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mhpn Mental Health Professionals' Network

Webinar

Working together to support people who self-harm

Monday, 20th June 2016

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by mhpn Mental Health Professionals' Network

Tonight's panel

Ms Sally Young
Social Worker (Qld)

Dr Tim Fitzpatrick
GP (Vic)

A/Prof Rachel Rossiter
Nurse Practitioner (NSW)

Prof Philip Hazell
Psychiatrist (NSW)

Facilitator

Dr Konrad Kangru
GP (Qld)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be **respectful** of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your **comments and questions** for panellists in the '**general chat**' box. For help with **technical issues**, post in the '**technical help**' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to **hide the chat**, click the **small down-arrow** at the top of the chat box.
- Your feedback is important. Please **complete the short exit survey** which will appear as a pop up when you exit the webinar.

Learning Outcomes

Through an exploration of the case study, the webinar will provide participants with the opportunity to:

- Describe the motivations and help-seeking behaviours of people who self-harm and associations between self-injury and psychiatric morbidity, suicide and substance use
- Implement key principles of providing an integrated approach in the early identification of help-seeking behaviour for people who self-harm
- Identify challenges, tips and strategies in providing a collaborative response to assist people who self-harm and increase help-seeking behaviour.

Social Worker Perspective

Stephanie

- Stephanie is a young woman who lives with significant risk in her external world; her abusive father, her apparent lack of close relationship and supports, the burden of her anxieties about her siblings and the lack of protective mother (there is a mystery in the narrative as to where is her mother).
- Stephanie also lives at risk of her internal state, which is so painful at times, that self harm is an attempt to feel better or euphoric

Sally Young

Social Worker Perspective

Assessment and treatment

- Stephanie is a significantly traumatised young woman - it is very important that the assessment in itself does not re-traumatise her
- Risk of overuse of risk checklists at the price of connecting with Stephanie
- Although equally important Stephanie gains a sense that the clinician is not frightened to talk about her self harm or potential suicidal thoughts
- Importance of taking both a developmental history, if possible and an assessment of current functioning, to ascertain capacities and vulnerabilities over time.
- Assessment of extent of trauma, anxiety, depression, developmental issues in Stephanie's presentation
- Risk and safety must be key themes in dialogue with Stephanie
- For instance "how does Stephanie manage the part of herself that wants to hurt herself"

Sally Young

Social Worker Perspective

Assessment and treatment

- Important to identify if there are any secure adults or friends in Stephanie's life who may support her and the therapeutic work
- Helping Stephanie work out who and how she can trust others
- It might be important to introduce the idea to Stephanie that she has a right to feel connected to others and to actively support the development of connections (perhaps her mother)
- She may need a clinician that has the capacity to reach out to her, particularly in early stages of connecting
- In the work acknowledging her strengths, her survival capacities for example she has left an abusive home, she works and attends Tafe, she is help seeking
- Very important that Stephanie is given the opportunity to feel listened to, to tell her story

Sally Young

Social Worker Perspective

Challenges

- Determining the question of whether to notify Child Safety and/or the Police regarding the potential abuse of the siblings and Stephanie
- Notice that Stephanie tends to isolate herself and may avoid or fear the consequences of attempts at justice for herself and her siblings
- Perhaps in the end the therapist may be obliged to take responsibility for a notification, but this may feel for Stephanie a betrayal of her privacy
- Given Stephanie's history, trust may well be difficult for her – it's important that the therapist stays sensitive to ruptures in the therapeutic alliance
- Stephanie may be ambivalent about help - this needs to be understood
- Given Stephanie's painful situation, she may have a tendency to symptom substitution - for example the change from self harm to drug use – it's important the intervention is focused on Stephanie and her whole functioning not just one behaviour

Sally Young

Social Worker Perspective

Collaborative work

- Given Stephanie's level of risk and her suffering, the more opportunity she has for a stable therapeutic relationship, the better
- However Stephanie may present from time to time, more than regular appointments and may present in emergency departments, so may need a response from systems at times of need.
- The therapist may need to support the multidisciplinary team to help contain and manage the anxieties regarding care for Stephanie
- Important that the team and the professional network does not mirror Stephanie's trauma, for example fragmentation, lack of connection, lack of appropriate information sharing
- If Stephanie has been attending CAMHS it may be important she has support in the transfer to either her GP or adult services as she is over 18
- Termination of the work, may be difficult and may need planning over time, if possible

Sally Young

General Practitioner Perspective

Presentation at the GP

As a GP seeing Stephanie again after the initial referral, the issues for me are;

- Antidepressant medication not successful
- Important to establish rapport and trust - difficult in a situation like Stephanie's, a teenager abused by her father
- Aim to have Stephanie see me as a safe person to turn to and always available, after-hours and ongoing

Tim Fitzpatrick

General Practitioner Perspective

Ongoing care

- Involve child and adolescent psych services promptly
- It is important for the GP to still offer ongoing care and avoid having Stephanie feel that she is always having to retell her story to a new person
- I would ask her to make a follow-up appointment with me to see how she is going with her treatment

Tim Fitzpatrick

Nurse Practitioner Perspective

Acute Care MH Services

- Triage, specialised mental health assessment, crisis stabilisation
- Short term options tailored to individual needs
- People who are assessed as not requiring admission are referred to appropriate services in the community

Rachel Rossiter

Nurse Practitioner Perspective

Acute Care MH Services

- Immediate risk to self or others
- Comprehensive assessment
  - Seek further understanding of the function of self-harm for Stephanie
  - 10-year history of sexual abuse
  - Self-harm for 6+ years
  - Increasing use of alcohol and drugs to manage emotional distress
  - Ineffective interpersonal skills/social and emotional isolation
  - No family support
  - Struggling to achieve developmental tasks, e.g. complete secondary school while working part-time
  - Limited benefit from first-line treatment – CBT
  - Trial of anti-depressant ineffective
  - Vulnerable to further abuse
- Readiness to engage with services
- Identify strengths and examples of resilience

Rachel Rossiter

Nurse Practitioner Perspective

Organise:

- Psychiatrist review as an outpatient
  - Exclude mental illness, e.g.
    - Anxiety disorder
    - Depression
    - Attachment disorder/complex trauma disorder
    - Emerging Axis II – Personality disorder
  - Formulation and treatment recommendations
- Connect with community support services
  - Reduce social isolation
  - Education – TAFE student support services
- Online resources:
  - Reachout.com e.g. http://au.reachout.com/tough-times/somethings-not-right/self-harm
  - **Mindhealthconnect** mental health and wellbeing
  - http://www.mindhealthconnect.org.au/online-self-help-programs

Rachel Rossiter

Nurse Practitioner Perspective

Referral Options Often Considered

- Referral to Sexual Assault services
  - Thoughtfulness required, NB: Stephanie currently manages her emotional pain with self-harm, drug and alcohol misuse and withdrawal
  - Predictors of treatment completion in young people who have been sexually abused, mediated by PTSD avoidance symptoms (Murphy et al, Journal of Interpersonal Violence, 2014, 29 (1) 3-19.
- Referral to Drug and Alcohol services
  - Is substance misuse the primary concern or is it an indicator of underlying issues that need to be addressed?
  - Is substance use having a marked negative effect on Stephanie's capacity to study and work?

Rachel Rossiter

Nurse Practitioner Perspective

Risks

- Possible chronic risk at time of referral rather than acute risk (no history given of suicidal ideation)
- Risk of iatrogenic harm
  - Exposure to stigmatising attitudes
  - Labelling as 'borderline' or 'attention-seeking'
  - Focus on pathology rather than on resilience and strengths
- Risk arising from unhelpful referrals

Rachel Rossiter

Nurse Practitioner Perspective

Remember:

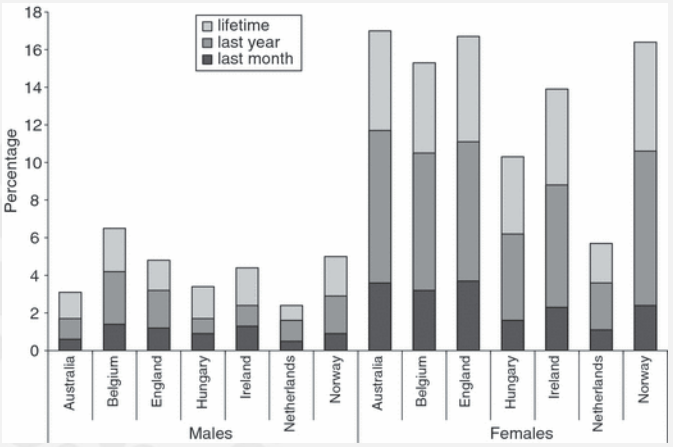
- Focus on establishing a safe therapeutic space
- 'It stands to reason that the most devastating types of trauma are those that occur at the hands of caretakers' Cozolino, 2002 p. 258
- 'Effective trauma-informed services not only address the impact of past trauma, they seek to be aware of, and sensitive to doing no further harm…' Muskett. IJMHN 2014;23 (1):51-59
- 'Regard symptoms as *adaptive* and work from a strengths-based approach which is empowering of **Stephanie's** existing resources' ASCA 2012, p. 4

Rachel Rossiter

Psychiatrist Perspective

Rates of self-harm by gender in 15 and 16 yr olds

Madge et al. J Child Psychol Psychiatry 2008;49:667-77

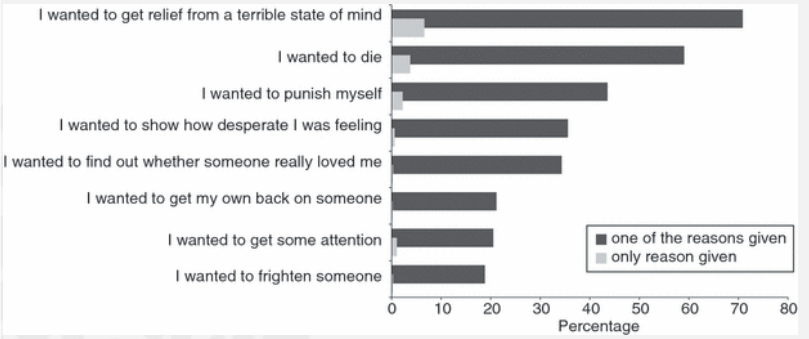


Philip Hazell

Psychiatrist Perspective

Motives for self-harm
Community 15-16 years

Madge et al. J Child Psychol Psychiatry 2008;49:667-77



Philip Hazell

Psychiatrist Perspective

Natural history of self-harm

- Age of onset
  - 12-14 yrs (based on retrospective data)
- Course
  - Variable, most have ceased within 5 yrs of starting
  - Typical reason given for cessation is that the behaviour is no longer serving a useful purpose
  - Cessation rarely attributed to treatment

Philip Hazell

Psychiatrist Perspective

Association between self-harm and psychiatric disorder

Hawton et al. J Affect Disord 2013; 151:821-30

- **Method**: systematic review
- **Population of interest**: people presenting to hospital with self-harm
- **Findings**: A total of 50 studies from 24 countries were identified. Psychiatric (Axis I) disorders were identified in 83.9% (95% CI 74.7-91.3%) of adults and 81.2% (95% CI 60.9-95.5%) of adolescents and young persons. The most frequent disorders were depression, anxiety and alcohol misuse, and additionally attention deficit hyperactivity disorder (ADHD) and conduct disorder in younger patients. Personality (Axis II) disorders were found in 27.5% (95% CI 17.6-38.7%) of adult patients.

Philip Hazell

Psychiatrist Perspective

Death following presentation with self-harm

Hawton et al J Child Psychol Psychiatry 2012; 53:1212-1219

- 5205 individuals aged 18 or less (75% female) followed for at least 3 years following a self-harm presentation to hospital
- 51 deaths, half were suicide or undetermined
- Factors assoc with suicide or undetermined were male gender, cutting at first episode, and psychiatric treatment

Philip Hazell

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- Keep an eye on the MHPN website for details of our next webinar.

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Thank you for your contribution and participation