



INSIGHT...

A self-harm newsletter for professionals

Newham Asian Women's
Project

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Postcards from the Edge: Keeping in Touch Halves Rate of Repeat Hospital-treated Self-poisoning

A new study from Australia has found that sending regular postcards over a period of 1 year to people who have tried to poison themselves halves the rate of hospital-treated self-poisoning.

Self-harm is common. Self-poisoning is the most common method, and most patients make their initial contact with hospital through the Emergency Department. Between 12% and 25% of people will self-poison again within 12 months of the first attempt.

Researchers in New South Wales have already shown that a postcard intervention nearly halved the number of hospital readmissions for self-poisoning over 12 months. This follow-up study, published in the December 2007 issue of the British Journal of Psychiatry, reports on the 24-month outcomes.

In this randomised controlled trial, 8 postcards were sent to patients aged 16 or over who had self-poisoned over a 12-month period. The principal outcomes measured were the proportion of patients with one or more repeat episodes of self-poisoning, and the number of repeated episodes per person.

The postcards were sent to the intervention group in a sealed envelope in months 1, 2, 3, 4, 6, 8, 10 and 12 months after discharge from hospital. Both the intervention group and the control group received treatment as usual.

It was found that after 24 months the benefit shown at 12 months was maintained. There was a significant reduction in the rate of repetition of self-poisoning. No significant reduction was found, however, in the proportion of people repeating self-poisoning in the intervention group compared with the control group.

422 hospital 'bed-days' were used by the control, but only 183 bed-days by the postcard group – a total saving of 239 bed-days. This low-cost intervention thus led to a considerable increase in availability of hospital beds and a decrease in emergency department workload, and was highly cost-effective.

The researchers comment that the simplicity of the intervention means that it could be delivered from hospitals that do not have extensive resources, and can be delivered from an Emergency Department contact in hospitals which have a less extensive psychiatric service.

The difference in total readmissions for self-poisoning came from one main source – women with 3 or more repeat admissions. They accounted for a difference of 165 repeat admissions (210 in the control group and 45 in the intervention group).

2 previous studies of women with borderline personality disorder using other interventions (dialectical behaviour therapy and a psychoanalytically informed day hospital programme) have found a reduction in self-harm. A third study using brief nurse-led psychological intervention in the patient's home found the intervention group less likely to repeat self-harm attempts at follow-up.

Other brief low-cost intervention studies (e.g. telephone contact, manually-assisted cognitive behavioural therapy, 2 versions of the "green card study" promising contact with a psychiatric clinician if requested) have not found any significant difference in repetition of self-harm between the intervention and treatment-as-usual groups, however.

But none of these studies analysed the number of episodes of repeated self-harm as an outcome, and used different definitions and methods of estimating outcome, so comparison with the findings of the Postcards from the Edge study is difficult.

The researchers conclude that this simple, low cost intervention continues to be effective in reducing repeat episodes of hospital-treated self-poisoning for at least 1 year after the intervention finished. A 5-year follow-up study is planned.—*Royal College of Psychiatrists, December 2007*

Forthcoming Events:

- **The Reality of Self-harm: A conference to increase understanding of the realities of self-harm.** Guest speakers will include Jan Sutton, author of *Healing The Hurt Within* with Gillian from CIS'ters as well as Jayne Moran, a Clinical Psychologist Specialising in Learning Disability and Terry Ingham—an NLP Master Practitioner and Trainer. 28th February 2008. **For more information please contact Margaret on margaretgutcher@hotmail.com**
- **Working With People Who Self-injure.** The Bristol Crisis Service for Women will provide one day workshops on why people self-injure, what their needs are and how to respond helpfully. The informative and participative workshop offers an opportunity to share and discuss experiences and learn from the extensive work of BCSW with women who self-injure. 24th and 29th April in Central Bristol. **For more information, please contact 0117 927 9600.**
- **Delivering Race Equality in Mental Healthcare: Policy, Policy, Practice & Research—2nd National Conference.** This two day event will focus on the impact made since the launch of Delivering Race Equality in Mental Healthcare Action Plan in 2005. The conference will address key issues impacting on the community, service users and professionals. 21st and 22nd February, West Midlands. **For more information call 07809413519.**

Support Self-injury Awareness Day—March 1 @ LifeSIGNS

LifeSIGNS has re-launched as a voluntary organisation with a brand new look! The user-led self-injury organisation will continue to provide training, web-based support, a newsletter and much more. LifeSIGNS offers non-judgemental and non-directional support and guidance. For more information visit www.lifesigns.org.uk for more information.

To kick-start the new year, LifeSIGNS is working hard to raise awareness about Self-injury Awareness Day on March 1. Wristbands and key-rings are available for sale from LifeSIGNS.

Unravelling the suicide clusters

- BBC News

The self-inflicted deaths of seven young people in a south Wales town within the last 12 months has led to speculation that police might be dealing with what experts term a suicide "cluster".

All the victims were young, lived in the same small area and, according to police, knew each other "as you would expect in small neighbouring communities."

Cluster suicides are rare events, but when they happen they affect not just individual families, but sometimes whole localities.

Fallout

Bonnie McClelland, 58, has felt at first hand the devastating fallout of a "cluster" suicide. First her only son Timothy killed himself after suffering depression.

A single mother without the support of a partner, she then had to face the grieving parents of two of Timothy's friends, who also killed themselves shortly after his death.

"As a parent, your heart is already shattered," she said. "But then, to look into the eyes of your friends and see the pain that your child has caused, is something you carry in your heart forever."

She attempts to shed light on the reasons why a young person, with their life ahead of them, might choose to follow a friend into suicide.

"When a suicide happens it's like a book has been taken off the library shelf," she said. "They open that book, and it gives them the direction of what to do."

Message

Ms McClelland now works to raise awareness of teenage suicides in her local town near Tampa in Florida. In the year following Timothy's death, she says there were 29 teenage suicides in her local area.

And her message to parents everywhere is: "Talk to your children about their feelings.

"If they are depressed or are thinking about self-harm or suicide - ask questions, and be honest about the answers you give."

Last week she commemorated the sixth anniversary of the death of her son "aged 17 years, six months and 11 days" .

Timothy had been suffering depression - which his mother says runs in the family - from the age of 15. He was a "very bright" child with lots of friends. But he was dyslexic, and found school frustrating.

An incident of self-harm and threats to kill himself led to him being sectioned twice under Florida's mental health laws.

"After he burned himself on the arm that first time, I asked him why he was so sad, and he said, 'Mom, I hate my life'. I asked him what's to hate - but he couldn't verbalise it," says Ms McClelland.

Roller-coaster

Eventually he was suspended by his school and from then on, says his mother, it was a "roller-coaster" of emotions until one terrible day in January 2002 she opened his bedroom door and discovered his body.

It was two weeks after a 15-year-old called Charles Bishop killed himself by flying a Cessna light aircraft into a Tampa skyscraper. Ms McClelland firmly believes that Timothy was inspired to follow suit.

If so, it made him the first copycat suicide in a rash that eventually claimed at least four young lives.

Bonnie McClelland won't go into detail about how her son killed himself. "Too many details might encourage other people," she says.

But nine days after Timothy died one of his friends killed himself "using the exact same method Timothy used," she says. "That's how I knew it was a copycat too."

"What I couldn't understand is how he could have done it after he went to Timothy's service and saw how people were devastated by his death."

And five weeks after that, another teenager from the same school killed himself.

Now, after six years of grieving and trying to make sense of her son's death, Ms McClelland has thrown herself into a campaign to make parents more aware of

The dangers of teenage depression.

Tough questions

"My advice is: ask your children those difficult questions - are you depressed? Do you want to kill yourself? And if the child says yes, then ask them how they plan to do it," she says.

"Anything that gets them thinking about the real consequences of their actions is good."

As well as devastating families, whole communities can go into shock after a cluster of suicides.

Last summer three teenagers from the same school in County Armagh, Northern Ireland, killed themselves within a month of each other.

Six months later the local vicar, the Rev Brian Harper, still won't talk about the suicides. "It's too raw," he says. "We're advised that it will take at least two years for us to get over this."

Comprehensive study

Cluster suicides are still little understood by the experts - but the first comprehensive study is now being led by American psychologist Professor Madelyn Gould of Columbia University.

She has pinpointed 53 suicide clusters around the US and is trying to find if there are common factors involved.

To qualify as a cluster for her research, there must be between three and 11 victims, aged between 13 and 20. And all must have killed themselves within 12 months of the first death.

So far the clusters have thrown up few things in common - apart from having a tendency to take place in smaller communities, where people are more likely to know each other.

"What we are finding is that victims of cluster suicides are usually not best friends, but they know each other, or have heard of each other," says Professor Gould.

Media

One disturbing factor is the role of the media.

Says Professor Gould: "We are finding that the more sensational the coverage of the suicides, and the more details the media provides, then the more likely there are to be more

suicides.

"If the suicide victim comes to life in the newspaper article, or the reasons for dying are presented in a compelling way, then suicide can become more attractive to a vulnerable person.

"It's like the first person who commits suicide becomes a sort of role model for those who come afterwards.

"And if you are vulnerable and depressed then the fact that someone has gone ahead and done it might be enough to tip the balance inside your mind.

"Suddenly, suicide becomes a realistic option."

Professor Gould offers the same advice as Bonnie McClelland gives to the parents of potential cluster-suicide victims.

"Address the issues honestly with your children. Talk to them."

"If you are a community, don't close down - welcome in the professionals who might help you get through this.

"And above all don't deny it is going on."

CLUSTER SUICIDE STRATEGIES

- Avoid glorifying suicides
- Offer support to families and friends of victims
- Identify vulnerable relatives and friends and offer counselling
- Enlist the support of the media

Source: US Centre for Disease Control

Improving Services for People Who Self-harm

NORTHAMPTONSHIRE Healthcare NHS Trust is encouraging people who have experience of self-harm to take part in a national online survey and share their views on how services to support and care for them could be improved.

Self-harm, which includes things like deliberately cutting or burning yourself, or taking too many tablets, either to end your life or to hurt yourself, is one of the top five causes of acute admission to hospital in the UK.

Now Northamptonshire Healthcare, together with Northampton General Hospital and East Midlands Ambulance Service, is participating in a national project to improve the

quality of care that people receive when they have harmed themselves.

The quality of care for people who self-harm depends on the quality of joint working between emergency and mental health services. 'Better services for people who self-harm' is a national programme that brings together professionals from emergency departments, medical, mental health and ambulance services to review and improve their local services.

The aim is to improve the way that services work together to ensure that people receive the most appropriate and best possible support.

As part of the review, Northamptonshire Healthcare is asking people

who have experience of self-harm to take part in a confidential national survey.

The survey asks people's views on the attitude of the staff who treated them, the quality of the facilities and environment they were treated in, and whether they felt they were given enough information and an opportunity to be involved in decisions about their treatment.

All responses will be collated by the 'Better services for people who self-harm' team and fed back anonymously to health services in Northamptonshire to help them identify and plan improvements.

Anyone over the age of 16 who has self-harmed can participate in the

survey. The survey is particularly keen to hear from people who have experience of local accident and emergency services within the past 18 months.

People can complete the survey online and find out more about the national 'Better services for people who self-harm' programme by visiting the links below.

The 'Better services for people who self-harm' programme is co-ordinated nationally by the Royal College of Psychiatrists with funding from the Health Foundation charity.

- Northamptonshire NHS, October 2007

Styal transforms self-harm record

HMP Styal experienced a spate of six self-inflicted deaths over a 12-month period in 2002/03 – all among women within the first month of custody. But since the recent introduction of a raft of new measures, including a first night centre, the number of prisoners self-harming during their first 48 hours in custody has dramatically reduced, having a positive effect throughout the entire prison.

PSN spoke to Centre Manager Karen Finlay to discover the effective way the Centre's helping to combat the potential risk of suicide and self-harm during the first days in custody of the 1,200 women who will pass through the Centre each year.

It's a harsh reality that the risk of self-harm or suicide is at its greatest during the first few days and weeks in custody. And that the risk is particularly high amongst women. In 2004, women accounted for 49% of all self-harm incidents. Service-wide, even though they make up just 6% of the overall prison population.

But in the three months since the opening of Styal's first night centre, there have been just two incidents of self-harm out of the approximately 300 prisoners that have passed through the centre during their first 48 hours in custody. And while this is still two too many, it is in sharp contrast to the number Karen Finlay estimates previously occurred.

"There would be an average of around 40 incidents of self-harm for a similar period previously during the first 48 hours when women went straight onto Waite wing – and that's a conservative estimate as some women will conceal their self-harm.

"These ranged from scratches to much more serious incidents." It is to resolve any possible situations or feelings that may trigger self-harm that is the main aim of the first night centre.

Karen said: "When prisoners went straight onto the wing, the fact that they needed help was not always immediately recognised. "But now when they come to the centre, we can give them more of the one-to-one attention they need, thoroughly assess

their immediate needs, deal with issues before they blow out of proportion and prepare them for what life will be like in the main prison, therefore counteracting the majority of reasons they used to self harm."

Centre of excellence

Prisoners now go straight from reception to the centre, called Oak House, where they are seen by a nurse, a doctor and a member of staff for an immediate needs risk assessment. This is aided by excellent communication from reception staff to the centre about any concerns they have picked up as the women have passed through. Karen said: "The big benefit of the centre is that staff have got more time to spend with the prisoners, explaining who is available if they have any worries, giving them a copy of the core day so they know what's going to happen to them, structuring their expectations of prison life and alleviating any fears they may have.

"The women all have a TV and radio in their room to occupy them and we settle them in for their first night in the hope that we've identified any major problems and have put their mind at rest about any worries, therefore reducing any feelings of anxiety and distress and therefore the likelihood of them self-harming."

And as part of the induction programme, probation and education staff, mental health in-reach workers, chaplaincy, housing and benefits staff are also on hand daily, meaning that case management and sentence planning begins straight away.

The positive effect on the women is huge, not only during their time at the centre but also when they are moved onto Waite wing or, if they don't need to detox, straight into one of the houses.

Karen said: "It has a lasting effect. Staff on the wing have certainly noticed a massive difference since the opening of the centre. Women are now far more relaxed and chilled out when they arrive on the wing because they are better informed and they know that any outstanding issues are being dealt with."

One prisoner – who now works in the centre – agreed, saying that it has made a huge difference to the women. She said: "Being in prison for the first time is a scary experience. But because you're seen by everyone within the first 48 hours, you immediately know everything's being sorted out. As staff have got quality time to spend with you and answer all your questions, you can get on with your sentence with a greater awareness and peace of mind."

Staff at the centre are specially selected because of their strong interview, presentation and listening skills and their ability to quickly foster positive relationships with prisoners. And the centre's environment – including a comfy lounge area and very calm atmosphere – not only helps to alleviate stress and anxiety but also encourages prisoners to open up and often chat about their problems.

Karen said: "Staff sit and chat with prisoners in the lounge which can lead to them talking about, for example, an abuse storyline in a TV soap. The women then often really open up and talk about their own experiences of being abused and the chat turns into a really valuable informal group session."

New initiatives

But the first night centre is far from being the only new measure aimed at tackling self-harm and suicide at Styal. The Prison and Probation Ombudsman put forward a number of recommendations following the six self-inflicted deaths. Examples of those now in place include:

- Improvements to reception, the remand wing and to the procedures of caring for women who are at risk of suicide or self-harm have also been introduced, as well as the appointment of a dedicated Suicide Prevention Co-ordinator.

- Styal is also one of around 50 prisons that have already introduced the new ACCT

(Assessment, Care in Custody and Teamwork) system of caring and supporting prisoners at risk of suicide or self harm. ACCT will eventually replace the current F2052SH process in all establishments.

- And the healthcare facilities have been reviewed along with significant improvements to detox procedures. The care, separation and reintegration unit – previously the segregation unit – comprises specially selected prison officers and mental health nurses to deliver regime to support prisoners in crisis.

- And a day care facility, run by mental health nurses, has also been created to support prisoners with long-term mental health issues.

Governor Steve Hall said: "The first night centre has been a stunning success – massively exceeding our expectations of reducing anxiety and distress to women coming into custody at Styal.

"It is a credit to all staff at Styal that we have been able to reverse what was a worrying trend in self-harm and a number of tragic deaths. We continue to receive large numbers of women from the community who are suffering from severe ill-health problems and the added anxiety of being separated from friends and family.

"We have put in place a range of measures which allow staff better opportunities to engage with prisoners and offer them care and support. The commitment and dedication of staff is vital and there has been no shortage of this – the reality is we save lives day after day here. The risks of someone taking their own life still remain high but having a first night centre has made a huge difference to us."

- Prison Service News

Newham Asian Women's Project

Zindaagi Department, NAWP
Newtec Building
22 Deanery Road
Stratford, E15 4LP
Phone: 0208 519 9136
Fax: 0208 536 1398
E-mail: info@nawp.org

www.nawp.org

To contribute an article or news story for the next edition of the newsletter, please contact Ami Gill at agill@nawp.org or Kamna Muralidharan at kmuralidharan@nawp.org or telephone 0208 519 9136.

EVERYBODY HURTS DVD

We have been busy at Newham Asian Women's Project launching the Everybody Hurts DVD and getting it seen as widely as possible.

In the last few months, we have launched the DVD in Wales as well as locally in Newham.

Newham Asian Women's Project in conjunction with the Amber Project launched, "Everybody Hurts" in South and West Wales. The resource was developed and produced by Newham Asian Women's Project following extensive consultations with both young people and professionals. The young people from The Amber Project were actively involved in this process and were delighted to be hosting the Welsh Launch.

The Amber Project use forum theatre as a way of helping and supporting the young people who access their service. Forum theatre is a drama technique which is used to explore and express attitudes, opinions and feelings and interaction with the audience to create discussion and dialogue.

The day saw over 80 professionals from various sectors come together to look at taking the issue of self-harm further. The Everybody Hurts DVD was extremely well received and feedback was positive with regard to the suitability of the DVD for both young people and professionals.

The young people from the Amber Project then used forum theatre as a way of exploring the issue of self-harm and professional's attitudes towards young people who self-harm. The audience was asked to participate and explore helpful and unhelpful responses.

Newham Asian Women's Project has benefited greatly from working in partnership with the Amber Project and look forward to future working.

Working for women, working for wellbeing

Zindaagi (meaning 'Life') is a project led by NAWP. The project delivers a range of services aimed at reducing the incidents of self-harm and suicide amongst Asian women and girls and actively works to promote emotional wellbeing and self-empowerment.

We offer a range of free services including:

- * One to One counselling in the Main South Asian languages
- * Support, Information & Resources on Mental Health
- * Therapeutic Support Groups
- * After-school Clubs
- * Residential Holidays & Summer Programmes
- * Workshops & Activities
- * Capacity Building & Training for Frontline Professionals on Self-harm
- * In-school Services

UPDATES FROM THE EAST LONDON SELF-HARM FORUM

Members of the East London Self-harm Forum have been looking at developing good practice guidelines when developing an organisation's self-harm policy. Working Group members have been discussing key questions around harm minimisation, confidentiality and child protection, risk of suicide and the impact on the worker. Once developed, these guidelines will enable organisations to adapt the principles and develop policies that meet the needs of their specific target group.

Working group members have been collating policies and procedures from various sectors that may come into contact with children and/or adults who may be self-harming. These include the health, education, criminal justice system and social care sectors. If anyone is able to contribute to collating any policies around self-harm, please contact Kamna Muralidharan on kmuralidharan@nawp.org or Ami Gill on agill@nawp.org

Those interested in participating in the forum and contributing to the Policies and Procedures working group should get in touch with Kamna Muralidharan on kmuralidharan@nawp.org or Ami Gill on agill@nawp.org

Alternatively, please contact a member of the Zindaagi department on 0208 519 9136.

Newham's Young Mayor launches Everybody Hurts DVD

Newham Asian Women's Project launched Everybody Hurts to a packed audience at Stratford Circus. Everybody Hurts was introduced by Newham's Young Mayor Zuhayb Ahmed who talked about how the DVD changed his attitudes about self-harm. Young people involved in the making of Everybody Hurts were present and sat on a panel to answer any questions. The event was a huge success and feedback to the DVD was extremely positive.

Some feedback from the launches:

"As a parent, it will help me in the future if I ever came across my child, friend or neighbour self-harming. Well done and I think it's amazing to watch."

"Absolutely brilliant, very powerful and touching. I was close to tears. I learned a lot about self-harm, I didn't know much about it at all. I think this DVD should be shown nationally on TV."

"A moving video but also positive, exploring the possibilities of positive responses to the issue."

"With increased knowledge, I feel more equipped to understand and support young people who self-harm as a street based youth worker. The film was very accessible, interesting, eye-opening and engaging."

"As a counsellor, any good resources that can empower people is worth having. Having the DVD for individual and group discussion."