

Supporting young people who self-harm

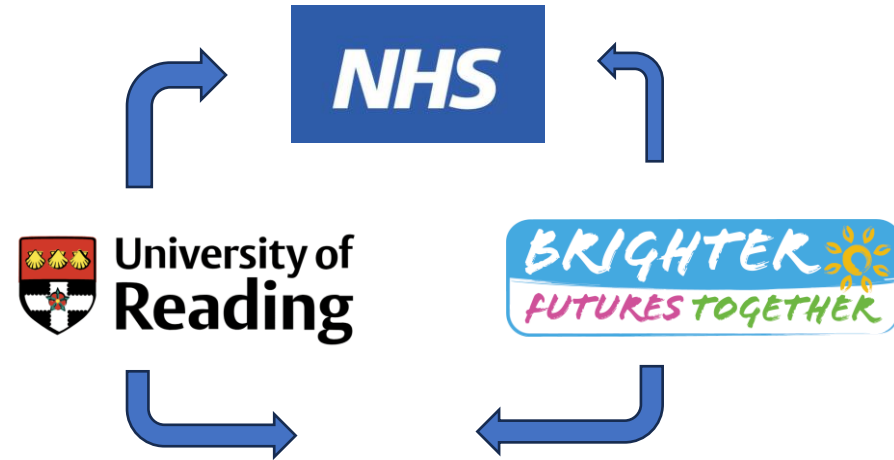
with thanks to
Kielly Alfoadari & Dr Pooky Knightsmith

Psychological Perspectives in Education and Primary Care

Delivered in
partnership with



Berkshire Healthcare
Children, Young People and
Families services



A programme of training designed to help staff working on the frontline with children and young people to:

- recognise and understand mental health difficulties and neurodiversity presenting in childhood/adolescence
- better support these children, young people, and their families

PPEPCare Training Modules include:



- Overview of common mental health difficulties
- Communicating with distressed young people
- Supporting young people with **depression and low mood**
- Supporting young people with **anxiety (in primary and secondary schools)**
- Understanding the Teen Brain
- Working with families
- Supporting young people who **self harm**
- Supporting children and young people with **neurodiversity**
- Supporting children and young people with **behavioural difficulties**
- Supporting children and young people with attachment issues
- Supporting children and young people with other mental health difficulties (including Eating Disorders, OCD, PTSD and specific phobia)



We're really keen to find out how people find the training, and what impact it has in the short and longer term. We would be very grateful if you could answer some brief questions before the training.



TAKE CARE



OF YOURSELF

What we want you to get out of the session:

- To help you think about **what self-harm is** and **why young people may self-harm**
- To help you understand **what it feels like to be a young person who is self-harming**
- To understand **why your response to a YP matters** and what can be helpful and unhelpful when talking to a young person
- To help you **support young people who self-harm by thinking about alternative ways to cope**

Overview of the session:

- **Understanding self-harm (including common misconceptions)**
- Conversations with young people
- Offering practical support



Common misconceptions

Put simply, self-harm is a coping mechanism

We're more accepting of other types...



Defining self-harm: What might it look like?

- Picking and scratching
- Burning
- Cutting and biting
- Pulling out hair
- Substance abuse
- Self-poisoning
- Inserting objects
- Inserting objects
- Overdose
- Taking personal risks
- Self-neglect
- Ligature tying
- Eating disorders
- Swallowing objects
- Risky behaviour

Prevalence estimates



- Around **20% of young people have self-harmed** (Staring, Kieken, & Kirtley (2023))
- **Self-harm or attempted suicide (at any time) is much higher in those with a mental health disorder** than those without (NHS Digital, 2018)
- **Nearly half of 17 to 19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point**, rising to 52.7% for young women (NHS Digital 2018).
- **Over half of young people who die by suicide have a history of self-harm** (NCISH 2016).

Prevalence estimates



(NHS Digital 2018)

- **Around $\frac{1}{4}$ of all 11-16 year olds with a mental health disorder** have self-harmed or attempted suicide at some point (compared to 3% of young people without a mental health disorder).
- This increases to nearly **half** of young people aged 17-19 with a mental health disorder.
- **Around half of all young women with a mental health disorder (52%)** also reported having self-harmed or made a suicide attempt.

Prevalence estimates

- Estimates will vary depending on how self-harm is measured
- Reports suggest around 12% of young people overall may self-harm (Doyle et al, 2015)
- **Rates have risen most sharply in young females** (e.g. an increase of 68% in 13-16 year old females from 2011-14 (Morgan et al, 2017))



LGBTQ+ young people and self-harm

- LGBTQ+ youth are up **to 4 times more likely to self-harm** than their heterosexual peers
- Depression symptoms are also more prevalent among those in sexual minorities (even in children as young as 10)
- Symptoms appear to worsen during adolescence and early adulthood



Ethnic minorities and self-harm

- Little systematic research (especially in young people) – although factors known to increase the risk of mental distress in adults (e.g. social exclusion) are more common in some ethnic groups and may increase the risk of self harm
- In adults, from BAME communities, self harm was often a response to interpersonal distress rather than a specific psychiatric illness
- Rates of self-harm appear to be higher in females, irrespective of ethnicity



Prevalence in young people?



Most people who self-harm are between 11-25

Average age of onset is 12

4 times more common in girls than boys



“Cutting for me releases all the built-up anger and frustration and pain I feel inside. There are many things that happen to me in my life which cause the pain I feel and how I release it. Mostly the feelings of isolation like being outcast pretty much from relationships altogether. I don’t feel like I am a very stable person and I hate myself a lot of the time. I think body image also has a lot to do with my cutting. School is stressful, home life I can’t handle sometimes.”

Truth hurts (2006)



Self-harm can be:

Direct or indirect and transient or longer term.....

....but whatever the 'type' it's usually conducted at times of anger, distress, fear or worry and is a way of coping with these feelings

What **individual** factors are associated with self harm?

- Depression/anxiety
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- LGBTQ+
- Gender Dysphoria
- Learning Difficulties
- Neurodiversity
- Drug/alcohol abuse



What **family** factors are associated with self harm?

- Extreme expectations
- Abuse
- Conflict
- Mental health problems in parents
- Domestic violence
- Drug/alcohol abuse



What **social** factors are associated with self-harm?

- Loneliness
- Difficulties with peer relationships
- Easy availability of drugs/alcohol



Risk factors for suicide

- Male sex
- Low socioeconomic status
- Restricted educational achievement
- Parental separation or divorce
- Parental death
- Adverse childhood experiences
- Parental mental disorder
- Family history of suicidal behaviour
- Interpersonal difficulties
- Mental disorder
- Drug and alcohol misuse
- Hopelessness

Hawton et al. (2012)



Watch the clip about young people talking about their experiences of self-harm.

- Look for some of the reasons given for self-harming
- Look for the circumstances and motivations driving it

A young person's
perspective - play video

Why do young people self-harm?

**Emotional pain (sadness, grief,
hopelessness, depression) 57%**

**Self-hatred (shame, guilt,
dirtiness) 51%**

**Anger (frustration, powerlessness)
50%**

**Anxiety (fear, tension, panic)
34%**

**Neediness (unsupported, unheard)
30 %**

Unreality (numbness, Empty) 9%



Common Motivations

Control

Punishment

Feel cared for

Physical vs
emotional pain

Appear ugly

Feel real

Self-Harm and Autism

- Triggers to self-harm may (but not always) be different
- Can be associated with coping with or counterbalancing overwhelming sensory information or be a way of coping with physical discomfort or pain
- Associated with increasing distress, may be more public than private – eg head banging, scratching, biting, skin picking and hair pulling



Self-Injury and Self-Harm In Autism

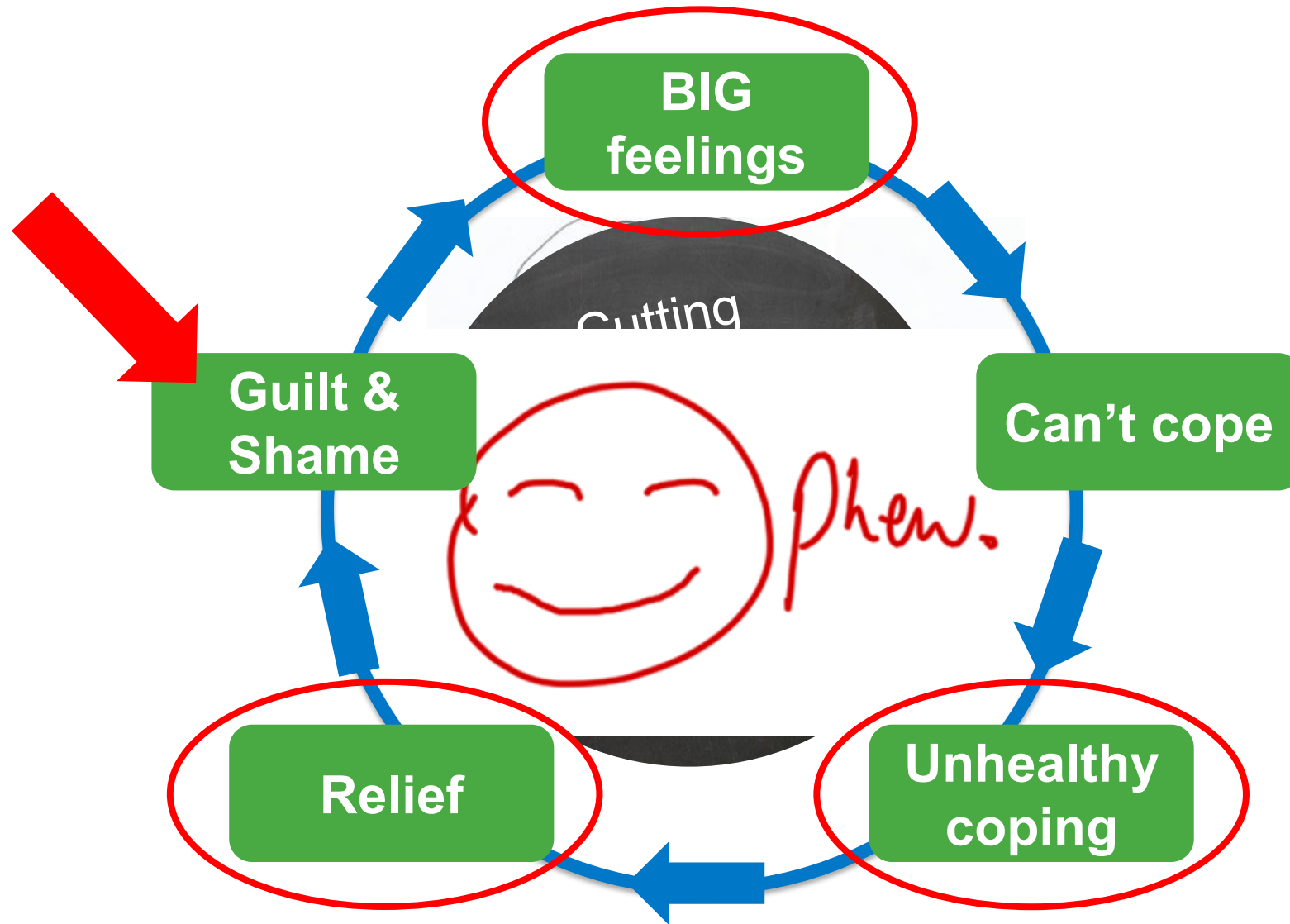


- ‘Self-injurious behaviour’ is very common (eg biting, head banging). Seen as part of the repetitive behaviours common in autism and more common in severe autism/LD
- Not the same as deliberate self-harm which has also been overlooked by researchers and clinicians until recently

Common triggers

- Relationship difficulties (family & friends)
- Life events (divorce)
- Trauma (bereavement/abuse)
- Bullying
- Self harm in friends/the media
- Pressure (exams)







Warning
signs to look
out for

Suicide or Self-Harm?

Some people who self-harm have a strong desire to kill themselves, but most will not

Even if the intent to die is low, self harm needs to be taken seriously – **people who do not intend to kill themselves sometimes do so because they don't realise the seriousness of their injuries**

INTENTION is our best guide

Self-Harm or
Suicide?

Lethality is NOT a
reliable guide

Not always clear

Overview of the session:

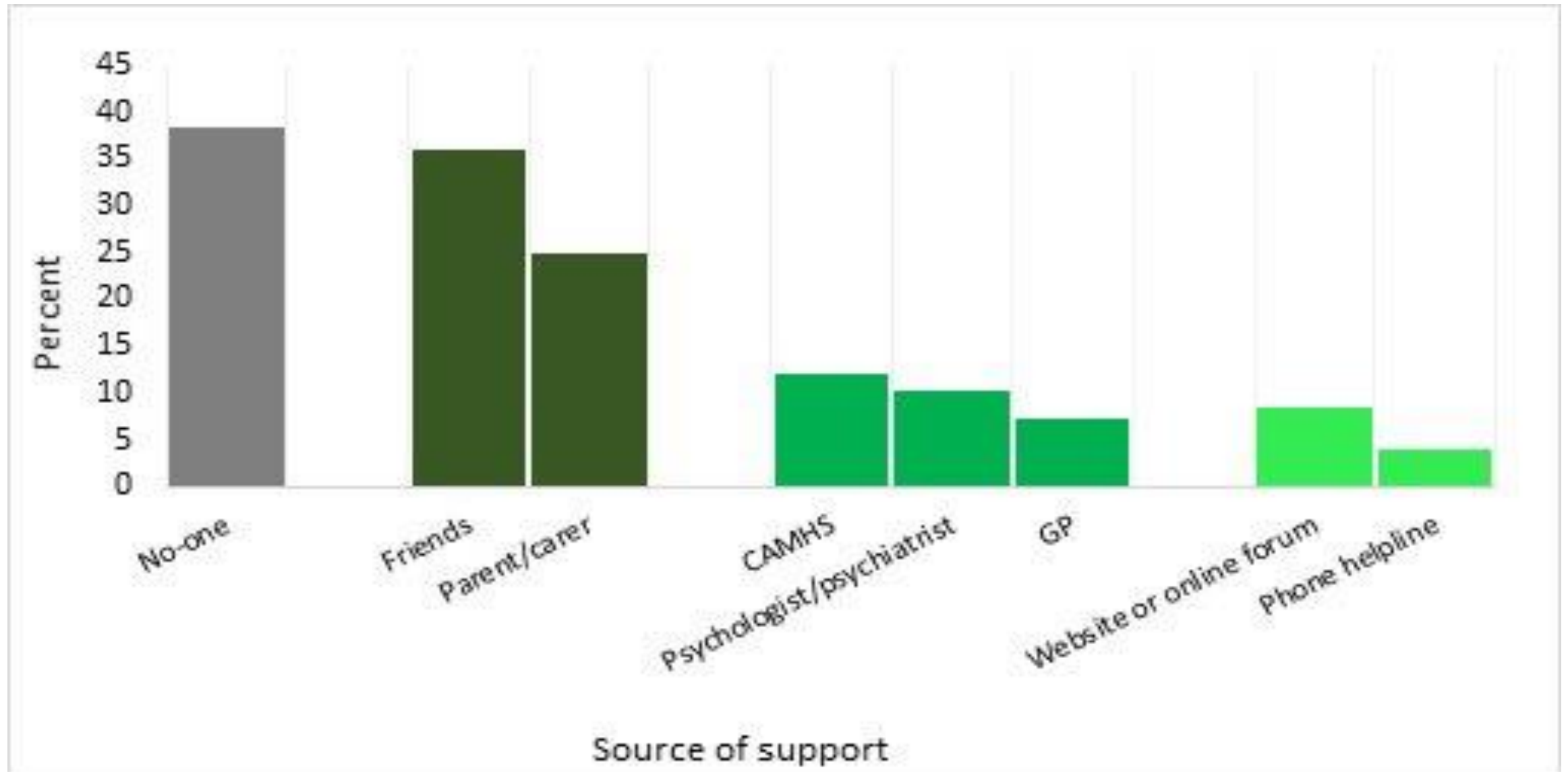
- Understanding self-harm (including common misconceptions)
- **Conversations with young people**
- Offering practical support



Seeking help

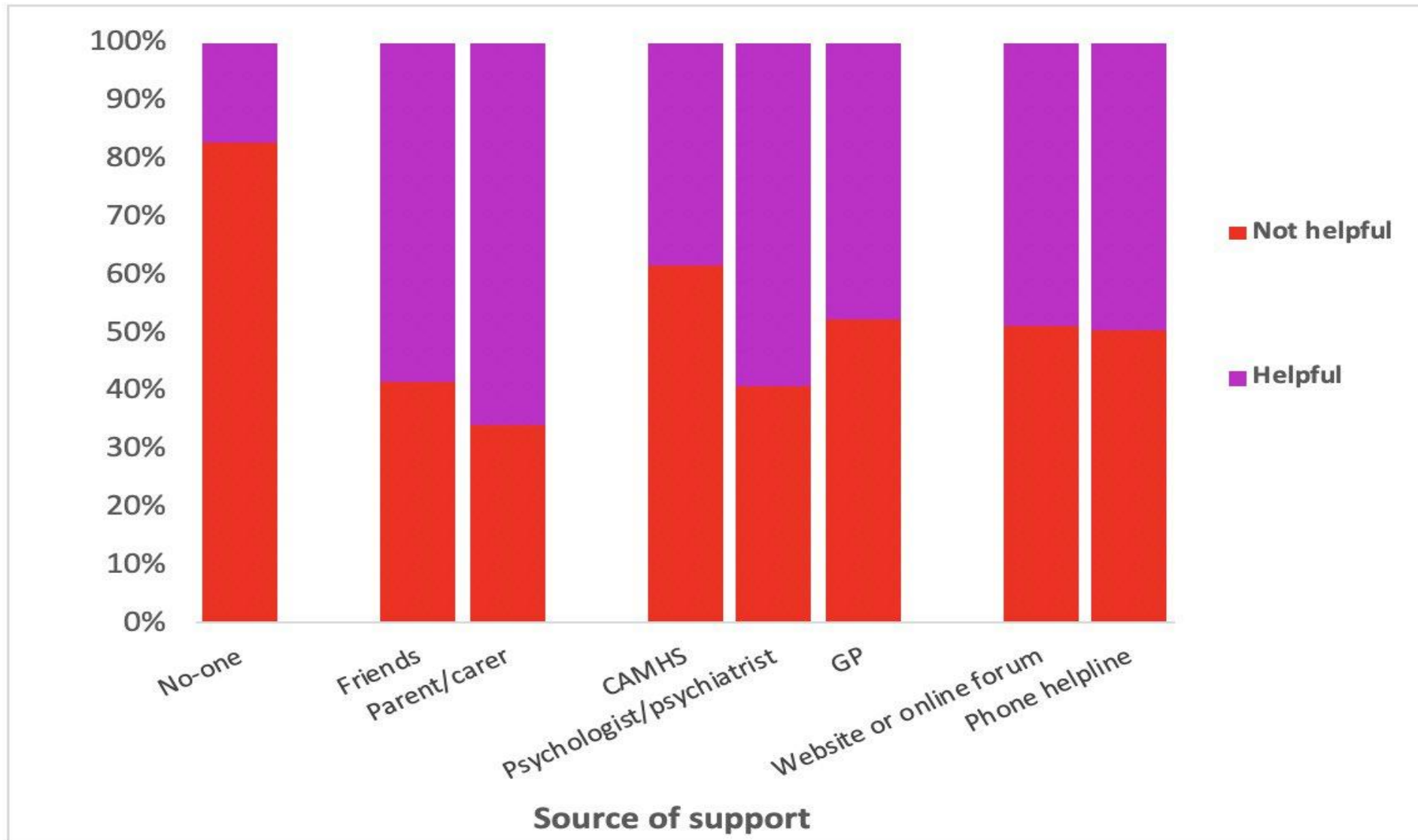
- This is usually really difficult for YP
- Seeking help is often the first step in breaking the cycle and sharing the experience **can** be a huge relief
- How others react influences whether the YP seeks **further** help
- YP need to **feel comfortable** with who they speak to


Support received



Perception of helpfulness

How helpful was the support received?





Young people rarely seek help either before or after an episode of self-harm.

- What does this tell us? Guilt, shame, independence?
- How can we respond in the most supportive way?

**You learn a young
person is
self-harming...
What next?**

Four helpful responses:

1

LISTEN!

2

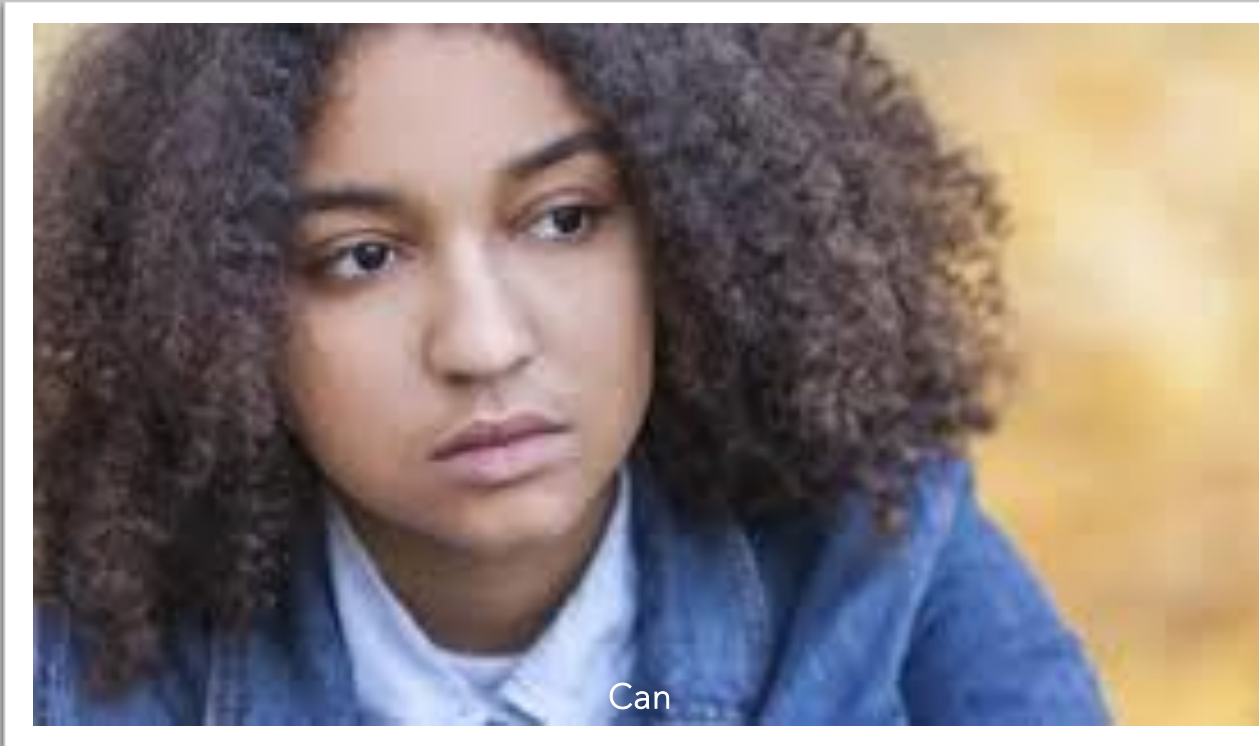
Manage your reactions

3

Offer practical support

4

Involve the young person in all decisions



What if the young person doesn't want to talk?

- Who is best placed to have the conversation?
- How can you help them to communicate?
 - Can you talk whilst doing something else?
 - Is talking the only option?

Can you offer alternative sources of support?

Questions to consider when responding

Is there an immediate need for medical care?

Is the young person a danger to themselves?

What message do you want to give to the young person?

Questions to consider when responding

Is there an immediate need for medical care?

First Aid first

A&E if needed

Wound
management

Questions to consider when responding

Is the young person a danger to themselves?

If you are concerned that there is a serious attempt end life and the young person is in a mental health crisis requiring urgent mental health support

You can call 111 (and choose the mental health option) or use the NHS 111 online service

or

You can call our mental health access team on 0300 247 0000.

If they've injured themselves severely, taken an overdose or you are worried about their immediate safety

Please dial 999 or go to the nearest emergency department.

Questions to consider when responding

What message do you want to give the young person?

Listen



Remain calm



Ask how you
can help



What Can Be Done? Interventions

- Self Injury is a coping mechanism, the person in front of you is trying to cope with something it might be worth asking what that is.
- Self Injury can develop due to a lack of ability in being able to express oneself, thus the person may have difficulty responding to your question.
- Do not dismiss the behaviour as attention seeking or unimportant especially if the wounds appear superficial. The size of the wound frequently bears no relation to the amount of emotional distress.
- It is not helpful to ask the person to stop prior to other coping strategies being developed.

Showing you're not afraid
to talk about the specifics
of self-harm can feel very
supportive to the YP



Confidentiality & Safeguarding

Be aware of your safeguarding policy and any potential issues

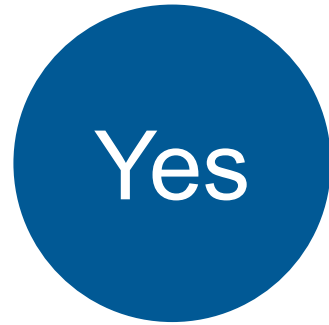
When telling other people:

- Always check with young person beforehand if possible
- Work out together who you need to talk to – discuss the importance of letting parents know and address concerns they may have about this.
- Contact parents (unless there are reasons for not doing so - in this case, consult with local safeguarding lead).



In a nutshell:

Is it in the young person's best interest
to share this information?



What? How?
Who with?



Why not? Could
you defend this
decision?



Watch the clip about young people talking about their experiences of support.

- Look out for what the young people say you **should** do
- What you should **not** do
- Write down what you will take from this

[Support for self-harm: a young person's perspective on support – play video](#)

Thanking the young person for sharing this information

Showing that you care about them as a person

Discuss confidentiality

What can be helpful



Asking how you can help

Plan next steps together

Giving the young person permission to talk about the self harm

Making
assumptions
and giving
advice

Seeing the YP as
just a self-harmer

Giving
ultimatums or
applying
pressure

Telling them that
self-harm is
wrong

**What can be
unhelpful**



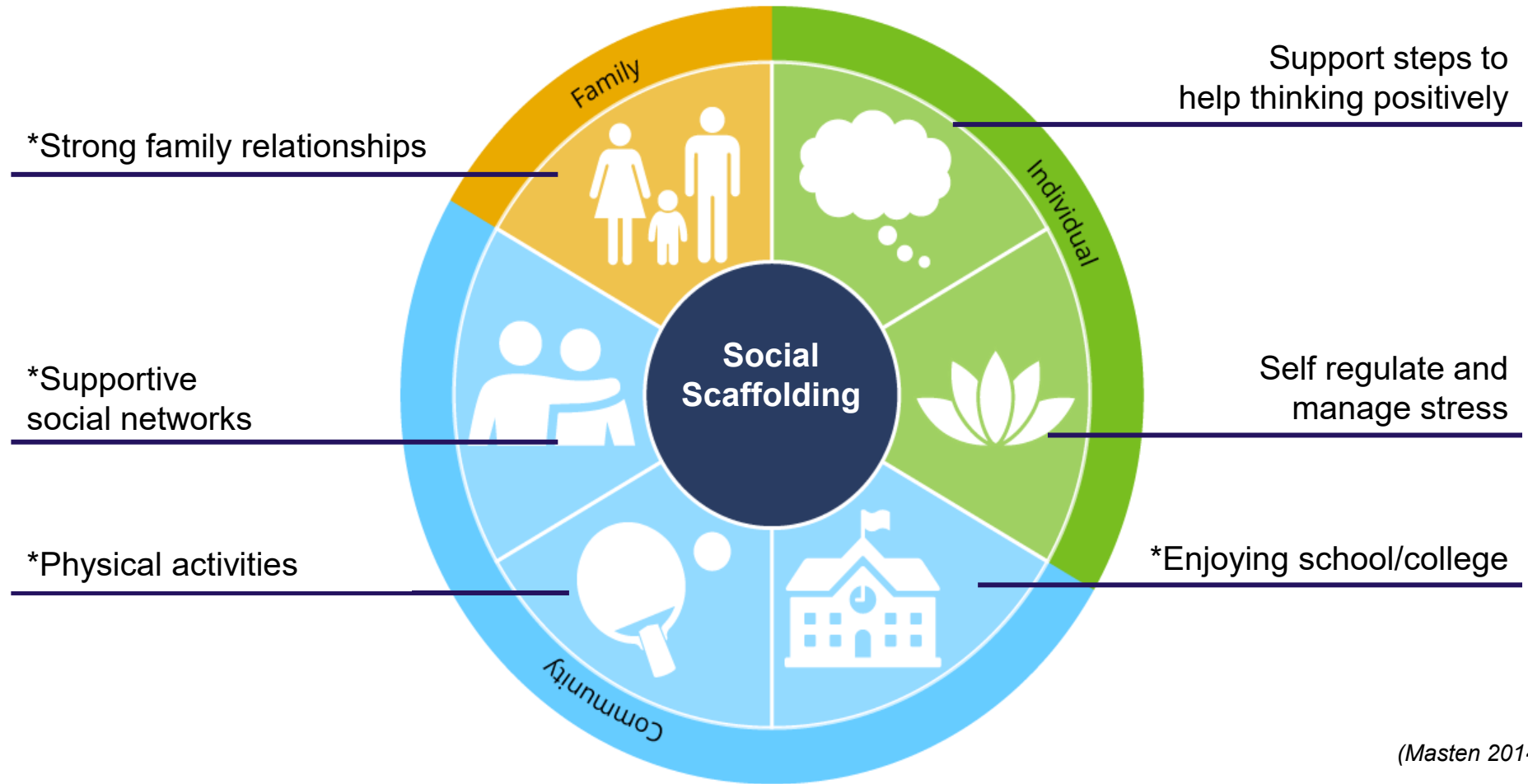
Giving a
negative
reaction

Assuming that
every episode of
self-harm is for the
same reason

Overview of the session:

- Understanding self-harm (including common misconceptions)
- Conversations with young people
- **Offering practical support**

Developing new ways of coping ?





Support Wellbeing

Alternative coping strategies

Explore ideas for alternate coping strategies in the short term to improve wellbeing (see separate handout)

Ideas to help when a young person:

- Feels like self-harming
- Needs to vent their feelings
- Feels down or alone
- Needs a distraction
- Feels out of control
- Needs some space to think
- Needs to feel more in control



**Write or draw
about feelings**

**Talk to a person
or helpline**

**Go to a quiet
place and
scream /
scream silently**

**Hit a pillow /
soft object**

Listen to music

**Look after an
animal or
sibling**

**Draw red lines
on the skin**

Mindfulness

**Snap elastic
band on wrist**

Alternative coping strategies

Pick one or two initially try them out and review:

- Was it helpful? Did it work?
- Would you use it again?
- What else could you try?



Box of Tricks...



Summary: How you can help

- Arrange appropriate medical care
- **Listen** to the young person and be mindful of your reactions
- Provide access to information
- Tell other people (where appropriate)
- Talk about other coping strategies and offer practical advice

If you remember 3 things...

1

**Self-harm
is a coping
mechanism**

2

**Trust your
gut. If
you're
worried,
follow up**

3

LISTEN



Any questions?

Over to you..



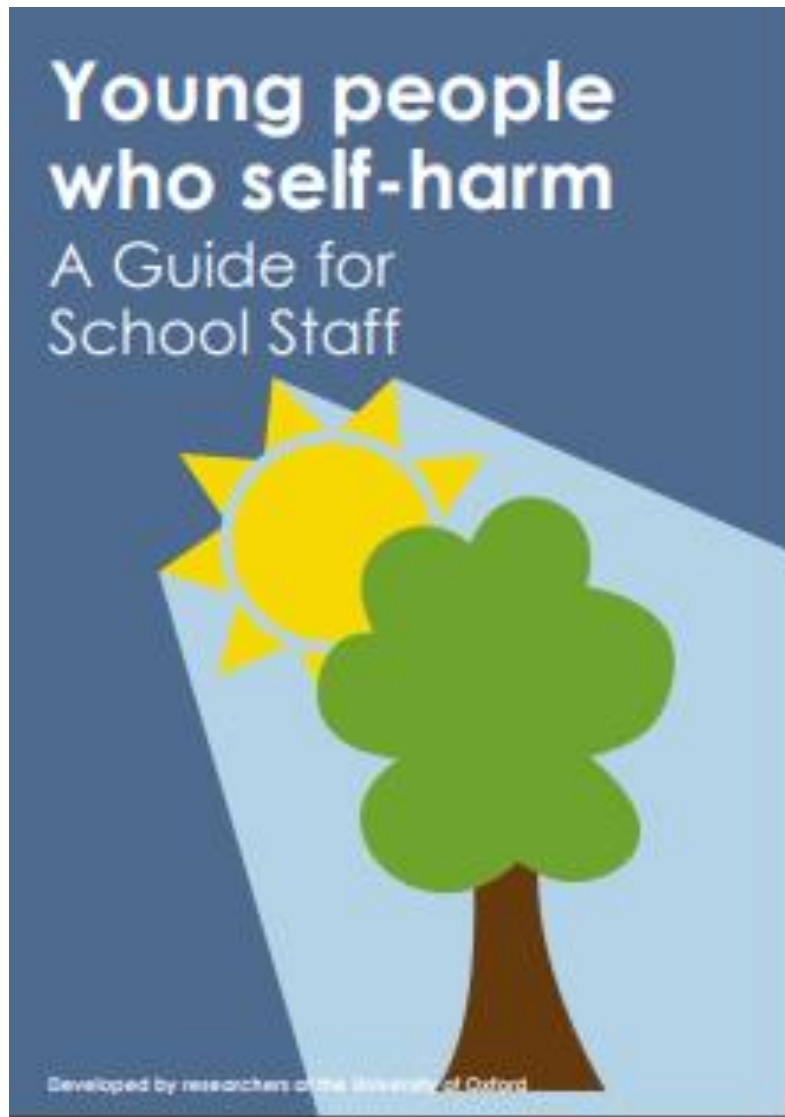
**WRITE DOWN THREE THINGS
THAT YOU KNOW NOW THAT YOU
DIDN'T KNOW BEFORE THIS
SESSION**



**WRITE DOWN ONE THING THAT
YOU WILL DO DIFFERENTLY AS A
RESULT OF THIS SESSION**

A stack of several colorful sticky notes (yellow, orange, pink, teal) is shown. A green pushpin is pinned to the top yellow note. The text "Helpful Links & Resources!" is written in black cursive on the yellow note.

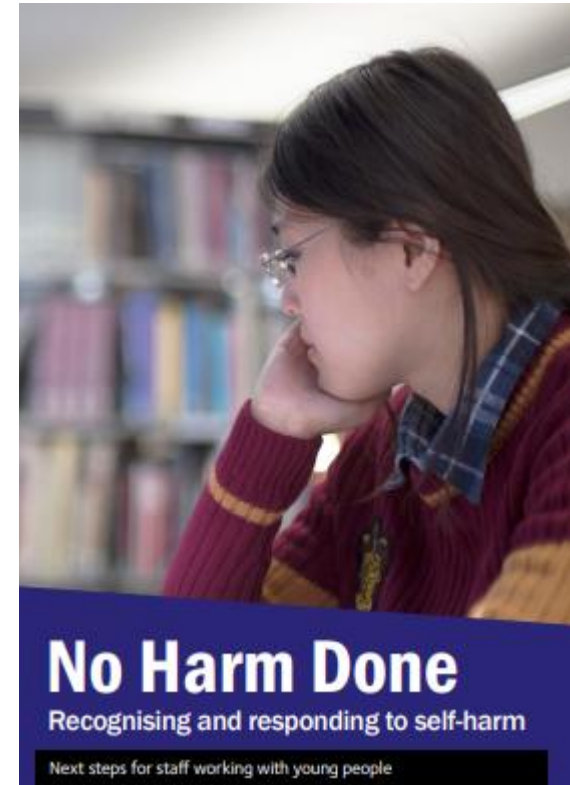
Helpful Links
&
Resources!



<https://charliewaller.org/resources/coping-with-self-harm/>

No Harm Done:

Information for young people, parents and staff



<https://youngminds.org.uk/youngminds-professionals/our-projects/no-harm-done/>

Further Sources of Information

www.selfharm.co.uk

www.charliewaller.org

www.youngminds.org.uk

www.mind.org.uk

www.nshn.co.uk/downloads.html

www.barnados.org.uk

www.minded.org.uk

www.mindmate.org.uk/resources/in-our-hands-resources-for-professionals

<https://sorts4schools.org.uk/trainings/training-for-all-school-staff/>

MindEd is a free educational resource on children and young people's mental health for all adults.

 Follow @MindEdUK



Select the right MindEd for you...



MindEd for Families

Are you a parent or carer who is concerned about your child? Or perhaps you just want some hints and tips on parenting? MindEd for Families has online advice and information from trusted sources and will help you to understand and identify early issues and best support your child.

MindEd for Professionals & Volunteers

This is for you if you volunteer, work or are studying to work with infants, children or teenagers. MindEd has e-learning applicable across the health, social care, education, criminal justice and community settings. It is aimed at anyone from beginner through to specialist.

Post-Training Feedback survey



This training was delivered by



**Evidence based training to
support healthy young minds**



Berkshire Healthcare
Children, Young People and
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