

YourSpace Hamilton Presentation - April 22, 2020

UNDERSTANDING YOUTH WITH SAFETY AND RISK CONCERNS

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Points to remember



- Self harm is common
- Self harm reminds us help is needed
- Reducing the youth's feeling of aloneness is a critical basic intervention

Our youth and their suicide risk

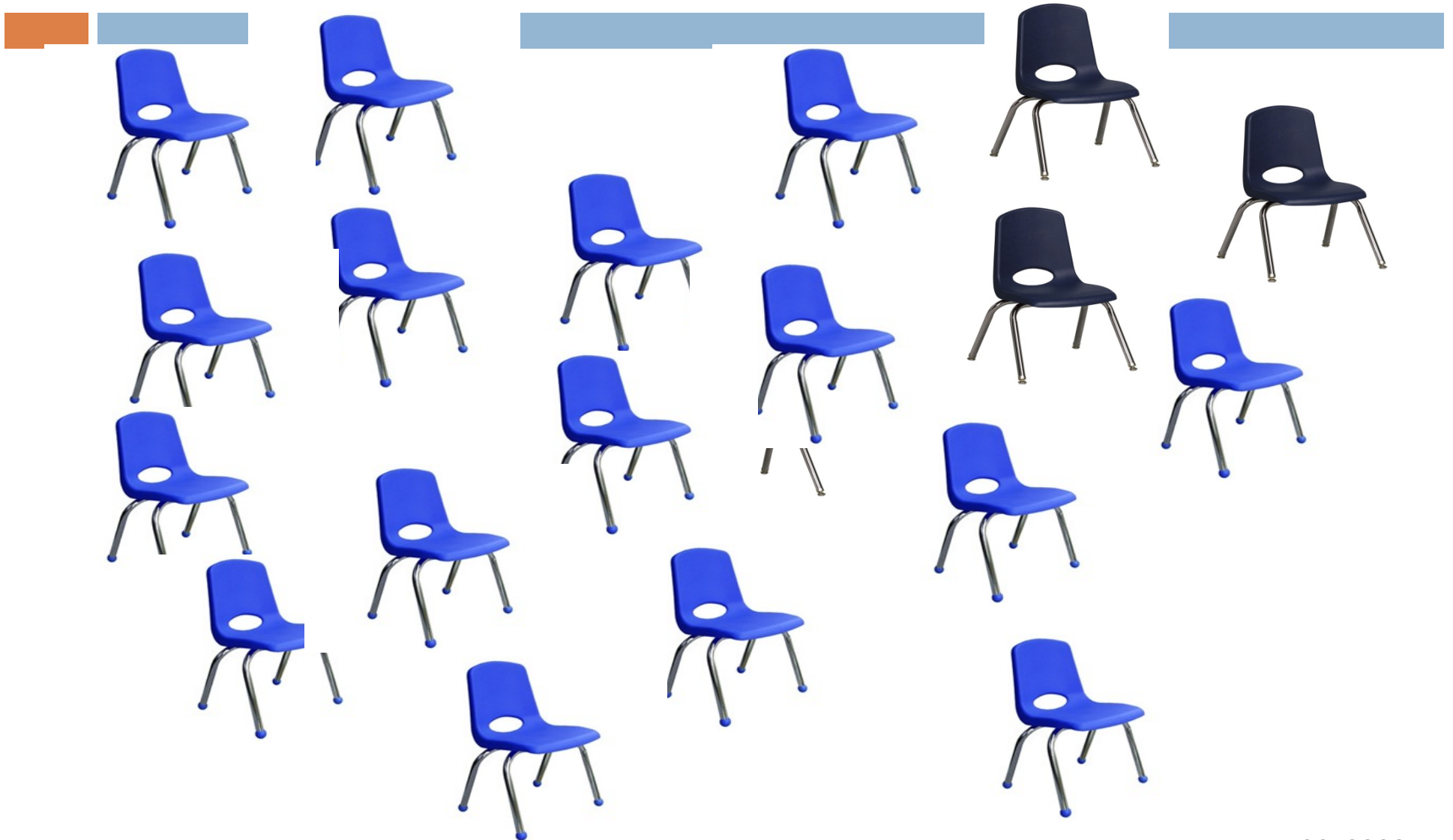


- ❑ 30% have suicidal thoughts.
- ❑ About half (15%) will engage in self harm. 70% of these will make a suicide attempt and 25% of these will have multiple suicide attempts.
- ❑ Evans et al. 2005; Stewart et al. 2014; Rhodes et al 2018

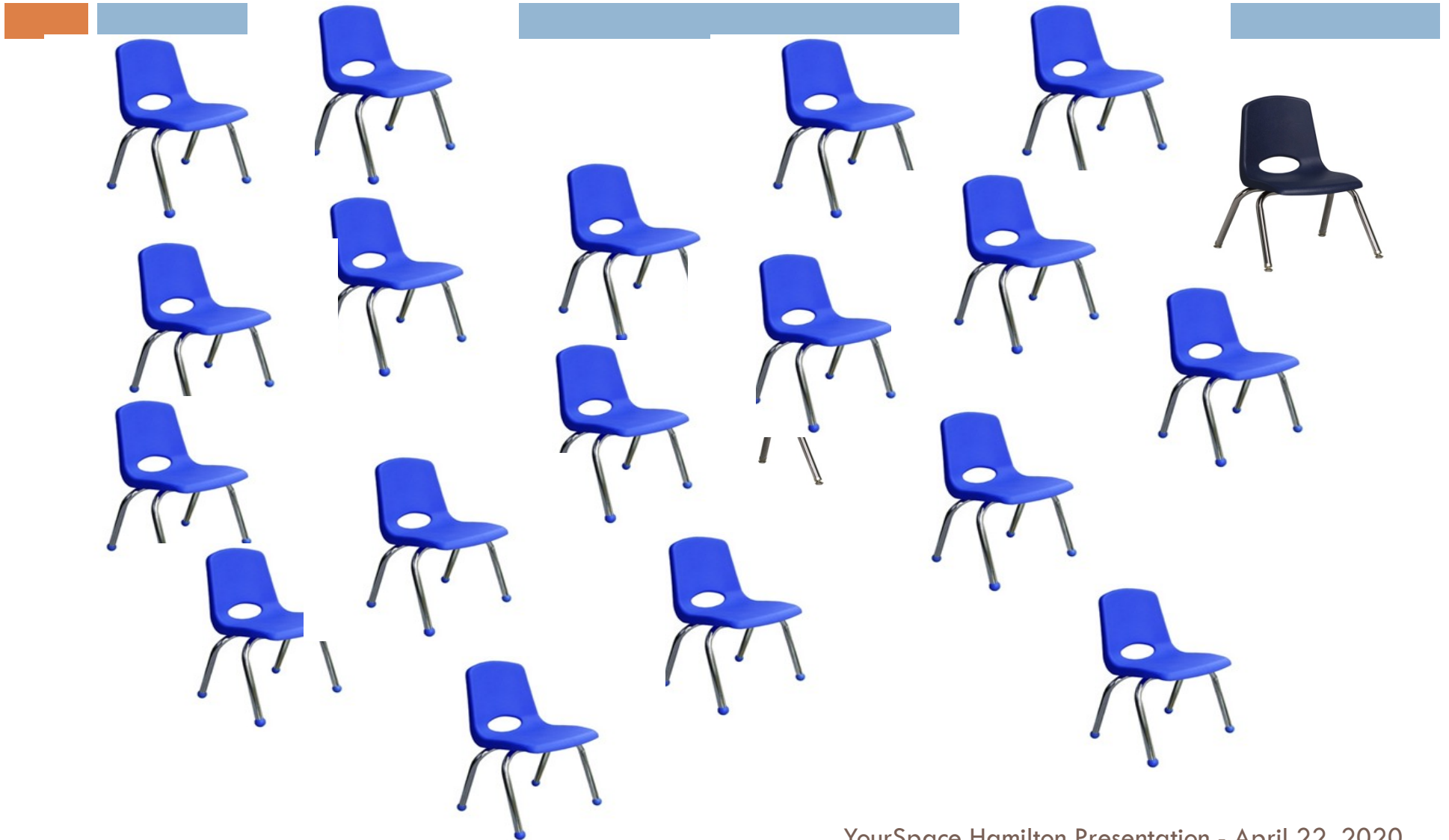
30% have suicidal thoughts...



18% harm themselves....



8% will try to end their lives.....



Self harm: Definition

- Intentional self poisoning or injury irrespective

Of the apparent purpose of the act (NICE, 2004)

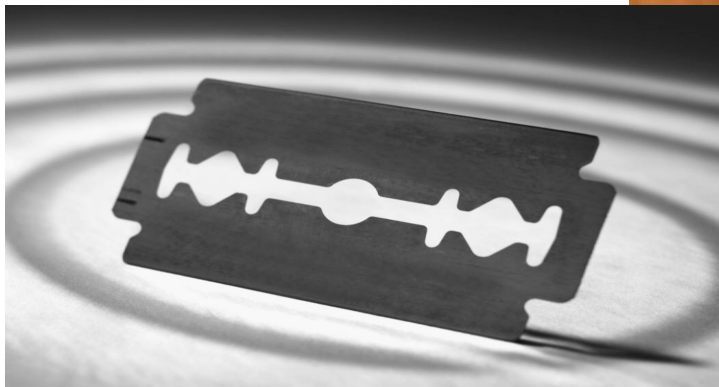
- Also includes suicide attempts ; prevalence 20-24%

- Intentional harm to their bodily tissues without any intent to die (Muehlenkamp et al., 2007)

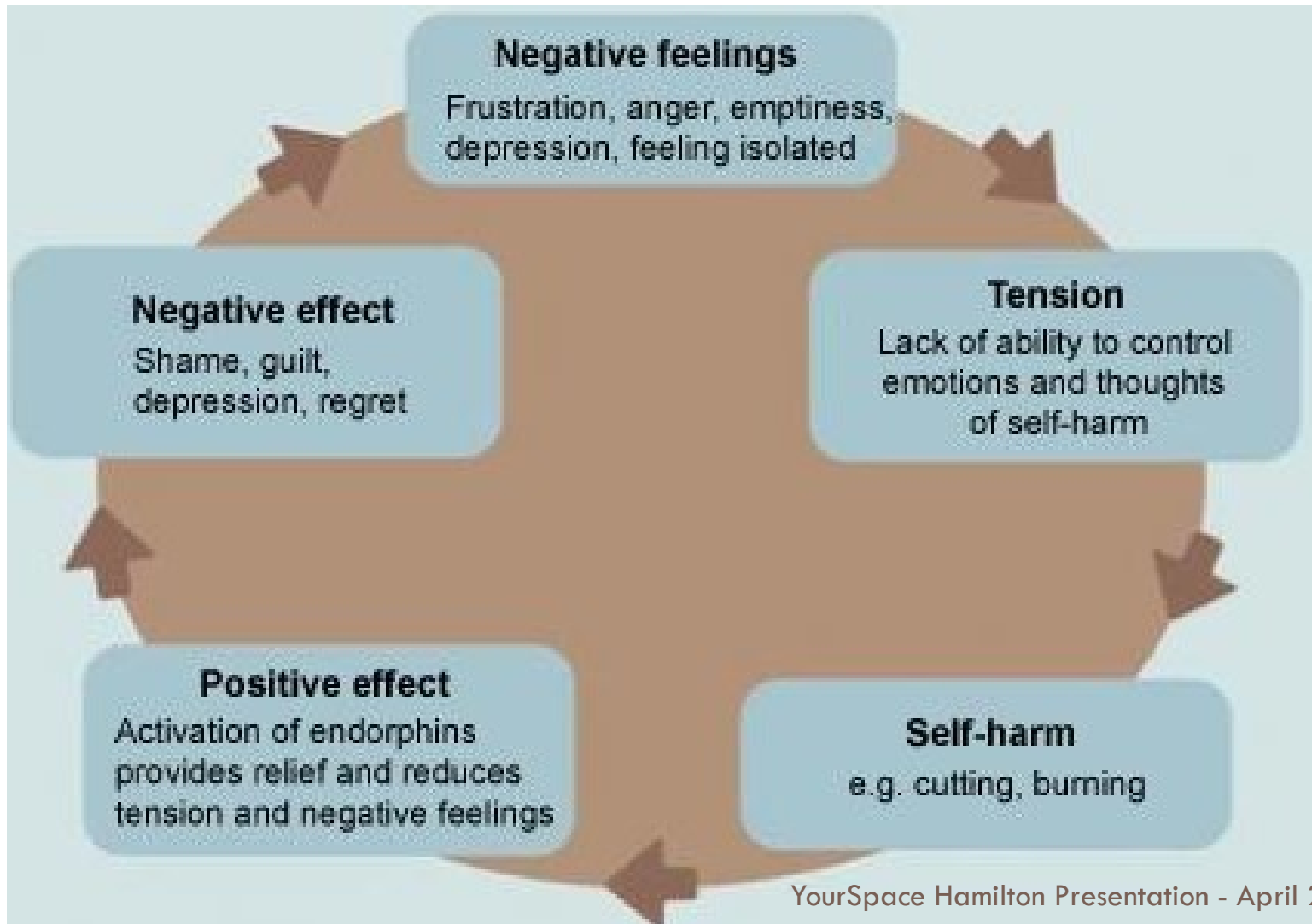
- Non-suicidal self injury; prevalence 17%

- **Most youth engage in both types of self harm**

Ways youth harm themselves



The Cycle of Self Harm



Common things people (falsely) think are true about self harm

- Talking about it will make them want to do it more
 - ▣ *Talking conveys concern; rewarding the behaviour will make them want to do it more*

- When youth harm themselves they want to die
 - ▣ *They do this because they don't have other ways to manage their underlying distress*

- They are doing it because their friends do it
 - ▣ *If this is their main reason, it will stop very quickly*

Self Harm and Mental Illness



- The majority (<70%) of youth who self harm have a mental illness.
- Common co-existing disorders are:
 - Major depressive disorder
 - Substance abuse disorder
 - PTSD
 - Borderline Personality Disorder

(Andover et al; 2012; Kokaliari, 2017; Hawton et al., 2012)

Gender differences

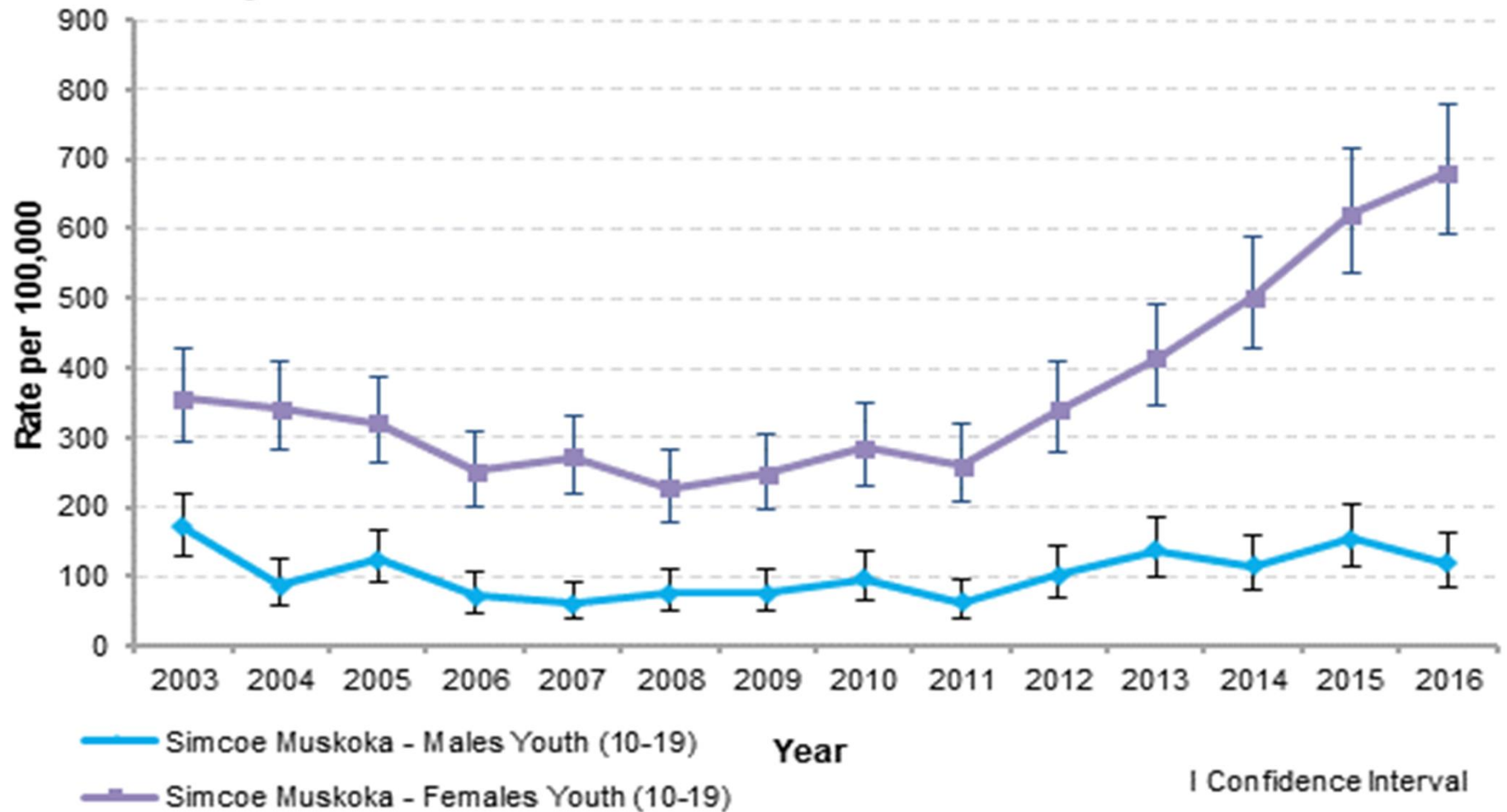
- Girls are 2 times more likely to have suicidal ideation (girls: 15 %; boys: 9%) and 3 times (girls=6%; boys=2%) more likely to make a suicide attempt than boys (Nock et al 2013).
- Boys are more likely to die by suicide beginning in adolescence, and this sex difference is apparent beginning at age 14 (WISQARS, 2017).
- Transgender youth have higher rates of suicidal thoughts and self harm and twice the rate of suicide attempts than peers (Connolly et al., 2016).

Helping youth who self harm



- *“All youth should have (some form of) mental health assessment”*
- Youth presenting to clinical services are typically at higher risk, particularly in the first 3 months after discharge from hospital or the emergency room.

Age-Specific Intentional Self-Harm Injury Visits (per 100,000) by Sex, Youth 10-19 Years Old, Simcoe Muskoka, 2003-2016



Data source: Ambulatory Visits & Population Estimates [2003-2016], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [January 15, 2018], ICD-10 Codes: X80-X84; Y870.

First point of Service

Acute Services

Family Practice/School





Acute mental health service interventions

Local Interventions



- Emergency Department Visits

- Step 1: Emergency Physician with Social Work Assessment
- Step 2: (Possible) referral to **Mental Health Assessment Unit** for Psychiatric and Social Work Assessment

Mental Health Assessment Unit

All Youth

- Risk assessment
- Crisis stabilization
- Skill and capacity building for safety

- All youth linked to **CONTACT** Agency for Psychotherapeutic Support unless therapist already in place*

Select Youth

- **Public Health Nurse (MHAN)** referral is typical now
- Some youth referred for urgent psychiatric consultation
- Many youth are referred to our **Follow Up Clinic**
- Rarely youth admitted to **3G Inpatient Unit**

Parent psycho-education



- **Supporting Parents and Caregivers of Youth in Crisis**
 - 2 hours
 - Weekly
 - Education about next steps in care and coping/support skills for parents
 - 905-521-2100, Extension 71235

Emergency Follow Up Clinic

□ **Clinic Details:**

- Brief intervention (4 to 6 sessions)
- Social worker provides service
- Psychiatric consultations on urgent basis only
- Connect youth and families to ongoing community support

□ **Referral Criteria:**

- Suicidal ideation and/or self-harm behaviours with **no** current mental health supports
- Referrals from McMaster Children's Hospital Emergency Department and Mental Health Assessment Unit

Psychotherapy



- **Dialectical Behavioural Therapy (DBT)**
- Only full youth DBT services are at McMaster Children's Hospital (Ron Joyce Centre)
- Youth Wellness Centre (age 16-24) & Hamilton Family Health Team (age uncertain) also offer DBT skills groups.
- Many community therapists know DBT skill techniques.

The Safety Net

- Connecting a youth with “4 caring adults” has been shown to predict reduced self harm and suicide attempts at 6 months post ER visit (King et al. 2019)
- Examples
 - Relative who has “been there”
 - Kids Help Phone
 - COAST
 - Barrett Centre
 - School guidance or social work or VP or cafeteria staff...

Take home message:



- Treatment for self harm is an intensive intervention, typically with multiple clinicians involved.

- Evidence based interventions should include:
 - **Family psycho-education about self harm**
 - **Active monitoring of means restriction**
 - **Regular contact with the adolescent, actively engaging them in maintaining their own safety**
 - **Treatment of co-occurring mental disorders**

what caregivers can do

□ Safety planning

- What situations are difficult for your youth?
- What activities can they do to cope?
- Environmental safety
- Crisis telephone support

□ Hamilton numbers:

- Crisis Outreach And Support Team (COAST) Hamilton:
905 972-8338
- Kids Help Phone: 1-800-668-6868

What caregivers can do



□ Hold hope for youth

- Send youth the message that “things will get better”
- Normalize set backs
- Identify reasons for living
- Create opportunities for positive experiences and things to look forward to
- Acknowledge strengths
- Encourage self-compassion
- Create ‘tool box’ (promote problem solving)

What caregivers can do



- **Increase opportunities for connection**
 - Negotiate planned check-ins
 - Reserve judgement and opinions unless asked
 - Respond with empathy and kindness
 - Manage your own emotional responses in order to be there for your youth

What you can do



- **Validate feelings and the challenge**
 - Putting yourself in their shoes to understand their subjective experience
 - Acknowledging and accepting what a youth is feeling without judgement
 - Validation does not equal agreement; rather you are simply reassuring your youth that they are being heard

Steps of emotion coaching



Check Yourself

Step 1- Validate.

A. Convey understanding of their experience & prove that you “get it”

Step 2 – Support.

A. Emotional Need

B. Practical Need

Emotion coaching

□ Step 1: How to validate?

“I can understand why you might feel/think/want
(_____) but...”

is transformed into:

“I can understand why you might feel/think/want
(_____) because _____ and because _____ and
because _____”

What's your impulse?



- ❑ I'll never get better
- ❑ I want to die
- ❑ I don't want your help
- ❑ Cutting is the only thing that helps

Let's practice



- Cutting is the only thing that helps

I can understand why you would want to cut because:

1. Things are really painful for you right now
2. Nothing else seems to be helping
3. You're so desperate to feel better

Let's practice



□ “I want to die”

I can understand why you think about dying because:

1. Things have been so difficult lately
2. It feels like its not getting better
3. Sometimes when I try to help I don't always say the right thing

Let's practice



- “I’ll never get better”

I can understand why it would feel that way because:

1. You’ve been struggling for so long
2. You’ve been working so hard
3. This is taking longer than expected

Steps of Emotion Coaching



Check Yourself

Step 1- Validate

A. Convey understanding of their experience & prove that you “get it”

Step 2 – Support

A. Emotional Need

B. Practical Need

Step 2: Support



Emotional Support

- Comfort
- Reassurance
- Togetherness
- Hope
- Belief

Practical Support

- Distraction
- Redirection
- Exposure
- Problem-solve
- Setting limits
- Take over

Step 2: Support



Emotional Support

- **Comfort:** “I’m here for you”
- **Reassurance:** “Its going to be ok”
- **Togetherness:** “We’re in this together”
- **Hope:** “I know things will get better”
- **Belief:** “I believe you can do this”

Step 2: Support



Practical Support

- **Distraction:** Suggest activity (walk, movie, music)
- **Redirection:** Redirect to another thought or activity
- **Problem-solve:** Offer solutions to solve the practical problem
- **Setting limits:** Set limit related to safety
- **Take over:** Take over to solve the problem

Emotion Coaching

**“Emotion is like an elevator
and the door to reason is on the
ground floor.”**

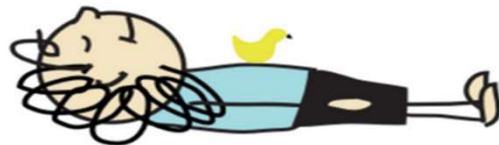


Caregiver Well-being



Caregiver Well-being

- Take care of your emotional health
 - Find ways to reduce your stress
 - Be kind to yourself
 - Connect with supportive adults (get away from the kids)
 - Access counselling services



Belly breathing

Local Resources



- ❑ McMaster Children's Hospital Parent and Caregiver Information Session

www.mcmasterchildrensmentalhealth.ca

- ❑ Parents for Children's Mental Health – peer support for families

www.pcmh.ca

- ❑ Growing Health Together Community Education

www.mchcommunityed.ca

- ❑ Free video Series- Emotion Focused Family Therapy

<http://www.mentalhealthfoundations.ca/parent-coaching>