

Self-Harm by Self-Poisoning* in Children and Young People

Rates of self-harm have increased in the UK over the past decade and are among the highest in Europe. Moreover rates of self-harm are much higher among groups with high levels of poverty and in adolescents and younger adults.

The number of hospital admissions after people have deliberately poisoned themselves has risen by almost 50% in a decade.

All staff working with children and young people, whether in schools, universal, targeted or specialist services, are likely to encounter children or young people who self-harm at some point in their working lives. Self-harm is distressing for all concerned and many who work in children's services feel ill-equipped to deal with it.

What is self-harm by self-poisoning?

The straightforward definition is 'Self-harm happens when someone hurts or harms themselves.' Self-harm by self-poisoning (***or as some may refer to as 'overdosing'**) is when someone takes medication or a poisonous substance to harm themselves. They may or may not intend to end their lives and it may be related to an underlying mental health issue, be a reaction to a life event or part of the way in which they are coping with distress.

[NICE \(2004\)](#) defines self-harm as 'self-poisoning or self-injury, irrespective of the apparent purpose of the act'. The Royal College of Psychiatrists says self-poisoning is the most common type of hospital treated self-harm.

Is self-harm becoming more prevalent?

ChildLine reports that the number of children disclosing self-harm has risen steadily since the mid-1990s, with a 65% increase between 2002 and 2004. In the last couple of years Suffolk hospitals have seen a significant increase in the number of children attending following self-harm by self-poisoning and/or self-harm by cutting.

Why do young people self-poison?

Often a young person cannot explain why they have self-harmed by taking a substance to a poisonous level and find it hard to put into words their thoughts and feeling. Self-harm is a way of expressing deep distress and shouldn't be thought of as just attention seeking behaviour.

Self-harm can be a way of coping with painful emotions such as rage, sadness, grief, loneliness, fear or self-hatred. There is rarely one experience or single event that would cause a young person to self-harm in this way but research has shown that experiences most closely linked to this action are:

- Relationship problems - often the loss of a loved or valued relationship.
- Low self-esteem/worth.
- Bullying: face to face or via social media.
- Mental health problems such as depression.
- Family issues such as poverty, criminality or family illness.
- Disrupted upbringing such as being in care, separation or divorce.
- Child abuse.
- To help them sleep or 'take away a pain'.
- Experimentation.

Myths

Even among health care professionals there can be myths and negative attitudes surrounding self-harm and assumptions made about why a young person may self-harm. It is a myth that self-harm is:

- Manipulative
- Attention seeking
- For pleasure
- A group activity
- A failed suicide attempt

Common medications taken to dangerous level

- Paracetamol
- Ibuprofen
- Fluoxetine - an antidepressant
- Aspirin
- Less common are antibiotics, oral contraception, bleach

Physical side effects

With any of these commonly used medications the symptoms can be very unpleasant; nausea, vomiting, stomach pains. With some medications, such as paracetamol, symptoms may initially appear mild but days later can progress to liver failure and death.

Physical Treatment

It depends on the levels within the blood but samples will need to be taken and in some cases fluids given via infusion into a vein. A young person will always be admitted to the ward (children's ward if under 16 years, adult ward if 16-18 years), parents would be informed and a referral to the mental health team made once the child is physically able to be assessed.

Mental Health Treatment

Before discharge home can be authorised, a mental health worker would speak to the young person and carry out a risk assessment prior to a decision to allow that young person home.

Follow up can range from signposting to community services who can help that young person and their family, through specialist community mental health input. Occasionally, a young person who is found to be seriously unwell or at risk may need to be admitted to a mental health ward appropriate for their age.

With the family's and young person's permission, information from other professionals who know the young person may be sought.

Safeguarding

A young person's social environment and their mental health are inextricably linked. The outcome of an assessment or ward stay is often that a social care assessment is required before or shortly after returning home depending on severity.

How you can help

If a young person discloses an overdose to you immediately call an ambulance. Whilst waiting for medical support:

1. Continue to assess the young person

- Check the level of consciousness. If the patient is not fully conscious and alert, turn them onto their side and ensure they are not left alone.
- Initiate CPR if circulation or breathing stops.

2. Reassure the young person

- Talk to the patient in a quiet and reassuring manner.
- Sometimes patients may become agitated. Enlist friends or family to calm and reassure the patient. Consider calling the Police if the safety of the patient or others becomes threatened.

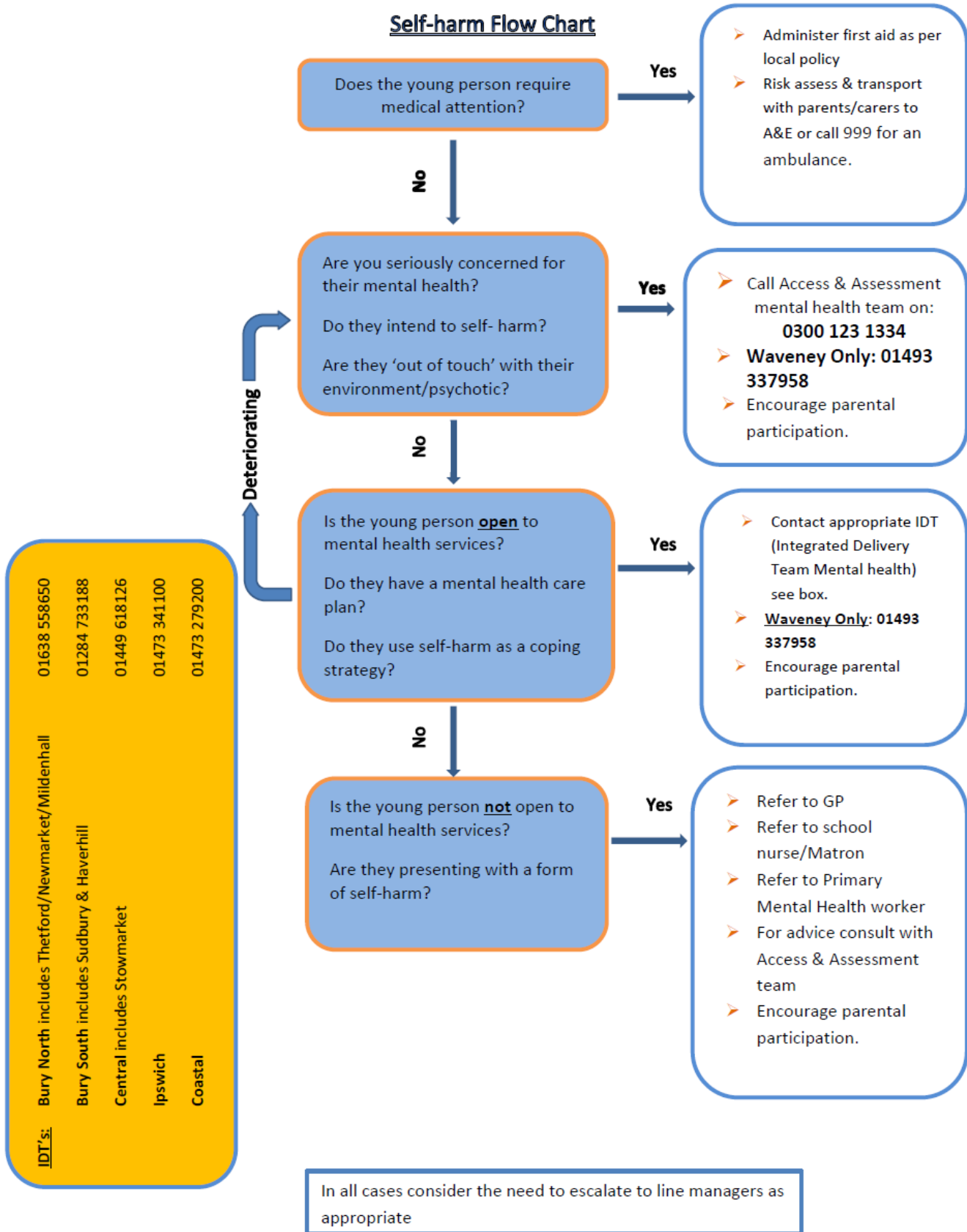
3. Identify the drug taken

- Ask what the patient has taken, how much was taken, when it was taken, and whether it was swallowed, inhaled or injected.
- Look for evidence that might assist the hospital staff with treatment and keep any container, syringe or needle and any vomit to aid analysis and identification.
- Some drugs create serious overheating of the body. If this is noticed, remove unnecessary clothing to allow air to reach the skin surface to assist with cooling.

IN ALL CASES CONSIDER SAFEGUARDING AND FOLLOW SAFEGUARDING

POLICY

Self-harm Flow Chart



Baseline Risk Assessment Tool: Questions and Guidance as suggested by FACT (Families and Children's Trust, Northumberland).

Initial Questions

- What has been happening?
- Have you got any injuries or taken anything that needs attention, consider emergency action?
- Who knows about this?
- Are you planning to do any of these things – consider likely or imminent harm?
- Have you got what you need to do it (means)?
- Have you thought about when you would do it (timescales)?
- Are you at risk of harm from others?
- Is something troubling you? – Family, school, social, consider use of child protection procedures

Responses

- If urgent medical response needed call an ambulance
- Say who you will have to share this with (e.g. designated teacher) and when this will happen
- Say who and when the right person will speak with them again to help and support them
- Check what they can do to ensure they keep themselves safe until they are seen again e.g. stay with friends at break time, go to support staff.
- Give reassurances i.e. its ok to talk about self-harm and suicidal thoughts and behavior

Setting up the contract with the child or young person

- Discuss confidentiality
- Discuss Child Protection if necessary
- Discuss who knows about this and discuss contacting parents
- Discuss who you will contact i.e. the school nurse
- Discuss contacting the GP

Further Questions

- What if any self-harming thoughts and behaviours have you considered or carried out? (Either intentional or unintentional – consider likely/imminent harm).
- If so, have you thought about when you would do it?
- How long have you felt like this?
- Are you at risk of harm from others?
- Are you worried about something?
- Ask about the young person's health (use of drugs/alcohol)?
- What other risk taking behaviour have you been involved in?
- What have you been doing that helps?
- What are you doing that stops the self-harming behaviour from getting worse?
- What can be done in school to help you with this?
- How are you feeling generally at the moment?
- What needs to happen for you to feel better?

Do:

- Make first line assessment of risk
- Take suicide gestures seriously

- Be yourself, listen, be non-judgmental, be patient, and think about what you say
- Check associated problems such as bullying, bereavement, relationship difficulties, abuse, and sexuality questions.
- Check how and when parents will be contacted
- Encourage social connection to friends, family, trusted adults
- Implement initial care pathway
- Implement support/contact with young person
- Seek risk assessment from GP and School Nurse.
- Make appropriate referrals
- Set up a meeting to plan the care pathway interventions based upon understanding of the risks and difficulties.
- Provide opportunities for support, strengthen existing support systems

Don't:

- Jump to quick solutions
- Dismiss what the children or young people are saying
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the child or young person
- Ignore or dismiss people who self-harm
- See it as attention seeking
- Assume it is used to manipulate the system or individuals
- Trust appearances

Support

One necessary skill is the ability to signpost to services that provide the support the young person wants.

Local:

- A young person may seek further support from their GP, school nurse, school counsellor, peer group, a close friend or family member or faith organisation.
- **Suffolk Young People**
Information and advice website for young people.
www.thesource.me.uk
- **VoiceAbility (Total Voice Suffolk)**
A free, confidential, independent advocacy service for young people in Suffolk with additional needs.
Tel: 01473 857631
www.voiceability.org / www.totalvoicesuffolk.org
- **Norfolk & Suffolk Foundation Trust**
Norfolk and Suffolk NHS Foundation Trust provides a wide range of health and social care services, specialising in mental health and wellbeing
www.nsft.nhs.uk

National:

- **Childline**
A free and confidential support service for children.
Tel: 0800 1111
www.childline.org.uk
- **Young Minds**
Information for young people about emotional and mental health issues.
www.youngminds.org.uk
- **Samaritans**
A 24 hour service offering confidential emotional support to anyone who is in crisis.
Helpline 08457 90 90 90
www.samaritans.org
- **Bigwhitewall;**
An anonymous online early intervention service for people in psychological distress. Big White Wall combines social networking principles with a choice of clinically informed interventions to improve mental wellbeing. It can be accessed 24/7 and has staff (Wall Guides) who ensure the full engagement, safety and anonymity of all members.
www.bigwhitewall.com

Further Reading

- Self-Harm: NICE (2004) <http://www.nice.org.uk/nicemedia/pdf/CG16FullGuideline.pdf>
- Self-Harm in Children and Young People Handbook National CAMHS Support Services (2011): <http://www.chimat.org.uk/resource/item.aspx?RID=105602> ,
- Self-Harm: [RCPsych \(November 2006\)](#)
- Cello Group: [Talking Self-Harm: Young Minds \(2012\)](#)
- Department for Education: [Mental Health and Behaviour in Schools: DfE \(June 2014\)](#)