



The National Suicide Prevention Conference 2021

intervention Strategies to Treat Self-Harm and Prevent Escalation

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THE NATIONAL SUICIDE
PREVENTION CONFERENCE
THURSDAY 22ND APRIL · ONLINE

“The correlation
between people
taking their own
life and having a
history of self-
harm”

- Will address but maybe its more complex than the initial statements implies

Take all seriously

- All suicidal thoughts irrespective of their level or intensity should be taken seriously
- All self harm or expressions of self harm and acts should be responded to compassionately.
- Distress and despair in the human condition is “normal,” may be part of our growth and development but can be facilitated to be managed.

Why

- We do not know enough about the progression from less intense levels of suicidal thinking to high suicidal ideation.
- People can and do change sometimes rapidly and not following a predicted pathway.
- Self harm is one of the strongest risk factors for further self harm and suicide.

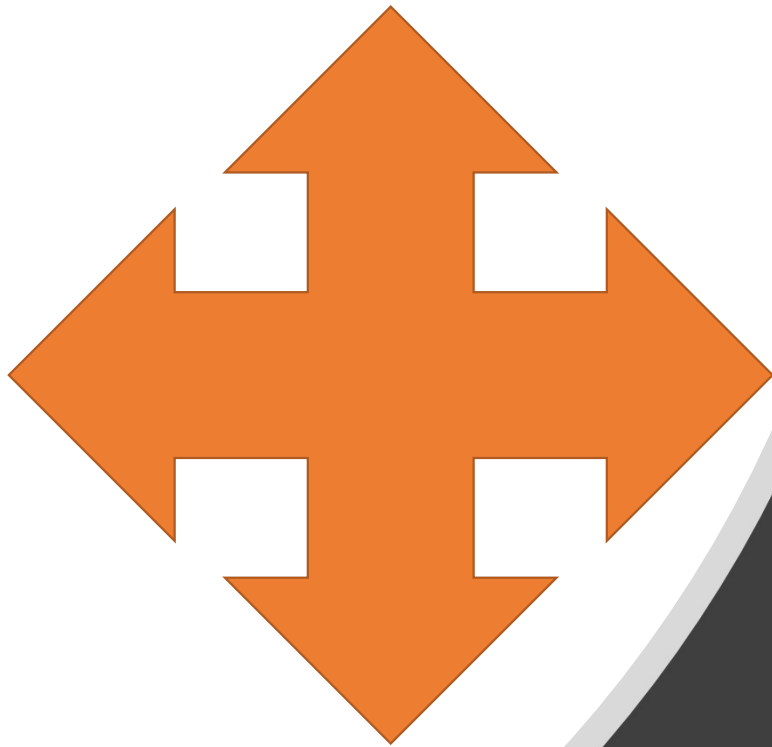


Suicides

Self-harm seen

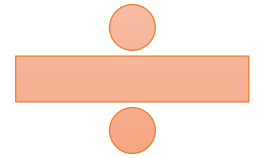
Self-harm unseen

So, what do
we know &
what don't
we see



Can we predict



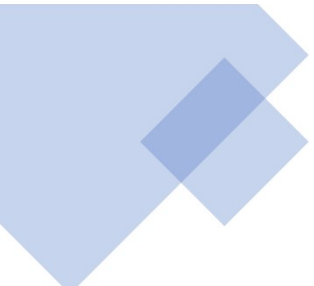


For some combinations
or others, a final straw

Others, maybe one
thing seems to trigger

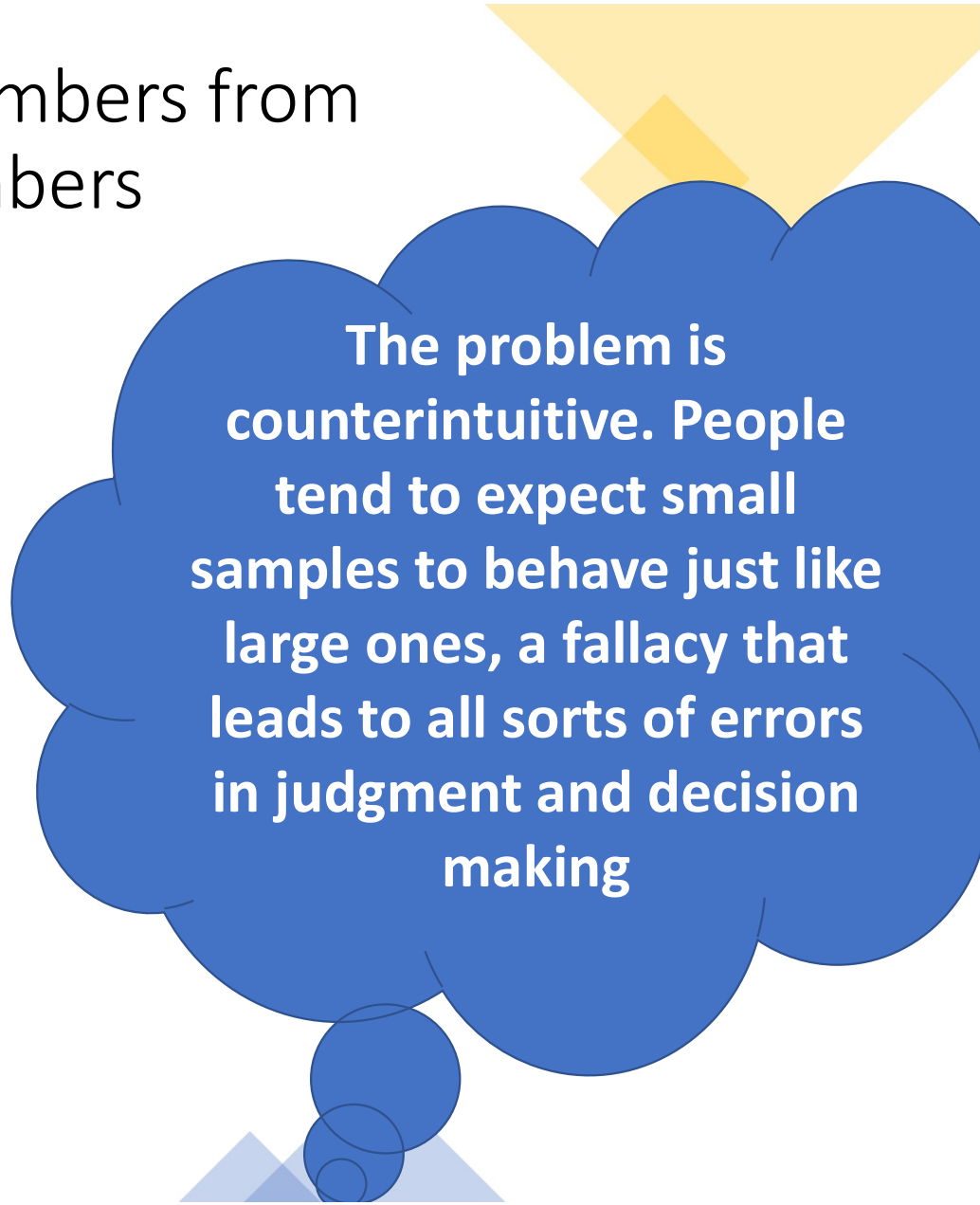
- *But remember the personal story and the context for that person.*
- *CONTEXT and CHRONOLOGY*

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Little numbers from big numbers

- 3 per 100,000
- 12 per 100,000 etc
 - How do you identify the 1 person from 8,333 people



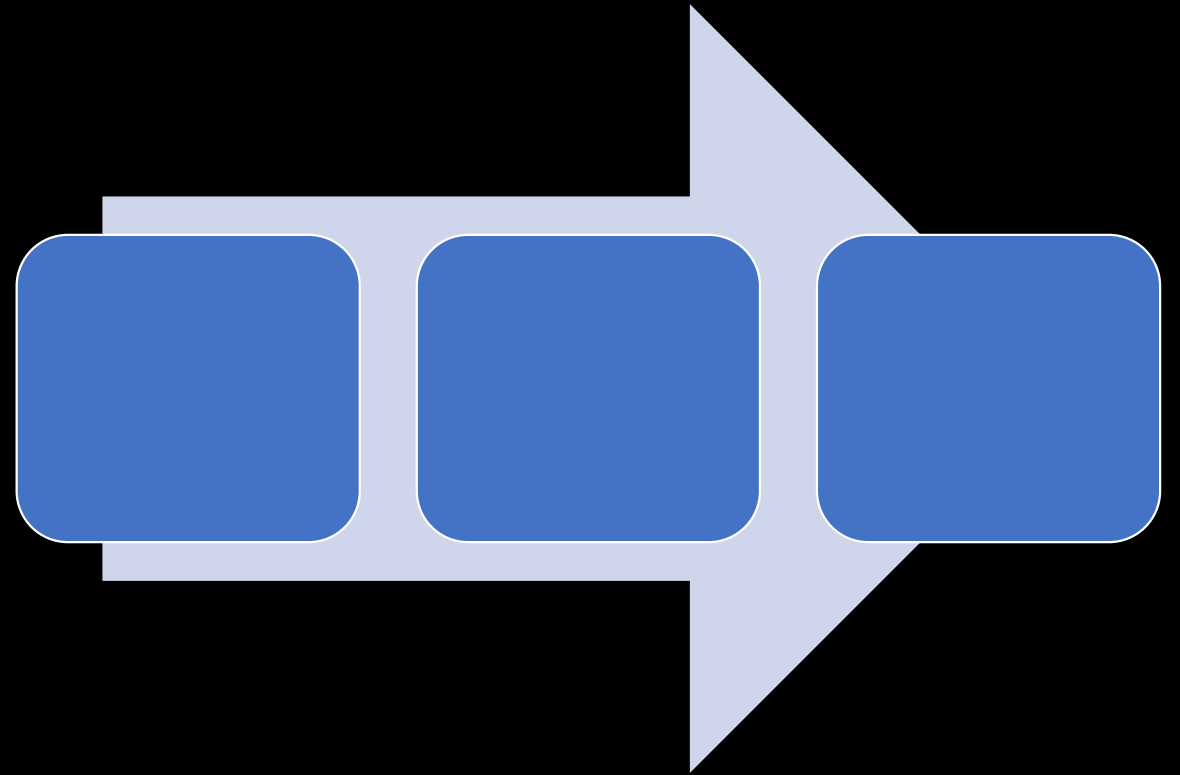
The problem is counterintuitive. People tend to expect small samples to behave just like large ones, a fallacy that leads to all sorts of errors in judgment and decision making

Hence we
can't predict
and no tool
can!

- **“Do Not Do Recommendation**
 - Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.” *(Nice)*
- **“How accurate are suicide risk prediction models?”**
 1. structured tools are not compared with unstructured assessments routine in clinical practice.
 2. they do not sufficiently consider a range of performance measures, including negative predictive value and calibration.
 3. Third, the potential role of these models as clinical adjuncts is not taken into consideration.
 - We conclude by presenting the view that the current role of prediction models for self-harm and suicide is currently not known,” *(Whiting, Seena Fazel 2019)*

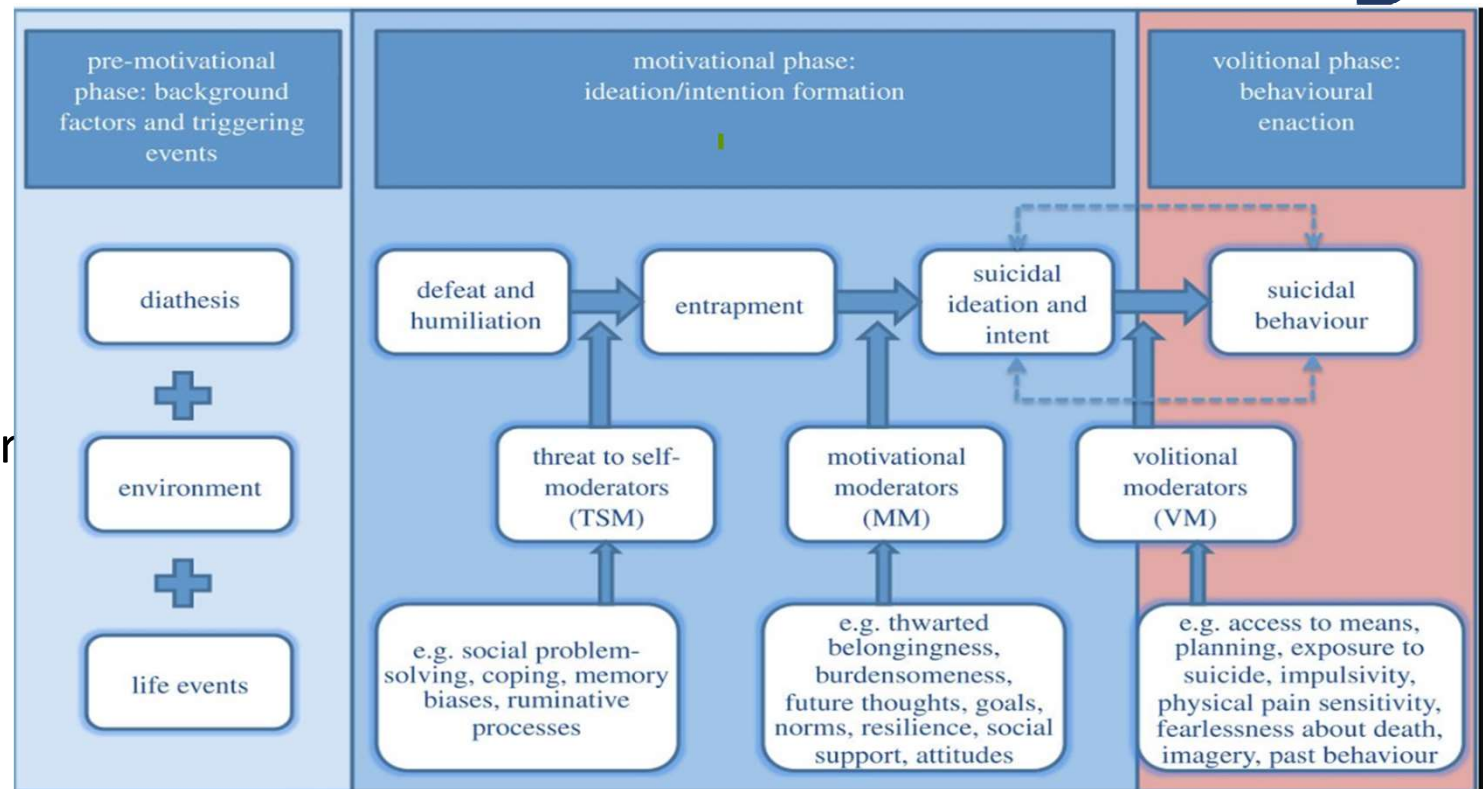


But:- Models can help understand the story and formulate.



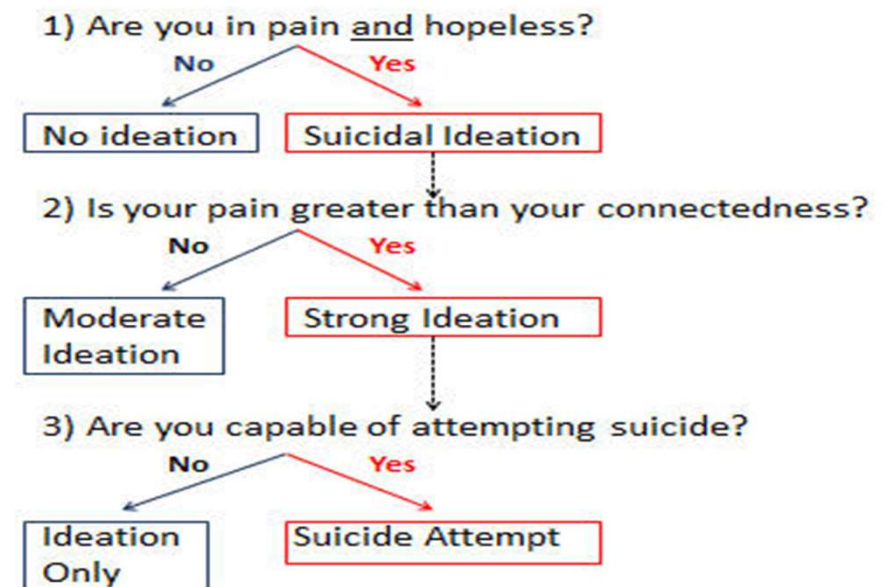
The Integrated Motivational Volitional (IMV) model of suicide

- is a comprehensive theoretical model of suicidal behaviour, initially developed by Professor Rory O'Connor (O'Connor, 2011). updated, 2018



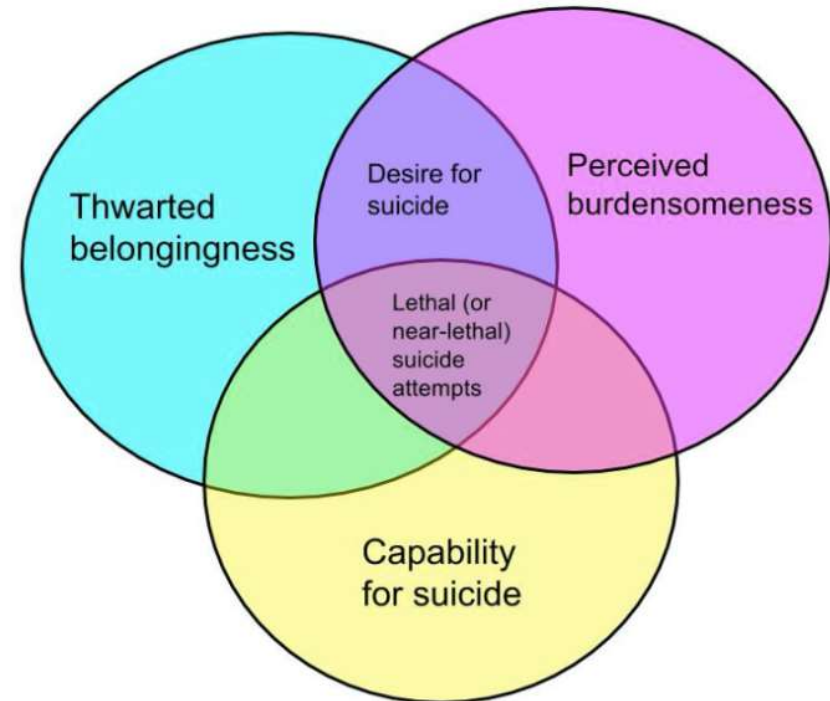
The Three-Step Theory (3ST): A New Theory of Suicide Rooted in the “Ideation-to-Action” Framework

- the development of suicide ideation and the progression from ideation to suicide
- attempts are distinct processes with distinct explanations. (Klonsky 2015)



Interpersonal theory of suicide

- presence of thwarted belongingness and perceived burdensomeness produce the desire for suicide.
- While the desire for suicide is necessary, it alone will not result in death by suicide.
- one must also have acquired capability (that is, the acquired ability) to overcome one's natural fear of death. (*Joiner 2005*)





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“Guidance in
identifying signs
of self-harm and
beginning
conversations
about self-harm”

Sorry no easy or full proof way

Changes

Aware of “risk” factors

Aware of potential stressors

Notice stuff

- Injuries
- Covering parts
- Asking “odd” questions

Provide safe opportunities to talk



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“Lines of communication for reporting and intervening with patients self-harming to prevent escalation”

Collaboration key

- What the person feels will help

Sharing helps

- Ideally what the person identifies or agrees with

Local safeguarding arrangements

- More riskier the more we may need to act for the person to ensure safety

Don't set goal of reduction

- It's a symptom of underlying problem/s



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“Key advice for
engaging
parents to
discuss self-
harm with
children and
young people”

Gently gently

Steps of revelation

Normalise

None judgmental (easier said than done)

Don't be afraid to ask the specific difficult questions

- The young person may feel very scared by their thoughts so opportunity to share can be very cathartic

Compassion and compassionate response

Don't DO NOTHING!



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“The impact
of online
abuse on
suicide and
self-harm”

6 clicks from “Danger”

Victims and perpetrators
are at risk

Not all online, social
media and internet is bad