Self-Harm and Suicidal Thoughts: Guidance for Chroma Therapists

Responsibilities of Chroma Therapists

All Chroma Therapists must have Safeguarding Level 3 training, and should report all concerns on MyConcern, even if it was initially a teacher, parent or social worker who informed them of the self-harm. This is to ensure it remains 'on the agenda' as other supporting professionals may consider the self-harm to be dealt with or otherwise under control or ceased once therapy has begun.

As HCPC professionals we are also obliged to ensure we have any additional training required for our client group. Whilst this document does not replace additional training, with the increasing levels of complexity of our client groups, and the rise in concerns around self-harm and suicidal thoughts, this is some additional guidance to support therapists with this really challenging area of our work at Chroma.

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Support and Self-Care; Importance of the Network

Safeguarding is hard. Self-harm and suicidal thoughts are powerful triggers within a network and cause heightened anxiety in the family and the professionals, as well as for the client. Self-harm and suicidal thoughts are an expression of overwhelming, often unthinkable, or unsayable, thoughts, and in many ways the impact on the network is an unconscious need. As a therapist dealing with this you need to get support to be able to respond in a way that is helpful, thoughtful, and responsive but not reactive. It can be easy to be pulled into the feelings that a crisis evokes, but retaining perspective is important and using support is essential to this.

- Identify and work with the network – school, SW, family, other professionals.
    - Begin any work by identifying the network
    - Who in that network has safeguarding responsibilities
- If you are working in a school, who is DSL. If there are SWs involved, are they adoption SW or statutory SW?
    - Understand the history, especially of previous safeguarding
    - Understand what has previously been disclosed, alleged, or investigated
    - If there is safeguarding, we can work to strengthen this network and pull it together. You may need Chroma to back you up on this.
- Use your own clinical supervision
- Use Chroma. Jo is the DSL, but all our Senior therapists can provide support as well
- Look after yourself with your personal care and personal network

What is Self-Harm?

The Mental Foundation describes self-harm as “any behaviour where someone causes harm to themselves, usually as a way to cope with distressing and difficult feelings”.

The charity Mind says the ways people self-harm can include:

- cutting yourself
- poisoning yourself
- over-eating or under-eating
- exercising excessively
- biting yourself
- picking or scratching at your skin
- burning your skin
- inserting objects into your body
- hitting yourself or walls
- misusing alcohol, prescription, and recreational drugs
- pulling your hair
- having unsafe sex
- getting into fights where you know you will get hurt

Why do people self-harm?

There are many complex reasons that lead people to self-harm. Some people describe it as a form of self-punishment or self-loathing (shame). Sometimes it is described as a way to

release tension momentarily or cope with anxiety. Some clients talk about a desire to feel more connected to their body and needing to overcome a sense of numbness. For many, it is a compulsive response to intolerable feelings, such as shame or anger. It can also provide a feeling of control. Young Minds report that 1 in 12 young people self-harm and that 75% of young people know someone who self-harms. Self-harm can affect any one of any age. Any one at any time of their life might find themselves in a difficult situation or going through a hard time. If you don't have healthy ways of managing those times or situations, that's when someone may fall into unhealthy coping strategies, such as self-harm.

Self-harm is sometimes described as a 'cry for help', and less favourably as 'attention seeking'. These attitudes are unhelpful as they minimise the profound emotional distress a young person is likely feeling and potentially increase feelings of shame around self-harm. These terms also suggest that self-harm is always visible, and it's vital to be aware that many young people attempt to hide evidence of self-harm, and can be very secretive about this behaviour, further fuelling feelings of shame and isolation.

Young People, Friendships, and Social Media

There is a growth in the occurrence of self-harm within adolescent friendship groups, where young people may be drawn to mirroring their friend's symptoms. This guidance document from Oxfordshire NHS has the following to say about self-harm within peer groups:

"Occasionally schools or residential settings may discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety in school staff, parents and carers, as well as in other young people. It is important that each case is looked at individually in terms of levels of risk and need in the first instance. It is also important to consider what it is within the group dynamic that is leading to this situation and how best it can be managed. It may be helpful to discuss the matter openly with the group of young people involved."

The NSPCC has the following to say about accessing information and support online:
The internet can be a source of support for many young people who are struggling to cope with worrying or confusing feelings..... However, online platforms can also provide them with opportunities to view upsetting and graphic content that could cause them harm, including pro-eating disorder and pro-suicide and self-harm. Content like this can be viewed on most online platforms..... It can be shared further on online forums, message boards and groups that have been set up for people experiencing similar feelings. These types of content can take many forms:

- *personal accounts*
- *memes and videos sharing tips about self-harm and suicide*
- *online communities for people who are experiencing suicidal or self-harm thoughts*
- *news stories that discuss suicide or self-harm*

- *memorial pages for people who have died by suicide*
- *online challenges or hoaxes that may encourage someone to take part in an activity that could cause them harm.*

Associated Mental Health Conditions

Self-harm isn't a mental health condition in itself but can be indicative of mental distress or mental illness, including Borderline Personality Disorder (BPD), Bipolar Disorder, Depression, Schizophrenia and Psychosis, and Addiction. Other comorbid conditions include PTSD, social anxiety, attachment disorders and trauma related needs.

Working with disclosures of Self-Harm in Therapy

Often young people are referred to therapy because they have begun to self-harm. It's important to ask a lot of questions and use your professional curiosity when beginning work, to ascertain the current level of risk. Questions to ask may include:

- **Nature** (for example *how* is client self-harming (with a blade, a paper clip)
- **Self-care** - How is the client trying to keep themselves safe – e.g. caring for any wounds after self-harm (have they attended ED (A & E), do they wash wounds), seeking distractions when feeling overwhelmed
- **Frequency** (how often does concern happen)
- **Intensity** (for example the depth of any wounds caused, do they need sutures, is it a small area or a large area which is subject of cutting)
- **Location on body**
- **Time of day or days** (e.g. when incidents occur)
- When did **last incident** occur
- **Is anyone else present** (e.g. when client self-harms)
- **Who else is aware** of behaviour/concern including any professional or family member
- **Precipitating Factors** (e.g. only occurs following argument/flashback/when mum is at work/no known precipitating factors)
- **Other support?** Is client receiving any support from elsewhere regarding this concern? Some useful resources include:
    - https://www.ditchthelabel.org/15-safer-alternatives-to-self-harm/
    - https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/
    - https://www.childline.org.uk/info-advice/your-feelings/self-harm/self-harm-coping-techniques/?self-harm-tool=61931#61896

Escalation of Risk

If self-harm prevention is not possible at first or escalates then it is important to check that the wounds are clean and that dangerous items are kept away. Chroma therapists will need

to review their risk assessments with this in mind. When it is hard to stop self-harming (despite a client attending therapy sessions) in the short term it can be helpful to think about other safer ways for the client to experience their need to self-harm. Healthcare professionals suggest 'harmless pain' such as flicking an elastic band on their hand or squeezing ice cubes.

Additionally, if self-harm is an ongoing issue, a safety plan is an extremely helpful tool and can be co-created between the young person, the parents or guardians and the therapist. The Chroma Safeguarding Manual contains a useful briefing on safety planning, including what questions to ask, and when to escalate a concern (see below).

Parents and Guardians should be advised that in the event of a mental health crisis they should call 111 and select the 'mental health' option and they will be advised on the best course of action by a professional. In the event of an immediate mental health emergency, they should go to A&E where they will be assessed by the duty psychiatrist or psychiatric nurse.

Are Self-harm and Suicide Linked?

Although suicide and suicidal ideation are not always directly related to self-harm, if self-harm continues as a long-term coping strategy, it can increase the potential for suicidal thoughts later in life. Self-harm can also increase the potential for accidental deaths.
Statistics around BPD and suicide/suicide attempts are particularly high. Due to the links between early life trauma and the emergence of BPD, suicide risk (including non-intentional) should be a consideration in the safeguarding and planning for some adopted and looked after CYP, particularly where there is a history of self-harm.

Suicidal Thoughts

Safeguarding is usually about the management of risk and to do this we first must assess risk. If a client is having suicidal thoughts, it is vital that you find out more about this.

- Talking about and naming thoughts about suicide does not increase risk; it can reduce risks significantly
- Asking your client whether they have suicidal thoughts is the first step in reducing their risk
- Your response needs to be compassionate, proportionate, and timely
- Explore with your client whether they have thoughts about wanting to complete suicide
- Do they have plans?
- How detailed are those plans?
- How have they prevented themselves from acting on plans in the past?

Questions to ask:

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or your family would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself?
- If the answers to these questions are positive, organise a mental health assessment with a mental health professional:
    - This may be through referral to CAMHS, or,
    - To adult mental health services, or,
    - Through going to A&E

Warning Signs	Protective Signs
• Expressing suicidal feelings • Making a will/ putting affairs in order • Depression of other psychiatric disorders • Increased motivation after starting antidepressants • Unemployment/ poverty/ social circumstances • Past suicide attempt or self-harm / family history • Increased alcohol/ drug use • Life events; divorce / bereavement / anniversaries	• Expressing hope that things may get better in the future • Not wanting to cause pain and distress for family and friends • Religious beliefs • Having a supportive network
Red Flags	
• Marked hopelessness, "I'm a burden" • Well-formed suicide plans; intent • Giving away valuable possessions	• Social isolation / lack of support • Chronic medical illness/ pain • Sense of entrapment

Safety Planning

A safety plan is an important tool, created with the client/ young person and a parent or carer. It contains reminders and information about how they can get help, who or where from, and when external help is necessary. As a therapist you may do some of the work 1-1 with the client and then include the parent, but it is crucial that this plan is held more widely than just between the therapist and the client/ young person.

The key elements of a safety plan are:

- What does it look like when I am coping? What keeps me safe?
- How do I know I'm not coping? What are the triggers? How can I avoid those?
- How do I communicate that I'm not coping, or how can mum/dad notice it?
- What can I do to stay safe when I'm not coping?

- What can mum/dad do to keep me safe?
- What does a crisis look like?
- What do we do in a crisis?

Check out our Safety Plan template (at the end of this document, be sure to add the local numbers in the Resources and Support sections) but feel free to personalise this, especially the resources. Ask the MDT about local resources to include in any safety planning. Safety planning is used in both managing suicidal thoughts and self-harm.

How to Co-Create a Safety Plan
The key is to enable the patient to generate their own reasons for living. • Actions or strategies to help resist suicidal thoughts • Names of supportive family and friends • Professional support • Voluntary support organisations • Agreed actions to take when suicidal thoughts become stronger and/ or more persistent • Reduce/ stop (as clinically appropriate) alcohol, illicit substance misuse • Access to crisis 'out of hours' support (when people may be at their most vulnerable and 'the system' is not obvious to distressed patients or their carers) • Share the StayAlive App with your patient, an online suicide prevention resource, which is freely available to access at #StayAlive of via the website: http://www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

Consent to Share

Where possible, you should get consent to share information about suicidal thoughts or self-harm. Be clear who you will speak to about this, keep them in the loop about what happens next. Record that you have got consent on MyConcern. There is a detailed discussion of the limits of confidentiality in the Chroma Safeguarding Manual and best practice is that a breach of confidentiality must always be discussed with the client. Any breach of confidentiality must be carefully set against the young person's wishes. Useful questions to ask are:

- What is the risk to the young person if this information is not shared?
- What is the young person's capacity to understand the risks of the therapist not sharing information?
- What course of action is in the young person's best interests?
- Is the therapeutic relationship a protective factor for the young person?
- Would a breach of confidentiality create a risk by rupturing the therapeutic relationship?

If a client does not consent to you sharing information, you will need to make an assessment of whether they are at risk of significant harm, in which case we can override that consent. If you are unsure, it is ok to say you don't know if you can hold this and you are going to need to check with your manager. However, if you have any worry about what might happen while you get support, this is a useful pointer about their level of risk. Again, record your reasons for the decision on MyConcern.

An essential facet of safeguarding is that **risk is not carried alone, risk is shared** amongst professionals. A good MDT for a young person will include the adoption social worker, the school and the parents. **Where there is risk of serious harm you or the MDT will need to make a referral to CAMHS or MASH, or the family may need to take the young person to A&E.** A&E will provide a physical and mental health assessment in an emergency.

Supporting a Young Person in Crisis with Self-Harm
Safety Planning

Signs and Symptoms

- Low mood, mood fluctuation or tearfulness
- Anxiety, agitation, increased reassurance seeking
- Confused/muddled thinking, difficulty concentrating
- Forgetfulness
- Self-doubt and loss of self-esteem
- Loss of motivation and energy
- Lack of patience or irritability
- More withdrawn, isolating themselves from friends or family
- Refusal to go to school and/or deterioration in academic performance
- Struggles to complete usual daily functioning tasks
- Poor personal hygiene
- Loss of interest in previously enjoyed activities
- Feeling hopeless, not seeing the point in anything
- Feeling guilty, overwhelmed or responsible for things that are not solely their responsibility
- Fear about the future
- Self-harm or thoughts about ending their life
- Uncommunicative or has difficulty making decisions
- Depression can also result in physical symptoms:
- Headaches
- Stomach and digestive upset
- Change of appetite (over or undereating)
- Changes to sleep patterns (over sleeping or being unable to sleep)
- Pain without a specific reason
- Fatigue and loss of energy or highly agitated

Support strategies for depression

- Keep to a routine with activities in the morning, afternoon and evening, however small or simple
- Encourage them to look after themselves by eating well, exercising, sleeping, going out and not self-medicating with alcohol, drugs, nicotine or caffeine
- Help them identify hobbies, interactions and activities outside of education
- Break down goals into small steps. Ask how you can support or help them to achieve them

With thanks to Hampshire CAMHS

Top tips on how to approach a young person you have concerns about

- Stay calm yourself
- Find time; don't rush the conversation
- Be prepared for a them to deny or play down a difficulty
- Be prepared to listen, acknowledge and validate their emotions and thoughts
- Let them know you want to understand, help and support
- If they do not want to talk, see if they will write you a note, email or text message about how they feel
- Ask if they would rather speak to someone else, such as a GP, school counsellor or helpline
- Try to think together of ways to handle strong feelings that don't involve risk behaviour. Make a mini-crisis plan
- Help them think through their problems and see possible solutions
- Encourage them to think about the long view and how things may change in the future

If a young person has taken an overdose this is a medical emergency and you must seek urgent medical help. Call 999 immediately.

Useful Resources:

Young Minds Parent Helpline: 0808 802 5544
(Monday to Friday, 9.30am-4pm)

Local CAMHS / CMHT Crisis line: INSERT HERE

Freephone Samaritans: 116 123 (24hrs, 7days/ week)
Freephone Childline: 0800 1111 (24hrs, 7days/week)
YoungMinds Crisis Messenger; free, 24hrs /7days/ week text YM to 85258

Websites:

https://www.stayalive.app/
www.stayingsafe.net
www.papyrus-uk.org
https://www.ditchthelabel.org/15-safer-alternatives-to-self-harm/
https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/
https://www.childline.org.uk/info-advice/your-feelings/self-harm/self-harm-coping-techniques/?self-harm-tool=61931#61896

CHROMA
realising potential through creativity

MY PERSONAL CRISIS AND COPING PLAN

When I am coping this is what life looks like for me:

My goals, dreams and hopes:

The following are signs that I am struggling to cope:

The following are signs I am not coping/ am in crisis:

Things that keep me well day to day:

My triggers for not coping:

Plan of action when I am struggling to cope:

Plan of action when I am in crisis:

Support I can access:

CAMHS Crisis line / website [INSERT DETAILS HERE]	Websites:	www.stayingsafe.net www.thecalmzone.net www.papyrus-uk.org
Freephone Samaritans: 116 123 (24hrs/7 days a week)		www.harmless.org.uk
YoungMinds Crisis Messenger free text YM to 85258	Apps:	Stay Alive What's UP Well Mind