

EVERYTHING YOU NEED TO KNOW ABOUT...

SELF-HARM

WHAT IS SELF-HARM?

Self-harm describes a wide range of things that people do to themselves in a deliberate and usually hidden way, like self-mutilation (cutting).

(‘Truth Hurts’ Report of the National Inquiry into Self-harm among Young People, 2006)

In its broadest sense, self-harm can also include many other activities like eating disorders, drug and alcohol misuse, risk-taking behaviours such as unsafe sex, dangerous driving or getting into fights. Sometimes a distinction is made between self-harm and deliberate self-harm. The problem with this distinction is that we cannot know whether, for example, someone who “*takes drugs recklessly*” has deliberate intent to harm themselves, or whether they are less aware that self-harm is a consequence of their actions.

In the medical profession, deliberate self-harm like cutting may be referred to as self-injury to distinguish it from these wider activities.

52%

of young LGBT people report self-harm either now or in the past.

(Youth chances, 2014)

THE MOST COMMON WAYS FOR PEOPLE TO SELF-HARM

- **Overdoses** (self-poisoning)
- **Self-mutilation** (eg. Cutting)
- **Burning**
- **Scalding**
- **Banging heads or other body parts against walls**
- **Hair pulling**
- **Biting**

(Self-harm in Children and Young People Handbook, National CAMH Support Service, 2011)

25%

of young people self-harm once, 9.5% go on to repeatedly harm.

(Wright, 2013)

MYTHS ABOUT SELF-HARM

1. It's attention seeking

In the vast majority of cases, self-harm remains a secretive behaviour that can go on for a long time without being discovered.

(‘Truth Hurts’ Report of the National Inquiry into Self-harm among Young People, 2006)

2. It's attempted suicide

Although some people who self-harm may be suicidal, self-harm is often used as a way of managing difficult emotions without being a suicide attempt. Suicide is more likely to be associated with major depressive disorders, whereas self-harm is more likely to be associated with anxiety disorders.

(Managing Self-Harm in Young People, Royal College of Psychiatrists, 2014)

WHO SELF-HARMS?

Self-harm is common. About **25% of young people self-harm** on one occasion, most commonly by self-cutting (Wright, 2013). Recurring self-harming is less common, with **9.5%** of young people self-harming on more than four occasions (Plener, 2009). The UK has one of the highest rates of self-harm in Europe (at 400 episodes per 100,000 population) (Hawton, 2012). Rates of self-harm fall significantly among adults.

Self-harm results in about **150,000 attendances at accident and emergency departments** each year and is one of the top five causes of acute medical admission.

(Self-harm in Children and Young People Handbook, National CAMH Support Service, 2011)

More girls harm than boys. A survey of young people aged 15–16 years estimated that more than **10% of girls** and more than **3% of boys** had self-harmed in the previous year. (Hawton, 2003; Owens, 2002). Some practitioners believe the numbers of boys is under-represented in research.

Self-harm rates are generally consistent across different socio and economic groups and cultures. **There is no one particular type of young person who harms.** There is some research indicating a small increase in self-harm among young people outside of education or employment.

(Young People who Self-Harm, British Journal of Psychiatry, 2007)

SELF-HARM

is the biggest health concern for girls aged 11–21.

(Girl Guiding Girls’ Attitude Survey, August 2015)

WHY DO YOUNG PEOPLE SELF-HARM?

Young people self-harm because the acts of cutting can have a physiological effect that includes feelings of release of pain and tension, a sense of being in control, and distraction from overwhelming, painful emotions or circumstances.

The reasons vary greatly, and are specific to the individual, but a young person may self-harm to cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, when they feel isolated, angry, guilty or desperate.

(Talking Taboos – Talking Self-harm, 2012)

Self-harm was the biggest health concern for girls **aged 11–21**, according to the Girlguiding Girls’ Attitudes Survey in August 2015. Researchers questioned a representative sample of more than 1,500 UK girls and young women aged 11 to 21. Some **62%** of this age group said they knew a girl or young woman who had

experienced a mental health problem, while **82%** said adults often failed to recognise the pressures they faced. Overall, more than a third (**37%**) said they had needed help with their own mental health. **The previous survey from 2010 did not list self-harm among the top three concerns.**

Adolescents who self-harm seem to be vulnerable to a range of adverse outcomes in early adulthood. Risks were generally stronger in those who had self-harmed with suicidal intent, but outcomes were also poor among those who had self-harmed without suicidal intent. These findings emphasise the need for early identification and treatment of adolescents who self-harm.

HOW CAN YOU HELP?

“The reaction 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.”

(Self-harm in Children and Young People Handbook, National CAMH Support Service, 2011)

Education among youth workers and other professionals is urgently needed. Findings from the Talking Taboos campaign (Cello and YoungMinds, 2012) highlights professional gaps in knowledge and the need for a deeper understanding of how to support young people who self-harm. In that research almost half of GPs did not understand the reasons why young people self-harm and three out of five were concerned that they did not know what language to use when talking to a young person about self-harm.

80%

18-21 year-olds say they have self-harmed or know someone who has self-harmed.

(ChildLine, YouthNet, selfharmUK and YoungMinds poll, March 2015)

One of the most effective means of supporting a young person who self-harms is to help them develop alternative ways of coping that are safe and appropriate.

Five important responses to a disclosure of self-harm

1. Check if you need to take immediate action if there is an injury that requires medical help.

2. Aim to be a good listener – allow the other person to speak without interruption or judgement. For them, self-harm may feel like the only way to express very strong and deep-rooted emotions. If someone feels able to open up to you this can be a huge breakthrough, so tread carefully.

70%

increase in 10–14 year-olds attending A&E for self-harm related reasons in 2014 on the previous two years.

3. Find help for the young person so they can learn to recognise triggers (the things that give them the urge to hurt themselves - this could be anything from people, situations, anniversaries, certain times of the day, physical sensations or particular thoughts or feelings) and develop ways of distracting themselves at those moments. Courses like **Alumina** are designed to help with this.

4. Professional support may be available from the local Child & Adolescent Mental Health Service but referrals have to come from another professional like a GP.

5. Don't expect a ‘quick fix’. For some people self-harm is a habitual way of responding to painful emotions that they feel unable to control. Underlying causes, such as abuse or low self-esteem, are what need to be addressed.

SOURCES OF HELP ON SELF-HARM FROM YOUTHSCAPE

Selfharm.co.uk

A site for young people providing advice and support on self-harm, including a forum for asking questions.

Alumina

An online programme from selfharmUK for young people wanting to reduce or stop harming. Available for free as a live online service in the evenings or downloaded as a self-guided programme. (selfharm.co.uk/alumina)

A Parents Guide to Self-Harm

A short practical guide for parents and carers.

Available at: youthscape.co.uk/store

SelfharmUK Posters

Set of three A3 posters designed to promote discussion around self-harm and raise awareness of the issue with young people.

Available at: youthscape.co.uk/store

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teachers, parents and young people think that they would say the wrong thing if someone turned to them about self-harm.

(A report conducted by YoungMinds and Cello called ‘Talking Taboos’)