An exploration of the impact of self-harm in an inpatient adolescent setting on staff: A qualitative study

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Aims of the presentation

- Background
- Service context
- Aim of research
- Method
- Recommendations
Background

- Self-harm common behaviour within adolescent services (Klonsky, Oltmanns, & Turkheimer, 2003)

- Recognised international health care problem (Hawton et al., 2003; Hawton, Rodham, Evans, & Harriss, 2009; Hawton, Saunders, & O’Connor, 2012)

- Estimated that one in ten adolescents will self-harm in UK (Hawton & James, 2005).

- ‘Truth Hurts’ report of the National Inquiry into Self-Harm among Young People outlined that young people who were seeking support from professionals “were met with ridicule or hostility” (p.1).
Dearth of research that focuses on professionals’ experiences when working with young people who self-harm (Cleaver, 2014)

Self-harm an elicit strong emotional reactions for professionals which can influence how a clinician perceives or treats their patient who self-harms (Wilstrand et al., 2007)

Research revealed gap within professional knowledge of self-harm (Young Minds & Cello, 2012)

Need for greater awareness as there is a relationship between positive attitudes held by staff and the level of education received about self-harming behaviours (Timson et al., 2012).
Service context

- CAMHS inpatient adolescent unit for young people aged 14-18 years old
- Provides specialist, tier 4 support
- Offers psychological and psychiatric interventions to support the young person
- Multi disciplinary team based on the ward.
Research Aims

- Explore how staff members experience the self-harm of young people admitted on an adolescent inpatient unit.
- Explore staff perceptions of the levels of support offered within the unit and how knowledgeable and competent they feel in the topic area of self-harm.
- Identify any additional support that may need to be addressed within the service.
Method

• Semi structured- interviews
• 5 participants
  ◦ 2x nurses
  ◦ 2 x support workers
  ◦ 1 x teacher

• Thematic analysis (Braun & Clarke, 2006)

• 6 themes emerged (working progress)
The journey through change

- First encounter is emotional, lots of uncertainties, contrasting perspectives
  - “It’s really, really quite shocking at first” (Cilla)
  - “I don’t really know should I go in, should I try to stop it, should I call the staff” (James).
  - “I was frightened to death. I thought I’d been talking to a dead child” (Violet).
  - “You feel that they are insensitive but it’s not (...) it becomes an everyday thing for them” (Cilla).

- Frequent exposure, staff are more able to adopt an ‘objective’ stance, which allows staff to focus on the care they provide.
  - “I think there is differences in how I understand it or how I would manage it now...” (Toby).
  - “Part of it you becomes hardened to it, you develop a thick skin” (Annie).
The personal impact: feeling responsible

- Internal battle: parental position
  - Protection
  - Responsibility
  - Professionally challenged when cannot stop self-harm

- “What are we doing? What are we doing wrong?” (Cilla).
- “But ultimately if you still fail (...) that particular time you think y’know, I haven’t done my job today” (Annie).

- Emotions evoked
  - Coping
  - Taking things home

- “I think your emotions can go right through to frustration, to anger, to empathy, to sadness (Violet)
The nature of self-harm

- Certain self-harming behaviours provoke a stronger emotional reaction
  - Traumatic nature of ligatures: “It is just not a nice thing to see, someone blue in their face and having something tied around their neck” (Annie).
  - “It’s a worry because (...) you weren’t able to get to that ligature in time because you’re dealing with another episode of self-harm” (Violet).

- The act of self-harm has the power to influence
  - “I feel like saying you’re all messing, somebody is going to die because we are attending to another young person because you’re doing that” (Cilla).
The quest to understand

- The process of trying to understand self-harm

- Actively adopted a curious approach
  - “If I am unclear (...) I may speak to the consultant and he will be able to put that into context (...) I need that guidance” (James).

- The challenges
  - “They’re all different (...) they’re not all doing it for the same reason. It’s remembering that” (Annie).
  - “I can’t get my head around it how anybody wants to hurt themselves. Nothing to me in life is that bad. And I’ve been rock bottom, but I would never, ever thought like that” (Cilla).

- Need for training
Finding support in the team

- **Value of communication and support structures**
  - “We are quite close so people will just go and talk about it. Yano that was a really bad one today, can we just have a chat about that” (Annie).

- **Formal & informal opportunities**
  - “You’re able to think this happened and I feel rubbish. Y’know and they’re able to sort of sit there y’know able to comfort or say that’s always going to happen no matter what you do” (James).
  - “It’s how we feel about it as opposed to (...) putting in management plans” (Annie).

- **Challenges and conflicting views**
  - “I think, really people should be asked how are you coping with things because we are humans and seeing it everyday, it’s not normal” (Cilla).
  - “…the demands of the ward overcome everything. When the ward is busy (...) the first thing to go is supervision” (Annie).
Conflicts and tensions within approaches

- Process of risk management
  - “keep key things in your head that you must do it’s like that robotic almost” (Annie).

- Challenge’s, the potential ‘grey areas’ and the tensions
  - “I think the difficulty comes with people who might disagree or interpret these plans slightly differently. As this inevitably happens or the plan doesn’t cover a certain risk” (Toby).
  - “[It feels] like you’re out in the wilderness on your own trying to deal with it” (Violet)
  - “Then you get the arguments of how to deal with that within people and people do become frustrated I think” (Toby).
Recommendations

- **Need for learning**
  - Formal and informal
  - Functions
  - Risk management

- **Need for support**
  - Regular formal and informal
  - ‘Space’ for reflection
  - Validate staff emotional experiences
  - Further develop resilience

- **Communication**
  - Anxieties or conflicts
  - Aim to fully understand
Thank you

Any questions?