

Effective communication and engagement with Children and Young People admitted to hospital following self-harm

Congratulations for working through the e-learning material. This document provides a summary of what was learned as well as some additional information you may find useful.

Learning objectives

The learning objectives for this resource were:

- To understand the impact of effective / ineffective communication on CYP during their stay in hospital
- To develop effective communication skills and strategies to assist in the development of a trusting therapeutic relationship with CYP and their families

Effective and Ineffective communication

Effective communication enables the development of rapport and trust, minimises misunderstandings and allows for a therapeutic relationship to develop. However, communicating with CYP who have self-harmed presents challenges to nurses.

A list of practical strategies are provided below that may be useful when communicating with CYP who self-harm:

Letting the CYP know you are available to talk should they feel the need

- The CYP may not know that they can call upon you should they feel the need – so let them know
- Be clear that you are not a therapist but that you are a good listener. Speak to the CYP about their feelings, don't simply see this as the CAMHS role.
- If they want to talk then spend time with them. If they look distressed, be proactive and ask them if they would like to talk?
- Better care can be provided through being interested in the person

Use appropriate language when communicating

- When communicating with the CYP, Use open ended questions - These often start with words such as: what, when, how or where
- For CYP with communication impairment, i.e. they have hearing difficulty, work with parents or carers to establish the most suitable methods to communicate

- Avoid using 'why' questions as these can appear judgemental. For example instead of asking, 'why do you self-harm?' use a question like: 'what is it about self-harming that helps?'
- Avoid the term 'Deliberate self-harm'. It has negative connotations and is no longer recognised or used by Health professionals
- Use active listening (let the person know you have listened to what has been said by paraphrasing the key points of the conversation)
- Use information you have read in the nursing/medical notes and at handovers. For example, "I heard you are feeling a bit better now than before you came into hospital" or "I heard you're still finding things really difficult at home/school"
- Don't jump to conclusions about what has been said. Recognise your own feelings and make sure they are not a barrier to effective communication

Use a rating scale to start a conversation, facilitate your risk assessment, or to evaluate how the CYP is feeling

- This strategy can work if the CYP is less communicative. It works by simply asking them to rate on a scale of 1-10 (with 10 being really bad and 1 being pretty good), how they are feeling at the moment? You can then follow this up by saying "What can we/I do for you to feel one 1 point higher?"
- You can also try asking the CYP to rate themselves and putting the answer on a post it on note which can be stuck on the end of their bed. This allows them to tell you how they are feeling without having to announce it verbally.
- Don't be afraid to challenge or ask if you are concerned or worried about the rating. You can ask for example: 'I have noticed that you seem really distressed, and maybe more so since this morning, what could I do make you feel even a little better?'

Provide validation of the importance of them being in hospital

- Offering the CYP support and justification for being in hospital can lessen the shame the CYP feels having been admitted on to a ward. This can be achieved by saying some non-judgemental phrases:

"We do take this seriously, and that is why you have to stay here because we just need to make sure you are safe and getting any help you need."

"You did the right thing coming to ED (or telling your parents)"

"It's important to us you spend some time here to try and relax. Feel free to talk to us when you are able."

- Don't avoid talking to the CYP for fear of saying something wrong. This can reinforce the stigma felt by CYP.

Keep the CYP informed and updated with their plan of care

- Let the CYP know the process, who they will see and why, what this means and what is involved. Ensure they have a written CAMHS information leaflet such as the one entitled 'Your self-harm assessment' available from your hospital trust

- Tell them about the CAMHS assessment i.e. this will involve finding out about you and your life, as well as what happened before you came in to hospital. They will use this to make an assessment and plan what support you may need going forward.
- If you are asked a question to which you don't know the answer to then inform the CYP that you will find out and get back to them
- Work collaboratively with the CYP and state you would like to learn from them to develop a short-term care plan
- When you are at the end of your shift let the CYP know you will be talking to the health professional who will be replacing you. This will enable the new person to continue care from where you left off. If possible, include the CYP during this handover, to build a collaborative and open approach to care.

Alleviate boredom

- Providing the CYP something to do will alleviate boredom and also act as a distraction technique to further self-harm. This may also help reduce any anxiety/worry about the CAMHS assessment.
- It is important to ask the CYP what they would like to do; you may want to ask about their interests at home.
- If the CYP is shy or does not want to talk, you could suggest they use a post it notes to let you know what they would like to do. This can then be looked at later together.
- Some activities you may want to consider offering the CYP include colouring, drawing, watching films, reading books, video games and visiting the 'teen room' or youth service (if available).

Consider the CYP as the 'expert patient'

- If the CYP has regularly self harmed, they are likely to be the expert in what helps them or makes them feel worse.
- Consider tapping into a CYP's expertise by asking them what they usually do to help themselves during periods when they feel like self-harming. If they make no suggestions you may feel it appropriate to offer alternative 'safer' self-harm methods such as snapping a rubber band around the wrist, holding ice cubes or using a stress ball.
- Should you suggest these alternatives do acknowledge that this will not be the same as cutting (or whatever method they have self-harmed) but explain it may help while they are staying on the ward.

Take away messages:

1. CYP are typically anxious and vulnerable when admitted to hospital – they may not have the confidence to articulate or express how they feel.
2. Changing communication habits takes a conscious effort and may take time.
3. Consider how you would want your own family member to be treated in such circumstances.