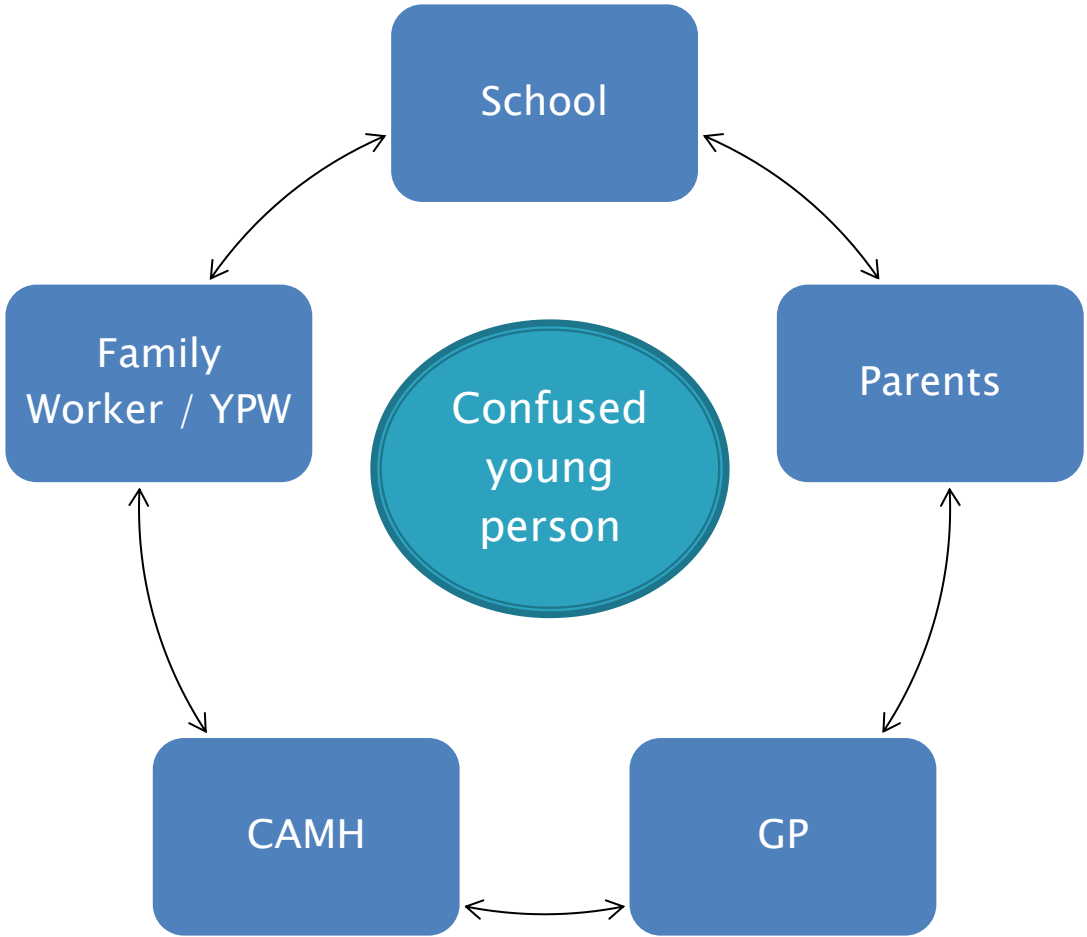


Hot Potato Effect



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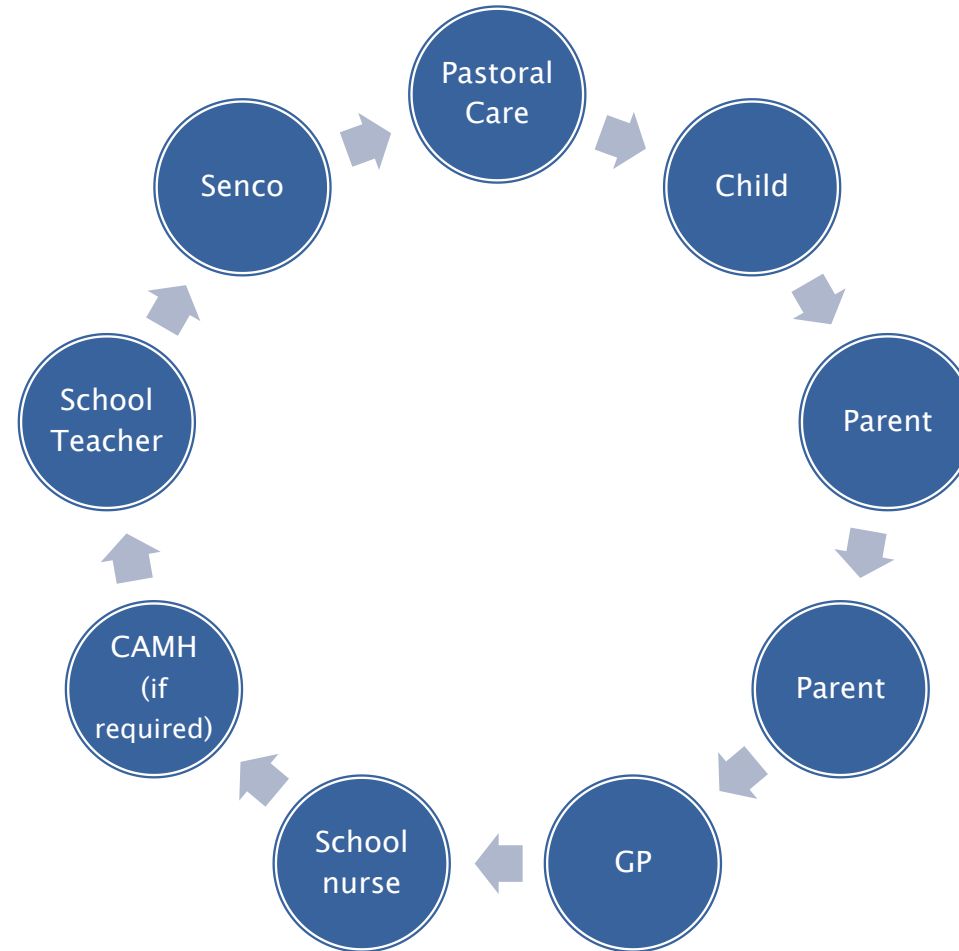


Joined up–Circle of Support



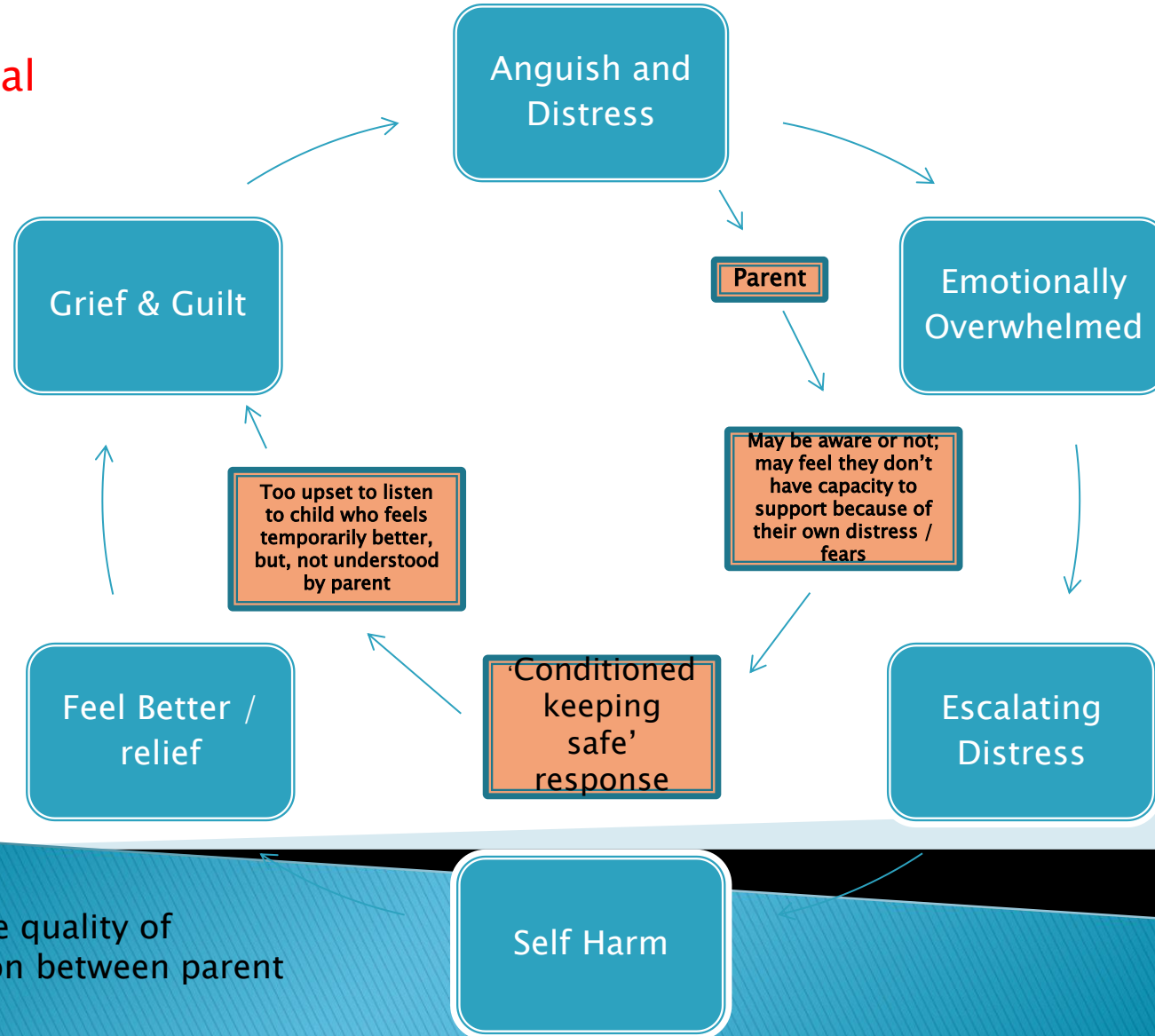
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Cycle of Family Distress – Self Harm ‘Out of Sync’ Model (derived from Sutton Model of Self Injury 2007)

+External Trigger



Aim – Increase quality of communication between parent and child

What next?

- GPs .How can we build these relationships?
 - 40% of these YP no MH and half of 25 year old who did self harm will stop.
 - Light touch parent support community (Pinpoint–works) clinical supervision and evidence building ongoing
 - More intensive parent support. Does this fit in new model?
 - System working and circle of support in practice.
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Self harm in GP consultation

Child/parent presents in the surgery....What do you do?(NICE guidelines?)

Discuss

BATHE – Stuart and Lieberman (15 minute hour) Primary Care

How is life treating you? **B**ackground. What does mum think?

How do you feel about that? **A**ffect. How is dad affected?

What troubles you most? **T**rouble. What troubles mum most about this situation? What would trouble mum most about what you have said?

How are you handling that? **H**andling. How is your sister handling this situation?

That must be difficult. **E**mpathy. That must be difficult for you all.

Adding a systemic perspective introduces other voices and perspectives; links in with a Think Family approach, puts the problem in a wider family and systemic context, builds connections and begins further conversation; tackles stigma–'We are all in this together' and creating the opportunity to work together in solution..

Leads to pathways of support for parents and child, which in turn creates a context of mutual commitment and all having apart to play in recovery of whole family.

The importance of language.....

There are many people worse than you

Specialist services are over run –you won't hit threshold
unfortunately

You might feel very distressed but self harm is very common

Only you can change this situation

It's not a problem at this point.....

Moving to


This must be very difficult but this is what we can do

...writing down, points for review, seamless process, self
help and professional help..

Monthly Self Harm Support Group for Parents


- Result of partnership working with the local authority
- Partially grant funded
- Running since July 2015 in Huntingdon and North Cambridge areas
- Website page <http://www.pinpoint-cambs.org.uk/Pinpoint-Self-Harm-Support-for-Cambridgeshire-parent-carers>

Monthly Self Harm Support Group for Parents

- Venue choice
 - Facilitator support
 - Emotion questionnaire
 - Time to talk
- 


Monthly Self Harm Support Group for Parents

Information

- Services. Navigating the health system. Changes.
 - Therapies and counselling. Other organisations.
 - Safety plans
 - Wellbeing
 - Communication
- 

Monthly Self Harm Support Group for Parents

What parents gained from the sessions

- “Opportunity to be open about experiences”
 - “The feeling that I'm not alone”
 - “ Chance to hear advice from others with experience of the same issues and being able to talk openly without being judged”
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How do we refer?

Intensive workshops

Email sara.Ireland@cambridgeshire.gov.uk

Tel 01223 699158

Monthly 'Light touch' group

Email eve@pinpoint-cambs.org.uk

Tel 01480 499043

