

S.I.S

SELF INJURY SUPPORT
IN NORTH CUMBRIA

Registered Charity No: 1106750

SIS News

Welcome to SIS News

Welcome to the 9th issue of SIS News. Apologies for the delay with this issue, but we wanted to wait until we had set a date for our AGM. This is going to be on Tuesday 18th January 2011 at the Waterton Hall, at Our Lady and St Josephs Church, Warwick Square, from 6-8pm. Please get in contact with Ruth if you would like to attend, so that we know numbers for refreshments. We are particularly interested in meeting any prospective trustees!

On that note, we are sorry to lose Paul Wheelhouse as a trustee, but wish him well in his studies at Durham University. We are pleased to welcome Marcia Christian and Sharon Warwick onto our team of bank counsellors.

On behalf of SIS I'd like to wish you a Merry Christmas and Happy New Year for 2011.

Mary Hillery (Chair)

Concert for Dave

On Saturday 11th September members of one of the busiest and best concert bands in the North East - the acclaimed Northumbrian Water Ellington Colliery Brass Band - gave their time and talent to put on a concert at Carlisle Cathedral in memory and celebration of the life of Dave Tuck, a young man who tragically lost his life in February last year. The Tuck family kindly agreed to offer the proceeds of the evening to S.I.S, and also organised a raffle with fantastic prizes.



Northumbrian Water Ellington Colliery Brass Band

Issue 9

Oct-Dec 2010

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With thanks to our funders.

the
Tudortrust



Lloyds TSB | Foundation for England and Wales

Photos from the concert are on the [Notice Board on Page 3](#). We very much hope to hold a similar concert in 2011!

As a charity we currently receive funding from The BIG Lottery, The Lloyds TSB Foundation and The Tudor Trust but we do not receive any statutory funding so we are extremely grateful for this kind of gesture from a local family who have suffered such a sad loss - the proceeds of this concert and the earlier 'Walk for Dave' have raised nearly £19,000 to enable S.I.S to offer support those who self-harm and the families who support them in the hope that they avoid their experience.

You can still donate online by visiting www.everyclick.com/selfinjurysupportinnorthcumbria/info

Ruth

Hospital Admissions for Self-Harm Rise

A recent report has shown that hospital admissions for self-harm have risen by 10000 in England over the past three years, an increase of 10.6%. The report from the NHS Information Centre also shows differences in admissions depending on the season, with early summer having the highest rates (10340 in May 2010) and December (7490 in December 2009) with the lowest rates and similar figures in the previous year.

The most common method of self-harm leading to admissions was self-poisoning (58280 admissions for women and 37750 for men) usually with painkillers or prescription drugs, followed by self-cutting (4170 admissions for women and 3770 admissions for men).

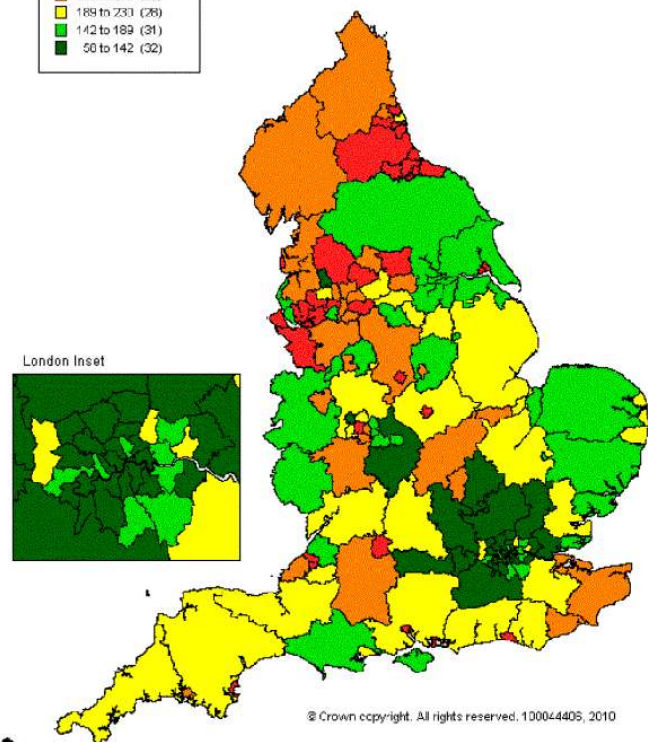
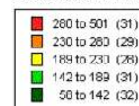
The report found that the North East of England has the highest rate of self-harm hospital admissions (367 women and 288 men per 100000 of the population), and London has the lowest (158 women and 96 men per 100000 of the population). A cluster of primary care trusts in the North West and some areas on the South coast also had higher than average admission rates (see map).

While hospital figures show only the very tip of the iceberg (by far the majority of self-harm will not result in hospital attendance or admission), they do indicate that more needs to be done to help those who self-harm. In particular I feel it highlights the importance of early intervention. While the physical severity of self-harm does not usually relate to the amount of emotional distress behind the act, in individuals self-harm can escalate in frequency and severity, and if people get help in the early stages then they are less likely to become future hospital admission statistics.

The full report can be found following this link - www.ic.nhs.uk/pubs/provisionalmonthlyhes

Mary

Finished Admission Episodes for Self Harm per 100,000 population
Directly Age/Sex standardised to England (No of PCTs in range)



Notice Board



Concert Photos



In September Mary was in the **Cumberland News' 'Me' supplement**, talking about her personal struggles with self-harm - the article can be read online at: www.cumberlandnews.co.uk/me/fashion/defeating-1.760370?referrerPath=home/2.3080

Ruth also made an appearance on BBC Radio Cumbria.

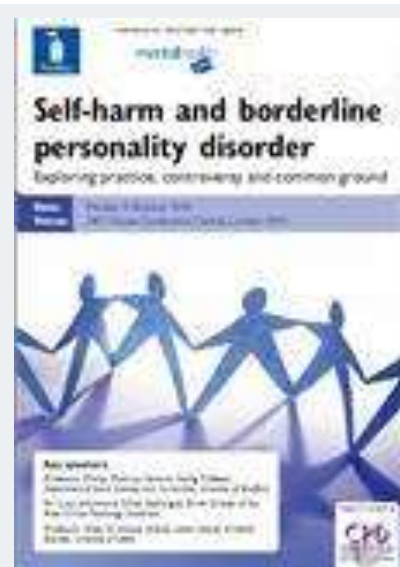


Our AGM is going to be on Tuesday 18th January 2011 at the Waterton Hall, at Our Lady and St Josephs Church, Warwick Square, from 6-8pm. Please **get in touch with Ruth if you'd** like to attend. Our Annual Report and Accounts will be available from this date,



SIS, SAFA (Self-Harm Awareness for the Furness Area) and Carlisle Eden Mind are collaborating on an innovative Suicide Prevention Awareness Training project, subject to approval from the Suicide Reference Group.

Self-harm and borderline personality disorder – Exploring practice, controversy and common ground



On 4th October I attended a conference in London organised by Pavilion Publishing (www.pavpub.com) about self-harm and borderline personality disorder (BPD). I was particularly interested in attending this conference having myself recently being given the diagnosis of Emotionally Unstable Personality Disorder - Borderline Type, which is another (although perhaps less stigmatising and more accurate) name for the condition.

Following a welcome from the Chair, Professor Philip Thomas, the day began with an excellent presentation from Clare Shaw, Director and Training Partner of harm-ed (www.harm-ed.co.uk), talking of her personal experiences of self-harm, and how best to support those who self-harm - in particular the importance of sympathetic, supportive, warm and respectful attitudes from medical staff - common sense, but always useful to reinforce.

There followed a presentation from Suzie Marriott, a mental health nurse, and director of Grassroots Training (www.grassrootstraining.org.uk), about working with people who self-harm, and the impact that receiving a diagnosis of BPD can have on a person (whether they self-harm or not - although 70-80% of those given the diagnosis of BPD self-harm). It was said that BPD **seems to be seen as a "Dustbin" label for those who are seen as too difficult to work with, or who simply do not fit in elsewhere.**

BPD is the only mental disorder with self-harming behaviour as one of the core diagnostic criteria (in the DSM IV*). It does appear that despite an individual needing to fit at least 5 of the 9 criteria, that many people have received diagnoses of BPD based solely upon their self-harm. It goes without saying that this is unhelpful and potentially damaging for the individual receiving what is an inaccurate diagnosis.

Suzie's presentation was useful, highlighting the importance of seeing self-harm as a sign of emotional distress rather than as a mental illness, of not making assumptions about individuals who self-harm, and communicating with and listening to these individuals.

The first workshop which I chose to attend was entitled "Adding insult to injury: Exposing the harm the BPD label causes people in distress", led by Clare Shaw and Debra Shulkes who delivered a hard-hitting presentation about the negative impact of a BPD diagnosis based on their personal experiences and research with others diagnosed with BPD. I understand that many people have had terrible experiences with the label, and their subsequent treatment (and life experiences). However, I felt that the argument put across (and from the whole day in general) was quite one-sided.

After lunch Professor Allan House and Clare Shaw led the "Conference debate: does borderline personality disorder as a diagnosis help people who self-harm?" The main thrust of the argument seemed to be the impact that language has upon people diagnosed with BPD, and the roots of the diagnosis in historical ideas of moral insanity and hysteria. The BPD diagnosis frames the individual in terms of dysfunction, and blames the victim, rather than being associated with positive outcomes. There wasn't a great deal of time for 'debate' as such...

The afternoon workshop I chose was "Dialectical behaviour therapy as a treatment of choice for people who self-harm" led by Dr Jo Hadfield, a clinical psychologist working in adult mental health services. DBT is generally seen as the treatment of choice for those with a diagnosis of BPD (although it is not always readily available). This workshop was basically a criticism of DBT and its limitations as a therapy. I understand that there is no one therapy which is going to be beneficial to everyone. However, I felt that this criticism was particularly harsh and didn't really offer any positive alternatives to what might be a more appropriate source of treatment for those with BPD who self-harm. Knowing people who have benefited from DBT, I felt that it might have been useful to hear the other side of the story.

The day concluded with a presentation from Dr Lucy Johnson, a clinical psychologist, who argued that a BPD diagnosis is not reliable, valid or helpful. She argued that 'formulation', whereby the professional and service user together summarise the person's difficulties, and explain their problems in terms of life events and personal meanings', is an alternative to unhelpful diagnoses such as BPD.

I enjoyed the conference, and met some interesting people from a wide variety of backgrounds - I was quite surprised to find that another delegate had travelled down from Cumbria, representing Cumbria Partnership NHS Foundation Trust.

However, to an extent I left feeling a bit demoralised by the one-sided nature of the presentations, and their on-the-whole feminist stance. It seemed to be a bit of a dig at psychiatry (and the healthcare service in general), and it sat quite uncomfortably with me. I realise that there are times that people get inappropriately diagnosed. I realise that unfortunately many people who self-harm have negative experiences, and in particular in A & E departments. But, I truly believe that gradually things are changing - my basis for this belief being the experiences of people who I have spoken to who self-harm and have the diagnosis of BPD. Although there might be a case that there might be a 'better' term than BPD, I think that it is more important that we focus on ways to help people in emotional distress rather than getting bogged down with the finer details.

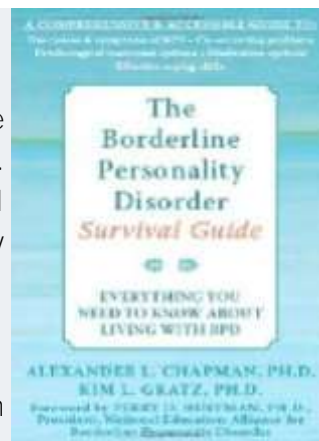
I understand that the label 'personality disorder' does carry with it negative connotations, and the idea of someone's personality being fundamentally flawed. However, I found the following (taken from "The Borderline Personality Disorder Survival Guide", by Alexander Chapman and Kim Gratz) quotation useful when trying to make sense of things myself;

"So, having BPD does not mean that you have a flawed personality, or that you will always struggle with the problems you are having right now. It simply means that you have a pattern of thinking, feeling, and behaving that may be hindering your ability to have a high quality of life, keep your

relationships going strong, or reach your goals.” (p.14)

It is vital to listen to the experiences of those who self-harm, and those diagnosed with BPD when looking at ways in which to help these people. However, we need to listen to those who have had positive experiences as well as those who have had negative experiences - our experiences are all equally valid. A thought-provoking day nonetheless!

* There is talk that in the DSM V that self-harm in itself might form its own category, but that is another topic for debate!



Mary

The Giving Machine

If you, or your friends use the Internet for online shopping (particularly in time for Christmas), here's an ideal way to raise funds for your favourite charity or school, without costing you a penny!!!



Self Injury Support (SIS) has registered with www.thegivingmachine.co.uk an online shopping link which has many major retailers e.g Tesco, M & S, Asda, Sainsburys, Amazon, Argos, Currys, Boots, EBay, in total at present over 200 shopping sites, and many with exclusive deals for 'the giving machine' purchasers.

Each retailer has their own level of donation to the nominated charity, so I can't give you a standard idea of the commission generated, but this site has been strongly recommended by the Charities Trust. This does not cost you a penny, the online shops simply provide a donation to your nominated charity/school from any purchases you make through 'thegivingmachine' link.

To set up your 'The Giving Machine' donation account, visit the link above and click on the 'join' option. This will ask you to nominate the charity/school you wish to receive donations from your purchases, click on 'search' for 'Self Injury Support' (or any other registered organisation) and click 'Choose'. You can select up to 4 different organisations to benefit.

Once your 2 minute registration is complete, simply browse the shopping link, either by shop, or by category of purchase, and the donation from any subsequent purchases made through the Giving Machine will be credited to your nominated account. If the organisation you wish to support is not listed, why not suggest to them that they should register?

If your friends would be interested in joining in with this excellent discount online shopping opportunity, why not forward this email to them and ask them to pass it on to anyone they know!

Steve

Support Groups & Help for Parents of Self-Harmers

In Issue 7 we shared with you some artwork produced in our Maryport Support Group. SIS currently has a support group in Carlisle for adults who self-harm, which is facilitated by our development worker Helen, and Louise from ADS (Addiction Dependency Solutions). I attend the support group which is held **on a Thursday. It's a relatively small group of regular attendees. We usually each talk a bit about what we've been doing in the past week, and then do some sort of activity whether it involves writing/drawing, or talking about a specific issue.**



Some of the activities we've done in the group

SIS are currently looking into setting up a support group for parents of people who self-harm. We **frequently hear from distressed parents who don't know how best to support their children who are hurting themselves.** If you are interested in a parent support group please get in touch with Helen, by calling 01228 515500 or email helen@sis-cumbria.co.uk

In the meantime, here's some advice for parents of children who self-harm:

- **Don't take the self-harm personally.** It is not aimed at you, and it is not being done to hurt you, even if it might seem like it is.
- **Don't panic. Just because a child is self-harming doesn't mean they are suicidal. However, don't ignore the behaviour either.**
- Remember that for some people self-harm is a **long-term problem, so don't expect them to give up just like that.** Never tell your child to stop self-harming or give them ultimatums or bribes.
- **Self-harm is normally a secretive behaviour. Don't ask your child to show you their injuries** - it will cause embarrassment for both of you.
- **Offer support. Be there for them if they want to talk but don't put pressure on them.**
- **Offer to go with them to see their doctor, but don't force the issue.** Forcing someone to seek help against their will is likely to make things worse.
- Let them know that you will be there for them no matter what they do, and whilst you must not condone their self-injury, they need to know that it does not make them a bad person.
- As tempting as it might be, actions such as removing sharp objects are not helpful and can make the self-harm worse and encourage secrecy.
- It is ok to be angry or upset, but try not to let your child see that you are angry as this could increase feelings of guilt for them.
- **Don't criticise your child and their self-harm.** Never tell them that they are stupid for self-harming, or that they don't have a reason to self-harm.
- Self-harm is not the only way for people to deal with emotional distress. Try to encourage (but **don't push**) your child to **find more healthy coping mechanisms.**
- Encourage your child to talk about their self-harm. In the long-run it will enable them to get the help they need in order to start feeling better. After all, no one wants to be unhappy.
- Above all, although you are worried about your child you must remember to take care of yourself first. If you do not take care of yourself then you will be of no help whatsoever to your child. You might want to seek counselling yourself to deal with how you are feeling, or consider family therapy.

Mary

Training Update!

As ever, let us remind you of the dates for training scheduled for 2010 and 2011 (for up-to-date information about spaces left visit www.sis-cumbria.co.uk). Training days cost just £80 (including 0% rate VAT) and include comprehensive training materials, refreshments and lunch. Courses run from 10am-4pm (refreshments from 9:45am). Discounts are available for individuals (not from organisations), and also for group bookings.

Dates for 2010/11

Tuesday 15th February 2011 - Kendal

Thursday 24th March 2011 - Carlisle

Tuesday 19th April 2011- Whitehaven

Tuesday 17th May 2011 - Penrith

Here are some of the comments from most recent training sessions on what was most helpful:

"Having Mary give her personal experience was a great way of seeing a client's point of view/take/feelings on things."

"Good mix of presentations, group work, DVD clips etc."

"Harm minimisation was particularly useful."

Our courses attract a wide range of delegates. Cumbria County Council's Children's Services are sending bulk numbers of staff on our training (particularly social workers and foster carers), and we also attract NHS staff, charity workers, teachers, and parents of people who self-harm.

Mental Health Strategy Engagement Conference

On 13th October Steve attended Cumbria's 1st Mental Health Strategy Engagement Conference. This was promoted as an event at which the NHS would unveil their final draft of the Cumbria Mental Health Strategy. The highlight of the day was the closing talk by Paul Booth (Chair of Cumbria Mental Health Group) which clearly stated what was required to get the Strategy implemented.

"As I look around the room I see many friends and work colleagues, commissioners, GP's and service providers from the statutory and third sector. I know that everyone works incredibly hard on behalf of their clients. However as we have seen today we are and/or have been unable to deliver sustained outcomes in mental health and wellbeing over many years. The incidents of mental health problems grow and the need increases."

Paul highlighted the importance of investing in prevention of mental health issues, in early intervention when issues arise, and the importance of developing and providing fully integrated streamlined recovery pathways for everyone not just through a purely medical model. He ended by saying: *"Now is the time for an implementation strategy. Strategy is not a static document - it is a movement - it is a living thing - it is call to action and a call to arms!"*