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SELF INJURY SUPPORT
IN NORTH CUMBRIA
Registered Charity No: 1106750

SIS News

Issue 13
Winter 2011/12

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Welcome to SIS News

Welcome to the 13th issue of SIS News. It's been a while since self-harm made the headlines, and I have mixed feelings about how the recent study has been reported in the media (see pages 6-7). Steve featured on CFM to give our comments on the story, and as a result we received phone calls from those seeking support from SIS.

Recently (November 2011) the NICE clinical guidelines for the longer term management of self-harm have been published, which are summarised on pages 4-5 and will hopefully go some way towards improving the treatment of those who self-harm.

Many thanks to the Northumbrian Water and Ellington Colliery Brass Band for the concert in October at Carlisle Cathedral which again was a great success. There will be another concert next autumn, so watch this space!

The concert

Finally we are very pleased to have Sue Howard and David Wright joining our board of director/trustees, and Susan Boakes as a bank counsellor.

With best wishes from SIS for 2012.

Mary Hillery

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Young persons' reference group

SIS has recently set up a young person's reference group. Further details will be in the next newsletter, but in the meantime please contact Helen Watson for further information - helen@sis-cumbria.co.uk

With thanks to our funders.

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LOTTERY FUNDED

Lloyds TSB | Foundation for England and Wales

Self-Harm - NHS Scotland National Stakeholders' Event

On 15th December I attended NHS Health Scotland's Self-Harm National Stakeholders' Event in Glasgow. Although we're not in Scotland I thought it was a good opportunity to get an idea of what's going on across the border, and I was intrigued to find out more about their Self-Harm Action Plan and what its effect has been.

The day began with two personal perspectives of self-harm, focusing on what they had found helpful and unhelpful when accessing support. The main themes being the importance of listening to the individual and finding out what they want and need, and of not making assumptions.

Geoff Huggins from the Scottish Government (Deputy Director of Health and Social Care) talked through the action plan and the Primary Objectives (PO) for policy.
These can be found at www.scotland.gov.uk/Publications/2011/03/17153551/1

The key message is not to 'solve' self-harm, rather to respond better to it, and to generally improve mental health and wellbeing which in turn should reduce self-harm.

There followed a table discussion, where I felt slightly like an imposter being from outside Scotland. Initially I felt that it was a shame that we don't have a similar action plan in England. However, it seems that in reality people in Scotland aren't as aware of the action plan as they might be and that the effects of it haven't as of yet been as visible as they might have been.

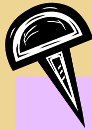
Stephen Platt (Professor of Health Policy Research at the University of Edinburgh) gave a presentation entitled "Self-harm: setting the scene" which basically talked through definitions of self-harm, and clinical aspects of self-harm primarily focusing on statistics mostly generated from hospital admission statistics (which it is accepted don't give a balanced overview of self-harm). I felt that this highlighted the need for further research into self-harm within the community.

After lunch, Graeme Henderson from Penumbra (Scottish Mental Health charity - www.penumbra.org.uk) talked about supporting those who self-harm with reference to the wide variety of services which Penumbra provides – from text message support to 24-hour support. Like SIS, Penumbra has a person-centred ethos, and it was reassuring hearing what an excellent service they provide. On our tables we discussed what services were available for people who self-harm in our localities, and I was able to contribute, talking about our services hopefully as an example of good practice in supporting those who self-harm.

Finally, Darren Rocks, the Senior Health Improvement Programme Officer spoke about the way forward for NHS Health Scotland's Self-Harm Programme, and the importance of partnership working in its implementation. An interesting and thought-provoking day.

Mary

Notice Board



Sales of the **Chillaxing CD** are going well. Please visit www.sis-cumbria.co.uk/sis-relaxation-cd.html if you'd like to purchase a copy. We are also selling the relaxation CDs and self-harm awareness booklets on eBay.

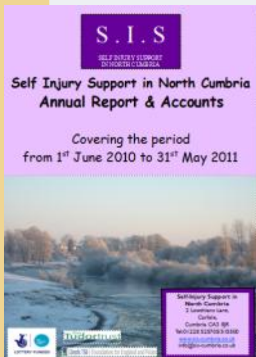
Cake Raffle Winner

At the concert we held a raffle, one prize being a handmade and decorated Christmas cake. Thanks to Mary's parents for making, decorating and donating the cake and delivering it from Essex!

Pictured are the cake, Martin Hoyle giving the cake to winner, Ben Jansz, and Martin and Molly Hoyle.

Trustees and AGM

As ever, SIS are looking for volunteers to join our board of Director/Trustees. We meet every other month for a meeting lasting approximately 2 hours. Please get in touch with Ruth to find out more.



Our AGM will be on Wednesday 22nd February from 3-5pm at Carlisle Town Hall where we will circulate our Annual Report and Accounts for 2010/11.

If you're interested in becoming a trustee perhaps come along to our AGM to find out more! Contact Ruth for further information.

C3C

SIS has joined the C3C (Cumbria Third Sector Consortium) to enhance our opportunities for collaborative work with likeminded organisations in Cumbria. Watch this space for further development.

Self-Harm - Longer Term Management - NICE Guideline

National Institute for Health and Clinical Excellence

In November 2011 the NICE guideline for the longer-term management of self-harm was published. The full document is 335 pages (which takes a while to get through!) - the published NICE guideline only 41 pages. There is also a document written for patients and carers. These, and other resources, (including podcasts from a service-user talking about his personal experiences of self-harm and depression and a Professor Navneet Kapur discussing the risk assessment process recommended with the guideline, and PowerPoint slides) can be downloaded from http://guidance.nice.org.uk/CG133

The guideline follows on from the short-term management of self-harm guidelines published in 2004 (guideline 16, which can be downloaded - http://guidance.nice.org.uk/CG16) which covered treatment (including physical treatment) within the first 48 hours of an incident of self-harm.

This guideline is concerned with the longer-term psychological treatment and management of both single and recurrent episodes of self-harm (including acts of self-poisoning or self-injury (usually cutting) carried out irrespective of motivation i.e. some will be suicidal self-harm, rather than self-harm as a coping mechanism), but not including alcohol/drug abuse, eating disorders and accidental harm. The guideline is relevant to all people aged 8 and older who self-harm.

To quote: ***"Treatment and care should take into account service users' needs and preferences. People who self-harm should have the opportunity to make informed decisions about their care and treatment, in partnership with health and social care professionals."***

The key priorities for implementation are as follows (condensed from the guideline):

Working with people who self-harm - Health and social care professionals working with people who self-harm should - aim to develop a trusting, supportive and engaging relationship with them, be aware of the stigma and discrimination sometimes associated with self-harm, both in the wider society and the health service, adopt a non-judgemental approach, ensure that people are fully involved in decision-making about their treatment and care, aim to foster people's autonomy and independence, maintain continuity of therapeutic relationships wherever possible, and ensure that information about episodes of self-harm is communicated sensitively to other team members.

Psychosocial assessment - An integrated and comprehensive psychosocial assessment of needs and risks should be offered to understand and engage people who self-harm and to initiate a therapeutic relationship, including - skills, strengths and assets, coping strategies, mental and physical health problems/disorders, social circumstances, psychosocial and occupational functioning, life difficulties including personal and financial problems, the need for psychological intervention, social care and support, occupational rehabilitation, drug treatment for any associated conditions, and the needs of any dependent children.

Risk assessment, to assess the risk of repetition of self-harm or risk of suicide, taking into account - methods and frequency of self-harm, current and past suicidal intent, depressive symptoms,

psychiatric illness, personal/social context and any other specific factors preceding self-harm, specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may affect the risks associated with self-harm, coping strategies that the person has used, relationships that may either be supportive or represent a threat (e.g. abuse or neglect) and may lead to changes in the level of risk, and immediate and longer-term risks.

Care plans - the aims of longer-term treatment should be discussed, agreed and documented with the person who self-harms, which may be to - prevent escalation of self-harm, reduce harm arising from self-harm or reduce or stop self-harm and other risk-related behaviour, improve social or occupational functioning, quality of life, and any associated mental health conditions. Care plans should be reviewed and revised at least yearly. They should be multidisciplinary and developed collaboratively with the person who self-harms identifying realistic and optimistic long-term goals, including education, employment and occupation, short-term treatment goals and steps to achieve them, the roles and responsibilities of any team members and the person who self-harms,. They should include a jointly prepared risk management plan and be shared with the person's GP.

Risk management plans (part of care plan) should: address risks identified in the risk assessment, specific factors identified in the assessment as associated with increased risk, with the agreed aim of reducing the risk of repetition of self-harm and/or the risk of suicide, and include a crisis plan. The person who self-harms should be informed of the limits of confidentiality.

Interventions for self-harm - Consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. In addition:

- The intervention should be tailored to individual need and could include cognitive-behavioural, psychodynamic or problem-solving elements.
- Therapists should be trained and supervised in the therapy they are offering to people who self-harm.
- Therapists should also be able to work collaboratively with the person to identify the problems causing distress or leading to self-harm.
- Do not offer drug treatment as a specific intervention to reduce self-harm.
- Treat associated mental health conditions (psychological, pharmacological and psychosocial interventions) such as Alcohol-use disorders, Depression, Schizophrenia, Borderline personality disorder, Drug misuse , and Bipolar disorder (all of which have published NICE guidance.)

As with other NICE guidelines much is common sense - to develop a trusting, supportive and engaging relationship with the person who self-harms? One would think that would go without saying! However, sometimes it’s useful to have these things written down, and hopefully this guideline will help towards improving the treatment of those who self-harm. I’d be particularly interested to know more about the 3-12 sessions of psychological interventions specifically structured for people who self-harm, and what that entails.

Elsewhere in the guideline the issue of training for healthcare professionals coming into contact with though who self-harm is raised. Obviously this is something which we can provide at SIS - see page 8 for further details!

Mary

1 in 12 teenagers self-harm - 90% stop 'spontaneously'!

In general I feel that it's a good thing when self-harm makes the news (even if it is done so with headlines such as the above). It brings the issue to the forefront of people's minds, and hopefully leads to people seeking support (from SIS and elsewhere) who otherwise might not have.

THE LANCET

I was interested to read about the longitudinal (cohort) study conducted in Victoria, Australia into self-harm and published in the Lancet. Over the course of 15 years (1992/3 to 2008) approximately 1800 young people were surveyed.

The main findings of the research were as follows:

- 1 in 12 young people (between the ages of 14 and 19) self-harm (10% of females, 6% of males)
- Self-harm was significantly associated with symptoms of depression and anxiety, antisocial behaviour, high-risk alcohol use, and smoking cannabis and tobacco
- Cutting and burning were the most common forms of self-injury
- 90% of those who self-harm will 'spontaneously' stop self-harming before reaching adulthood

It was fascinating to see how widely the newspapers differed in their reporting of the study. I won't go through them (if you're interested you can Google it!) One of the better (and more balanced) reports was that from the BBC (www.bbc.co.uk/news/health-15759946) The NHS Choices website provides a more in-depth look at the study, how it was conducted, and what its findings might mean - www.nhs.uk/news/2011/11November/Pages/study-looks-at-self-harm-in-young-people.aspx

Headlines grab people's attention with the numbers - 1 in 12 teenagers self-harm! These figures tend to match up with the statistics generated from previous (and UK-based) research, so there are no surprises there.

However, to say that 90% of those who self-harm will stop before reaching adulthood is a new finding. This statistic must be reassuring, particularly to parents of young people who are self-harming, and in this sense can offer some hope.

Mind you, one will never actually know just how 'spontaneous' the stopping of the self-harm was, as although there were no 'formal interventions' we don't know what other help and support these young people received.

I think that as young people grow older they do often find more positive ways to cope with their emotional distress, and perhaps as young people find their independence and make their own mark in the world, their need to self-harm decreases as their emotional health and wellbeing improves.
Mind you the reports that say that the young people "give up" self-harm, I feel makes it sound a bit

like a hobby rather than a serious issue.

It was reassuring reading that Marjorie Wallace, chief executive of the mental health charity SANE, said: *"The figures showing that 90% have stopped by the time they reach their twenties should not seduce us into thinking that self harm is just a phase that young people will grow out of".*

Sue Minto, Head of ChildLine, which last year dealt with 30,000 contacts from children about self-harm, suicide and depression, said: *"In cases of self-harm it is vital to discover what is driving the child to take such drastic action. Something is obviously making them extremely unhappy or frightened and until this is resolved it is likely they will continue to injure themselves or, in extreme cases, be driven to suicide".*

The importance of treating mental health problems in teenagers is raised, as if this is done there is less chance of self-harm continuing into adulthood, and suicide risk is decreased. At SIS we always stress the importance of early intervention for self-harm.

As we know, although self-harm as a coping strategy and suicidal behaviour are distinct, as Dr Paul Moran, of King's College London says "Self-harm is one of the most significant predictors of completed suicide, "

Therefore when looking at the findings of research such as this, we need to remain balanced. It might be reassuring that 90% of young people stop self-harming before they reach adulthood, but what about the 10% for whom self-harm does persist into adulthood? And although we don't want to overstate the link between self-harm and suicide as for the majority self-harm is used as a coping mechanism, we do need to remain aware that there is a link.

Rise in hospital admissions for self-harm in England

Self-harm has also been in the news with recent figures showing the rise in hospital admissions for self-harm among young people. Over the past 10 years the number of children and young people under the age of 24 who have been hospitalised because of self-harm has increased by 68 per cent.

During 2010-2011, 37,932 young people were hospitalised due to self-harm, compared to 22,555 in 2001-2002. The figures show three times as many girls aged between 14 and 18 were hospitalised due to self-harm than boys in this age group. During 2010-11, 12,637 girls aged between 14 and 18 were hospitalised for this reason, compared to 3,313 boys of the same age.

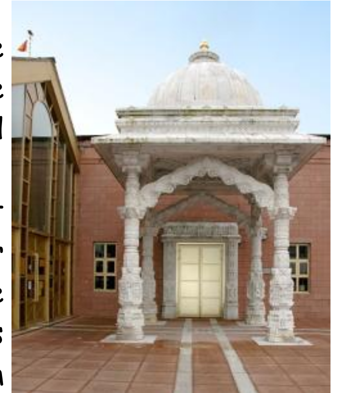
The charity YoungMinds said if this rise is maintained 100,000 children and young people could be hospitalised due to self-harm by 2020. Bear in mind here that hospital admission statistics are only the very tip of the self-harm iceberg, as by far the majority of self-harm doesn't result in hospital attendance or admission. These figures are particularly concerning.

The full story can be found here:
www.cypnow.co.uk/Health/article/1107511/Number-young-people-self-harming-rockets

Training Update!

It's been exciting taking our training outside Cumbria for the first time, and we held successful training days in Newcastle, Darlington and Preston.

We have the following training dates (see below) scheduled for 2012 (for up-to-date information and new dates as they are arranged visit www.sis-cumbria.co.uk or email mary@sis-cumbria.co.uk about availability). Training days cost just £80 per person (including 0% rate VAT) and include comprehensive training materials, refreshments and lunch. Courses run from 10am (10:30am for those outside Cumbria) - 4pm (refreshments 15 minutes beforehand). Discounts are available for group bookings .



Dates for 2012

Thursday 9th February - Carlisle
Thursday 23rd February - Lancaster
Thursday 8th March - Whitehaven
Wednesday 28th March - Preston
Tuesday 24th April - Penrith

Here is some of the feedback from training sessions in November 2011:

"Really thought that having Mary deliver the training, having 'experience' of self-harm was really effective, content of training was excellent, I wouldn't change anything and would encourage others to do it."

"The entire session was informative, encouraging a pro active approach to helping a young person deal with self harm."

"I found the course very useful and it will help me in my practice."

Our courses attract a wide range of delegates including those working within healthcare, education and charities - social workers, foster carers, teachers, school nurses, and those working in CMHTs and CAMHS.

With increased capacity, we are increasing our training provision and will be available for more in-house training specifically tailored to the individual needs of organisations and groups, and particularly in schools and universities. We are also available to come to your events with our stand. Please get in touch with Mary for further information (mary@sis-cumbria.co.uk).

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