



Gloucestershire
Healthy
Living and Learning



Young people and issues of self-harm

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"Crying – no way. Blades – Yes. Booze – Yes. Pills – Yes." Lisa

Foreword

These guidelines have been produced in response to the increase in self-harming behaviours amongst young people, and consequent concern from a number of agencies in the county who are concerned for the health and well-being of young people. The guidelines are intended to:

- **Help anyone who provides support to young people who harm themselves**
- **Dispel some of the myths and misunderstanding around self-harm**
- **Raise awareness and promote more positive coping strategies for young people**

We hope it includes useful information for those who work with young people. Gloucestershire Healthy Living and Learning will be offering further training and teaching resources in the coming months. These will be advertised on the website www.ghll.org.uk. There are many websites and avenues of support, which have been included in the back of this pack (updated April 2015).

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"I get frustrated because I can never make myself as ugly as I feel....." Anon

Introduction

There are a number of reasons why self-harm in children and young people in Gloucestershire is causing concern.

Over the last 2 years, we have witnessed an increase in overall emotional distress, including incidents of self-harm, amongst children and young people in Gloucestershire. This has come to light via a combination of anecdotal reporting, as well as reportable increases in numbers of young people being referred to services, and in numbers presenting mainly through hospital A&E departments having self-harmed.

There are also a number of reports by national statutory and voluntary sector bodies that identify this as a national as well as a local phenomenon, and not just one specific to Gloucestershire.

Rates of hospital admissions for self-harm including overdoses have increased in Gloucestershire over the last two years, with the majority of admissions being for younger people. Rates rise from the age of 13 and peak at around 16/17 years of age. There have been a number of confirmed and suspected suicides and near misses in children and young people under the age of 18 during the past two years, with consequent anxiety and concern amongst health and social care staff.

Education staff report concerns about the perceived rate of self-harm in pupils, and lack of confidence about how to help. Staff at the local children and adolescent mental health service (2gether NHS Foundation Trust Children and Young People Service CYPS) report seeing young people for the first time who have been self-harming for months or years prior to being referred, often in a way that is hidden.

Self-harm is a behaviour which functions as a coping mechanism for many, but is also an indicator of distress and/or being unwell. Not every young person who is self-harming will need psychological treatment, and there is a wide continuum of behaviour from mild scratching to actions causing serious injury. Impulsivity is also a factor, with some young people taking overdoses which cause lasting damage that they had not intended. The complexity of this issue makes it hard for those working with children and young people to understand and know when and how to intervene.

Self-harm is promoted and glamourised on a number of social networking sites, although it is not clear to what extent this influences behaviour. The following includes a summary of the prevalence studies looking specifically at self-harm. Local data from the Gloucestershire Online Pupil survey is consistent with the most recent studies.

Simon Bilous - Lead Commissioner Children's Health & Maternity
Gloucestershire County Council and Gloucestershire Clinical Commissioning Group (CCG)

The number of children being admitted to hospital in England for self-harm is at a 5 year high - admissions of girls aged 10 to 14 increased by almost 93% from 3090 in 2009/10 to 5,953 in 2014

(Health and Social Care Information Centre 2013/14)

A study carried out in Secondary Schools in 2014 found that of 6,000 young people aged 11, 13 and 15 surveyed across England - up to one in five 15-year-olds say they self-harm.

(Health Behaviour in School Aged Children) to be published end of May 2015

Confidentiality

"I cut to make things better" Anon

Professionals should adhere to their own organisational guidelines regarding information sharing and confidentiality. The child/young person must be involved wherever possible and consulted on his/her views. Professionals should always take age and understanding into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action. It is important not to make promises of confidentiality that you cannot keep.

Professionals should tell a child/young person when they may have to share information without their consent.

Information given to professionals by a child or young person should not be shared without their permission except in exceptional circumstances. Such exceptional circumstances will include:

- **A child is not old enough or competent enough to take responsibility for themselves**
- **Urgent medical treatment is required**
- **The safety and well-being of a child/young person is at risk or there is the possibility of harm to others (i.e. child protection or suicide)**
- **By virtue of statute or court order**
- **For the prevention, detection or prosecution of serious crime.**

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, the practitioner should follow the local safeguarding process immediately.

What is self-harm? *"Even though no-one else sees it, it is something I can look at. Somehow it makes the pain inside real and important" Anon*

The word self-harm is used to cover acts of injury which may, or may not, involve a wish to die. It is best defined as hurting or harming yourself on purpose.

The following list highlights the many different ways in which people harm themselves:

- **Alcohol abuse / Drug abuse/ Smoking**
- **Self-injury**
- **Debt**
- **Denial / Saving face**
- **Isolation**
- **Eating too much /Not eating enough**
- **Overwork**
- **Avoiding effort / Avoiding support / Non-care of self**
- **Violence / Crime**
- **Driving fast / recklessly**
- **Medication abuse**
- **Displaying low self-esteem**
- **Gambling**
- **Negative thinking**
- **Multiple sexual relationships**
- **Expectations of self-perfection**
- **Rushing into relationships**
- **Staying in abusive relationships**
- **Self-doubt**
- **Fashion victim**

The behaviour may start as a method of coping but can become a compulsion and problem in its own right. Self-harm by children and young people is not unusual, but it is often hidden because it is done in private or because people are ashamed or afraid.

Most self-harming behaviour is not lethal and is unlikely to lead to death. Most young people who injure themselves in what they call self-harm do not intend to risk their lives. The importance of the behaviour is in its meaning to the individual who carries them out. It is important not to generalise about young people who self-harm. It can be a way of coping with many different emotions.

There are many different terms used to describe self-harm. For example, self-harm, self-injury and self-mutilation. The term can mean different things to different people. It may describe injuring the body, having some type of eating disorder or attempting suicide.

"Self-harm may be a habitual act to release tensions or it may be an act which indicates self loathing and suicidal feelings. Self-harm is often a way of coping, not a failed attempt at suicide." (www.nch.org.uk 2005)

Some forms of self-harm are far more socially acceptable and understood than others although they may be, in fact, more harmful in terms of their effects on the person's health and life, and the lives of others around them. Smoking and alcohol abuse are probably the two most obvious examples of this.

Self-harm is a widespread human activity carried out for many purposes. Various forms of self-harm have been acceptable or even obligatory in different cultures, e.g. religious initiation, community identification etc.

Other forms of self-harm are generally not seen by society as a whole as acceptable behaviour – and these are the actions that normally come to mind when we talk about self-harm, e.g. cutting, scratching, picking, burning, hitting, overdosing, etc.

Forms of self-harm

The University of the West of England 2013 study showed that the most common form of self-reported self-harm is cutting, followed by self-battery.

A significant number (1 in 10) of children and young people are experiencing a range of mental health problems (Young Minds, 2014 update). Sometimes these can go largely unnoticed by people who are working with them. Much self-harm is hidden. These young people may be well-behaved and achieving well at school or in college. Their quiet way of internalising their problems can make them difficult to identify. A pre-emptive approach will mean a move towards early identification of problems, early intervention and support at key moments in the lives of young people. There is not a typical young person who self-harms just a wide range of ages, backgrounds and reasons.

Some facts and figures about self-harm

"When I harmed myself, I didn't want people to see the outward signs of my inner hurt but I did want love and cuddles to demonstrate to me that I wasn't hateful and unloveable" Dee

By 2020, 100,000 children and young people could be hospitalised each year because of self-harm according to the figures revealed by the UK's leading children and young people's mental health charity, YoungMinds.

Information released by government in 2014 reveal that in England:

Over the last ten years, inpatient admissions for young people have increased by 68% due to self-harm.

In 2013, hospital inpatient admissions for under 25s increased by 10% due to self-harm.

Amongst females under 25 there has been a 77% increase in the last ten years in inpatient admissions due to self-harm.

Self-harm (usually cutting and scratching) is a key part of the picture of mental health for young people; the majority of people who self-harm are aged between 11 and 25 years (Mental Health Foundation, 2006; Association for Young People's Health, 2013), but some children as young as 7 have been known to do it.

However, self-harm is a very private behaviour and a very sensitive topic, which means that there is a shortage of reliable information about young people who do not make use of accident and emergency or other services. Rates are particularly high amongst groups of vulnerable young people, such as those in the youth justice system.

In 2011, for example, 326 young people aged 15-17 self-harmed in prison custody, as did 1,281 aged 18-20 and 1,465 aged 21-24 (Ministry of Justice, 2012).

A minority of people who are self-harming will end up in hospital, but these cases provide important information about this behaviour. Reducing hospital admissions caused by self-harm is a key public health outcome indicator (DH, 2012).

- **Research shows that 1 in 15 young people in Britain have harmed themselves. Another way of looking at it is that there are probably two young people in every secondary school classroom who have done it at some time. This means it's a very common problem.**
- **There is no such thing as a 'typical' young person who self-harms. About four times as many girls as boys do it, but it is also a serious problem among young men. Because they are more likely to do things like hitting themselves or breaking their own bones it can look as if they have had an accident, a fight or have been attacked.**
- **Some very young children self-harm, and some adults too. Groups of people who are more vulnerable to self-harm than others include:**
 - **young people in residential settings like the armed forces, prison, sheltered housing or hostels and boarding schools.**
 - **lesbian, gay, bisexual and transgender young people.**
 - **young Asian women.**
 - **young people with learning disabilities.**

(Mental Health Foundation 2012)

There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68% (YoungMinds 2011)

Admissions to Gloucestershire Royal Hospital for self-harm: from April 2011 to Jan 2015 there were: 696 children and young people aged under 18 years admitted, of which 601 (86%) were from poisoning by proprietary and prescriptive drugs.

Attendances for self-harm at Minor Injuries Units: From April 2011 to Jan 2015 there were 287 by children and young people aged under 18-years-old in Gloucestershire attending MIUs, of which 150 (52%) were for laceration (cutting).

Gloucestershire A&E presentations for self-harm:

A&E Numbers	2011/12	2012/13	2013/14	2014/15 (M10)	2014/15 Forecast
Under 16	95	101	214	126	151
16-17	129	102	143	144	173
Total	224	203	357	270	324

Gloucestershire Minor Injury Unit presentations for self-harm:

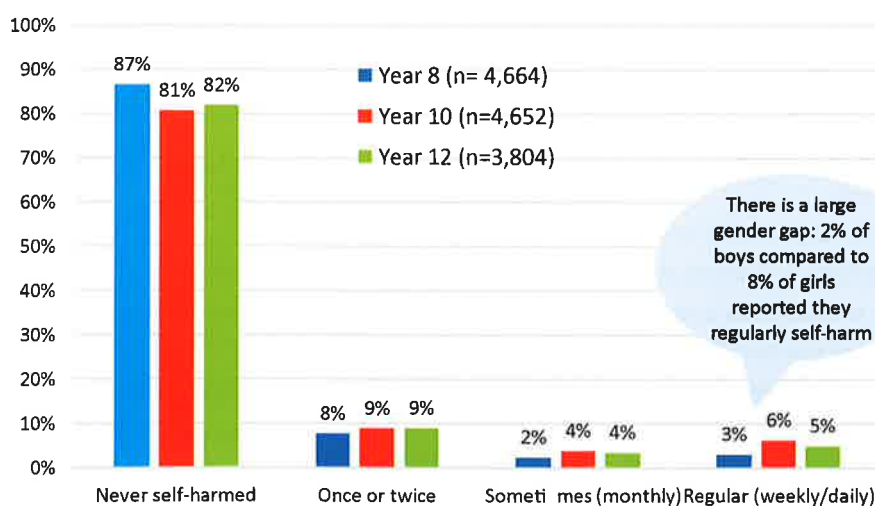
MIU	2011/12	2012/13	2013/14	2014/15 (M10)	2014/15 Forecast
Under 16	34	38	48	28	34
16-17	19	22	20	74	89
Total	53	60	68	102	122

The findings demonstrate that the peak age for admissions is in 15-19 year old females. When we look back through the local data in Gloucestershire we can see that whilst the number of both male and female admissions has increased year on year and the number of female admissions has always been greater than the male, the difference between the two has reduced in recent years.

The 2014 Online Pupil Survey found the following

How many of our young people self-harm?

- 83% of young people (84% secondary) have never self-harmed
- 9% of young people (8% secondary) have self-harmed once or twice
- 3% of young people (3% secondary) have sometimes self-harmed (e.g. monthly)
- 5% of young people (4.5% secondary) have self-harmed regularly (weekly or daily)



594 young people reported they were regular self-harmers, 487 of these are girls

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Why do young people self-harm?

"I began to self-harm because it gave me a sense of power over my body and control that I didn't feel I had in other ways, especially over emotions which feel overwhelming and scary." Hannah

Here are some reasons given by young people.

A Break:

- Providing relief from painful feelings
- Focusing on physical pain instead of emotional pain
- Releasing anger or tension
- Being able to get some sleep
- Coping with difficult situations or people
- Not having to think – a distraction
- A haven from problems
- Preventing worse from happening
- Replacing talking
- A way to induce self care

Communication:

- A way of letting people know that there is something wrong
- Expressing feelings for themselves, making the feelings real
- Avoiding having to talk about painful feelings or experiences
- To obtain a response from others you feel you wouldn't otherwise get
- Express anger towards others or yourself

Punishment or cleansing:

- Particularly related to sexual abuse
- Letting out the badness from inside
- Punishing self for being bad
- Getting rid of people or situations from inside

Control:

- Having been hurt by others, now being the one in control of the pain
- Having been punished by others, now being in control of the punishment
- In control of the act itself
- Controlling feelings – physical pain as a way of controlling mental/emotional pain
- Controlling anger – letting anger out in controlled way
- For once being able to lose control, not to have to hold feelings in
- Showing resistance to family, society, abusers
- Having an identity, something they are good at, something other people do not do.

"I was embarrassed, I think more because you don't really ask people for help just because you think it's your own fault, but you end up realising it wasn't your fault. It was hard at first to ask for help it took about a year to ask." Anon

I was 17...

When I first told someone that I sometimes self-harm. That person was one of my teachers and I think I must have shocked her because she immediately wanted to tell my parents. I persuaded her not to and the subject was never mentioned again. In fact it was four years before I told anyone else.

A lot of things went wrong in my life and consequently my acts of self-harm increased in both frequency and intensity; it seemed like the only way I could cope with life. As a result, I often ended up in the hospital's accident and emergency department. The procedure is always the same. They ask you what you have done and why. However, the attitudes of the doctors and nurses are incredibly varied and unpredictable. Some are sympathetic – they listen and try to understand; others just do their job – they patch you up and send you home without saying a word. On the odd occasion, I have been openly criticised and lectured by medical staff, which when you're already feeling vulnerable and ashamed, makes you feel twice as bad. But I think that from these experiences and similar encounters with other professionals, I have learnt that there are always going to be people who want to understand and help, and people, who will for whatever reason, judge you negatively. I believe that these negative reactions often stem from ignorance or from a reluctance to confront issues they feel ill-equipped to address and are not necessarily about me as an individual. Fortunately I have found people (for example, my doctor) who are willing to help and support me – but it is hard. Each time you tell someone, you run the risk of rejection and criticism, but finding someone who understands and who is willing to work on issues of self-harm with me, gives me hope that things can change for the better.

(Taken from Trust for the Study of Adolescents leaflet)

As Laura entered her house she slammed the front door behind her. It had been a bad day a very bad day. She headed straight through the living room, down the hallway to her bedroom. She hadn't had a day like this in quite some time. Things at school had been terrible. She failed an important Biology test, got into trouble for being five minutes late to class, and even had a fight with her best friend. To top it all, she had missed her bus and had to walk three miles home from school. As Laura locked the door to her room she was so angry that her whole body was shaking. All she wanted to do was cry but the tears would not come. Her whole world seemed to be falling apart around her.

Laura knew what she needed to do to feel better. She took a small wooden box from under the bed. Carefully lifting its lid, she removed the contents, a single edged razor blade and a packet of gauze bandages. Sitting on the carpeted floor, gently rocking back and forth, she stared at the silver blade in her hand. She needed to do it, she told herself. It was the only way she could feel better, feel normal again.

Laura felt no pain as she made the first of several cuts on her left forearm. She watched the blood spilled from the cuts drip down her arm. It felt warm and soothing on her cold skin.

After cutting herself in three or four places, Laura wiped the blade clean with a piece of gauze and placed it back in its box. She wrapped her wounds tightly with the bandages, only then feeling the hot sting. Although she felt tired and drained she also felt better. Cutting herself had worked, just as it always did.

(A scarred soul) Trust for the Study of Adolescents

Risk and resilience factors

"Self-harm is not a good idea because I feel people judge you before they even know you because of the marks. You also DO NOT deserve to be punished." Kirsty

Some individuals have increased risk of developing mental health problems. The risk factors may relate to the individual, their family or their community. Risk factors are cumulative and young people who are exposed to multiple risks are much more likely to encounter problems.

"Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence, secondly a belief in one's own self efficacy and ability to deal with change and adaption and thirdly a repertoire of social problem solving approaches." (Rutter)

In order to promote resilience it is important to have an understanding of protective factors. It is interesting to observe how some young people despite having many risk factors in their lives, thrive and develop into healthy, confident adults. Others, however who seemingly have many protective factors in place go on to develop problems and poor coping skills.

Risk factors

- Abuse in early life – sexual abuse is highly associated with self-harm but physical and emotional abuse is also significant.
- Frequent changes of home
- Frequent break up or dislocation
- Loss event e.g. bereavement or break up of friendship – loss of, or separation from, parents.
- Family history of self-harm, suicide or depression
- Unreasonable expectations
- Difficult relationships with parents e.g. rejecting or overprotecting or frequent family arguments.
- Persistent bullying or peer rejection.

Resilience factors

- Promotion of emotional well-being
- Positive attitude
- Problem solving approach
- Good communication skills
- High self-esteem and self-confidence
- Ability to reflect and cope with change
- Sense of humour
- Secure attachments
- Supportive caring environment
- Range of positive sport and leisure activities
- School with positive policies for behaviour and anti-bullying.

"It's a way of getting your anger out. Afterwards I still feel sad, tired and lonely." Stephanie

What can schools and colleges do to help?

An important part of prevention of self-harm is having a supportive environment in the school/college which is focused on building self-esteem and encouraging healthy peer relationships. An effective policy on bullying and a means of identifying and supporting young people with emotional difficulties is an important aspect of this.

- Devise a school/college policy, including a clear confidentiality policy
- Educate school staff
- Develop a safety plan and explore ways of developing resilience
- Educate students to be 'good friends' by reporting peers' distress
- Address emotional well-being, promoting coping strategies and self-harm as part of the PHSE curriculum (secondary schools)
- Have crisis telephone numbers available and easily accessible to young people
- Control contagion (when self-harm becomes a common occurrence amongst a group of young people).

Support / training for staff

School and college staff may experience a range of feelings in response to self-harm in a young person e.g. anger, sadness, shock, disbelief, guilt, helplessness, feeling deskilled or rejected.

This is particularly the case when the child is young. However, teachers are very good at coping with a lot of behaviour that shows a child or young person's distress. Self-harming behaviour is one such behaviour.

It is important for staff to have an opportunity to discuss the impact that self-harm has on them personally. Support from colleagues and management is important if teachers are to listen effectively to young people's difficulties. The type and nature of the forums where these issues are discussed will vary between schools and colleges. Staff should take the opportunity to attend training days on self-harm or obtain relevant literature.

How to help a young person who has self-harmed

If there are safeguarding concerns at any point in this process contact the local Children and Young People's Services according to the school child protection policy, being sure to follow the agreed Gloucestershire child protection procedures.

- Make sure the young person understands the limits of your confidentiality
- It is important that all attempts of suicide or self-harm are taken seriously
- Assess for suicidal risk by asking them what they hoped would happen as a result of their self-harm and how they feel now. If you are concerned about immediate or imminent suicidal risk the child or young person should be taken to A&E for an emergency psychiatric assessment
- What appears to be important for many young people is having someone to talk to, who listens properly and does not judge. This person may be a mentor, counsellor, youth worker, school health nurse, personal adviser, special educational needs co-ordinator, emotional and behaviour outreach teacher, educational psychologist, GP or other professional
- Take a non-judgemental attitude towards the young person. Try to reassure them that you understand the self-harm is helping them to cope at the moment and you want to help them, and explain that you need to tell someone. Try to work out together who the best person is to tell
- Help them identify their own support network and alternative coping strategies
- Offer information about support agencies. Remember some internet sites may contain inappropriate information.
- Control contagion - Be vigilant in case close contacts of this individual are also self-harming. Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. It may also be helpful to discuss the matter openly with the group of young people involved. Removing things with which the young person can self-harm will not necessarily help. It could be argued that it could make the situation worse. This may take away the young person's method of coping and they may seek more extreme methods. However, judgement is always needed on a case-by-case basis as sometimes the removal of the method of self-harm will be the sensible thing to do.

- Evidence tells us that talking about self-harm helps young people to understand its nature and shows no evidence of encouraging its practice in those young people.
- Support peers - The peer group of a young person who self-harms may value the opportunity to talk to an adult, either alone or in a small group, but always bearing in mind the risks that may apply to bringing groups of young people who self-harm together.

Be careful to avoid:

- Reacting with horror or discomfort to the disclosure
- Getting angry and losing control
- Telling other people who do not need to know
- Trying to make them stop and asking for assurances that they will – this just sets up failure
- Panicking – even though the behaviour might shock you
- Asking abrupt and rapid questions
- Engaging in power struggles and demanding they 'just stop'
- Accusing them of attention seeking
- Getting frustrated if behaviour continues after support has been provided
- Ignoring other warning signs
- Promising to keep the events secret

Primary School Aged Children

It is unusual for children of primary school age to engage in self-harming behaviours, but it is not unknown. Self-harm can be easily missed or misdiagnosed in this age group. If a primary school child is found to be self-harming this is often a sign that there are difficulties in the child's environment and a common assessment (CAF) should be completed. This process will help the school or college to work alongside the family and other professionals to support and protect the child. CYPS (Children and Young People's Service) Primary Mental Health Specialists are available for advice and support if there are concerns about a child's emotional/mental health.

Primary school teachers are particularly familiar with supporting children who are showing distress and a child that is self-harming should be supported with the same positive behaviour strategies they would use with a child showing other distress (e.g. crying).

- Do not focus on the self-harm or trying to get the child to talk
- Boost the child's self-esteem and sense of belonging in the class by focussing on things they are good at
- Remember schools and colleges can be a safe haven for children to get away from their problems
- Maintain routines, boundaries and positive behaviour management strategies whilst being aware that the child is having a difficult time
- Establish and promote peer relationships e.g. using Circle of Friends
- Provide positive encouragement if they show safer ways of expressing feelings
- Consider any stresses in the school environment that can be changed, for example, more support around learning difficulties/bullying.

What is helpful

- Adopting a non-judgemental approach
- Accepting the person as a whole, not just seeing the self-harm
- Listening and caring
- Offering what support you can and helping them to access what they need
- Dealing with injuries.

See also page 18.

Exploring new ways to cope (maybe not immediately) and how to respond to someone who is self-harming

"The best thing for me is someone being really kind and gentle and seeing that you're having a bad time, not getting all heavy about what you have done,"
Arnold Magill 1997.

The young person may need a place to tend to their wounds. Cuts should be cleaned and dressed. Burns need cooling with cold water. The young person may need to rest. Also they will definitely need comfort and to be treated gently. Medical help is required when:

- cuts are deep or wide
- there is infection – redness, swelling etc
- bleeding won't stop
- there is a large burned area
- an overdose has been taken.

How can parents/carers help a young person who is self-harming?

Listen if they want to talk, but don't force or pressure them. If your child wants to talk to you, listen and ask them what support they want.

Try to avoid:

- Assuming that the young person is out of control
- Blaming yourself; most self-harm happens for a variety of reasons and as a result of emotions that are difficult to manage
- Making the young person promise that they'll stop because you've asked them to
- Ignoring it and think that it'll just go away
- Being overly critical about what the young person is doing, making them feel guilty that they have caused a problem
- Viewing the young person as a self-harm problem; remember to acknowledge all the other parts of their lives
- Imposing your solutions on the young person. Do offer helpful suggestions but don't be offended if these aren't followed through
- Threatening to withdraw your support if the young person doesn't stop self-harming
- Expecting too much of yourself. You won't and don't need to have all of the answers.

But if they don't want to talk to you, suggest that they:

- write you a letter or email about their thoughts and feelings
- talk to another trusted adult
- contact one of the help lines available.

Don't take it personally or feel that you have failed as a parent. Children often don't talk to their parents about self-harm because they are trying to protect them. Showing understanding may help to develop your child's confidence to discuss this with you at a later time.

- Learn their triggers to self-harming and how to recognise them
- If you think your child is being influenced by what they've seen online, read about online safety advice and how to keep them safe online
- Help them find other ways to cope with their feelings, finding positive activities like listening to music or talking to friends and family can help children and young people channel their feelings and avoid self-harming
- Build their confidence and self-esteem. Help them build confidence by suggesting activities that could help focus their energy or catch their imagination
- Don't force tasks on your child, but things like organising a surprise party for a friend, or learning a new skill can help boost their self-esteem
- Show them that you trust them. Although you will be concerned about their well-being, it's important to give your child their own space. It may be hard because you are worried, but find a balance between monitoring them and respecting their privacy
- Think carefully about who you tell. You may need to tell other people about your child's self-harm to get support or keep an eye on them. However, keep it to people who really need to know and let your child know before you speak to them. This will avoid embarrassing or further isolating your child
- Discuss the issue with your child's school and doctor. Again, let your child know first and assure them it's to give them the support they need. It may be that self-harm is a common concern for the school and they can help address it with a school counsellor or trusted adult that your child can go to during the day if they are thinking of self-harming. Your family doctor can treat injuries, provide further medical advice and refer your child for additional support if required
- Offer support to siblings and other children who may be affected. Children are very perceptive to what is going on around them, so they may have noticed the self-harm or be aware that something is wrong. Provide guidance and reassurance that is appropriate to their age and level of understanding
- Acknowledge your own needs and get support. It can be overwhelming dealing with your child's emotions, especially as there may be setbacks along the way. Make sure you acknowledge your own needs and get support when you need it.

Social Networking

Keeping children safe online is the child protection challenge of this generation, according to Peter Wanless, head of the NSPCC. ChildLine registered an 87% rise in calls about cyberbullying in 2013, a 41% increase in calls about self-harm, and a 33% increase in calls about suicide, with the biggest increase among 12 to 15 year-olds.

While the internet provides unprecedented opportunities for young people to communicate and learn, it can be a dangerous place for vulnerable teenagers. Peer pressure and bullying have been around for a long time, however, the ability to be contacted at all times is new. Children who are being bullied say that there is no point in turning off their phone, because the messages will just be there waiting for them.

A recent survey by ChildLine, Selfharm.co.uk, YouthNet and YoungMinds revealed that 61% of the 4,000 young people who responded said they self-harmed because they felt alone, while 25% cited bullying and that there was no escape from it. Almost 40% said they had never spoken to anyone in the "real world" about it.

Social networking sites are very popular with young people, even those of primary school age. These sites allow young people to be creative online, keep in touch with family and friends and share photographs and videos. However, it is important to familiarize ourselves with social networking services to gain an understanding of them so that we can help young people to choose appropriate sites and use them in a safe and constructive way.

There are many sites that can help by providing information about internet safety including guidance for parents/carers and professionals working with young people. Some of these are detailed under useful contacts. Netmums.com issue the following guidelines:

Top ten threats against internet safety for children

1. Explicit websites

Even the most innocent word when entered into a search engine can throw up links to websites full of inappropriate images. Without parental controls, many of these websites can be accessed freely by your children.

2. Inappropriate instructional websites

A simple homework task could accidentally give your child access to one of many 'how-to' websites. While most of these are genuine, some are more sinister with details on how to construct bombs, conceal anorexia or how to make and take illegal drugs.

3. Online predators

The dangers of paedophiles posing as children in Internet chat rooms is well known - but children still put themselves at risk by giving out their personal details.

4. Cyber bullying

Online bullying is a relatively new issue. Through the use of email, chat-rooms and forums, bullies can attack their victims with vicious messages.

5. Phishing

This is when you receive an email that looks as if it's been sent by a genuine source, such as your bank or a well known website, but really they are 'phishing' for your password and account details, leaving you open to identity theft.

6. Malware

Otherwise known as malicious software, Malware often arrives via infected links and downloads. Among the nasties which can be unleashed are Trojan programs, which allow attackers unauthorised control over your computer.

7. Risk of committing a crime

While surfing the net, children may infringe copyright without even being aware of the fact. Downloading music and films are some of the most well known ways of breaking copyright but also copying photographs or essays to use as homework could be breaking terms and could leave your child facing prosecution.

To find out more about how to enjoy entertainment legally on the internet, and for information how to protect your family from the safety and security risks of illegal file-sharing, you can download a free copy of Music, Film, TV and the Internet guide at www.childnet.com/downloading

8. Scams

Scams have always been around but it can be hard to tell if an email or offer on a website is genuine or not. Something that sounds fantastic could be just an opportunity for someone unscrupulous to send you fake or poor quality goods that you've paid for at top quality prices. The worst case scenario could mean that your credit card details are taken and your bank account is emptied.

9. Spam

More usually annoying rather than dangerous, unless you do decide to give your bank details to someone offering to deposit thousands in it. The main worry for parents is making sure children don't receive emails with an explicit content; this can usually be solved by adding blocks to your email account to limit the amount of spam received.

10. Poor wireless security

Leaving your wireless connection unsecured or using a public connection is the same as leaving your diary on the front door step for all to read. It is very easy for those with the know-how to break into your system and help themselves to all the information you have on your computer, giving them access to your banking accounts and Internet history. Make sure you use a high level of security with an unrecognisable network name and unguessable password.

Where to go for more support, help and guidance

Promoting positive alternatives

Strategies that may help

"Self-harming makes me feel better..... I know afterwards I feel guilty for having done it again but in the short term it does help. If I am thinking clearly Reiki helps me feel so much better. It is a form of alternative therapy." Anon

When self-harm is removed as a coping strategy it needs to be replaced with something else, for example:

Relaxation

This will reduce anxiety and may take many forms. Relaxation techniques need to be learned and practised. Over a period of time they can prove very effective. Encouraging a young person to make their own relaxation tape may help them feel more in control, which is what they want to achieve by self-harming.

Venting emotions

This coping strategy aims to stop the next incident. Ideas include:

- talk it all out
- scream; hit a pillow; tear paper
- shout
- throw
- write it all out

These activities concentrate on the here and now. The root cause is not being addressed. Again the young person is taking control and they have this ability most of the time.

Talking to Samaritans or Rethink or somebody!

This can be face to face with someone, on the telephone, to a friend or helpline, via text or email, MSN or to a tape. Talking can prevent tension building up providing the young person is really listened to by someone who is not trying to change his or her behaviour.

Mindfulness is something that can be learned and focuses upon quieting your mind and identifying triggers. It can be very empowering and has gained recognition from research recently.

Physical activity

It can have huge benefits both as a distraction and as a way of releasing endorphins into the body which, in turn, makes you feel better.

This must be in moderation and not used as a punishment.

Consider:

- regular routines help to raise self-esteem
- games where something is hit
- swimming
- gardening

Distractions

- television
- music
- dancing
- computer games
- craft activities

Reducing isolation

- shared housing
- working with others on a project
- sports groups
- joining clubs
- group activities

Setting achievable targets

- managing own money
- making something
- planning to do something
- finding out information.

The young person can succeed in doing something for themselves. This does not mean they do not still need to be taken care of.

Setting up a contact circle

This could include a list of people who are available for the young person to talk to. In times of distress the young person could work through names and telephone numbers until they find someone who can listen. Steps need to be taken to ensure people are able to say no if they cannot listen.

15 minute rule

This provides a specific period of time when the young person tries to avoid harming themselves. This could involve some of the previous suggestions. The thinking behind this method of reducing the amount of self-harming is that to ask someone or tell yourself you will never self-harm again is unrealistic. But if asked that for the next 15 minutes there will be no self-harm, then it becomes more achievable. Putting it off for that length of time may enable engagement with a different kind of coping mechanism. During the 15 minutes the reasons for doing it, the stimulation or urge may diminish. Success breeds success and reducing the frequency of self-harming may make an individual feel better about themselves and further reduce urges. Asking a person to abandon a method of coping is unfair without substituting another resource.

Surfing the urge

This is a very similar method to the '15 minute rule'. The individual sets the time period during which they allow whatever feelings to flow without acting on an urge to self-harm. This illustrates that they can survive without resorting to self-harm. During the time of 'surfing' it would be advisable to introduce an additional coping resource, for example, relaxation. Again the ultimate aim is to substitute self-harm with a less damaging way of coping and to build confidence in other ways of coping. Being unable to surf the urge or wait 15 minutes shouldn't be seen as a failing in the individual but that the timing is not correct. The overall aim is about gradually reducing the number of acts of self-harm, not an abrupt cessation that will increase pressure and likelihood of failure.

In the longer term a young person will need to develop ways of understanding and dealing with the underlying emotion and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be part of this.

Self-harm is anxiety provoking, frustrating and stress-inducing. Families and friends may feel responsible. They may also feel powerless to help and frustrated that they are unable to assist in stopping the self-harm. There may be a strong urge to get the young person to stop however, pushing a young person too far will not, in the long run, help them to change their patterns of self-harm.

If a non-judgemental attitude to the act is not possible then listening to the person will help. Try to treat people with understanding and respect and have a positive attitude. Try to reassure that you understand self-harm is helping them to cope at the moment and that you want to help them and explain that you will need to tell someone. Let parents know and suggest a referral to a school nurse/GP.

"Instead of self-harming sometimes I go to bed and hope I'll feel better in the morning and if not, at least I've delayed it for a night." Hannah

The Samaritans recommend the following tips to work through a period of stress:

1. Do not give yourself a hard time

Do not blame yourself if you are not feeling great. You are not alone.

2. Spot the signs of trouble

If the future seems bleak, and you have lost interest in everything, or you are having trouble sleeping and are eating or drinking too much, being anxious or angry. They are all signs that something is wrong. So if you feel moody, do not give yourself a hard time – take it seriously and take action.

3. Look after yourself

When a body is fit then a mind is more able to cope. So eat sensibly. Get enough sleep. Do not rely on alcohol or drugs to get you through. Take exercise to raise your mood. Even though this may seem very hard when you feel awful, it can help. Take time out for you. And give yourself the occasional treat – you deserve it.

4. It is good to talk

Talking problems through with someone else will help. So do not let your pride stop you getting it sorted. Find someone you trust, who will keep what you have told them confidential, and let it all out. Unexpressed emotions can stop you coping with everyday life. When you talk about them, you will find you are thinking more clearly and you are more able to get things sorted.

5. Ask for help

Knowing when help is needed – and not being afraid of asking. If you want to talk about anything that is bothering you – you can get in touch with the Samaritans at any time day or night. They will not tell you what to do and they will not tell anyone you called but we will listen as long as you need.

Useful contacts

Anorexia, Bulimia Care www.anorexiabulimiacare.org.uk 030001112.13

b-eat www.b-eat.co.uk national eating disorder association with help lines, online support and resources to build self esteem

British Association for Counselling & Psychotherapy Customer Services: 01455 883300 or www.bacp.co.uk

Careline confidential counselling on any issue 0208 514 1177 (several Asian languages spoken)

Children and Young People's Service (CYPS) 08000 732200 www.2gether.nhs.uk/cyps

Childline 0800 1111 www.childline.org.uk

Childnet www.childnet.com keeping children and young people safe online

Family Lives 08088 002222 familylives.org.uk

Headspace www.headspace.com/meditation app

Rethink The text line number is 07537 410022, the helpline phone number is 0808 801 0606, and access to the online support is through the website www.rethink.org/glossselfharm

Mental Health Foundation www.mentalhealth.org.uk

NSPCC www.nspcc.org.uk lead agency for reducing abuse

Samaritans 08457 90 90 90 www.samaritans.org.uk
also check out Developing Emotional Awareness and Listening (DEAL) resource

Self Injury Support (formerly Bristol Crisis Service) www.selfinjurysupport.org.uk
Text and email support service (TESS) text 07800472909

The Young People & Self-harm Information Resource Website www.lifesigns.org.uk

Young Minds 020 73368445 www.youngminds.org.uk
committed to improving children's well-being and mental health

Gloucestershire has produced a **Little Red Book** that contains many useful help lines and websites for young people to access if they have worries or concerns on a range of issues. Whilst the book is widely distributed to schools and youth settings, additional copies are available from Health Promotion Resources at Redwood Lodge, Gloucestershire Royal Hospital, phone 0300 422 6082. It is also downloadable from www.ghll.org

Gloucestershire Recovery in Psychosis (GRIP) 01452 894790 www.2gether.nhs.uk/grip
www.selfharm.co.uk

Eating Disorders Project 01452 563035 www.edglos.org.uk

Papyrus support and advice for young people who are suicidal 0870 170 4000 www.papyrus-uk.org

Winstons Wish leading childhood bereavement agency www.winstonswish.org.uk 0845 2030405

Hope Hope support services offers support to young people (aged 11+) when a close family member is diagnosed with a life-threatening illness, such as cancer. www.hopesupportservices.org.uk

GayGlos supporting LGBT people their families and friends 01452 306800 www.gay-glos.org

School Nurse Service (Public Health Nurses) - see table below for contact details

Locality team	Base address	Contact Number	Email
Forest	Dilke Memorial Hospital Speech House Road Cinderford Gloucestershire GL14 3HX	0300 421 8661 /8662	FODLocality.SNT@glos.nhs.uk
Gloucester	Finlay Hub Finlay Road Gloucester GL4 6TR	0300 421 1795	GlosSchoolNurseLocalityTeam@glos.nhs.uk
Cheltenham	Springbank Community Resource Centre Springbank Way Cheltenham GL51 0LG	01242 577637	CheltLocal.SNT@glos.nhs.uk
Tewkesbury	Tewkesbury Community Care Office Tewkesbury Hospital Barton Road Tewkesbury GL20 5QL	0300 421 6161	TewksLocality.SNT@glos.nhs.uk
Cotswold	Locality Offices Cirencester Hospital Tetbury Road Cirencester Gloucestershire GL7 1UY	0300 421 8906	Cots.SNT@glos.nhs.uk
Stroud	Stroud Maternity Hospital Field Road Stroud Gloucestershire GL5 2JB	0300 421 8959 /8960	StroudLocality.SNT@glos.nhs.uk
Special Schools	Springbank Community Resource Centre Springbank Way Cheltenham GL51 0LG	01242 285 960	SpecialSchoolNurseTeam@glos-care.nhs.uk

Useful Resources

Cello & Young Minds (2012) – Talking Self-Harm

www.cellogroup.com/pdfs/talking_self_harm.pdf

Fisher, H.L, Moffitt, T.E, Houts, R. M.et al (2012) **Bullying victimisation and risk of self-harm in early adolescence: longitudinal cohort study.** BMJ; 344:e2683.Mental Health Foundation (2006) "Truth Hurts"
www.mentalhealth.org.uk/publications/truth-hurts-report1?

Moran, P, Coffey, C, Romaniuk, H et al (2012) **The Natural history of self-harm from adolescence to young adulthood: a population-based cohort study.** The Lancet, Vol.379, Issue 9812. Pages 236-243

National Institute for Health and Clinical Excellence (2004) **Self-Harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care.** publications.nice.org.uk/self-harm-cg16

References and Web Addresses

www.samaritans.org – Emotional health

www.need2know.co.uk – General health

www.childline.org – ChildLine

www.edauk.com – Eating Disorders Association

www.anred.com – Anorexia Nervosa and related eating disorders

www.talktofrank.com - drugs

www.drinksense.org – Alcohol

www.alcoholconcern.org.uk – Alcohol

www.rethink.org – health / emotional health

www.youngminds.org – health / emotional health

www.selfharmalliance.org – Self-harm

www.selfharm.org.uk – Self-harm

www.childrenfirst.nhs.uk – NHS

www.nspcc.org.uk – NSPCC

www.youngminds.org.uk – youth mental and emotional health

www.harmless.org.uk

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Graham P & Hughes C (1995) **So Young So Sad So Listen** Gaskell

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Piper E (2002) **Young People Suicide & Self-harm** TSA London

Project SPEAR - Self-Preservation Encouraging Active Response www.acceptadaptraining.co.uk email info@spear.com

Rutter, M. (1985) **Resilience in the face of adversity**. Protective factors and resistance to psychiatric disorder British Journal of Psychiatry Vol 147 pp 598-611

Sutton (1999) **Healing the Hurt Within** How To Books London

