

# The Role of Occupational Therapy & Self-Harm Mitigation

In Crisis Resolution Home Treatment Team



**GreenLight**

# Learning outcomes

- ▶ Overview of role of OT in CRHT
- ▶ General understanding of self-harm & the links of self-harm to suicide
- ▶ What the function behind self-harm could be
- ▶ Understand some principals of self-harm mitigation and support options for someone who is self-harming
- ▶ Consider your role in identifying /supporting someone presenting with self-harm and/or risk of suicide

# ONS 2020/21 Data

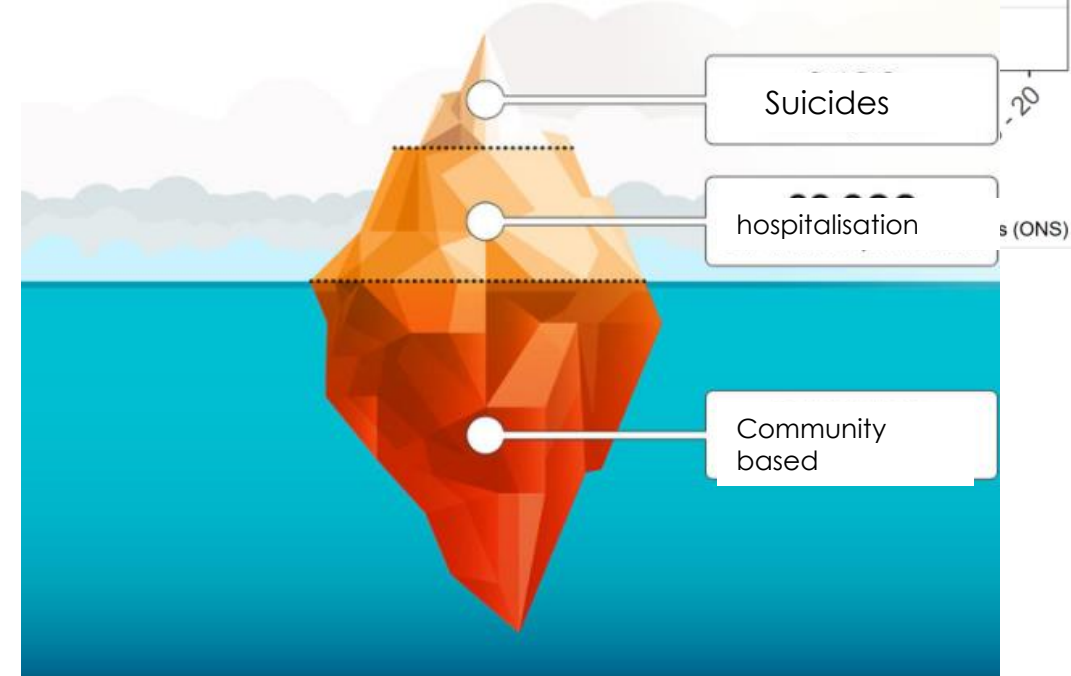
## Suicide

- Defined as death from intentional self-harm in individuals aged 10 years and over (ONS, 2021)
- 5,224 suicides England and Wales 10.0 deaths per 100,000 people, statistically lower than 2019 of 11.0 deaths per 1000.000 (ONS, 2021)
- Decrease likely to be driven by a decrease in male suicides from start of covid19 and delays in death registrations because of pandemic
- ¾ were men
- Males and females aged 45-49 had highest age-specific suicide rate
- For fifth consecutive year London had lowest of any region
- In Norfolk those with previous suicide attempts or self-harm were at heightened risk. Those with ongoing MH problems at greater risk suicide. And perceived loss of social connection

## Self-Harm

- The UK does not hold statistics for self harm however hospitalisation rates in 2021 were of 663 per 100,000 (15-19 year olds) but according to 'iceberg model' of self-harm potentially 10 times larger
- Self-Harm is a risk factor for suicide, especially on younger people

Norfolk suicide audit 2022



Count of Diagnosis	Column Labels			
Row Labels	Informal	Sec 2	Sec 3	Grand Total
BIPOLAR AFFECTIVE DISORDER	5	3	4	12
COMPLEX TRAUMA, ABD, OCD MENORRHAGIA			1	1
DELUSIONAL PARASITOSIS		1		1
DEPRESSION/ ANXIETY	3	3		6
EUPD	1	3		4
HYPOMANIA	1			1
NOT STATED	2	5		7
OCD	1			1
PSYCHOSIS		2		2
PSYCHOTIC DEPRESSION		3	1	4
SCHIZOPHRENIA		3	8	11
<b>Grand Total</b>	<b>13</b>	<b>23</b>	<b>14</b>	<b>50</b>

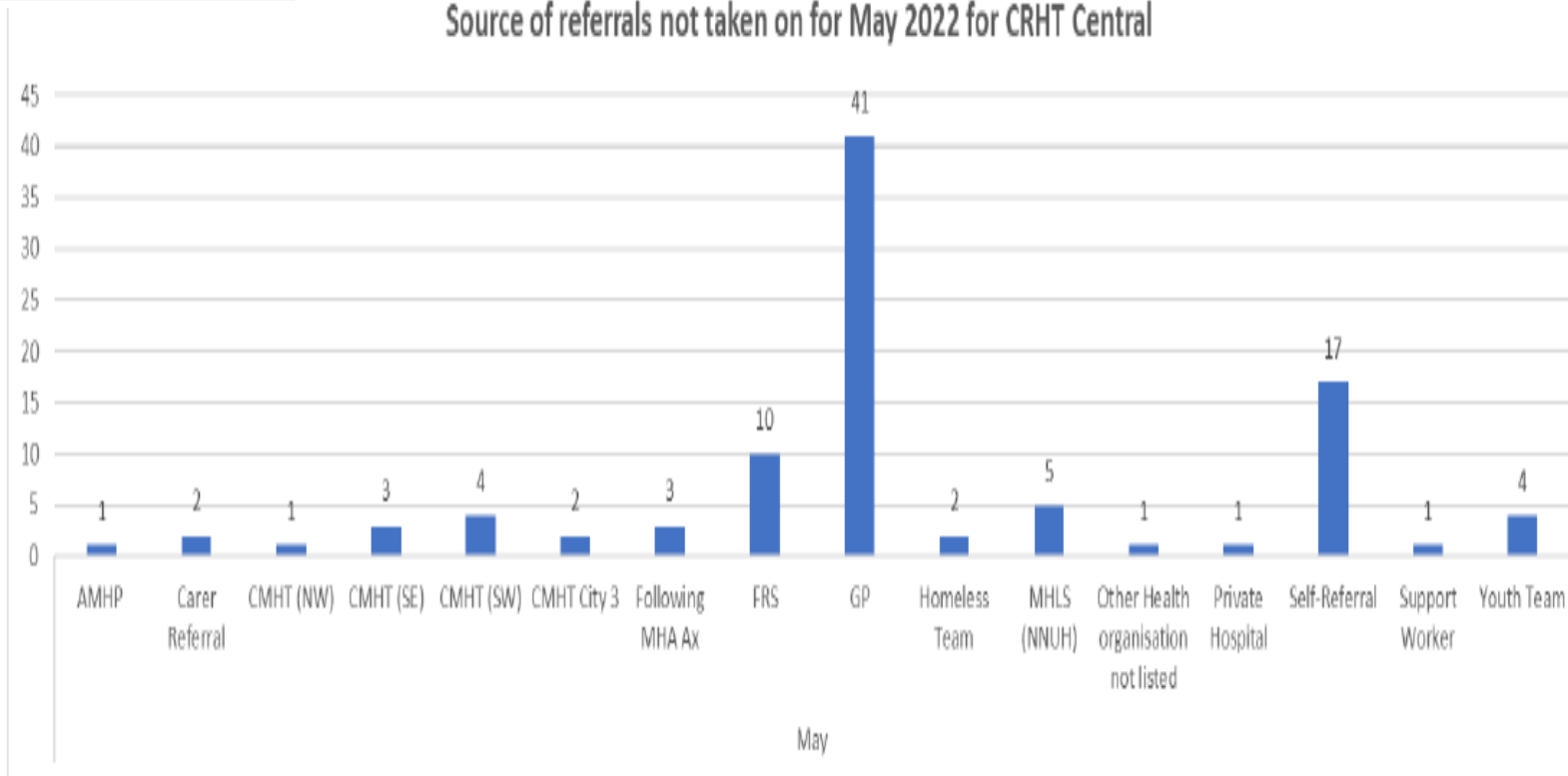
# Presentations

Example Referral source

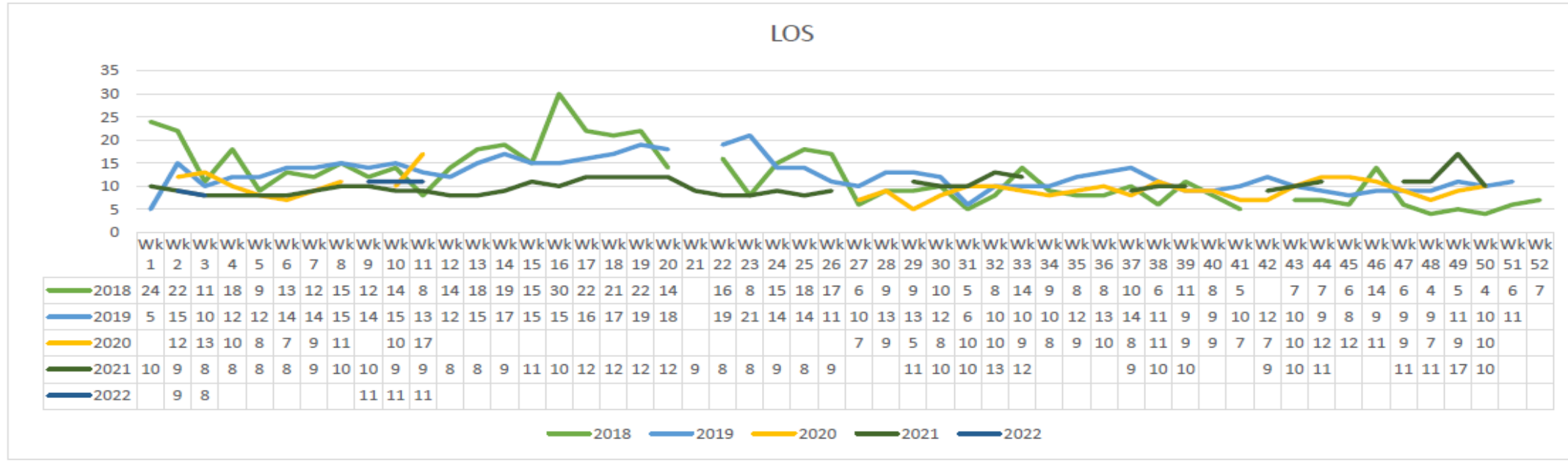
&

Length of stay

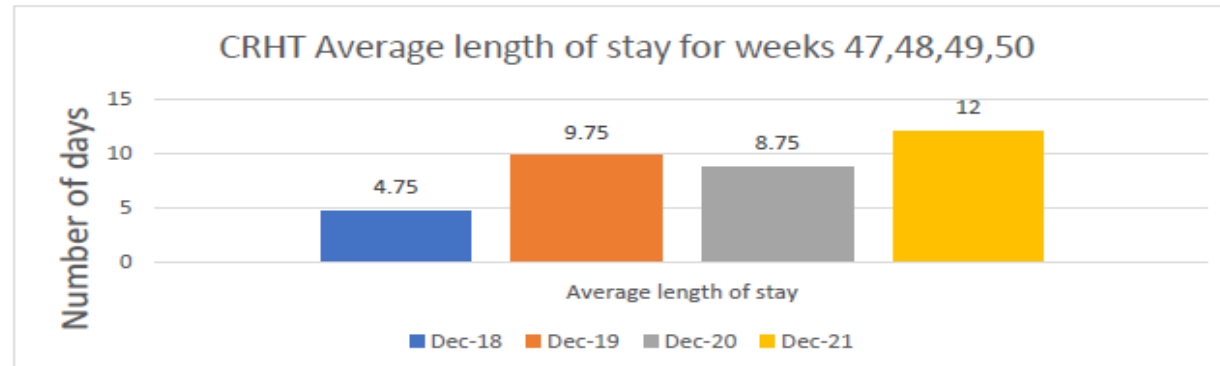
Source of referrals not taken on for May 2022 for CRHT Central



### LENGTH OF STAY



Data is missing for weeks to be able to do a yearly analysis – data collection to recommence. In the interim period date for weeks 47, 48, 49, 50 for 2021 will remain. This will not be able to recommence until June 2022 governance report.



# What is self-harm?



- ▶ A conscious, deliberate act causing tissue damage in an attempt to reduce/relieve pain/tension/anxiety with the absence of suicide intent
- ▶ Usually associated with secrecy, shame, guilt, embarrassment
- ▶ Examples are cutting skin, hitting, pulling hair out, scratching, biting, burning, interference with wound healing causing infection, self poisoning (medication, pesticide, cleaning fluid, inhalation of carbon monoxide)
- ▶ Often private and individualistic
- ▶ Non suicidal self injury (NSSI) describes the way of coping with emotional pain or self punishment
- ▶ Direct (cutting) / Indirect (progressive accumulated damage) i.e. self poisoning

3 categories:

- ▶ Major self injury – significant acts
- ▶ Stereotypic self injury – most common with people with autism
- ▶ Superficial self injury – provides temporary relief

# Why do people self-harm?

- ▶ Expression of emotions
- ▶ Difficulties recognising, managing and regulating emotions
- ▶ Dissociation from distressing feelings
- ▶ Relief of tension and frustration, stress, difficulties with transition
- ▶ Relief from trauma and difficult experience
- ▶ Feeling of control
- ▶ Communication of feelings to others
- ▶ Self-soothing
- ▶ Punishment
- ▶ Loneliness
- ▶ Cleansing oneself
- ▶ Feeling something
- ▶ Exposure to others who self-harm



# What can we do to support?

- ▶ Self harm mitigation & support training - STORM® 'Enhancing skills saving lives'
- ▶ Ensure treatment is sought – signposting to specialist support i.e. IAPT CBT for self harm
- ▶ Encourage self care of injury – suturing/gluing training
- ▶ Ensure have safety equipment - Carry ligature cutters / dressings
- ▶ NICE guidance for 'self-harm minimisation' if individual not yet in a position to resist the urge to self harm
- ▶ NSFT Suicide and self harm prevention strategy 2023-2028
- ▶ Sensory assessment







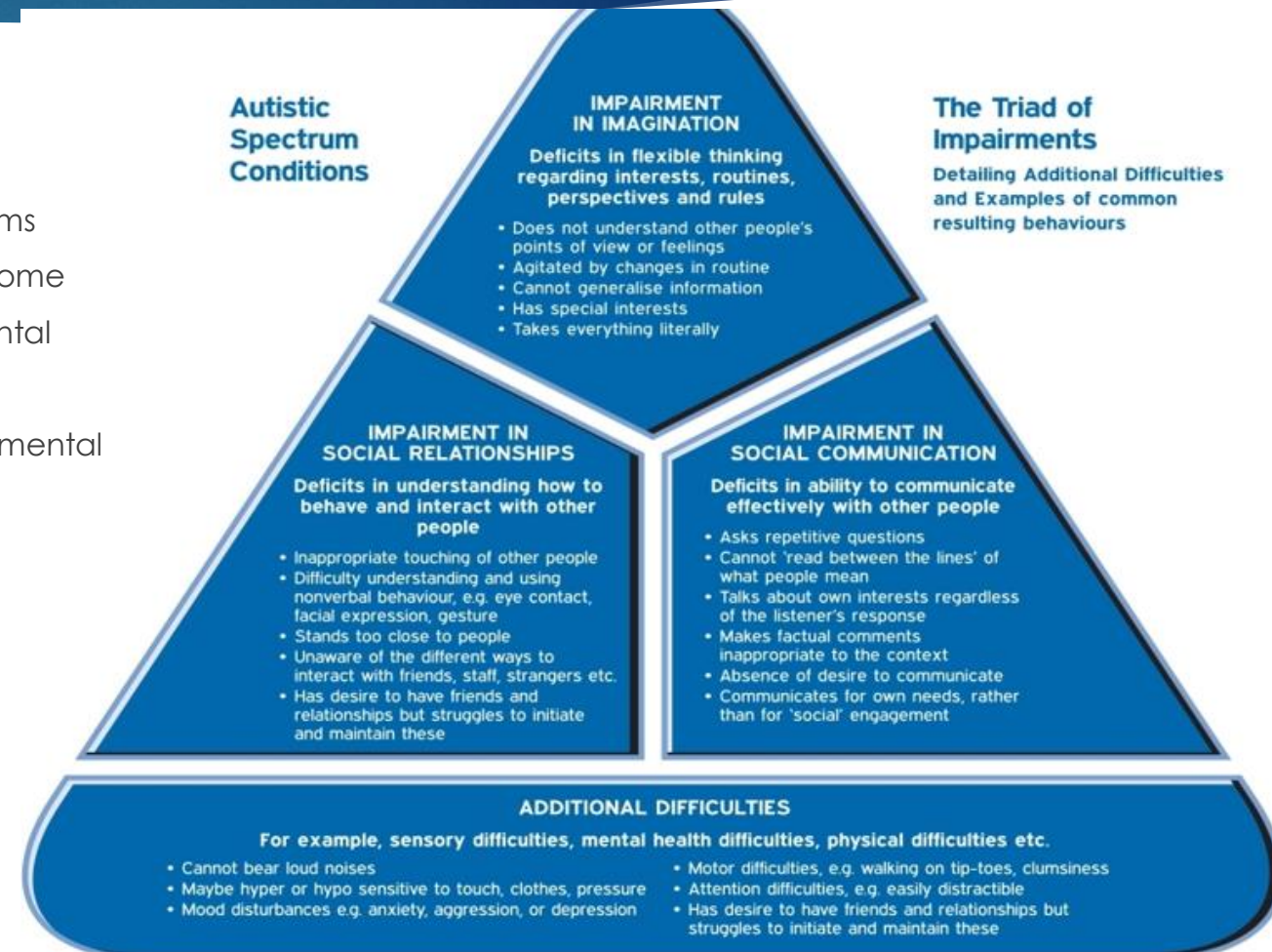
# Reasonable adjustments

## Autism

- ❖ Difficulties articulating own internal experience
- ❖ Alexithymia difficulty describing mental states
- ❖ Odd use of language
- ❖ Poor social imagination
- ❖ Sensory sensitivity
- ❖ Specialist interests
- ❖ Attention difficulties
- ❖ Functional difficulties
- ❖ Poor problem solving
- ❖ Visual thinkers
- ❖ Communication difficulties

## key symptoms

- ❖ 'Behavioural' problems
- ❖ Low functioning at home
- ❖ Past and current mental health problems
- ❖ Other neurodevelopmental problems
- ❖ Hyper –hypo sensory sensitivities



# Highlighting social/communication needs

## How I like to communicate

- > Face to face conversation
- > With an advocate/friend
- > Telephone
- > Email
- > SMS/Text message
- > Post
- > Easyread

I also have these other conditions


More on attached paper (please tick)

## I take the following medicine

Medicine	For this condition

More on attached paper (please tick)



**About autism**  
Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people and the world around them.

In 2010, the Government published statutory guidance, in accordance with the Autism Act 2009, which local councils and health bodies have a legal duty to implement.

**About The National Autistic Society**  
The National Autistic Society is the leading UK charity for people with autism (including Asperger syndrome) and their families. With the help of our members, supporters and volunteers we provide information, support and pioneering services, and campaign for a better world for people with autism.

The National Autistic Society  
393 City Road, London EC1 1NG  
Switchboard: +44 (0)20 7833 2299  
Autism Helpline: 0808 800 4104  
Minicom: 0845 070 4003  
Email: [nas@nas.org.uk](mailto:nas@nas.org.uk)

## Passport to individual autism support



I am on the autism spectrum, which is a lifelong developmental disability. Please read this document, as it will help you understand my social and communication needs.

Name: .....

I like to be called: .....

My contact details	
Phone number	
Mobile number	
My address	
Email	

If you want to know more, please ring	
Name	
Phone number	
Doctors name	
Phone number	



Accept difference.  
Not indifference.

# Understanding sensory sensitivities

## My sensory reactions

	Under sensitive	Average	Over sensitive
Light			
Noise			
Touch/pain			
Smell			
Taste			

## Abilities that may be affected by my autism

	Average	Poor
Balance		
Speed of responding		
Social conversation		
Co-ordination		
Short term memory		
Time management		
Concentration		
Multi tasking		
Following complicated instructions		
Filling in forms		
Sense of direction		
Sleep		

## Other abilities that may be affected by my autism

.....

.....

.....

## Difficulties that might affect my ability to do certain tasks, in employment, or managing my home and social life

	Yes	No
Busy/noisy places are stressful		
Being with others is tiring		
Bright or flickering lights upset me		
Being touched upsets me		
I do not like eating in company		
I can't read body language		
I do not understand social nuances		
I don't understand metaphors or figures of speech		
I am anxious with strangers		
I feel lonely and socially isolated		
It's hard to be brief		
I need time to plan what I am doing		
Changes of plans make me anxious		
I cannot easily switch between tasks		
I find it difficult to work under time constraints		
I get confused by too much information		

## Other difficulties that might affect my ability to do certain tasks

.....

.....

.....

## When I get upset, I may:

- Get very agitated, loud and upset (meltdown)
- Become passive, possibly non-verbal and may appear to go to sleep (shutdown)
- Get verbally or physically aggressive, without meaning to
- Make noises
- Flap my hands
- Become unable to speak coherently
- Seem extremely bad tempered

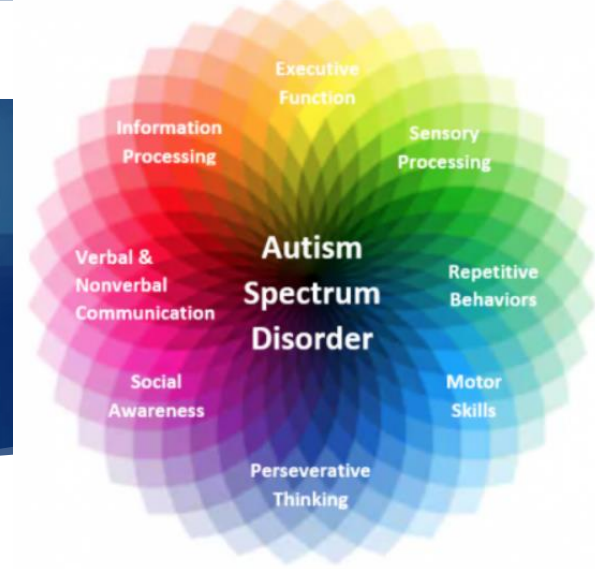
## How to help, if I am upset

- Do not touch me
- Talk quietly and give me simple instructions
- Provide a quiet room, with low lighting
- Give me time to calm down
- Call my emergency contact
- Phone one of my contacts to arrange transport so I can go home

## Travelling (please delete as necessary)

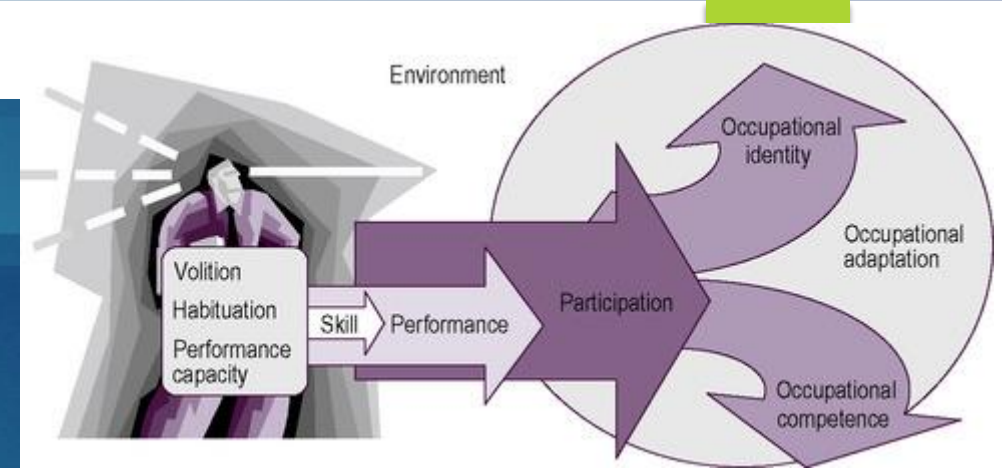
- I can/cannot make my own travel plans
  - I can/cannot travel alone
  - I can travel by bus/train/overground railway/tram/taxi/own vehicle
  - I am always taken places and collected by
- .....
- .....
- .....

# Self-harm & Autism/neurodiversity



- ▶ Common in autistic individuals, but under-researched, particularly in younger samples and those *without* intellectual disability
- ▶ Approximately 20-30% of people with autism self-harm, especially females. With sig higher levels of impulsivity, over activity, negative affect, compulsive behaviour and insistence on 'sameness'
- ▶ Low mood with overactivity/impulsivity predicted the presence of self-harm.
- ▶ Impaired behavioural inhibition increased risk of overriding usual 'self preservation' mechanism leading to self-harm
- ▶ Repetitive headbanging, fist banging, self biting
- ▶ Response to over or under stimulation or as a means to escape emotion or communicate overwhelming frustration
- ▶ 2/3 have contemplated suicide at some point in their life & 35% had planned or attempted suicide. They are more likely to meticulously research, plan or obsessively ruminate
- ▶ More prone to bursts of overwhelming emotion where they may impulsively attempt
- ▶ Cannot mentalise 'future' mental states and tend to be black and white in thinking, therefore often they do not have the problem solving strategies to know how to cope or communicate distress
- ▶ Considered a 'higher' risk group as more impulsive and harder to safety plan
- ▶ Might appear as 'non engaging' but can help by attempting to help confirm their thoughts by verbalising

# Where does occupational Therapy come in?



- ▶ Focussed on the connection between wellbeing and participation in activities an individual **wants** to, **needs** to do or is **expected** to do
- ▶ enable participation in every day activities by looking at the nature, balance pattern and context of what people do to help service users maintain or regain function and independence
- ▶ Recognition that occupational performance and participation is heavily influenced or interrupted by suicidal thoughts and 'behaviours'
- ▶ Occupational difficulties have been shown to have a significant role in suicide risk (Bertralli et al 2018)
- ▶ Occupational therapy takes a whole-person approach

# Kim Hewitt Leading Canadian OT

Do you want to stop living or to stop living like this?

Moving from hope  Action

OT gives solutions for living and focussed on meaning and purpose  
& enable the individual to make changes

Those who are contemplating suicide are contemplating, and disengaging with  
their normal routines, activities and lives.

Develop a personally satisfying routine that offers meaning, identity, structure or  
direction (Brown and Hollis 2013)

# Several Interventions



The OT Goal is focused on increasing ability to do an occupation.

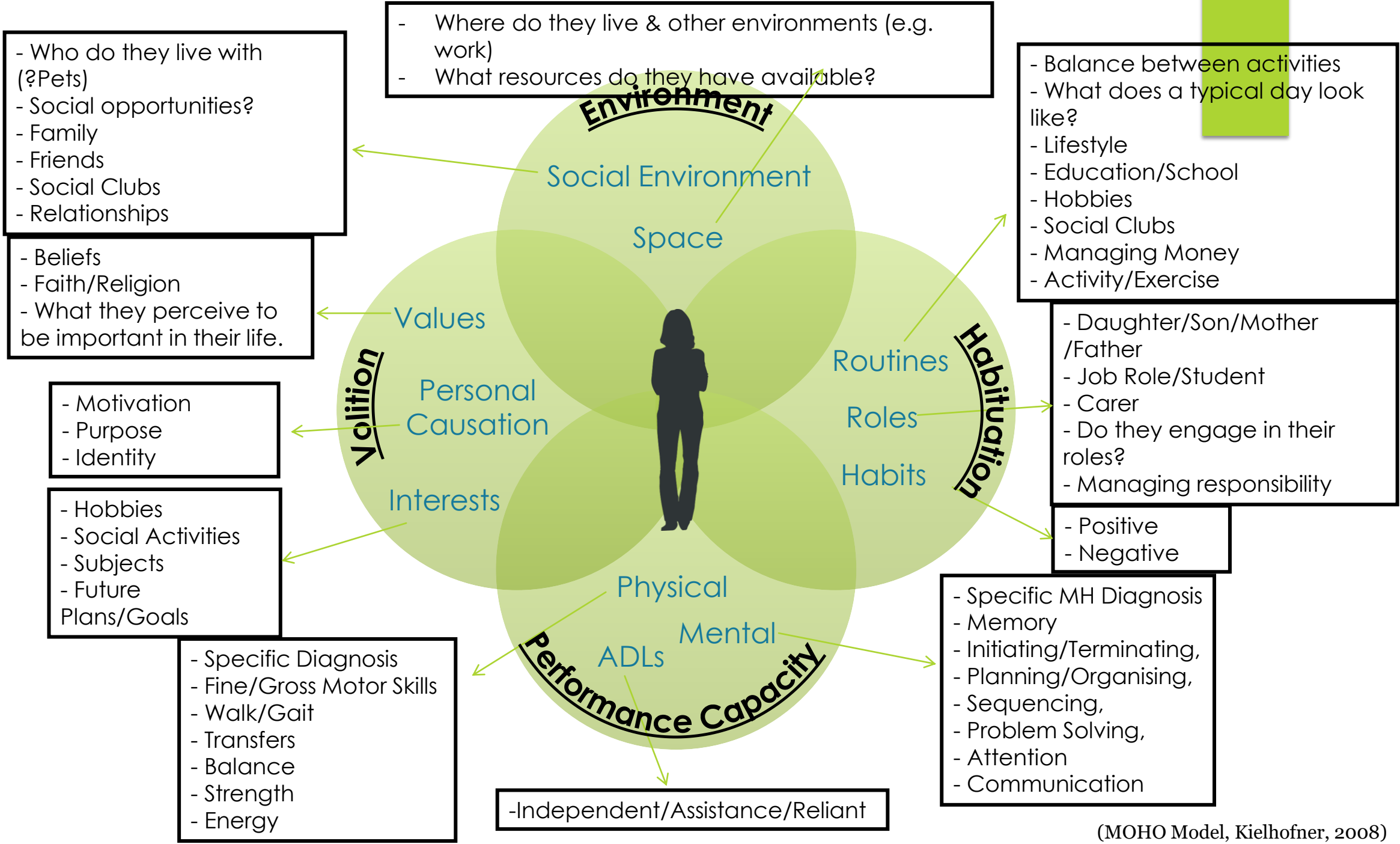
## Examples:

The intervention aims to help overcome the barrier/s.

- ❖ Identify current/past routine & hopes in work/rest/play
- ❖ Activity/Task Adaptation/Analysis
- ❖ Education about compensatory techniques i.e. Energy conservation
- ❖ Education on Pacing, sequencing, grading, activities
- ❖ Exploration of future activity options
- ❖ Connect to support networks through signposting

- ❖ Skill development – coping, Managing emotions, self regulation, assertiveness
- ❖ Promotion of Positive sleep routine & pattern
- ❖ Looking at barriers to motivation, harnessing volition
- ❖ Education on improving lifestyle and health & increases self awareness
- ❖ Domestic, community skills management
- ❖ Constructive use of leisure time
- ❖ Development of a satisfying routine

- ❖ Help identify and work towards re/establishing a valued role
- ❖ Basic equipment prescribing
- ❖ Writing a report to support accommodation applications for special placements
- ❖ Teach compensatory techniques
- ❖ Collaborative goal setting
- ❖ Sensory Personal Safety plan/Sensory diet
- ❖ Detailing needs and goals for longer term work



(MOHO Model, Kielhofner, 2008)



# Screening tool/Priority checklist

	Yes	No	Don't know	Comments
<b>MOTIVATION/VOLITION</b>				
Confidence				'Personal causation': appraisal of ability, expectation of success, realism, understanding of strengths and limitations, sense of control
Interest				enjoyment, satisfaction, curiosity, participation, choices, goals, preferences, sense of purpose, commitment
<b>ROUTINE/HABITUATION</b>				
Self-care				Level of independence, ADLs
Productivity (domestic/work/education)				Occupational demands, occupational balance, structure routine, responsibilities, roles
Leisure				Variety, meaningful activity
<b>PERFORMANCE SKILLS</b>				
Interpersonal skills				'Communication and Interaction skills': non-verbal skills, conversation, vocal expression, relationships
Cognitive ability				'Process skills': knowledge, planning, <u>organisation</u> problem-solving
Physical ability				'Motor skills': posture, mobility, co-ordination, strength, effort, energy
<b>ENVIRONMENT</b>				
Physical environment (home/work/place of study)				facilities, opportunities, privacy, accessibility, stimulation, comfort, finance, aids and equipment, possessions, transport, safety
Social support				family dynamics, friends, <u>colleagues</u> peers, work colleagues, expectations and involvement

## CRHT Occupational Therapy Screening Tool

NEEDS	✓	NEEDS	✓
ADL/IADL/Functional/ Environmental Activity assessment Motor deficit (standing, moving, energy levels) or Process (concentration, planning, ability to adapt) deficit  SPECIFY TYPE:		Home/community management support i.e. Shopping/household/cleaning/clothing care/meal prep/money management/transport	
Occupational Formulation (thorough holistic assessment i.e. to support referral to secondary services)		Social participation	
Home safety i.e. mobility/transfers		Minor Aids/adaptation/equipment provision	
Graded Enablement to build confidence to complete desired task/activity/occupation		Hoarding/ Significant Self neglect, neglect to property	
Health maintenance/management		Vocational enablement/ primary occupational role/ work liaison	
Re/Establishing valued roles		Self care performance difficulty i.e. washing, dressing	
Adjusting to occupational demands (stress, relationship breakdown)		Re/establishing valued routines	
Support to complete desired tasks/activities/occupations		Developing Occupational Balance	
Cognitive/process skills Memory/problem solving/organisation/focus		Support in creating meaningful recovery goals	
Leisure/Hobbies/recreation		Sensory needs	
Motivation		Signposting/psychoeducation/brief advice	

\*Please tick ALL relevant needs

# Band 4 Ota/tech/AP

## CRHT Occupational Therapy Priority Checklist

This referral form has been designed to help screen OT input to provide a focus for intervention

\*if onset of difficulties have not been sudden and have extended beyond six months consider further discussion with OT, several weeks of intervention and follow up may be required, and may be best met by another service/team

**NO CLEAR OCCUPATIONAL NEEDS IDENTIFIED**

**PRIORITY 1: Most urgent/in need.** Extensive OT intervention required for severe occupational performance and engagement difficulty to restore/improve function

RE/ADMISSION AVOIDANCE **DISCHARGE FACILITATION** HIGH RISK OF TAKING OWN LIFE\* PERCEIVED ALIENATION/BURDOMSOMENESS & ACQUIRED CAPABILITY **HIGH RISKS I.E. VULNERABILITY/SIGNIFICANT SELF-NEGLECT** IMMINANT RISK OF FURTHER DETERIORATION **HOME SAFETY (BIPOLAR DISORDER/PSYCHOSIS DUE TO MEDS/LIFESTYLE) CHILDREN UNDER 2** LIMITED PROTECTIVE FACTORS **LIVE ALONE** SEVERE SYMPTOMOLOGY

**PRIORITY 2: Some need required.** Moderate OT intervention required for occupational performance and engagement difficulty to restore/improve function

**RECENT CHANGE IN BASELINE LEVEL OF FUNCTIONING** RECENT LIFE CHANGING DIAGNOSIS ENVIRONMENTAL/WORK RELATED STRESS UNCONTROLABLE PAIN OCCUPATIONAL BALANCE DEFECITS **DISSATISFIED WITH ROLES/ROUTINE** PATIENT DISCHARGED TO PRIMARY CARE WITHOUT OTHER PATHWAY OF CARE **TEAM ARE STUCK** MODERATE SYMPTOMOLOGY

**PRIORITY 3: Would be helpful.** Minimal OT intervention required for mild difficulty in occupational performance or engagement to support wellness &/or prevent dysfunction. e.g. Signposting/psychoeducation/brief advice

SIGNPOSTING **HEALTH PROMOTION** OCCUPATIONAL DEPRIVATION **NO MEANINGFUL ROLE** EMPTY ROUTINE **LACK OF LEISURE OPPORTUNITIES** SUPPORT TO ACCESS COMMUNITY **SOCIAL ISOLATION** VOCATIONAL ENABLEMENT **MILD SYMPTOMOLOGY**

## Interest Checklist

Category	Activity	Degree Of Interest			Do You Currently participate? (yes/no)
		Strong Interest	Some Interest	No Interest	
<b>1 Health &amp; Fitness</b>	Complimentary Therapies/Healthy living				
	Cycling				
	Exercise/Aerobics/Gym				
	Swimming				
	Yoga				
<i>Other Health and Fitness</i>					
<b>2 Sports</b>	Basketball/Netball				
	Table Tennis				
	Tennis/Squash/Badminton				
	Pool/Snooker				
	Darts				
	Bowling				
	Golf				
	Football/Rugby/Hockey				
	Cricket				
	Spectator Sports				
Athletics					
Martial Arts/Boxing/Fencing					
<i>Other Sports</i>					
<b>3 Creative</b>	Amateur Dramatics				

- ▶ 1:1 intervention aimed at enabling the individual to participate in valued occupation developing confidence
- ▶ Gradual exposure to chosen occupation
- ▶ Completion of chosen activity alongside
- ▶ Grading/adapting activity to suit individual
- ▶ Goal setting to increase independence level
- ▶ Activity scheduling
- ▶ Repeating activities
- ▶ Promote leisure and physical activity
- ▶ Explore interests



# OT Assessments

- ❖ MOHOST Model of Human Occupation Screening tool

- ❖ ADL Assessments / Report

  - ❖ Remotivation Process

- ❖ OSA = Occupational Self Assessment Tool

- ❖ Role Checklist

- ❖ OCAIRS = Occupational Circumstances Assessment Interview and Rating Scale

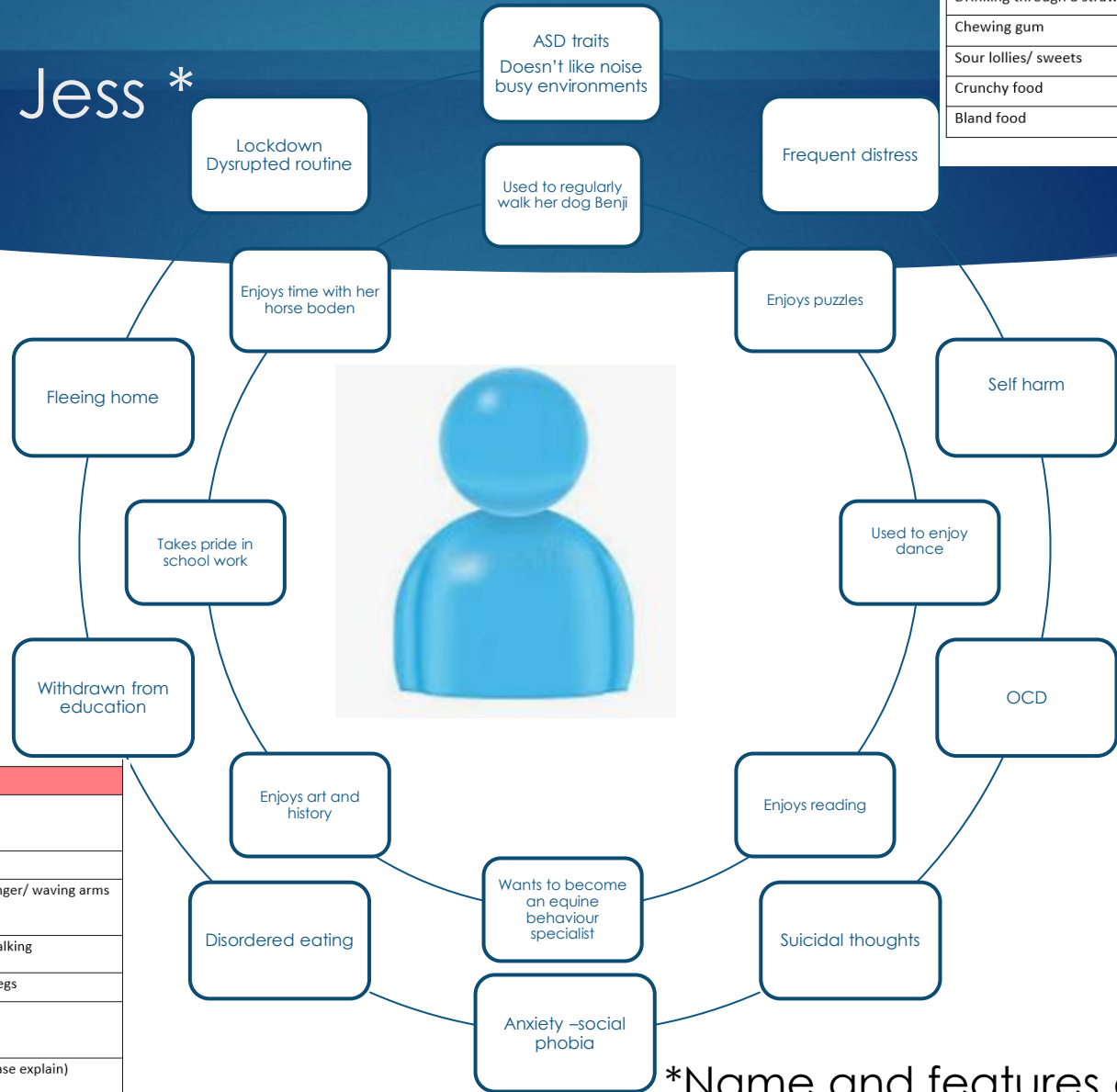
  - ❖ Sensory Integration Assessments

- ❖ Interest / Activity Checklist

- ❖ Volitional Questionnaire

*Readiness to Change?*

# Case study Jess \*



ASD traits  
Doesn't like noise busy environments

Lockdown  
Dysrupted routine

Used to regularly walk her dog Benji

Frequent distress



Taste and smell preferences – what I like, really dislike and what is useful to calm me							
	Like	Really dislike	Useful to calm me		Like	Really dislike	Useful to calm me
Hot or cold drink				Other foods			
Ice/ slushy drink				Certain drinks			
Drinking through a straw				Certain smells			
Chewing gum				Body wash/ soaps			
Sour lollies/ sweets				Moisturiser			
Crunchy food							
Bland food							

Warning signs: what are some of the things that indicate that I am becoming angry or upset?		
<input type="checkbox"/> Racing thoughts	<input type="checkbox"/> Having bad thoughts about myself or others	<input type="checkbox"/> Crying
<input type="checkbox"/> Racing heart	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Swearing
<input type="checkbox"/> Sweating	<input type="checkbox"/> Fidgeting / inability to keep still	<input type="checkbox"/> Pointing finger/ waving arms
<input type="checkbox"/> Clenching fists or teeth	<input type="checkbox"/> Wringing hands	<input type="checkbox"/> Pacing/ walking
<input type="checkbox"/> Isolating myself	<input type="checkbox"/> Shaking	<input type="checkbox"/> Bouncing legs
<input type="checkbox"/> Headache or tension in other parts of my body	<input type="checkbox"/> Speaking loudly or rudely	<input type="checkbox"/> Rocking
<input type="checkbox"/> Butterflies or feeling sick	<input type="checkbox"/> Acting out of character (please explain)	<input type="checkbox"/> Other (please explain)

Activity Diary	Monday	Tuesday	Wednesday
06:00 – 07:00			
07:00 – 08:00			
08:00 – 09:00			
09:00 – 10:00			
10:00 – 11:00			
11:00 – 12:00			
12:00 – 13:00			
13:00 – 14:00			
14:00 – 15:00			
15:00 – 16:00			
16:00 – 17:00			
17:00 – 18:00			
18:00 – 19:00			
19:00 – 20:00			
20:00 – 21:00			
21:00 – 22:00			
22:00 – 23:00			
23:00 – 00:00			

\*Name and features changed for confidentiality

# Summary

- ▶ Self-harm & suicide is common, especially in neurodiverse groups
- ▶ It is important to understand the frequency, degree, triggers & function & identify the long & short consequences
- ▶ Self-harm can be a precursor to suicide
- ▶ OT's in crisis teams use a complex intervention, & a range of approaches to develop the individuals sense of meaning, purpose, competence through purposeful activity, to reduce risk of self-harm and completion of suicide

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<https://doi.org/10.1016/j.biopsych.2008.04.030>

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# Any Questions?



Please EMAIL

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for Feedback & Questions



**\*The content in this PowerPoint is true to the best of my understanding and remains the intellectual property of myself and Norfolk and Suffolk Foundation Trust. I assume no responsibility for any error and I request that it is not sharing further than this forum as part of my collaborative work with Radiant\***

**Thanks For Listening**