

Working with young people at risk of self-harm and suicide

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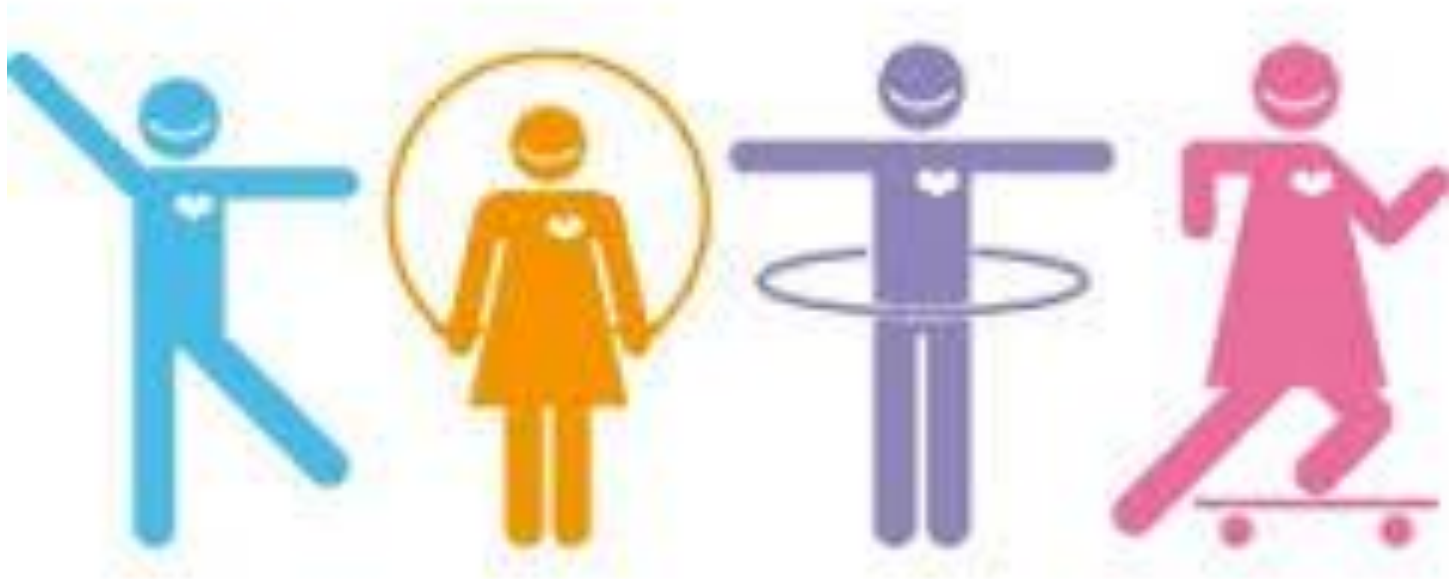


Community Children's
Health Partnership

Objectives

- To achieve some shared definitions of Self-harm/suicide
- To define CAMHS thresholds
- To introduce the risk screening tool including making a safety plan
- To introduce Early Help/FYPS

Activity



Agree or Disagree?

- **Self-harm is a suicide attempt?**

Self harm is usually survival strategy

- **The internet has a negative increases risk of self-harm and suicide?**

Both positive and negative influences. E.g. images of self harm vs isolated young people accessing supportive contacts.

- **Girls self harm more than boys?**

Statistically yes but stats don't tend to capture other behaviours like banging head

- **Self harm is life saving or self-destructive?**

Self-harm is mostly a coping strategy to help continue living but strong correlation between self-harm behaviour and completed suicide

Agree or Disagree?

- **Attention seeking or manipulative behaviour?**

Nearly always signs something is wrong and to be taken seriously

- **Those who talk about suicide are least likely to attempt it?**

Many communicate intentions weeks prior to death, Samaritans.

- **Talking about suicide encourages it?**

Providing opportunity to explore feelings may provide a lifeline

Self-Harm

A broad term used to describe various things that people do to hurt themselves physically. Includes:

- Cutting or scratching the skin,
- Burning, branding with cigarettes/lighters or scalding
- Overdose of tablets or other toxins,
- Tying ligatures around neck,
- Punching self or other surfaces, banging limbs/head and hair pulling

(Mental Health Foundation, 2006).

- Culturally acceptable behaviours e.g. smoking, recreational drug use, excessive alcohol or body enhancement.

“Self harm is a communication not a medical condition”



Why do Young People Self Harm?

- Complex and differs.
- Primarily a coping strategy which can:
 - Dealing with distressing experiences and difficult emotions (help in short term as can lead to feelings of relief, calmness and control)
 - To feel real (to deal with feeling unreal, numb, isolated, disconnected)
 - Enlist help or concern through nonverbal expression of distress
 - Physical pain (validate emotional pain, need to be punished, relief of sight of blood)
 - Keeping people away



Suicide

- **Suicide**

Death caused by self-directed injurious behaviour with an intent to die as a result of the behaviour.

- **Suicide attempt**

A non-fatal, self-directed, potentially injurious behaviour with an intent to die as a result of the behaviour; might not result in injury.

- **Suicidal ideation/suicidal**

Thinking about, considering, or planning suicide.

Who is at Risk of Suicide

Anyone is at risk but specifically vulnerable groups:

- Young people who are misusing drugs or alcohol
- Looked after children
- Young men (males three times more likely)
- Physically disabling or painful illnesses



Other high risk groups include:

- people in the care of mental health services/ family history
- people with a history of self-harm
- people in contact with the criminal justice system
- those who have attempted suicide before

(‘Preventing suicide in England: A cross-government outcomes strategy to save lives’, DoH, 2012)

Child and Adolescent
Mental Health Service
(CAMHS)



CAMHS Thresholds

- **Severe or life threatening conditions such as:**
 - Risk of suicide/severe self-harm
 - Severe depressive episode
 - Psychosis
 - Eating disorders
 - ADHD/ASD with significant psychiatric co-morbidity
 - Severe anxiety/phobic/panic disorders
- Complex
- Enduring
- Intervention at Tier 1 & 2 has been attempted - through a SAF assessment

What is NOT an Appropriate Referral to CAMHS?

- Assessments for ADHD/ASD – Community Paediatrics
- Where a child's difficulties are a response to normal life events
- Where difficulties are entirely school related
- For challenging behaviour – unless 'co-morbidity with other disorders and where specific interventions may influence outcome'
- Children/young people whose parents are in dispute within legal proceedings
- When Social Care have recently become involved
- When intervention by tier 1 and 2 services has not been tried (through the SAF process – unless there is a risk to life)

What to Include in CAMHS Referral

- Family context;
- Details of onset of mental health concerns;
- Duration, severity and effects on individual and family;
- Relevant developmental history and family structure;
- Risk factors/resilience factors;
- What the young person & family are hoping for?
- What assessment and front line intervention/support has been tried / is currently in place;
- Identify which other agencies are involved with the young person/family;

Risk Screening Tool



Risk Screening Tool

- Devised as a way of helping GPs and other referrers assess and articulate their concerns about a young person's risk to self
- Designed to help navigate the CAMHS referral pathway



High Risk



- Very low mood, prolonged or worsening depression
- Episodes of preoccupation with suicide; Plan or intent to end life
- Significant changes in sleep, appetite, self-care, physical health
- Activities indicative of suicide planning, e.g. researching methods on the internet, stockpiling medication)
- Loss of interest in previously enjoyed activities (e.g. hobbies and interests, friends and family, pets etc.)
- Previous suicide attempt/s
- Friendships or relationships that others are very worried about (including online friendships)
- Risky or escalating self harm behaviours where life could be in danger
- Absence of protective factors and social activity
- Family or peer history of completed suicide



High Risk – What Next?



- Urgent CAMHS Referral via Single Point of Entry (SPE) (Fax: 0117 323 2958)
- Please ensure consent for the referral is gained.
- 9am - 5pm discuss with Centralised Intake team – (CIT) 0117 340 8570; Fax 0117 340 8609.
- For out of hours – A&E attendance if immediate risk to life is evident
- Discuss with family members & agree safety/risk plan

Medium



Medium Risk

Medium



- More frequent or severe episodes of self-harm but not life threatening
- Thoughts of serious self-harm or suicide but no specific plan or intent to carry this out
- Low mood or depression with emotional dysregulation
- Changes in appetite, appearance, sleep, friendships, concentration
- Less interest in school; lack of enjoyment in aspects of life
- Problematic alcohol or substance use
- Historical or current bullying, victimisation, trauma or abuse
- Friendships (online or real life) that others are worried about; withdrawal from peer and family relationships; protective factors
- Risky behaviours such as running away from home, exploitative sexual relationships or unsafe sexual behaviours, worrying substance or alcohol use.
- Past episodes of self-harm/injurious behaviours

Medium



Medium Risk – What Next?

- Consider if sufficient community support & resources available to manage risk e.g. school counselling service / Off the Record /parental support and involvement
- **Discuss with Locality CAMHS clinician**
- Agree safety/risk plan
- Make family aware how to get support
- www.selfinjurysupport.org.uk; TESS – Helpline 0808 800 8088/Text 0780 0472908



Low Risk

- Superficial self harm with no risk to life
- Fleeting thoughts of serious self harm or suicide but no intent or plan to carry this out
- Protective factors present (e.g. young person is seeking help, supportive relationships in family and friendships; positive plans for the future, good physical health)
- Some struggle to manage emotions/behaviours towards self and others at times
- Some anxiety/ low mood/ distress but with little impact on overall functioning

Low Risk – What Next?

- Signposting with YP/carer;
- Agree safety/risk plan;
- Suggest community/internet support - discuss with young person
- Inform family and professionals involved;
- Agree action plan if there is a deterioration in mental health; self-harm continues/increases and if concerns increase
- Offer follow up GP appointment to reassess the situation.

Can I speak to someone?

- If concerns are high or would like to speak with someone – call CAMHS clinician
- Unlikely to be a psychiatrist but will be an experienced mental health professional who can offer support and guidance
- CAMHS do not provide an emergency service but CIT can see YP at Barton Hill (base) or in community if indicated.

Safety Plan

Please consider Safeguarding Issues and develop a **Safety Plan** with all YP who present with self harm behaviour:

1. Identify people they know they can/will talk to
2. Identify professionals/agencies they can access
3. Consider:
 - What are your warning signs – thoughts, images, mood, situation behaviour that lets you know there is an increased risk?
 - What can you do to stay safe? What has helped before? At home? In a social setting
 - What is important to you and worth living for?

Contacts and Agencies



CAMHS Contacts

Bristol and S Glos Locality CAMH team telephone numbers Monday – Friday 9-5:

- East Central CAMH service – Barton Hill – 0117 340 8600
- North Bristol CAMH service – Southmead Hospital – 0117 323 5802
- South Bristol CAMH service – Knowle Clinic – 0117 340 8121
- South Gloucestershire CAMH service – Kingswood Hub – 01454 862433

Centralised Intake Team (CIT): 0117 340 8570

'Out of hours' Child and Adolescent Psychiatrist: 0117 923 0000



Early Help / FYPS

- Consider 'Early Help' (Bristol) or Family Young People Support, FYPS, (S.Glos) referral
- Refer via:
- **First Response** (Bristol): 0117 903 6444
- **Access and Response Team, ART** (S.Glos): 01454 866000

Early Help in Bristol

What is offered?

- Family Support & intervention
- Individual parenting support
- Evidence based parenting programmes
- In-house CAMHS specialists
- Domestic violence support
- Youth Provision



FYPS in S Glos

What is offered?

- Individual parenting support
- Targeted evidence based parenting programme
- Youth support including working with NEET
- In-house CAMHS



Other Agencies

- Help lines and professional people you could go to, for example:
- ***Off The Record***: provide non-urgent counselling support to children and young people from 11 years. Call free on: 0808 808 9120, Text: 07896 880 011, www.otrbristol.org.uk
- ***TESS Helpline***: 0808 800
- www.selfinjurysupport.org.uk
- ***Childline***: 08001111
- **Samaritans**: 116123
- ***Kooth***: online counselling, 7 days a week until 10am



School Health Nurses

- Can provide support regarding emotional well-being including behaviour difficulties at home, anxiety, self-harming, bereavement, relationship issues
- No immediate access to support and they do not provide first aid
- Carer/parent consent required prior to referral to school nurse
- Signpost to other agencies, GP or A+E as appropriate
- Drop-ins also available at most secondary schools
- Can also attend and support in meetings such as SAFeh

ANY QUESTIONS?

