

Information about self-harm



Children and Adolescent Mental
Health Service (CAMHS) Milton Keynes



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Understanding self-harm

What is self harm?

Self-harm is any behaviour, such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars, where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the last 40 years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Some people who self-harm have a desire to kill themselves. However, there are many other factors which may lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to kill themselves, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not attention-seeking behaviour.

Self-harm may be caused by particular stresses and may be resolved fairly quickly, or it may be part of a long-term pattern of behaviour that is associated with more serious emotional and/or mental health difficulties.

Where there are a number of underlying risk factors present the risks of further self-harm is greater.

Examples of self-harming behaviour:

- Burning (either physically or chemically)
- Cutting
- Episodes of alcohol/drug abuse or over/under eating can at times be acts of deliberate self harm
- Hair pulling/skin picking/head banging
- High risk behaviour, such as running in front of cars
- Over/under medicating such as misuse of paracetamol, insulin or thyroxine
- Punching/hitting/bruising
- Swallowing hazardous materials or substances
- Taking an overdose of tablets.

Young people report they self-harm to:

- Comfort themselves
- Feel alive inside
- Feel warm blood
- Gain control
- Numb themselves
- Relieve emotional distress or overwhelming feelings
- Relieve tension
- See 'red'
- Stop bad thoughts
- Vent anger
- Punish themselves
- Replace emotional pain with physical pain



Risk factors for self-harm behaviour

Any of the following risk factors may make a young person vulnerable to self-harm:

Individual factors	Family factors	Social factors
Low mood/anxiety	Unreasonable expectations	Difficulty in making relationships work / Loneliness
An existing psychological or developmental difficulty such as Asperger's syndrome, or a learning difficulty	Young carers' role within the family	Persistent bullying or peer rejection
Difficulty communicating	Domestic violence	Racism
Low self- esteem	Neglect or abuse (physical, sexual or emotional)	Homophobic attitudes or bullying of children who think they may be gay, lesbian, bisexual or transsexual
Poor problem solving skills	Poor parental relationships and arguments	Easy availability of drugs, medication or other methods of self-harm
Hopelessness	Depression, deliberate self-harm, bereavement or suicide in the family	Cyber bullying and social media
Impulsivity	Religious/ethnicity/ cultural identity dilemmas or conflict	
Drug or alcohol abuse		
Confusion about sexuality or feeling different/or unaccepted		

Trigger factors

A number of factors may trigger self-harm:

- Bullying
- Difficult times of the year (such as anniversaries)
- Difficulties with peer relationships such as the break-up of a relationship (the most common trigger for older adolescents)
- Exam pressure
- Family relationship difficulties (the most common trigger for younger adolescents)
- Feeling under pressure from families, school and peers to conform/achieve
- Self-harm behaviour in other students or in the media (contagion effect)
- Significant trauma such as bereavement or abuse
- Times of change such as parental separation or divorce
- Trouble in school or with the police.

Warning signs

There may be a change in behaviour of the young person which is associated with self-harm or other serious emotional difficulties:

- Abusing drugs or alcohol
- Becoming socially withdrawn
- Changes in activity and mood for instance more, or less irritable or aggressive than usual
- Changes in eating and/or sleeping habits
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Increased isolation from friends/family
- Lowering of academic grades
- Talking about self-harming or suicide.

What keeps self-harm going?

Once self-harm (particularly cutting) is established it may be difficult to stop. Self-harm can form a number of functions for the young person and can become a way of coping.

Examples of functions include:

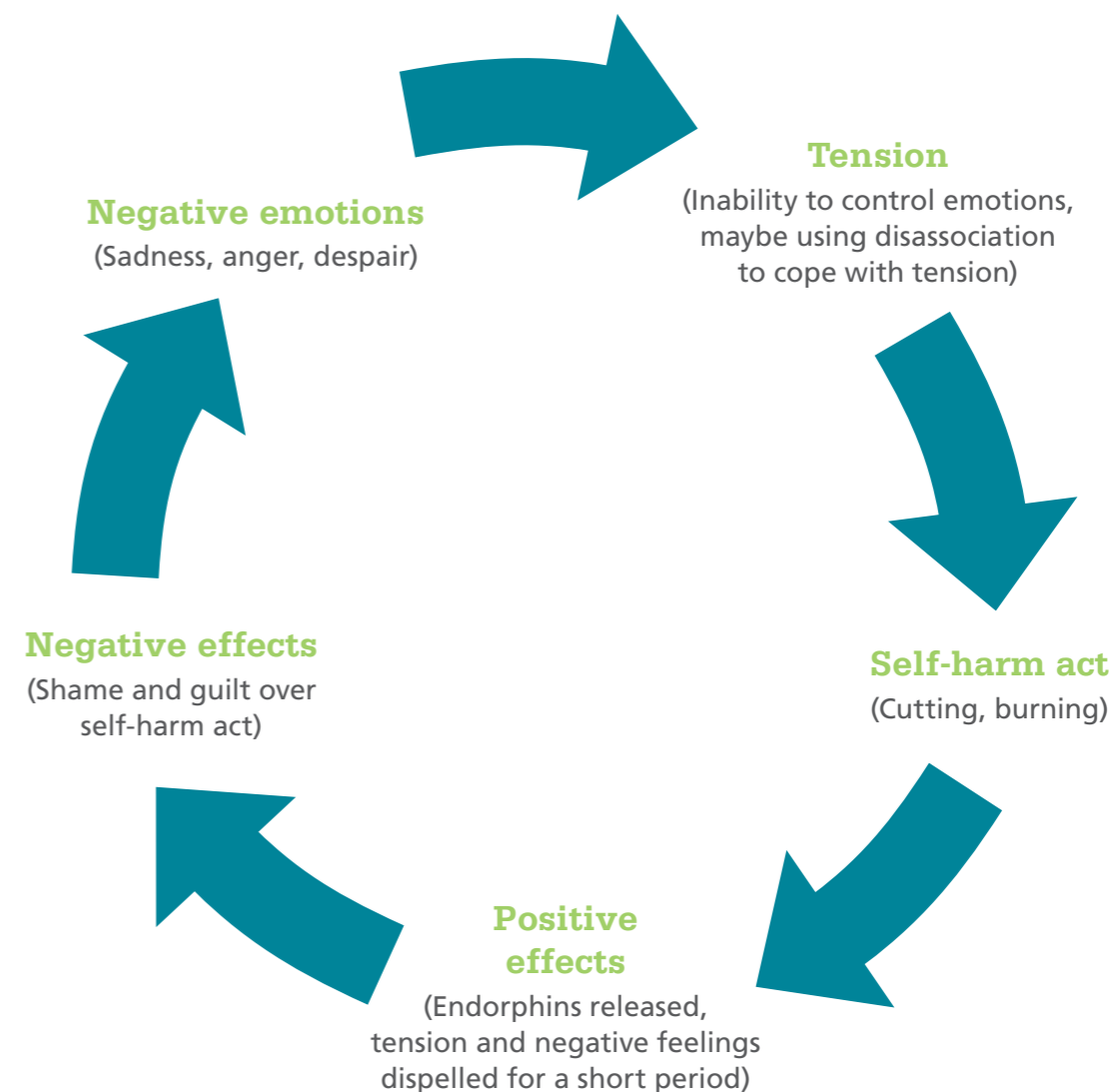
- A means of getting identity with a peer group
- Care-eliciting behaviour
- Distraction from problems
- Form of escape
- Suicidal intent
- Non-verbal communication
- Outlet for anger and rage
- Perceived way of taking control
- Reduction in tension (safety valve)
- Way of punishing self.

The cycle of self-harm/cutting

When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop.

Young people that self-harm still feel pain, but some say the physical pain is easier to stand than the emotional pain that led to the self-harm initially.

Cycle of self-harm



Prevention and support

Support and training for staff

Professionals who work with children and young people may experience a range of feelings in response to self-harm in a young person. These could include anger, sadness, shock, disbelief, guilt, helplessness, feeling de-skilled or rejected. This is particularly common when the child you are supporting is young. However professionals 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 the professional is to listen effectively to young people's difficulties. The type and nature of the forums where these issues are discussed will vary between organisations. Staff should take the

opportunity to attend training days on self-harm or obtain relevant literature. Liaison with the local specialist CAMHS in relation to this may be helpful.

What can professionals do to prevent self harm?

An important part of prevention of self-harm is offering a supportive environment to focus 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.

A single point of access for CAMHS is available **on 01908 724228**. Young people aged 16 and 17 can self-refer.

More information is available at www.mind.org.uk

Develop a strategy which could include:

- Educating your colleagues - share this information with them
- Develop a safety plan

- Encourage young people to be 'good friends' by reporting their peers distress
- Address emotional wellbeing, promoting coping strategies
- Control contagion (when self harm becomes a common occurrence amongst a group of young people)
- Communicate the Telephone Response Service contact details for CAMHS (see p16)
- For schools; devise a school policy, including a clear confidentiality policy and offer a school clinic.

Confidentiality

Confidentiality is a key concern for young people and they need to know that it may not be possible for staff to offer complete confidentiality. If you consider that a young person is at serious risk of harming him/her self or others then confidentiality can't be kept. It is important not to make promises of confidentiality that you can't keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to reveal.



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 your organisations/or school child protection policy, being sure to follow the agreed Milton Keynes safeguarding procedures.

Visit www.mkscb.org and your own organisation/school procedure.

Do:

- Follow the suggested flowchart process on [page 15](#).
- Make sure the young person understands the limits of your confidentiality. 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
- Deliberate self-harm itself may not be an indicator of suicidal intent. Consider suicidal risk by asking them what they hoped would happen as a result of their self-harm and how they feel now. It's important that all attempts of suicide or deliberate self-harm are taken seriously. If you are concerned about immediate or imminent suicide risk then the child or young person should be taken to A&E for an emergency CAMHS assessment
- Take a non-judgemental attitude towards the young person

- 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.
- 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.
- Contact and sharing information with parents is key. It is important that this is delivered in a calm, sensitive and managed way. The response by parents to the young person is key in the short-term management and outcomes for the young person and carers.

Be careful to avoid:

- Accusing them of attention seeking
- Asking abrupt and rapid questions
- Engaging in power struggles and demanding they 'just stop'

- Getting frustrated if behaviour continues after support has been provided
- Ignoring other warning signs
- Promising to keep the events secret
- Reacting with horror or discomfort to the disclosure
- Threatening or getting impatient or angry.

Examples of coping strategies

Replacing self-harm behaviours with other safer activities can be a positive way of coping with tensions. What works depends on the individual and the possible reasons behind the self-harm.

Examples of suggestions for ways of coping:

- Writing, drawing and talking about feelings
- The rainbow journal: www.selfinjurysupport.org.uk/self-injury-self-help-ideas
- Contacting a friend, family member
- Listening to loud music (be aware of music that may lower mood)
- Going for a walk or run or other forms of physical exercise
- Reading a book
- Keeping a diary.

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.

A common assessment (MARF) should be completed. This process will help the school to work alongside the family and other professionals to support and protect the child. CAMHS is available for advice and support if there are concerns about a child's emotional/mental health.

Behaviours may include:

- Small shallow cuts
- Hair pulling
- Head banging against hard objects
- Deliberate self-grazing or scratching.

Primary school teachers

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 (such as crying).

Do:

- Boost the child's self-esteem and sense of belonging in the class by focusing on things they are good at
- Consider any stresses in the school environment that can be changed, for example more support around learning difficulties/bullying
- Establish and promote peer relationships such as their circle of friends
- Focus on the self-harm or trying to get the child to talk
- Maintain routines, boundaries and positive behaviour management strategies while being aware that the child is having a difficult time
- Provide positive encouragement if they show safer ways of expressing feelings
- Remember school can be a safe haven for children to get away from their problems
- Liaise with parents and carers. Contact the team for further advise/support.





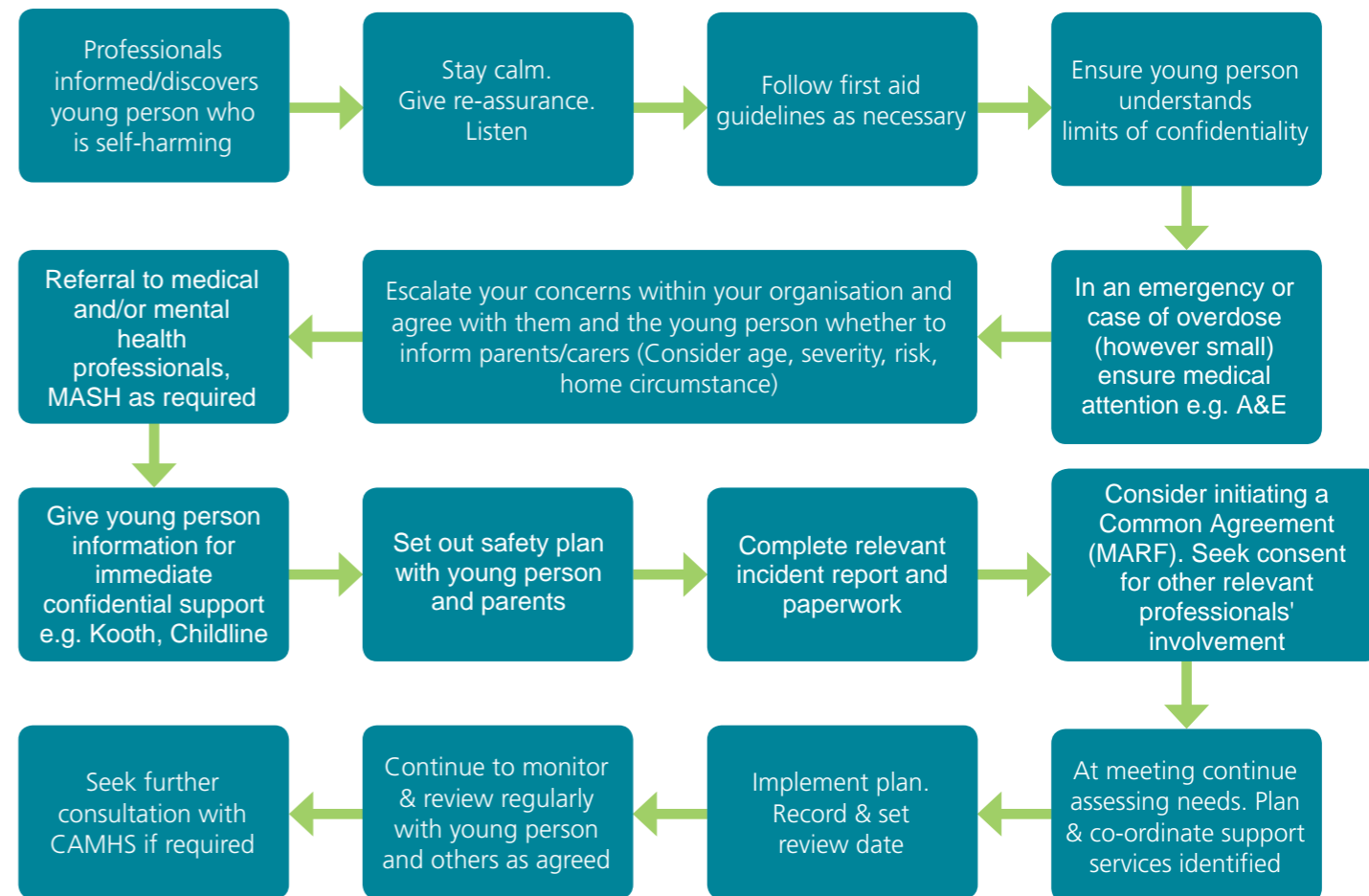
Helping young people who self-harm

A Single Point of Access for all new referrals to Milton Keynes Specialist Child and Adolescent Mental Health Service (CAMHS) is on 01908 724228 and cnw-tr.mkspcamhsspa@nhs.net . Young people aged 16 and 17 can self-refer. Existing patients call 01908 724544.

More information is available at <https://www.cnwl.nhs.uk/service/milton-keynes-camhs>

If there are safeguarding concerns at any point in this process, contact the local children and young people's services according to your Child Protection Policy, being clear to follow the Milton Keynes safeguarding procedures.

See www.mkscb.org



The flowchart process and appendices are intended to supplement your organisation's existing arrangements

CAMHS

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