BELMATT
HEALTHCARE TRAINING

Self Harm

Lecturer Details

Session Aims and Objectives

Aims

- This session aims to increase awareness with regards to self harm in children and young people

Objectives

This session will develop your understanding and knowledge of:

- What is self harm and the signs and symptoms that young people may present with
- Information to give to clients, who you can share information with and signposting.
- Raising awareness of the potential to self harm and potential triggers or triggers times
- Consider ways of working with children and young people who self harm and when to get support

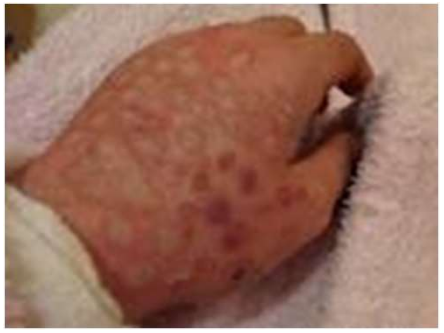
What is Self-Harm?

Self-harm describes a wide range of things that people do to themselves in a deliberate and *usually hidden* way.

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

Self-harm can involve:

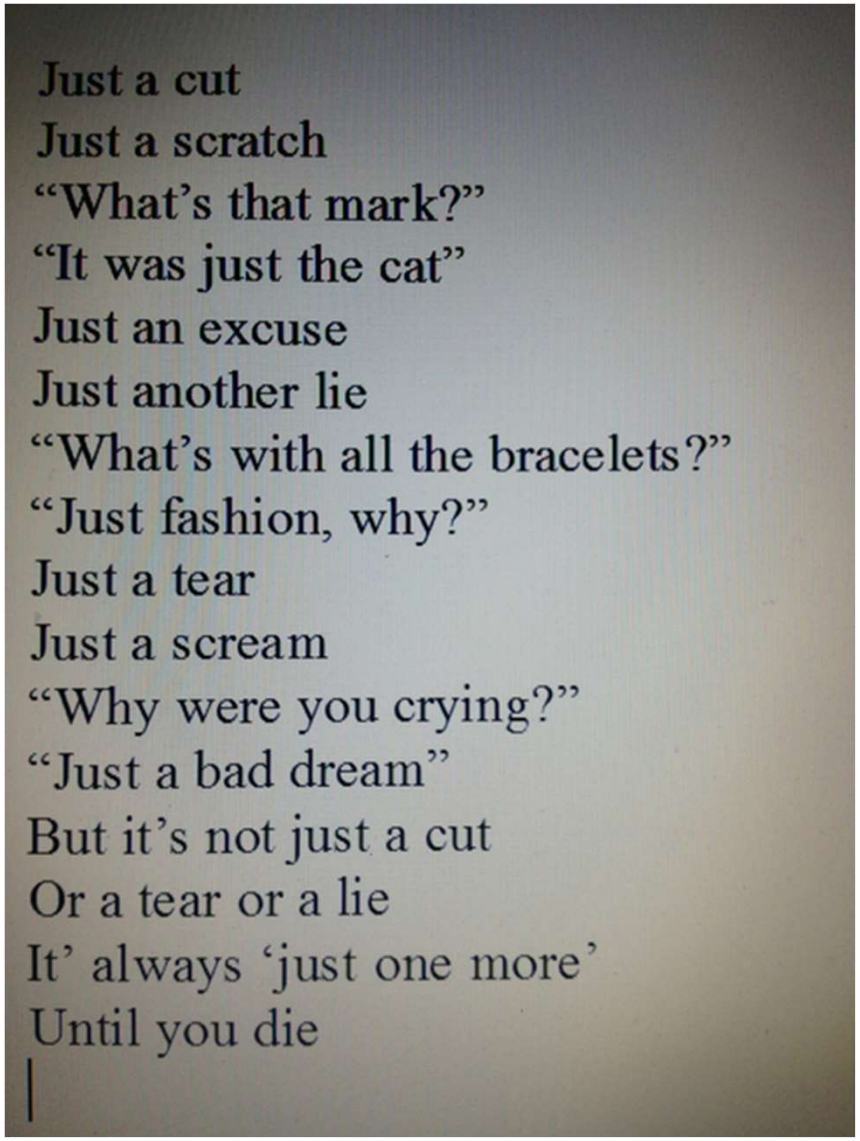
- Cutting, often to the arms using razor blades, or broken glass.
- Burning using cigarettes or caustic agents.
- Punching and bruising.
- Inserting or swallowing objects.
- Head banging.
- Hair pulling.
- Restrictive or binge eating.
- Overdosing.



(Mental Health Foundation 2006)

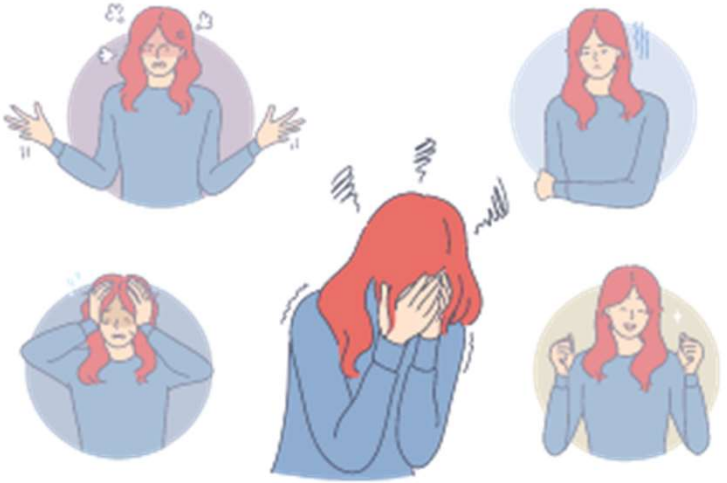
- Self-injury is any act which involves deliberately inflicting pain and/or injury to one's own body, but without suicidal intent.

- Self-injury is an expression of acute psychological distress. It is an act done to oneself, by oneself, with the intention of helping oneself rather than killing oneself. Paradoxically, damage is done to the body in an attempt to preserve the integrity of the mind.



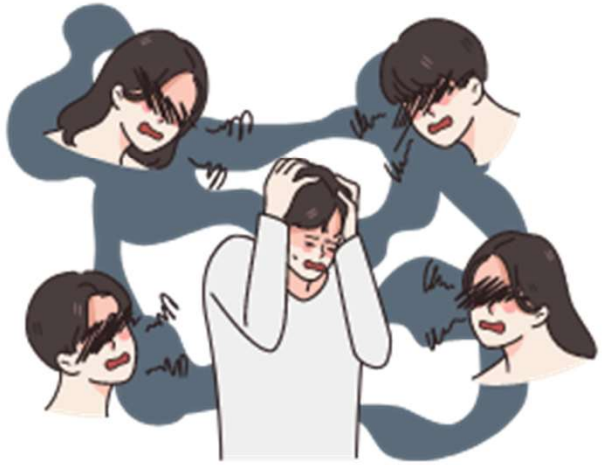
What is self-harm?

- Self-harm is a *behaviour*, not a mental illness
- A way of managing distress



How Common is Self-Harm in Youth Communities…..gaps in our knowledge

- Under reporting by young people; Fear
- Limited Research due to under reporting
- Not always recorded if not seen as “significant enough”
- *We only have information available to us once someone has attended a specialist service which is a small percentage but still an increase by 68% in the past 10 years.*



Reasons Why Young People Self-Harm?

Life experiences:

- Sexual/physical/emotional abuse
- Bullying
- Bereaved
- Socioeconomic status – still debated
- Involvement in the criminal Justice system
- Parental neglect
- Being witness to Domestic Violence
- Transition between childhood and adulthood
- Relationships; peers/parents/developing sexual identity
- Having someone in their circle who self harms
- Exam pressure
- Rejection/loss
- Confinement in residential establishments

Why is self-harm so common in young people?

- Biological factors:
- Risk Taking increases
- Reduction in dopamine
- Future or forward thinking brain not fully developed
- Reduce serotonin
- Skin sensitive in nerve endings

Signs that someone maybe self harming:

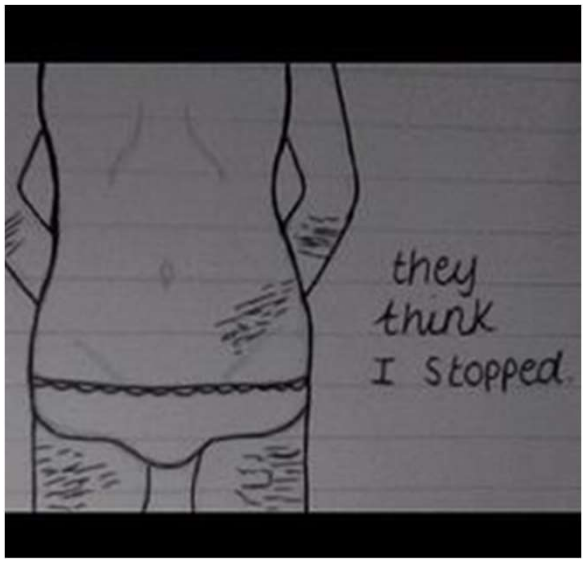
- Unexplained or clustered scars or marks
- Fresh cuts, bruises, burns signs of bodily damage
- Bandages worn frequently
- Inappropriate clothing
- Unwillingness to participate in events require less body coverage
- Constant use of wrist bands
- Odd or unexplained paraphernalia such as razors or cutting implements
- Physical or emotional absence , preoccupation, distance
- Social withdrawal
- Expressions of self-loathing, shame, worthlessness

Challenges for staff and others dealing with self harming behaviour

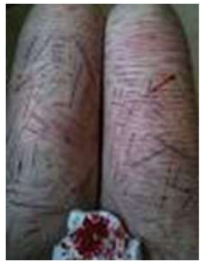
Some feelings which staff may experience:

- Shock and horror
- Incomprehension
- Guilt
- Fear and anxiety
- Distress and Sadness
- Anger and Frustration
- Powerlessness and inadequacy

Incidence

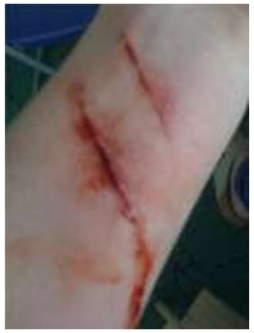


- Rare in children under 12 years of age.
- Risk increases during adolescence.
- Self harm behaviour more common in females (5:1).
- Often repeat attempts
- It's almost impossible to say how many young people are self-harming. This is because very few children and young people tell anyone what's going on, so it's incredibly difficult to keep records or have an accurate idea of scale.
- Studies indicate 1 in 15 young people within the general population have engaged in self harm behaviour. In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years.

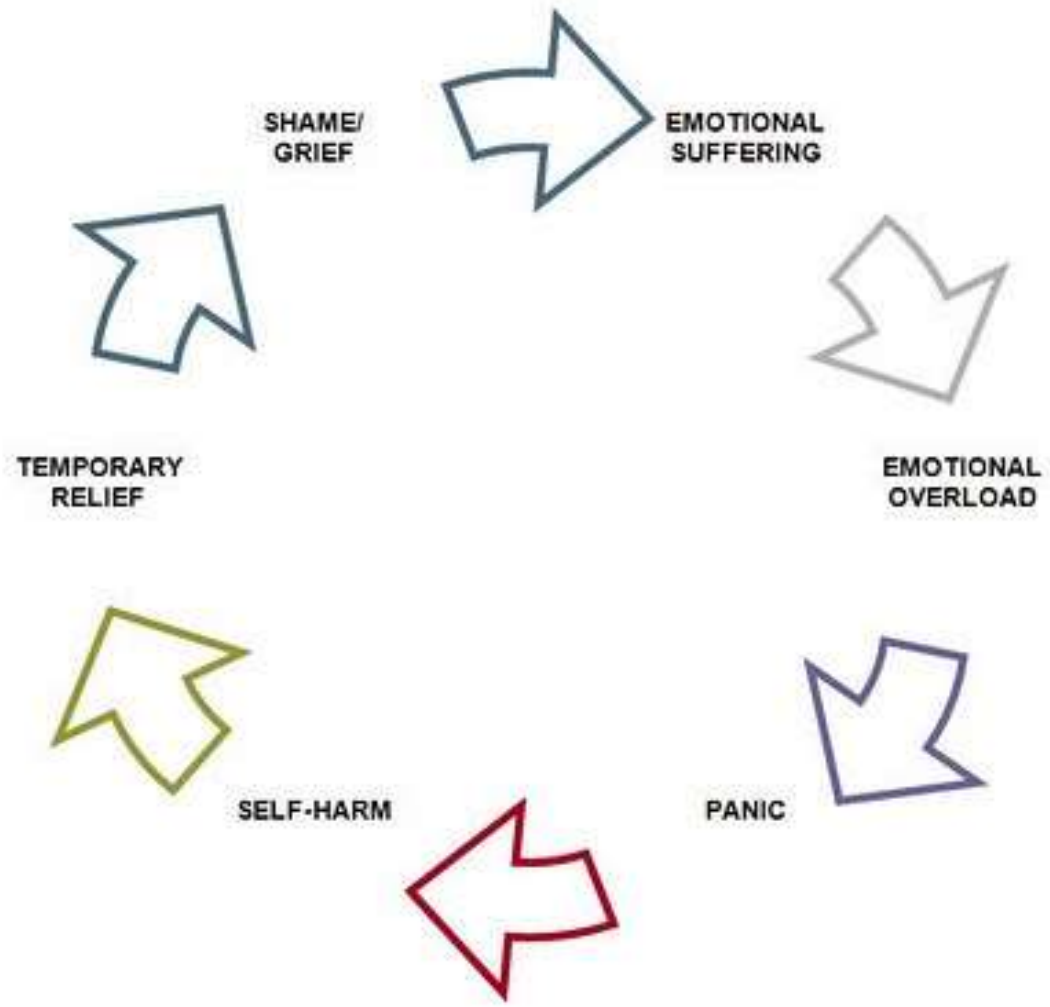


What is acceptable?

- The cutting, carving and scratching of skin can be an attempt to control overwhelming emotions, feelings of helplessness, and for some is a way to manage anger or shame. Cutting is a way to manage self-punishment, self-hate or self-nurturance. In its simplest form, cutting is a physical solution to a psychic wound. It is a deliberate, private act that can be habitual or isolated in occurrence. It is not attention seeking behaviour, not meant to be manipulative, nor is it a conscious attempt to end one's life.



Cycle of Self-Harm



Common Traits/Signs and Symptoms

- Expressions of anger were discouraged while growing up.
- Co-existing problems with obsessive-compulsive disorder, substance abuse or eating disorders.
- A lack of the necessary skills to express strong emotions in a healthy way.
- Limited social support network.
- *Changes* in behaviour/demeanour/appearance/academic achievement/attendance.
- Reluctance to participate in sports or to remove layers of clothing
- Isolation.

MYTHS….

The more serious the injury, the more serious the problem?

It is important to take all injuries seriously as the nature of the wound does not represent the extent of the anguish being experienced

They must like the pain?

Self-harm is not about liking pain. It is a way to cope with thoughts and feelings that are depressing or distressing and to regain some control over how you feel

Self-harm is the problem, if we stop this then the person will be fine?

Self harm is rarely the problem, but a solution until other issues are resolved. It is the reasons that lie behind self-harm that need to be addressed in order to aid recovery

Self-harming is a result of not having learned how to identify or express difficult feelings in a healthy way.

Self-harm serves a function for the person who does it.

Self-harm can regulate strong emotions.

Deliberate self-harming can distract from emotional pain and stop feelings of numbness.

Self-inflicted violence is a way to express things that cannot be put into words.

Self-harming behaviour can exert a sense of control over your body.

Self punishment or self-hate may be involved. Some people who self-harm have a childhood history of physical, sexual and emotional abuse.

Self-harming can also be a self-soothing behaviour for someone who does not have other means to calm intense emotions.

BECAUSE IT WORKS…

Feelings experienced when asked to work with children and young people that self-harm

- **Scared?**
- **Isolated?**
- **Anxious?**
- **Inadequate?**
- **Overwhelmed?**
- **Out of your depth/comfort zone?**

These reactions are recognised as being typical emotional responses. However, to work effectively with C/YP that present with emotional health issues you need to feel safe and confident…

Universal Staff

- Do not be afraid to talk to the PERSON if you notice or suspect any self-harming behaviour.

- Be aware of your own feelings with regard to self-harm and how this may be communicated in your tone of voice or non-verbal action.
- Directly address your observations in a matter of fact way, this shows acceptance and the C/YP will either engage with you or not. It is not a reflection on you if they do not engage, it is merely an indication of their denial or of their fear of consequences.

- Do not get drawn in to keeping anything a secret, instead, explain that you will have to share your concerns with the appropriate people (this also applies if they deny self-harming).

- If they want to know what will happen next, then reassure them that they are not in trouble, that they will be offered support and that their wishes will be taken into consideration.

- Discuss the support available to the C/YP and encourage them to engage.

SHARE THIS INFORMATION WITH YOUR TEAM AS SOON AS YOU CAN….

DOCUMENT SUPERVISION

How to help if working 1:1?

- Acknowledge there is a problem. The young person is probably hurting on the inside and may need professional help to stop their behaviour.
- Accept this is not about them being a bad person...This is about recognising that a behaviour that has previously helped them to handle their feelings has become a problem.
- Either be, or facilitate the finding of, one person they trust to help. This could be a friend, teacher, counsellor, or relative. Encourage the sharing of this issue in a safe environment.

How to help if working 1:1?

- If there is time and they wish to engage, try to help them identify what “triggers” the self-harming behaviour…then encourage the development of ways to either avoid or address those triggers.

- Recognise that self-injury is an attempt to self-soothe…then encourage them to find and develop better ways of calming and soothing themselves.

- Work together to find out what function the self-injury is serving...then encourage them to replace acts of self-harm with more appropriate and healthy ways of expressing anger, sadness and fear.

SDQ

- SDQ is a behavioural screening tool (Goodman 1997).
- It is widely used (and therefore understood) because it has a simple format that can be used with children as young as 8, is brief and has proved to be cost effective (Glazebrook et al 2003).
- It invites input from different sources and provides a focus on strength factors instead of being solely problem orientated.
- This benefits the assessment process in a multi agency approach as the professionals involved share both the language and the focus which is to improve outcomes for children and young people as opposed to addressing problems.

SDQ Evaluation

Example's SDQ was evaluated by using the youth *in* mind online tool and the subsequent report indicated that there was little in the way of supportive factors and there was a high risk of stress impact and depression

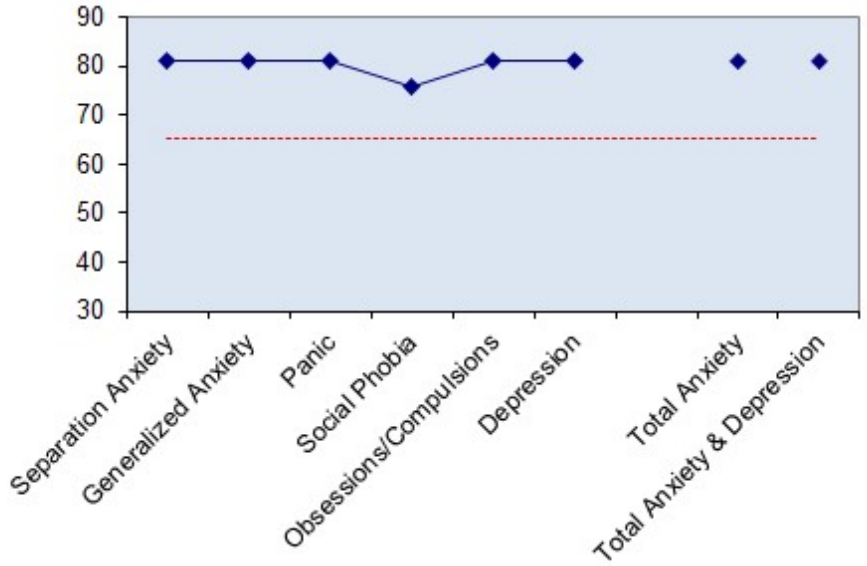
- **Self-Report Questionnaire:**

Score for overall stress	28	**VERY HIGH**
Score for emotional distress	10	**VERY HIGH**
Score for behavioural difficulties	4	SLIGHTLY RAISED
Score for hyperactivity and attention difficulties	5	Close to average
Score for difficulties getting along with other children	9	**VERY HIGH**
Score for kind and helpful behaviour	5	**LOW**

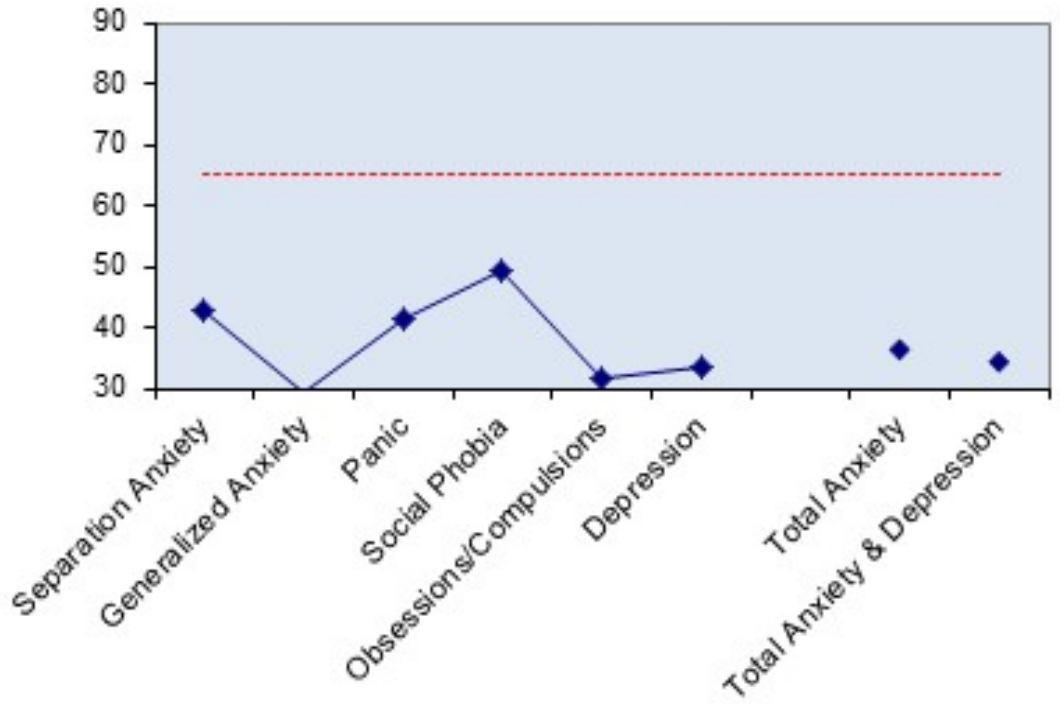
RCADS

- RCADS- revised anxiety and depression scale
- The Revised Children's Anxiety and Depression Scale (RCADS) is a valid and reliable 47-item self-report questionnaire that measures the frequency of anxiety and depressive symptoms in children and Young people
- Assesses client's experience of symptoms related to depression and five DSM-IV anxiety disorders; separation anxiety, generalised anxiety, OCD, panic disorders and social anxiety
- They assists therapists in their initial clinical impressions, diagnostic formulations and treatment planning
- Comparisons of pre/post scores can reveal treatment-related changes in symptoms of anxiety and depression

	Raw Scores	T Scores
Separation Anxiety	11	> 80
Generalized Anxiety	14	> 80
Panic	10	> 80
Social Phobia	21	76
Obsessions/Compulsions	12	> 80
Depression	25	> 80
Total Anxiety	68	> 80
Total Anxiety & Depression	93	> 80



	Raw Scores	T Scores
Separation Anxiety	1	43
Generalized Anxiety	0	29
Panic	1	42
Social Phobia	10	49
Obsessions/Compulsions	0	32
Depression	1	33
Total Anxiety	12	36
Total Anxiety & Depression	13	34



How to help?

- Reassure the PERSON
- Be positive and accepting.
- ? Inform parents.
- Inform GP.
- Inform other professionals involved with the C/YP including the DSP at school
- Make appropriate referrals (FTB, Open Door or other counselling agency).
- Offer what emotional health support you are able to.
- Recognise your own professional boundaries of competence and request support as required.

IF THERE ARE SERIOUS CONCERNS REGARDING THE PATIENT'S SAFETY THEN ENSURE THEY ARE ACCOMPANIED TO THE NEAREST HOSPITAL FOR AN IMMEDIATE MENTAL HEALTH ASSESSMENT OR PHONE 999 FOR AN AMBULANCE TO TAKE THEM – Never worry about making a wrong call.

Share information and concerns and remember that the child's needs are paramount (Working Together to Safeguard Children 2013)

Alternative Coping Strategies:

PRESENTING EMOTION = **ANGER**

- Squeeze ice
- Do something that will give you a sharp sensation, like biting a lemon
- Exercise
- Snap a rubber band against your wrist

The logic behind these things is that, when you are angry, you have a lot of energy. Most of these are ways to release that energy without self-injuring…

PRESENTING EMOTION = **SADNESS, DEPRESSION**

- Take a bath, put bubbles in it
- Read a book that you like. Read a children's book – they usually have happy endings
- Get yourself a present
- Watch a funny movie

The idea behind most of these is to cheer yourself up somehow…

Alternative Coping Strategies:

- PRESENTING EMOTION = **ADDICTION**

- Draw or write on yourself with a red pen or marker
- Paint yourself with red paint
- Squeeze ice
- Snap a rubber band against your wrist
- Cry
- Exercise

- The point here is to create feelings and sensations similar to those you experience while hurting yourself. Some of these things create visual images like those you may want to see, like scars or blood. Others release endorphins, which is what happens when you hurt yourself and what gives you the feeling of euphoria…

When working with C/YP ensure that:

- The venue is appropriate with regards to it being private, accessible, C/YP friendly and free from interruptions.
- The seating is conducive to a support session - awareness of power differential as a potential barrier to communication.
- Confidentiality boundaries are established (with C/YP, families and other professionals).
- Boundaries of engagement are established (? up to 6 sessions then review).
- Engage with whatever the young person
- Brings for discussion (not necessarily the self-harm).

- EMOTIONAL
- HEALTH
- SUPPORT

When working with C/YP ensure that:

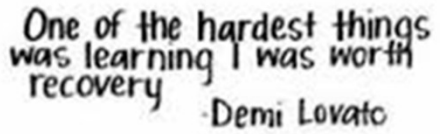
- Open questions and active listening are used and work is done to minimise uncertainty: be welcoming, elicit the C/YP's expectations of the service - ensure they know why they are being seen and explain your role clearly (purpose of meeting, future work/support).
- The difficult questions get asked – asking the question will not lead to the behaviour and will give permission for discussion.
- What is shared is acknowledged and how the C/YP may feel following disclosure (vulnerable, scared) – recognise and acknowledge distress.
- Appreciate they have chosen you to confide in.
- The C/YP is aware of what will happen next.

- EMOTIONAL
- HEALTH
- SUPPORT

Information Sharing

- Ensure confidentiality boundaries are discussed and agreed with the C/YP, their family and professionals.

- If the C/YP does not want their parents informed with regard to self-harming then do everything possible to persuade them to do so. If they still decline then apply the Fraser Guidelines and work accordingly.



How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment:

"provided he is satisfied in the following criteria:

1. that the girl (although under the age of 16 years of age) will understand his advice;
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;
5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." (Gillick v West Norfolk, 1985)

- **Anger, frustrated, restless**

- Something physical, rip up old news papers, break sticks, make noise(playing an instrument or loud music), clean bedroom, use a pillow, squash cans – anything that does not involve another person.

- **Sad, low mood, depressed, unhappy**

- Something soothing, hot bath/shower, having an early night, hot drink, read a book, listen to soothing music, anything that makes the person feel taken care of, keep a diary of all the things you are goo at/having others write on post it notes what they believe is good about you, write a poem

- **Feeling blunt and feeling unreal**

- Using any of the senses to reconnect, squeezing ice, chewing something hard, brush skin with a toothbrush, stomp feet take a cold bath, snap wrist with a rubber band

- **Wanting to see blood**

- Draw on skin with red pen, use food colouring, freeze food colouring into cubes so when squeeze see red, use red plasticine, smear it on to the skin, use make up to create fake injuries

- **Wanting to see/pick scabs**

- Painting on nail varnish and picking it off, cool candle wax and peel off

- **Expressing feelings differently**

- Draw or paint feelings, keeping a diary – can help identify triggers and potential ways to manage them, know when things are feeling out of control and start keeping a note of who or what you can turn to for support.

Skills for Active Listening:

Reflecting ("You've said that your feeling.. tell me more")	rather than	Evaluating ("Of all these issues this is the most important....")
Clarifying ("So what I'm hearing is…is that right?")	rather than	Confronting ("Thats ridiculous.....")
Supporting ("I'm here to listen…")	rather than	Problem solving (I think you should……")
Developing ("Tell me a bit more about...")	rather than	Analysing ("So I think whats important is....")
Sharing silence (.....)	rather than	filling the gaps ("the weathers nice...")
Summarising ("So let me check where we are at..")	rather than	Interrupting ("I think I've heard what you've said..")
Explore options ("you have told me about other times You managed not to self harm, tell me a bit about them…")	rather than	Telling to stop ("You need to stop doing that...")

What Helps?

- Show you can hear the pain *behind* the self harm
- We can talk about self harm in an open way
- Express that it must be frightening to think about living without self harm
- Show concern about the injury themselves – important but only the behaviour
- Help the person make sense of their behaviour – *What's helped in the past when you've felt like this, how do you feel before/after, retrace the triggers, think about other times when he/she has felt bad do they have past coping skills we could draw on*

- **What Helps?**

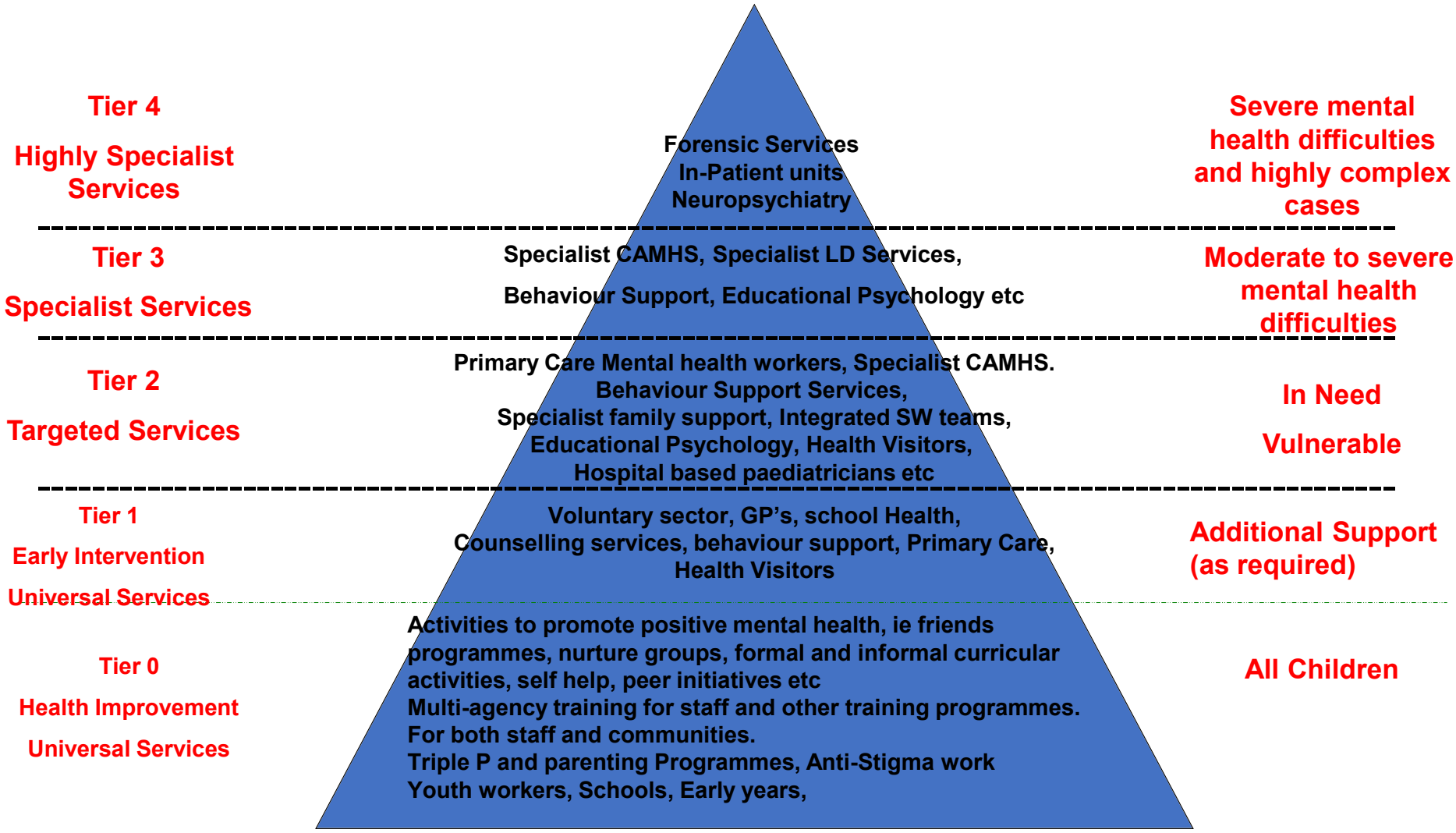
- Don’t see the person stopping self harming as the ultimate goal. They will need time to find alternatives and will have to find ways of easing the distress causing them to self harm

- Acknowledge the persons efforts in try to talk about their self harm and how difficult this feels, alongside any progress they feel they are making, this might be not self harming for a day, taking better care of wounds etc – this might not feel easy for us but for the person self harm it is slowly becoming not their only option

Interventions

- Motivational interviewing
- Cognitive Behavioural Therapy
- Harm minimisation – safer sex, safer drug use?
- Specialist advice when required to enable staff to work alongside young people

Tiered approach to mental health



The diagram gives a brief example of the TIERED approach to mental health services and activities. The list is not exhaustive, rather it is an illustration of services and activities that may cross over between Tiers.

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