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| Summary NotesSpot and Support: Self-Harm |

## Introduction

* Self-harm is really not discussed enough within our society and it effects more young people than we might think.
* Within these modules, we will take a look at exactly what self-harm is, what might make us suspect that an individual is self-harming, the risk and protective factors, what we can do to support young people both at school and at home.
* Reported figures sit at 18% of those aged 12-17 report self-harming at some point in their life with the numbers for females being higher. On average, 2 young people in every secondary school classroom that will have experience with self-harm at some point.
* The actual numbers of young people who self-harm is likely to be much higher as it is thought that many young people do not feel comfortable in coming forward.
* When we look at the self-harm cycle in the next recording, we will also appreciate why this might be.

What could you do as an organisation to work towards a greater understanding of self-harm?

## What is self-harm?

* Behaviours that help an individual to manage in a moment of crisis or help them cope generally.
* Comorbid (associated) with anxiety, OCD, depression, PTSD and many others.
* Avoid using the word deliberate when describing self-harm as it places blame onto the individuals.
* Attachment seeking rather than attention seeking for some but not all as it remains largely hidden.
* Negatively impacts quality of life e.g. what they wear, sports and physical activities they take part in, close physical relationships with others and more.
* Ultimately, because young people who do it are all too aware of the stigma of self-harm, it can affect their relationships with friends and family and their sense of self-worth.
* One of the more common things that some young people do is cutting themselves, burning biting or banging their head onto walls and so on.
* Other people argue that other harmful behaviours such as unprotected sex or taking drugs or alcohol are another type of self-harm if the intent was to cause harm.
* Sometimes, self-harm is a cycle that commences from a build-up of uncomfortable feelings which self-harm acts releases this. In the short term, this can feel like a great relief but this is temporary and before long, the individual will feel guilty about their behaviour which is another distressing feeling which causes the cycle to start again.
* We might notice unexplained injuries so maybe bruises, cuts or burn marks. Parents or carers might find that they are keeping themselves covered more than usual such as wearing longer tops or maybe avoiding getting changed in front of others, they may seem more withdrawn than usual or have a lower mood and perhaps not be showing interest in some of the things they normally enjoy, they might often speak of their feelings of failure or feel they aren’t wanted, there might be an increase in risk taking behaviours such as suspecting the use of alcohol or drugs.
* Watch for behaviours that might be escalating e.g. sleeping or eating less or more than usual, becoming more withdrawn or socialising much more, psychosomatic effects such as headaches, stomach aches and so on.
* Academically, there may be a decrease in grades and attendance, loss of interest in their daily activities.
* For some teenagers, they might seem fascinated by death and dying and comments out with comments like ‘no one will miss me when I am gone.’ Their device search history might have search results such as ‘ways to die’.
* They may struggle to talk about the future and have fluctuating or erratic moods. This is certainly not exhaustive but is just some of the warning signs that other young people have demonstrated previously.

What do you think often holds adults back from listening to young people’s mental health concerns?

## Risk factors

* Socio-economic disadvantages
* Asylum seekers
* Social Isolation
* Exposed to stress or trauma through bereavement and loss, domestic violence or abuse.
* Chronic physical health problems
* Addictions
* Involvement with the criminal justice system
* Learning disabilities
* Previous suicide attempts also increase the risk

From this, what do you imagine the protective factors would be?
If you have done the training on anxiety, depression, OCD and PTSD, how does this relate?

## Protective factors

* Social factors e.g. those who rate their parental and family connectedness as high
* See school as a safe place especially among those who are LGBTIQ plus
* Strong and healthy spiritual faith
* Access to psychological support
* Positive body image

What is the ideal adult for a young person with an eating disorder or disordered eating?

## Supporting in school

### Forget about the injury initially

* The first step is to forget about the injuries altogether and really see the young person to start with.
* The injuries and our fear of not knowing how best to help can often act as a preventative factor.
* Try to avoid asking them lots of questions all at once and what is known as ‘policing them’ as this can actually feed the cycle of self-harm.
* When appropriate (unless in life-threatening circumstances where we would act immediately), address the injury and let them know you are concerned. Check they know how to care for their injuries.

### Imminent risk to life

* Call 111 who can advise you further perhaps by putting you in contact with a mental health crisis team.
* If the young person has previously has seriously harmed themselves or you have immediate concerns they will, call 999 and follow usual first aid in school protocol.
* Inform parent/carer.

### Don’t push the discussion

* This can create more harm at times.
* Be emotionally available and let them know you are there when they are ready to talk.
* You will need to ask directly if they have had any thoughts or made plans about ending their life.
* Let them know that they aren’t in any trouble, but you do need to gather the facts so that you can support them in the most effective way.
* Listen to them and think together about ways forward.
* Give them the option to pause the conversation at any time and come back when they are ready: give them space, embrace the silence and offer reassurance.

### Build Bridges

* Be clear in your communication, set aside a comfortable and private area which can demonstrate your respect.
* Acknowledge that you can appreciate it must be hard.
* You may be met with high emotion or anger so try to remain calm and say that you can discuss it later when they are ready. This is relationship preserving.
* When you have built the trust up, talk about their self-harm rituals and try to understand the why – this can help us to work out what need is being met and hopefully start to consider distraction tactics.

### Create a safety plan together:

* Help the young person to create a safety plan Writing the plan is as important as enacting it. You can download a suicide safety plan or create an online plan using prompts for populating it at [stayingsafe.net](https://www.stayingsafe.net/).
* Follow your safeguarding and referrals procedures for those who you feel are not coping.
* Always stand in their shoes and be clear about what you could do together to help them in this situation so don’t talk to anyone without them knowing as you don’t want to break their trust in what is already a hard time for them.

### Self-Care

* Think of yourself too. Don’t go it alone, speak with colleagues and make sure you can offload onto someone, this might be the Education support Partnership.

### **Take a whole-school approach to self-harm**

* Often young people may know that their friends are self-harming but may not know what to do about it.
* Develop a clear way that young people can seek help if they are worried about a friend, and ensuring all students know about this pathway.

Considering your answer to the previous question, what would you now change about your answer?

## What can be done at home

Below are some suggestions about advice we can give to parents and carers who will often approach us before other services:

### Judgement free

* Though we may not intend it, adults can often appear or sound judgemental when discussing this difficult subject.
* Keep an open mind-we do not need to understand why they self-harm but the feelings behind it are real and valid.

### Pace of discussion

* Let the young person set the pace of discussions.
* Be prepared for the process to take some time and understand that it may take longer than expected for them to feel comfortable to completely open up.

### Find support

* Help parents and carers to know they aren’t alone.
* They could help their son/daughter to find the right websites and forums to learn more about self-harm together.
* Talking to a professional such as your GP, a counsellor, helpline or school-based counsellor may be of benefit.

### Reassure them its ok if the young person doesn’t want to speak to them:

* In some cases it might be easier for the young person to talk to someone who does not know them so well.
* Ultimately any decision must be theirs so they should support it.
* Their attitude and how they relate to their son/daughter is one of the key things that can help them feel supported.

### Introduce healthy coping strategies:

* Some young people displace their feelings onto other objects such as using pillows as punchbags.
* They could hold onto ice cubes to cause discomfort as a distraction.
* Exercise
* Journaling
* Scribbling on a large piece of paper with a red crayon or pen
* Calling and talking to a friend (not necessarily about self-harm)

### Identify a support circle:

* Parents and carers could also work with the young person to identified contact numbers of people they can trust or support service such as young minds or shout who have a crisis messenger which is very popular amongst young people as texting is often more comfortable.

What are other forms of support available in your locality for CYP who self-harm and their families?

## Closing thoughts

* For many young people, self-harm can feel like a way to cope with difficult feelings or to release tension.
* The physical pain of hurting themselves can feel like a distraction from the emotional pain they're struggling with.
* It is difficult to spot self-harm but we might be curious generally about young people that are more withdrawn, seeming to have a low mood more often than not or might be guarding or covering up their body.
* We need to work non-judgementally as schools to get the right support in place for a young person by keeping them informed every step of the way, not forcing conversations but also not being afraid to ask important questions.
* Work closely and support their families too.
* Please do remember that we all need to ask for help sometimes and share our pain with another person.

## Continue your learning

### Courses

Links to other on demand training:

Support Young People to Break the Cycle of Self-Harm <https://www.creativeeducation.co.uk/courses/supporting-young-people-to-break-the-cycle-of-self-harm/>

Spot and Support those with OCD and intrusive Thoughts <https://www.creativeeducation.co.uk/courses/spot-support-ocd-intrusive-thoughts/>

How to stay mentally healthy at work: <https://www.creativeeducation.co.uk/courses/you-matter-too-staying-mentally-well/>

Support students who self-harm: 8 ideas that work <https://www.creativeeducation.co.uk/courses/support-students-who-self-harm-8-ideas-that-work/>

Meet the mental health needs of pupils with SEND: <https://www.creativeeducation.co.uk/courses/meeting-the-mental-health-needs-of-pupils-with-send/>

### Websites

Here you will find a sample of some of the available websites:

Mind have useful strategies, a list of supportive services and information for families too:

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/useful-contacts/>

Samaritans update on Coronavirus, Self-Harm and Young people: <https://www.samaritans.org/about-samaritans/research-policy/coronavirus-and-suicide/one-year-on-data-on-covid-19/coronavirus-young-people-and-self-harm/>

Charlie Waller have a range of free workbooks and resources: <https://charliewaller.org/resources>

Mentally Healthy Schools have some top tips: <https://www.mentallyhealthyschools.org.uk/mental-health-needs/self-harm/>

### Books

Here is a small selection of books on the topic:

Tina Rae and Jody Walshe (2017) Understanding and preventing self-harm in schools: effective strategies for identifying risk and providing support.

## Clare Erasmus (2019) [The mental health and wellbeing handbook for schools: transforming mental health support on a budget](https://www.amazon.co.uk/Mental-Health-Wellbeing-Handbook-Schools/dp/1785924818/ref%3Dsr_1_36?dchild=1&keywords=eating+disorders+teachers&qid=1629035164&sr=8-36).

# Pooky Knightsmith (2019) The Mentally Healthy Schools Workbook: Practical Tips, Ideas, Action Plans and Worksheets for Making Meaningful Change: Practical Tips, Ideas and Whole-School Strategies for Making Meaningful Change.

## **References**

Here are some links to relevant journals which you may be interested in:

Crowe, R., Townsend, M. L., Miller, C. E., & Grenyer, B. F. (2020). Incidence, Severity and Responses to Reportable Student Self-Harm and Suicidal Behaviours in Schools: A One-Year Population-Based Study. *School Mental Health*, *12*(4), 841-851. Available from: <https://link.springer.com/article/10.1007/s12310-020-09390-x>

Curtis, S., Thorn, P., McRoberts, A., Hetrick, S., Rice, S., & Robinson, J. (2018). Caring for young people who self-harm: A review of perspectives from families and young people. *International journal of environmental research and public health*, *15*(5), 950. Available from: <https://www.mdpi.com/1660-4601/15/5/950>

Epstein, S., Roberts, E., Sedgwick, R., Polling, C., Finning, K., Ford, T., ... & Downs, J. (2020). School absenteeism as a risk factor for self-harm and suicidal ideation in children and adolescents: A systematic review and meta-analysis. *European child & adolescent psychiatry*, *29*(9), 1175-1194. Available from: <https://link.springer.com/article/10.1007/s00787-019-01327-3>

Oktan, V. (2017). Self-harm behaviour in adolescents: body image and self-esteem. *Journal of psychologists and counsellors in schools*, *27*(2), 177-189. Available from: <https://www.cambridge.org/core/journals/journal-of-psychologists-and-counsellors-in-schools/article/selfharm-behaviour-in-adolescents-body-image-and-selfesteem/2EFA88A3516BB08FEAB783C76FFBD89E>