

DELIBERATE SELF HARM

CHILDREN & ADOLESCENTS

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DSH

- UK has one of the highest rates of self-harm in Europe
- 400 episodes per 100 000 population (Hawton *et al*, 2012a)
- Survey of young people (15 -16 years): 10% of girls and more than 3% of boys had self harmed in the previous year
- Self-harm has become a growing public health concern

DSH

- ✦ Suicide - 2nd most important cause of death in young people globally
- ✦ Role of stigma
- ✦ 40-60% - Suicide - H/O self harm in the past
- ✦ DSH is the strongest predictor of eventual suicide
- Majority of young people with self harm did not attend hospital (Hawton *et al* 2009)
- ✦ About 10% of adolescents self-cut on several occasions (Plener *et al*, 2009).



Nature of Self Harm

- ✦ Self-Poisoning
- ✦ Cutting
- ✦ Hanging
- ✦ Jumping
- ✦ Shooting
- ✦ Self starvation; Over-eating
- ✦ Self mutilation
- ✦ Inserting objects
- ✦ Hair Pulling
- ✦ Inhaling
- ✦ Burning
- ✦ Strangulation
- ✦ Self neglect

Meanings and Functions of Self-Harm

- ◆ Communication
- ◆ Coping with difficult relationships
- ◆ An expression of anger
- ◆ Punishment of self and others
- ◆ To cope with painful emotions
- ◆ Loss of sense of control
- ◆ Feeling emotionally empty
- ◆ Internal feelings expressed in an external way
- ◆ Addictive Behaviour
- ◆ Strategy for survival
- ◆ Proxy - DSH

ASSESSMENT (*cont*)

CHILD

- ✦ History
- ✦ Mental State Examination
- ✦ Investigations

FAMILY ASSESSMENT - (Key assessment)



SELF HARM

- ◆ Has meaning
- ◆ Understanding its meaning and learning from it is important
- ◆ Entering into the inner world of young people requires courage
- ◆ Facing the feelings as they emerge within the transference and counter-transference can be traumatic
- ◆ Instinct to protect ourselves



Mental State Assessment

- ◆ Setting
- ◆ Privacy
- ◆ Age appropriate
- ◆ Rapport / Engagement
- ◆ One interview or multiple interviews



Front Line Professionals

Should be able to carry out the basic mental state examination and basic risk assessment



MENTAL STATE ASSESSMENT

◆ General Appearance & Behaviour

◆ Speech

◆ Mood

◆ Thought Contents

◆ Cognitive Assessment (Attention, Concentration, Memory)

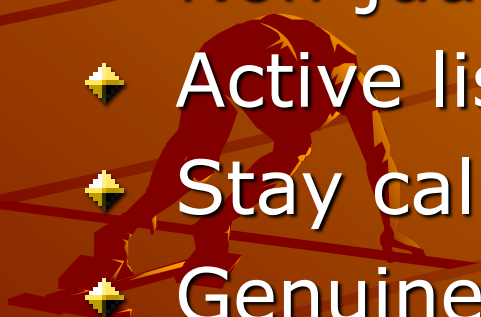


MSE

- ◆ Always ask the young people if they want you to see another family member, a carer or a friend
- ◆ Anything else, they thought was important, but you did not ask
- ◆ Safeguarding Issues



When talking to the young person ;

- ◆ Take all self-harm seriously
 - ◆ Non-judgemental approach
 - ◆ Active listening
 - ◆ Stay calm and compassionate
 - ◆ Genuine re-assurance
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Common Pitfalls

- ◆ No assessment
- ◆ Many would deny suicidal thoughts when asked
- ◆ Serious suicidal intent may be denied
- ◆ Denial should not end the risk assessment process
- ◆ Continue with systematic assessment
- ◆ Protective factors are often missed
- ◆ Cultural factors are often missed

Risk Assessment

◆ Immediate

◆ Short Term

◆ Long Term



RISK

- ◆ Can't be eliminated
- ◆ What level of risk is acceptable
- ◆ On-going risk assessment
- ◆ On-going risk management



General Risk Factors

- ◆ SEX (Girls-DSH) (Boys-Suicide)
- ◆ AGE ↑ Adolescents
- ◆ Previous history of self harm
- ◆ Low socioeconomic status
- ◆ Family dysfunction
- ◆ Domestic violence
- ◆ Lack of confiding relationships
- ◆ Loss of key attachment figures
- ◆ Family history of DSH
- ◆ Recent acts of DSH in friends / family members
- ◆ Gangs, Cults, Internet Groups
- ◆ Abuse; Emotional / Physical / Sexual

General Risk Factors

- ✦ Mental illness (Depression, Psychosis, Anorexia, PTSD)
- ✦ Drug / Drink Abuse
- ✦ Bullying
- ✦ Looked after children
- ✦ Chronic physical illness
- ✦ ADHD- PDD-LD
- ✦ Low self-esteem
- ✦ Hopelessness (nobody loves me)
- ✦ Worries about sexual orientation

Risk Factors

Family History :

- ◆ Acts of DSH
- ◆ Mental illness
- ◆ Chronic physical illness
- ◆ Drug / Drink Abuse
- ◆ Offending
- ◆ Refugee Status



High Risk Factors

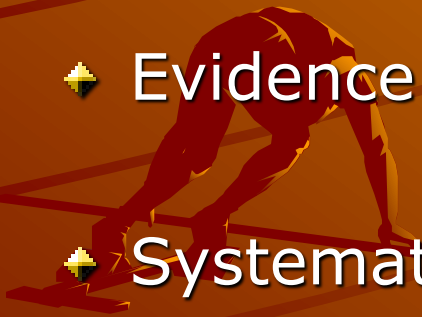
- ◆ Adolescent boys
- ◆ Denial
- ◆ Planning
- ◆ Bullying
- ◆ Violent methods used
- ◆ Suicide note
- ◆ Remorse of survival
- ◆ Secretive behaviour
- ◆ Lack of engagement
- ◆ No change in circumstances - no gain

PROTECTIVE FACTORS

- ◆ Supportive family system
- ◆ ↑communication skills
- ◆ ↑problem solving skills
- ◆ ↑IQ
- ◆ Confiding relationships
- ◆ ↑Good peer relationships
- ◆ ↑Good academic progress
- ◆ ↑Good physical health
- ◆ Interventions to deal with stressful situations

DSH - Risk Assessment

- ◆ No assessment method has been empirically tested for reliability and validity
- ◆ Reasoned clinical approach to risk assessment
- ◆ Evidence based literature
- ◆ Systematic clinical assessment
- ◆ Reasoned clinical judgement call



Treatment of Deliberate Self Harm Behaviour



Psycho-Education

- ◆ Child
- ◆ Parents
- ◆ Siblings
- ◆ Family
- ◆ School
- ◆ Community
- ◆ Psycho-education about healthy online behaviors

DSH & response by parents & carers

- ✦ Reacting with strong or negative emotions, alarm or discomfort
- ✦ Asking abrupt or rapid questions
- ✦ Threatening or getting angry
- ✦ Making statements, e.g. that the young person is attention-seeking
- ✦ Frustration if the support offered does not seem to be making a difference
- ✦ Too much focus on the self-harm itself
- ✦ Engaging in power struggles or demanding that self-harm should stop
- ✦ Ignoring warning signs
- ✦ Promising to keep things a secret

Critical Comments by Professionals

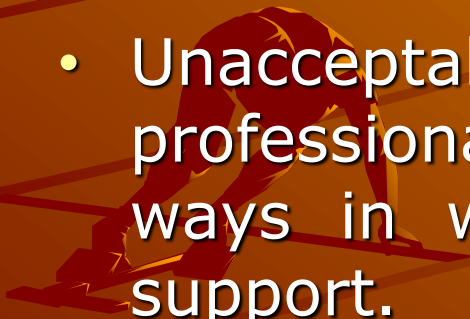
- ◆ Oh it's only superficial
- ◆ Oh my God, what did you do?
- ◆ It's just a phase
- ◆ A teenage hormonal thing
- ◆ You're just here to get attention
- ◆ This is stupid
- ◆ What do you want out of this?
- ◆ You're wasting our time

Criticisms such as these can raise barriers to recovery

Young Minds

Consultation with young people - 2013

- Young people remain concerned with the attitude of front-line professionals who lack understanding towards self-harm.
- Unacceptable attitudes and comments of professionals could have a negative effect on the ways in which young people access help and support.



Young People with DSH

◆ Lack of privacy

◆ Confidential matters discussed in open areas

◆ Lack of respect for young people



Psychological Treatment

- ◆ Deal with the denial
- ◆ Discourage avoidance
- ◆ Encourage the sharing of feelings
- ◆ Therapeutic engagement
- ◆ Side effects



PSYCHOLOGICAL APPROACHES

1. Family Therapy
2. Individual Psychotherapy
3. Behaviour Modification
4. Play Therapy
5. Group Therapy
6. Anxiety Management
7. Assertiveness Training
8. Social Skills Training

Psychopharmacological Treatments

◆ Fluoxetine

◆ Sertraline

◆ Citalopram



Treatment

- ◆ Start early
- ◆ Risk Assessment on-going
- ◆ Target multiple risk factors
- ◆ Family/ Community context
- ◆ Treatment sequenced over time
- ◆ Role of Transitional Stages
- ◆ Minimise effect of negative life events
- ◆ Evidence based interventions
- ◆ Treat co-morbid conditions
- ◆ Instil hope
- ◆ Keep low & go slow

DSH

- ◆ Courage and compassion; in asking about self-harm, from community to hospital settings
- ◆ Reduction of stigma
- ◆ Treating young people who have self-harmed in a non-judgemental and respectful manner
- ◆ High-quality assessment at all levels



Thank You

