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Self-harm in young people

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@selfharmnotts
Self-harm is very complex and changes over time: CaTS key transitions

Key transitions are modifiable: talking therapies can help (need more)

Involve those with lived experience meaningfully: how?
Language Matters

Sensitive/accurate

• Died by suicide

Non-stigmatizing

• Person who ...

Emma Nielsen – Mind your ‘C’s and ‘S’s: The Language of Self-harm and Suicide (and why it matters): IMH Blog
Self-harm is ...

Any act of intentional self-poisoning or self-injury, regardless of suicidal intent (NICE, 2011)
50% CYP suicide $\Rightarrow$ previous SH $\Rightarrow$ prevention

Suicide – leading cause of death 5-19 years England (ONS)
Complexity = opportunity

Genetic and biological factors

Personality factors

Psychiatric disorder

Aggression impulsivity

Pain alleviation

Suicidal ideation

Exposure to suicide or self-harm

Availability of method

Outcome

Method likely to be lethal

Method unlikely to be lethal

Psychological distress and hopelessness

Negative life events or social problems

Perfectionism and low optimism

Suicide

Self-harm

Card sort task for self-harm (CaTS)

Townsend et al. (2016). *Journal of Affective Disorders*, 206, 161-168
Study 1: First episode – state transition diagram

1. I did it on impulse without planning
   - I felt access to the means to hurt myself

2. 6 months before
   - Medium frequency items
     - I felt very anxious
     - I felt I could not escape from feelings or situations
     - I felt worthless

3. I could not think of anything else to do
   - I hated myself
     - I felt depressed and sad
       - I was angry

4. I could not trust anyone
   - I could not tell anyone how I was feeling

5. Low frequency items
   - I felt better after self-harm
     - I isolated myself from others
     - I was not able to sleep
Study 2: Increase complexity?

- Wadman et al (2017) *British Journal of Clinical Psychology*
LOOKED-AFTER

- I felt depressed and sad
- Medium frequency item(s)
- I self-harmed
- Low frequency item(s)
- I felt better after self-harm
- I had access to the means to hurt myself

FIRST EVER

- I could not trust anyone
- I could not tell anyone how I was feeling
- I self-harmed
- Medium frequency item(s)
- Low frequency item(s)
- I was angry
- I felt worthless
- I hated myself
- I could not think of anything else to do
- I isolated myself from others
- I was not able to sleep

MOST RECENT

- I felt depressed and sad
- I hated myself
- I felt worthless
- The mental pain was unbearable
- I self-harmed
- Medium frequency item(s)
- Low frequency item(s)
- I isolated myself from others
- 6 months before

- I felt depressed and sad
- I self-harmed
- I did it on impulse without planning
- I was not afraid of death
- I had access to the means to hurt myself
- I isolated myself from others

CONTRAST
Study 3: E-Cats (Thynne et al, *In prep*)

- Online recruitment
- >18 years
- More time stamps
- Use cards more than once
E-CaTS

and click custom card to create a card with that text.

You can also use the circular buttons above the columns to show where new cards should be placed.

- **Thoughts**
- **Feelings**
- **Events**
- **Behaviours**
- **Support**
- **Afterwards**

Arrange cards here:

- More than 6 months before
- 6 months before
- 1 month before
- 1 week before
- 1 day before
- 1 hour before
- Just before
- Immediately afterwards
- Later on afterwards
- I self-harmed
Two modified tasks:

**All about Me (first task)**
25 cards + blank cards – select cards that best capture how you would describe yourself

**My experience**
43 cards + blank cards
Follows the CaTS timeline approach
- shortened time frame

- Structured springboard for nuanced dialogue
- Support understanding – conscious awareness?
- Build rapport and reduce power differentials

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Lockwood et al *(In prep)*
Self-harm changes/evolves: assessments implication.

Recent self-harm: fearlessness of death, access to means, wish to die, hopelessness, impulsivity

Underlying emotional distress, particularly depression and self-hatred important

Regular monitoring and assessment vital: restrict access to potentially fatal means

CaTS clinical utility as an assessment tool: start difficult conversations
"I especially loved the card sort task as I helped me to look at and understand my experience and communicate this across within the research. I was able to complete the task freely in my own time and in my own way"
CaTS: implications for interventions

Factors in key transitions = modifiable

✓ Means access
✓ Negative thoughts and emotions, and impulsivity → PS, CBT, DBT, MBT
✓ (Hawton et al. 2015: 2016 Cochrane Reviews)
DBT does not reduce number repeating SH (or frequency) (K=2)

MBT does reduce number repeating SH (K=1)

DBT does improve depression, hopelessness, ideation (K=1)


No other intervention significant reduction in number repeating SH
Psychological therapies (‘talking treatments’) may help people who self harm.

New Cochrane review; 55 studies, where a total of 17,699 participants were randomized to receive either a psychosocial intervention or the care they would normally have received.

Best of the Cochrane Library: 2016 in review: Cochrane Library. DOI: 10.1002/14651858.CD012189.
Co-creation via Listen-up

Young people share their reactions to Listen-up! Project findings

In this podcast, young people reacted to our finding using the Card Sort Task for Self-Harm (CaTS) that self-harm makes them feel better the first time they self-harmed, but this effect disappeared over time. (See Townsend et al 2016 Uncovering key patterns in self-harm in adolescents: Sequence analysis using the Card Sort Task for Self-Harm. http://www.sciencedirect.com/science/article/pii/S0165032716303585

"Many young people felt better after the first time they self-harmed, but not over time."
Self-harm can be difficult to talk about – help us find new ways.
Where next? Clinical development of CaTS

Card sort task for self-harm (CaTS)

https://sites.google.com/view/self-harm-research-group
Self-harm is very complex and changes over time: CaTS key transitions- we’ve got this!

Key transitions are modifiable: Talking therapies can help (need more) - <18

Involve those with lived experience meaningfully: embedded in research practices- Listen-up! Café Connect
Key references


All publications – many focus on children and adolescents here:  
https://sites.google.com/view/self-harm-research-group
Our Advisory Group of young people

Participants

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