Self-Harm

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.

Sometimes when people self-harm, they feel on some level that they intend to die. More than half of people who die by suicide have a history of self-harm.

But the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes it's a mixture of all three. Self-harm can also be a cry for help.

Some people have described self-harm as a way to:

- Express something that is hard to put into words
- Turn invisible thoughts or feelings into something visible
- Change emotional pain into physical pain
- Reduce overwhelming emotional feelings or thoughts
- Have a sense of being in control
- Escape traumatic memories
- Have something in life that they can rely on
- Punish themselves for their feelings and experiences
- Stop feeling numb, disconnected or dissociated
- Create a reason to physically care for themselves
- Express suicidal feelings and thoughts without taking their own life.

The tables below show statistics of hospital admission episodes in regards to intentional self-poisoning (excluding alcohol) and intentional self-harm by age bands from 2007-08 to 2018-19.

Intentional self-poisoning (excluding alcohol)					
Year	**9-12 years old**	**13-17 years old**	**18-22 years old**	**23-27 years old**	**28-30 years old**
2007-08	412	11,724	13,638	10,101	5,088
2008-09	355	11,091	14,013	10,446	5,456
2009-10	287	10,972	14,389	10,530	5,566
2010-11	319	11,747	16,271	11,453	6,079
2011-12	307	10,973	15,046	11,621	6,033
2012-13	364	11,933	13,719	11,081	5,579
2013-14	472	15,713	14,870	11,778	6,107
2014-15	508	15,369	13,544	11,234	5,559
2015-16	549	16,311	14,830	11,341	5,712
2016-17	618	14,984	13,978	10,532	5,543
2017-18	624	14,859	14,477	10,633	5,697
2018-19	728	14,847	15,424	11,649	6,180

Source: Hospital Episode Statistics (HES), NHS Digital

Intentional self-harm					
Year	9-12 years old	13-17 years old	18-22 years old	23-27 years old	28-30 years old
2007-08	124	1,181	1,287	1,263	595
2008-09	80	1,127	1,528	1,361	653
2009-10	97	1,350	1,674	1,419	801
2010-11	100	1,564	1,797	1,505	857
2011-12	114	1,611	1,683	1,508	787
2012-13	174	2,070	1,563	1,419	800
2013-14	194	2,936	1,673	1,579	834
2014-15	272	3,253	1,839	1,595	793
2015-16	293	3,485	2,033	1,805	829
2016-17	317	3,228	2,033	1,753	870
2017-18	398	3,590	2,233	1,850	951
2018-19	506	4,075	2,367	2,150	1,070

Source: Hospital Episode Statistics (HES), NHS Digital

Self-harm can be caused or triggered by other mental health diagnosis such as depression, anxiety, bipolar disorder, schizophrenia and eating disorders and many more. It can also be caused or triggered by any form of abuse of neglect, therefore should not be overlooked.

Schools should have a Self-Harm policy in place which staff can refer to when they are in a situation which involves self-harming by an individual. The policy should include frameworks of actions to be taken by staff if they are dealing with a young person engaging in self-harming. As a school, if there is a young person who is known to engage in self-harming behaviour or attempted suicide, there should also be a risk assessment in place, along with an assessment of need.

A young person who is deliberately self-harming should be seen as a Child in Need and should receive help via the GP, school counselling service, Child and Adolescent Mental Health Service (CAMHS) or any other therapeutic services. If the young person is admitted to A&E as a result of self-harm, they will automatically be admitted to CAMHS for further assessment.

All school staff who comes into contact with a young person who is self-harming should inform the Designated Safeguarding Lead. School nurse should also be informed who can then contact the child's GP when necessary.

It is important that the school should make arrangements to talk with the young person and discuss whether the difficulties presented can be resolved with the individual, their parents and the school or whether outside help from other professionals are required.

It is essential that the young person is informed of all steps that are taken on their behalf, e.g., speaking to other professionals and always be honest about who will be informed.

Types of Self-Harm

- Cutting
- Poisoning
- Over-eating or under-eating
- Biting
- Picking or scratching skin
- Burning skin

Types of Self-Harm

- Inserting objects into the body
- Hitting self or walls
- Overdosing
- Exercising excessively
- Puling hair
- Getting into fights where one will get hurt

Why do people self-harm?

In most cases, people who self-harm do it to help them cope with overwhelming emotional issues, which may be caused by:

Social Problems

- Being bullied
- Having difficulties at school
- Having difficult relationships with friends and family
- Coming into terms with their sexuality
- Coping with cultural expectations

Trauma

- Physical abuse
- Sexual abuse
- Death of a close family member of friend
- Neglect

Psychological

- Having repeated thought or voices telling them to self-harm
- Disassociating – losing touch with who they are and with their surroundings
- Borderline Personality Disorder
- Depression
- Anxiety
- Anger
- Guilt
- Hopelessness

How to help

It is significantly important to understand that when an individual is self-harming it is not attention seeking. Often, the individual will be feeling isolated and lonely.

The assault or arousal cycle	Studies of what happens to us physiologically in the course of an extreme emotional upset suggest that there is a 'cycle' of events. The stages of this cycle have been described as follows (Breakwell, 1997):

	a) The triggering phase Everyone has a normal or baseline set of non-aggressive behaviours. In this phase, there is a trigger that alerts the person to some threat to their sense of belonging or self-worth and they begin to react physiologically. At this point the person's behaviour indicated a movement away from their baseline. They may become slightly agitated and their facial expression may change. At this stage it may be relatively easy to divert, distract or reassure a younger person. **b) The escalation phase** The person's behaviour deviated more and more from baseline. Physiologically, the individual becomes more and more aroused and all the bodily signs of this become more and more noticeable. Without intervention the person becomes less amenable to diversion and becomes more and more intensely focused on the particular issue. **c) The crisis phase** At this intense point of physiological arousal, the individual will explode into action – either aggressive and assaultive or running away from the situation. **d) The recovery phase** The person's high state of physical and emotional arousal can remain a threat for up to 90 minutes after the incident. **e) The post-crisis depression stage** Mental and physical exhaustion is common and the individual may become tearful, remorseful, guilty, ashamed, distraught or despairing.
Ask	Although self-harm is often a hidden behaviour, the child or young person may give subtle signs that they want help. As a trusted adult, learn to be alert to these signs and respond to these invitations by being "helpfully nosey". Here are some simple tips for conversations about self-harm: • Take all self-harm seriously • Treat the child or young person with respect and empathise: get across that you care, and that you want to understand and to help • Take a non-judgemental approach: reassure that you understand that self-harm may be helping the child or young person to cope at the moment • Make sure the child or young person understands the limits of confidentiality.

Avoid	• Reacting with strong or negative emotions: alarm or discomfort; asking abrupt or rapid questions; threatening or getting angry; making accusations, e.g. that the young person is attention-seeking; frustration if the support offered does not seem to be making a difference • Too much focus on the self-harm itself: engaging in power struggles or demanding that self-harm stop; ignoring other warning signs; promising to keep things secret… • Commenting, advising, or attempting to solve all their issues (in that first instance
Listen	Make yourself fully available at that moment in time when a child or young person seeks you out or responds to an invitation to talk further: • Listen carefully in a calm and compassionate way • Have your eyes, ears and body language open to what the young person has to say, without judging, or being shocked • Show the young person they can trust that you will first hear what they have to say, and later support them if another professional needs to be involved.
Coping with the triggers and the outcomes	Consequences for the behaviour arising from the emotional outbursts should not be discussed or imposed until the student has returned to their baseline physiological levels. Until these levels are reached, the response of the staff should be to calm students and to reassure them that they are being listened to and that their intense emotions are acknowledged by not condemned. Although, eventually, it is important that the student faces the reality of his or her behaviour during an explosive incident, when this is being discussed it should be done in a non-emotional matter-of-fact way. The consequences should be presented as the natural or logical outcome of unacceptable behaviour. The problem-solving phase focuses on how the triggers for anger or anxiety can be coped with through less emotionally strong reactions in the future.
Avoid accusatory language	The language we use can often be subtly accusatory. In this respect it is better for the teacher to avoid using the phrase 'Why did you?'. It is instructive to consider when other people have used this phrase to us - usually we are not asked this question when we have done something good, only when somebody thinks we have done something wrong. And the people asking the question have usually been people such as our parents, teachers or those who have authority over us. These are people whose judgements matter to us and so this can have

	consequences.
Conflict resolution skills	Students can be asked to generate a list of contexts in which conflicts might occur (for instance, home, classroom, sports field, shops, clubs, etc.) and the people who might be involved (for example, family members, good friends, teachers, students, employers, etc.). They can then write down as many methods as they can think of that people use to try to solve the conflict, identifying those that improve relationships between people and those that often do not solve the problem and leave people feeling angry and devalued.
Worry Box	Worry box is a small box which can be decorated with the young person. Ask the young person to write down or draw any of their worries and post them in the box. At the end of the day/week or month, the young person can sort through the box with a trusted adult and try to find solutions to solve those worries.
Safety **Pupil Support Plan (PSP)**	Safety concerns come into play when symptoms are severe. Establishing and maintaining their safety and ensuring a stable school environment should take priority, especially in an acute episode when symptoms are severe. Each pupil should have a Pupil Support Plan (PSP) which should identify triggers which school staff should be aware of. If school does not provide a PSP, this then could lead to members of staff working with the student not being aware of their triggers and needs and causing significant stress to the student. The PSP should also include strategies school staff should be using with the child at all times. Risk assessment is another item which should be included in a PSP. The risk assessment should highlight the risks involved around the young person and their diagnosis. This then should be RAG rated – Red, Amber & Green. Red will indicate high risk which will mean that there are current indicators of risk present, suggesting the risk outcome could occur at any time. Amber should be indicating medium level of risk; Current indicators are present but the risk outcome is unlikely to occur unless additional risk factors intervene/arise. Green should be indicating low risk; No current significant indicators of risk.

Harm Minimisation

Stopping self-harm may not always be the best thing to aim for straightaway, as self-harm is often a way of coping. If this is the case, then it may be a very good idea to talk about safety and harm minimisation with the young person.

Cutting

If the young person is self-harming by cutting then it is very important for them to do this safely as possible. Inform them that they need to be using a clean blade every time they feel the need to cut. Dirty blades will encourage infection. Remind them that they must not share any blades with anyone as this can also cause serious infection.

Burning

If the young person is self-harming by burning inform them that they need to be looking after their skin afterwards. NHS states that the individual should:

- Remove all clothing/jewellery from the affected area
- Cool the area with lukewarm water
- Cover the burn with cling film
- Paracetamol can be used to help with pain

Attend hospital if:

- The burn is larger than their hand
- The affected area is white or charred
- The burn is blistering
- It is a chemical or electrical burn

Understanding Shock

If the young person is self-harming, it is possible for them to go into shock as a result. Inform the young person that shock is much more serious than just being scared. If they feel dizzy, weak and cold, their breathing is shallow or faster; this is signs of going into shock. Any signs of shock need attention as soon as possible. They need to alert someone who can look after them as untreated shock can have serious outcomes.

Further Reading

https://www.selfharm.co.uk/get-information/staying-safe/harm-minimisation

https://www.nhs.uk/conditions/self-harm/

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

How to get help

YoungMinds Crisis Messenger

- Provides free, 24/7 crisis support across the UK if you are experiencing a mental health crisis
- If you need urgent help text YM to 85258
- All texts are answered by trained volunteers, with support from experienced clinical supervisors
- Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

Samaritans

- www.samaritans.org
- If you're in distress and need support, you can ring Samaritans for free at any time of the day or night.
- Freephone (UK and Republic of Ireland): 116 123 (24 hours)
- Email: jo@samaritans.org

ChildLine

- www.childline.org.uk
- If you're under 19 you can confidentially call, email, or chat online about any problem big or small Freephone 24h helpline: 0800 1111
- Sign up for a childline account on the website to be able to message a counsellor anytime without using your email address
- Chat 1:1 with an online advisor

The Mix

- www.themix.org.uk
- If you're under 25 you can talk to The Mix for free on the phone, by email or on their webchat. You can also use their phone counselling service, or get more information on support services you might need.
- Freephone: 0808 808 4994 (13:00-23:00 daily)

Calm Harm app

- www.calmharm.co.uk
- a free app providing support and strategies to help you resist or manage the urge to self-harm
- download from Google Play or App Store