

## Self-harm 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 a distressing thing to encounter and many who work in children's services feel ill-equipped to deal with it.

### What is Self-Harm?

The straightforward definition is 'Self-harm happens when someone hurts or harms themselves.' They may or may not intend to end their lives and it may 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'. These definitions can encompass a wide range of behaviours most commonly cutting, burning and ingestion of poison. Any behaviour harmful to yourself and knowingly entered into may be self-harm however. This can include such acts as potentially harmful sexual activity and remaining in an abusive relationship.

An act of self-harm may be made with a number of intentions, or combination of intentions:

- To manage difficult emotion.
- To communicate distress.
- To complete suicide.

### 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-harm?

Often a young person cannot explain why they have self-harmed and find it hard to put into words their thoughts and feeling. Self-harm is 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 methods of self-harm include:**

- Cutting
- Burning
- Self-poisoning

### **What to look out for:**

Not knowing how to broach the subject is often what prevents concerned individuals from probing. Yet concern for their well-being is often what young people who self-harm need most. Some signs to look out for include;

- Heightened signs of depression or anxiety
- Unusual patterns of requesting/taking medication
- Wearing long sleeved clothing in hot weather or reluctance to partake in activities that might display their cutting behaviour

## **Noticing their self-harm will not make them self-harm more.**

### **What works?**

The response a young person receives when they first disclose self-harm can potentially have a profound influence on whether they go on to seek help from support services. Early intervention is the beginning of a recovery process. Dealing with a young person's disclosure does not require any special skills or extra training. You need to use your core skills and be aware of your own feelings in aiming to treat the young person with respect, unconditional regard and warmth.

## **Telling them to stop doesn't work!**

While professionals cannot change the home and family circumstances of children, it is possible to provide health, education, social and youth services in environments that promote emotional wellbeing and strengthen resilience.

### **Barriers to seeking help:**

Children and young people may find it difficult to ask for help because:

- They think the self-harm is a one off event.
- They have nobody to talk to or don't know how to access services.
- They are concerned that they will lose control and their coping strategy taken away from them.
- They feel they will be regarded as stupid or attention seeking.
- They don't feel their injuries are serious to warrant concern or help.

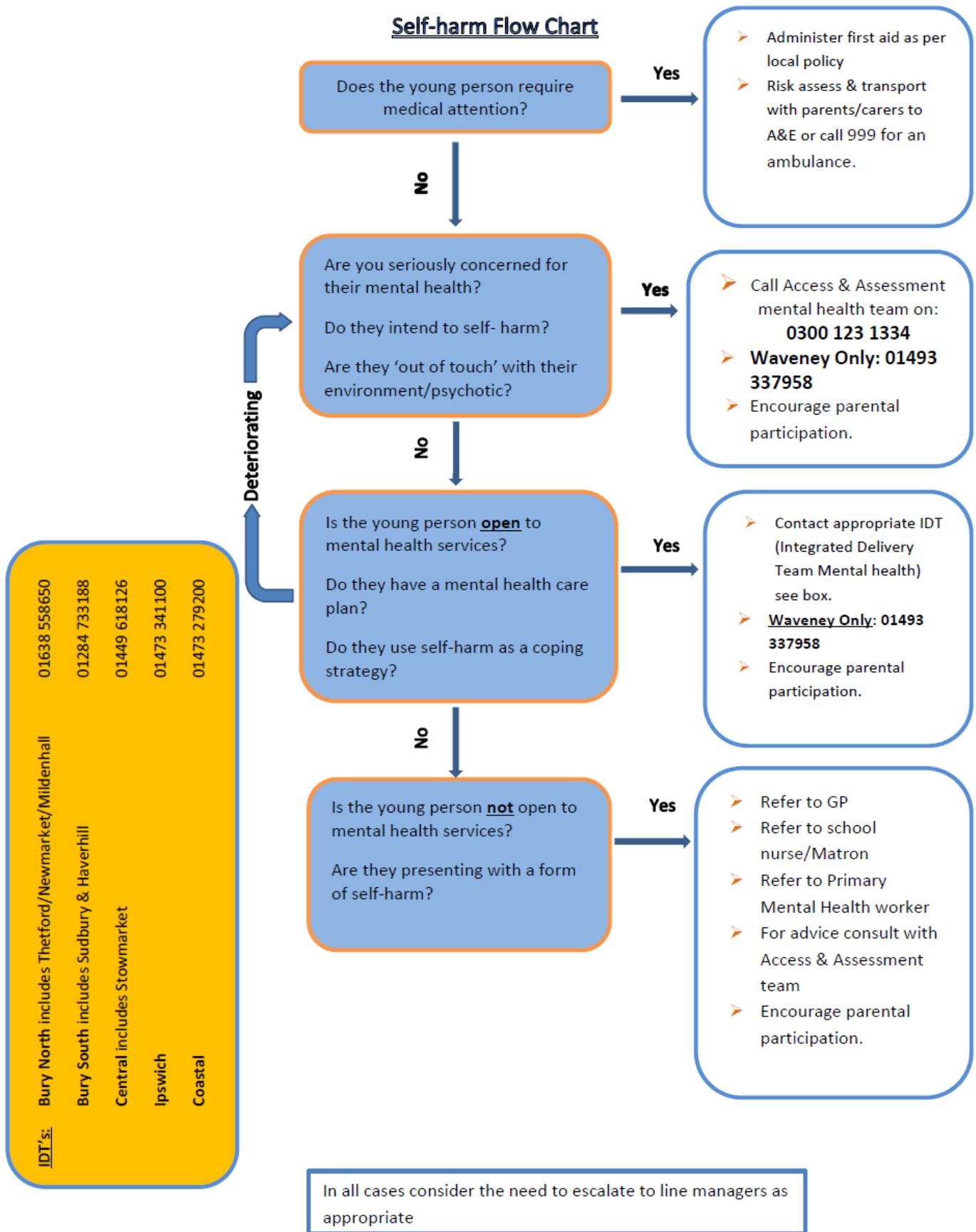
Other ways of coping could be discussed and the National Self-Harm Network lists many activities among which are:

- Snapping an elastic band on the wrist.
- Thinking about not wanting scars.
- Physical or creative activities.
- Social activity - go to a movie.
- Comforting activities - cuddling a soft toy or pillow.

**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 child or a young person is 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 counselor, peer group, a close friend or family member or faith organization.
- **Suffolk Young People**  
Information and advice website for young people.  
[www.thesource.me.uk](http://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/](http://www.voiceability.org/) [www.totalvoicesuffolk.org](http://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](http://www.nsft.nhs.uk)

**National:**

- **ChildLine**

A free and confidential support service for children.

Tel: 0800 1111

[www.childline.org.uk](http://www.childline.org.uk)

- **Young Minds**

Information for young people about emotional and mental health issues.

[www.youngminds.org.uk](http://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](http://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](http://www.bigwhitewall.com)

**Further Reading**

- Self-Harm. NICE (2004) URL <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 \(2012\)](#)
- [Mental Health and Behaviour in Schools: DfE \(June 2014\)](#)

Further information about all Suffolk Safeguarding Children Board publications can be found on our website. [www.suffolkscb.org.uk](http://www.suffolkscb.org.uk)