

Responding to Deliberate Self Harm

Summary

Deliberate Self Harm (DSH) otherwise known as Deliberate Self-Injury and often used interchangeably, was identified as an area of concern throughout the south-west professional sector and community alike. Interest in this behaviour stems from the scarcity of available consistent information and referral pathways and importantly, relevant research. Collaboration between several government agencies and non-government services emerged and as a result, 'Responding to Deliberate Self Harm' forum ensued. The free forum aimed to provide the community with a space to voice not only their stories but to open this issue up to address any misconceptions regarding DSH and also reduce stigma through accessible, community discussion.

Methodology

Youth Mental Health Development Officer (YMHDO) Ms L. Fischer, began a scoping exercise in 2013 which identified, through dialogue with both the government and non-government sectors, that deliberate self-harm was becoming more prevalent in presentation from young people and access to relevant research limited and limited evidence based training available. This increase in number of DSH related *hospitalisations* was substantiated by the South West Mental Health profile produced by WACHS which reported an increase in hospitalisations related to DSH between 2007 and 2011 with the age group most affected identified as 25-44 year olds however an increase in 15-19 year olds was also noted.

The YMHDO began discussions with the Regional Manager South West Mental Health, Mr J. Brearley regarding the possibilities of a public forum or workshops to be held free of charge to the community and service providers alike. This evolved into a partnership between several agencies and largely orchestrated by Mr N. Ruane, South West Mental Health.

To introduce this topic for more exposure into both the professional and public community, a public forum/panel with guest experts speaking on DSH was held at Edith Cowan University on the 26th of June. The panel of experts speaking on DSH included Youth Focus' Clinical Services Manager Mr C. Harris, Community Mental Health Professional Bunbury CAMHS Mr B. McCamon, Ms J. Edmond CAMHS Clinician, Ms C. Pilcher Occupational Therapist who also specialises in Borderline Personality Disorder, Mr B. Jones a child and adolescent psychiatrist from Perth and Mr R. Desai child and adolescent psychiatrist South West Mental Health. Mr Ruane, accepted the responsibility of MC'ing the event.

The forum was managed much like the production of *SBS Insight* program where the audience was invited to debate and converse about DSH. Local agencies participated prior and post the forum with stalls and information relating to their services surrounding DSH.

Professionals and the public alike were to be directed to relevant services should the event elicit any issues (none of which reportedly arose throughout the course of the forum).

Registration was completed by attendees prior to entering the forum. This required the attendee to register their name, email and agency to which they represented (if applicable). Post forum surveys were available to each attendee.

The survey consisted of five questions requiring the attendee to answer yes, no or unsure, followed by two questions relating to further training and another possible forum. The remaining questions allowed for comment on what could be done differently and what was liked most regarding the forum. Attendees were asked to identify whether they were attending as a service provider or community member.

Data

Registration forms were completed by attendees upon arrival with a total of 142 people signing in. It is possible that some attendees did not fill in the registration form upon arrival.

A breakdown of the 142 attendees (see Fig.1) includes the following:

Department of Education attendees identified as both public and private high school representatives from Bunbury, Dalryellup, Bridgetown and Collie. Attendees from Edith Cowan University and South West Institute of Tafe were also noted. School Psychologists were also registered under the Department of Education. A total of 30 attendees registered from this department.

Department of Health attendees identified as Child Adolescent Mental Health Services, Community Mental Health (also one attendee identified from this department located in Margaret River), School Nurses, and employees from the Bunbury Psych. Unit. A total of 22 attendees registered from this department.

Non-Government Organisations included attendees representing Pathways, Warratah, Centrecare, Goombarup, headspace, Injury Control Council WA and Youth Focus. A total of 37 attendees were categorised under Non-government organisations.

Disability service providers, chaplains, employment agencies, private mental health practitioners as well as other government departments including Juvenile Justice and Child Protection were categorised as 'other'. A total of which 23 were identified.

Community Members consisted of 30 attendees, of which several identified as parents and others did not state whether they were attending in the capacity of a parent or agency member.

The above information is based on a register of participants email addresses. However some participants left this section blank and an unknown number may have elected to use a personal address rather than an agency address.

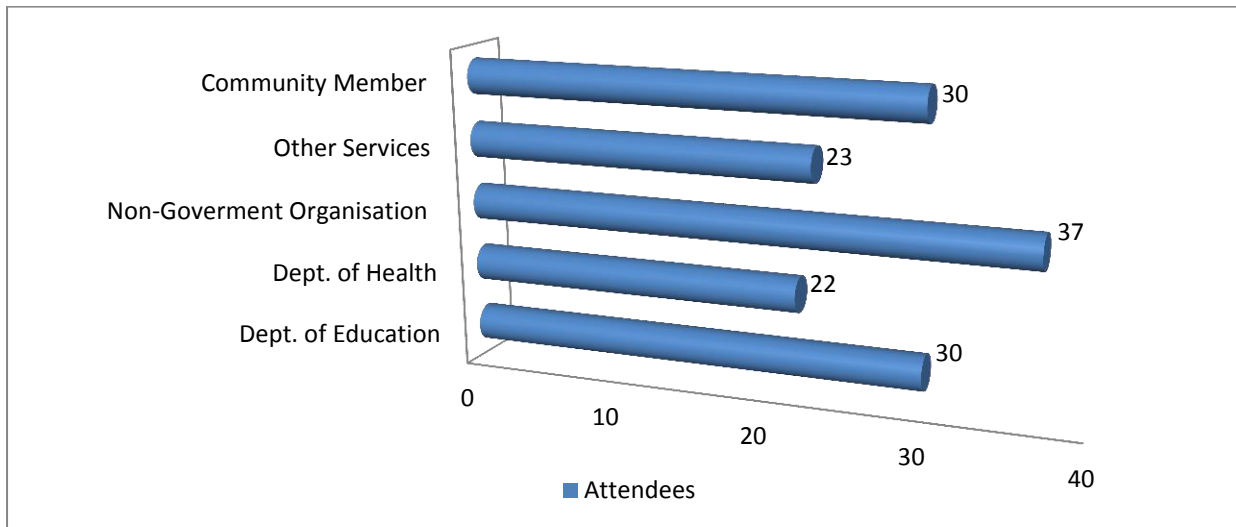


Fig.1 A total of 142 registered attendees.

A total of 88 survey responses were completed post forum conclusion. 64 survey participants identified as a service provider and 19 identified as a community member. Three respondents identified as both service provider and community member and two did not disclose. For the purposes of this evaluation these five survey responses have been omitted from the data analysis.

The survey consisted of five questions to which the participant could answer yes, unsure or no.

Q1 Has today's forum provided you with a greater understanding of DSH?

Q2 Do you feel today has equipped you to begin conversations regarding DSH?

Q3 Do you feel today has increased your confidence with the knowledge of when to respond to someone demonstrating DSH behaviours?

Q4 Do you feel today has equipped you with the knowledge of where to go for further support?

Q5 Do you feel today has provided you with adequate information regarding the difference between DSH and suicidal ideology?

See Fig.2 for a breakdown in Service Provider responses to each question and Fig. 3 for Community Member response.

Service Provider Summary.

Data suggests that 84% of attendees from the service provider sector have a greater understanding of DSH as a result of the forum and 82% feel equipped to begin conversations regarding DSH.

Q5 responses indicate 68% of service providers considered the forum provided adequate information regarding the difference between DSH and suicide with a remaining 15% unsure and further 15% suggesting that they did not receive adequate information.

Q3 responses show 75% of service providers have an increase in confidence with the knowledge of when to respond to someone demonstrating DSH behaviours however a noted 11% remain unsure.

71% of service providers indicated that the forum has equipped them with the knowledge of where to go for further support and 17% unsure.

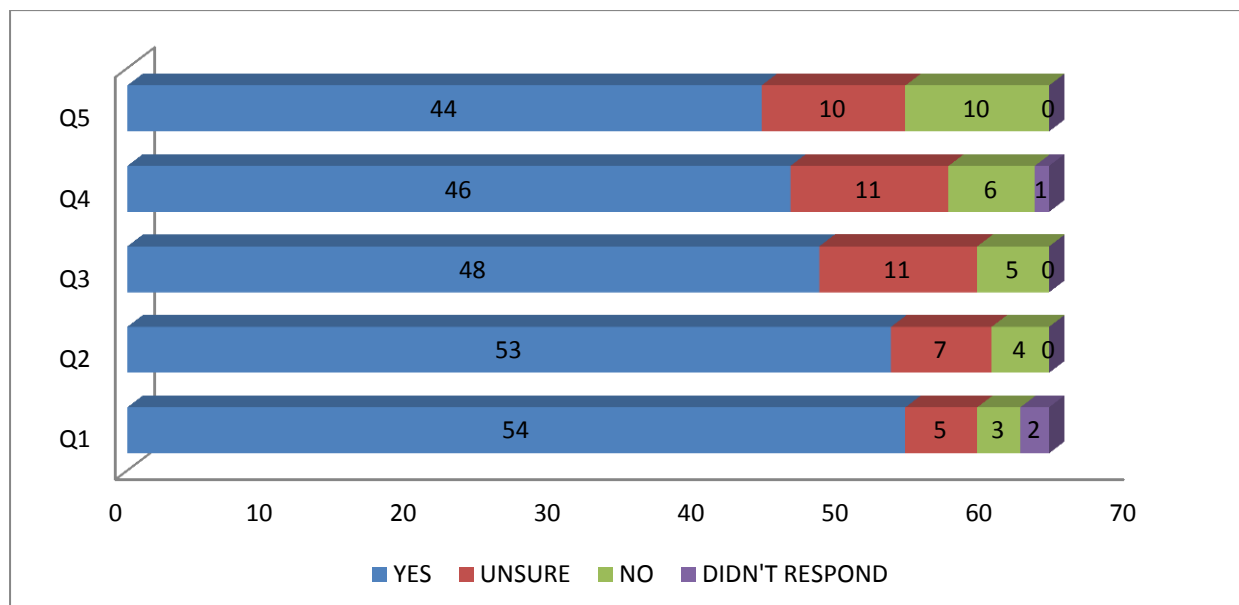


Fig.2 Service Provider responses.

Community Member Responses.

Q1 responses indicated that 89% of community members departed the forum with a greater understanding of DSH.

Q2 reports that 78% of attendees from the community feel equipped to be able to begin conversations regarding DSH and 73% feel they have an increase in confidence of when to respond to someone demonstrating DSH behaviours (Q3).

Q4 results indicate 68% of community members suggested the forum had provided them with knowledge of where to go for further support however 21% responded that the forum did not provide them with this information.

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Regarding Q5, 47% of community member attendees did feel that they were provided with adequate information concerning the difference between DSH and suicide however 26% were unsure and 21% indicated that this information was not sufficient.

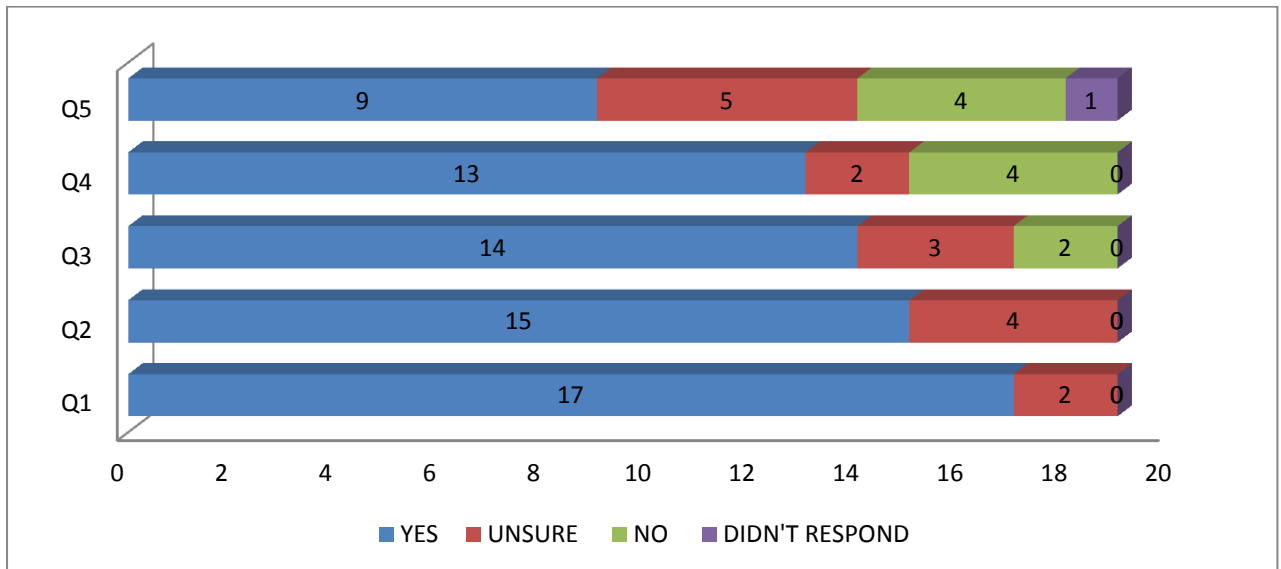


Fig.3 Community Member responses.

Both Service Providers and Community Members were asked if they felt there was a need for further training in DSH and whether there was a need for another forum (see Fig.4). Combined, both sectors have indicated an overwhelming positive response for future training and another forum.

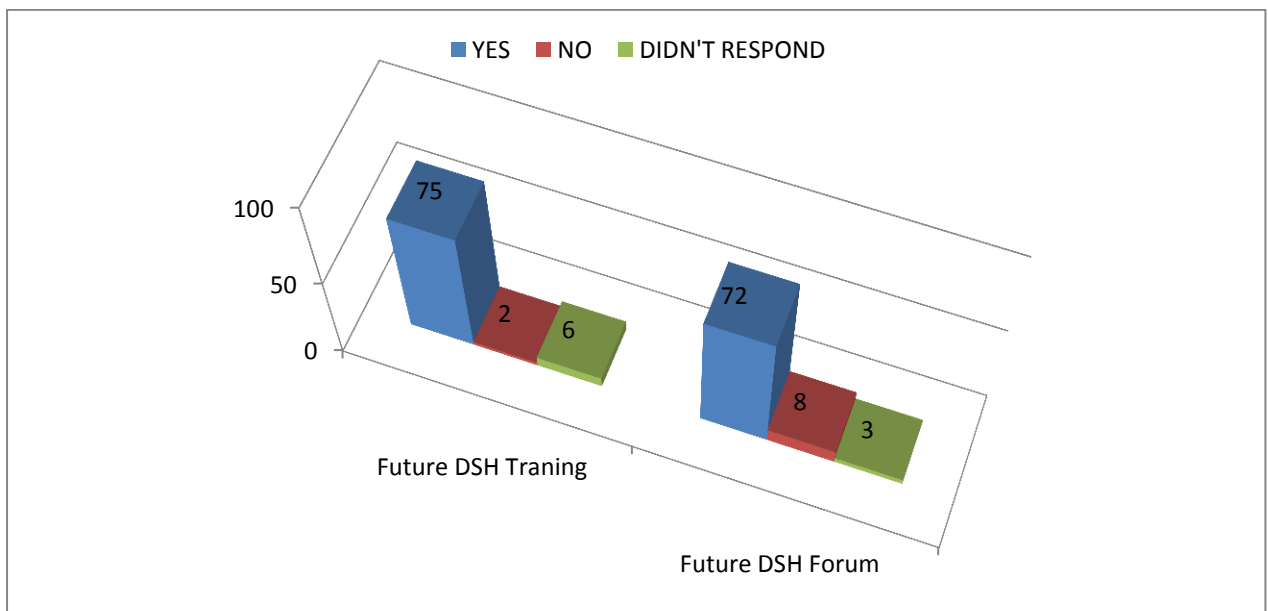


Fig.4 Indicates both sectors response to future training and forums.

Feedback and Commentaries

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Attendees had the opportunity to provide feedback through the survey regarding what they liked most about the forum and what they would like to see done differently in future.

Across both sectors, many participants made comment that what was most liked was the panel of experts (diversity, knowledge and experience), the opportunity to ask questions (audience engagement) and information sharing during and afterward.

The possibility for improvement included consumer representation on the panel (some noted a younger consumer and parent representation). The ability to have sent via email, questions prior to the forum to allow for a more coherent flow of information was noted on several surveys from both sectors as suggested improvements.

Additionally, several service providers indicated that workshops developing practical strategies would be of value as well as many noting that the time of the forum was too short. It was also noted by both sectors that future forums could be separated into clinical and then non-clinical including public to allow for the language barriers that sometimes exist.

Future Possibilities

The Responding to Deliberate Self-Harm forum has begun the much needed conversation in the South West community as indicated by the overwhelming response in registrations for the event. The survey responses suggest the appeal for a deeper understanding of this complex behaviour with the possibility of workshops to develop and strengthen not only service provider's response but also empower and educate parents/carers.

The possibility of two separate forums was identified throughout surveys however, reflecting on the segregation that often occurs between clinical and community education (including NGOs), this could potentially be a missed opportunity to workshop and develop a deeper understanding from potentially four very different perspectives: clinical, non-clinical ie. education or community service, parent/carer and finally consumer representation. Envisage the deeper core understanding between sectors that could emerge and the potential development of seamless strategies that reflect all parties concerns, desires for change and responsibilities should all four sectors work collaboratively.

The Responding to Deliberate Self Harm forum has successfully accomplished the aim of an open public discussion with attendees reportedly departing with a greater understanding and confidence, and an affirmed desire to strategize, develop and become more familiar with this complex behaviour.