Introduction to understanding self-harming behaviour and building resilience in young people

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Aims for the session...

- To introduce some ideas about young people's mental health

- Provide an overview of self-harm

- Explore some of the reasons young people may self-harm

- Think about ways of building resilience in young people
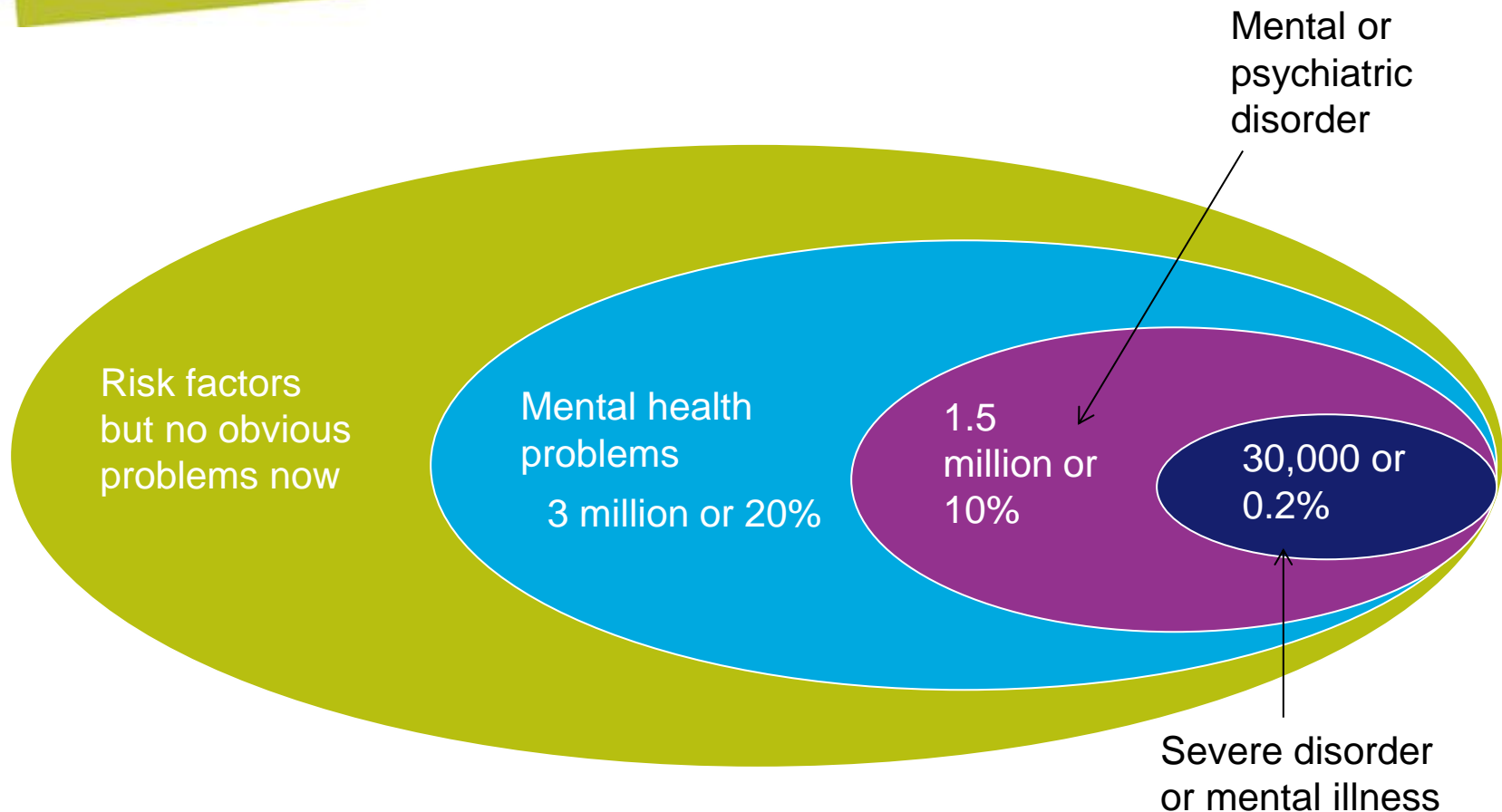
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Mental health: A definition

'the strength and capacity of our minds to grow and develop, to be able to overcome difficulties and challenges and to make the most of our abilities and opportunities'
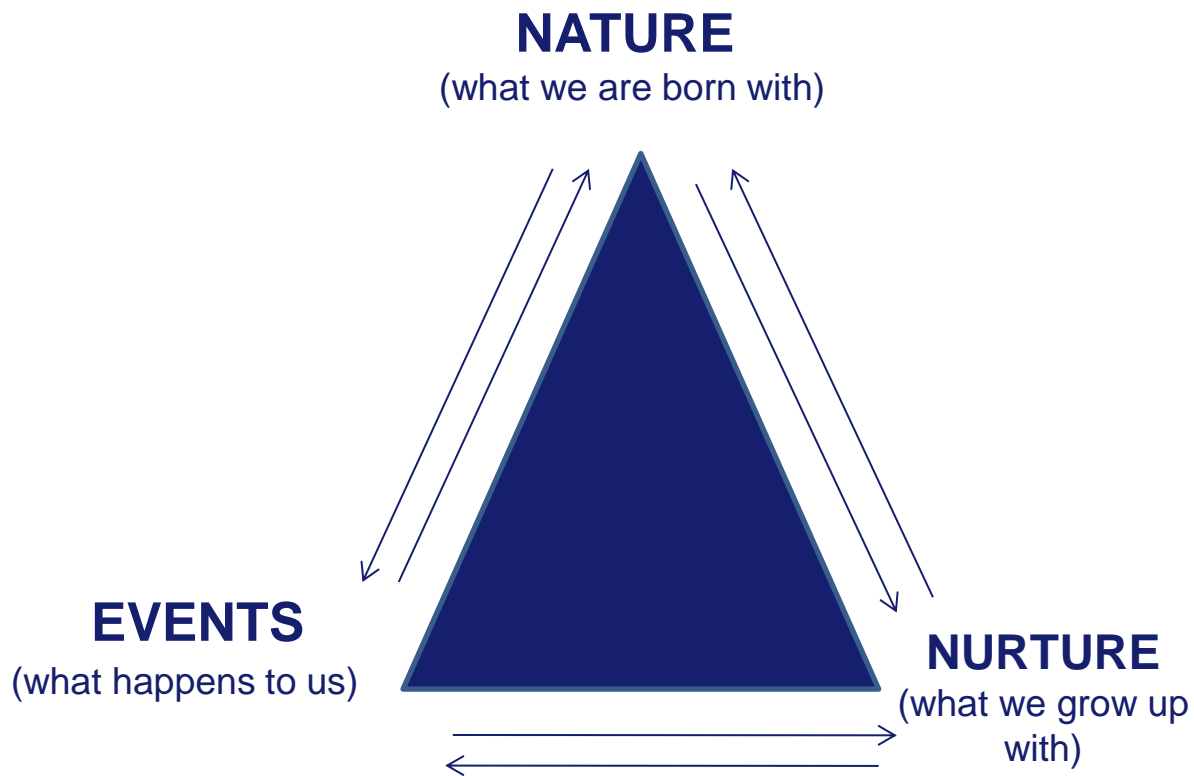
Child Mental Health

- A capacity to enter into, and sustain, mutually satisfying and sustaining personal relationships

- Continuing progression of psychological development

- An ability to play and to learn so that attainments are appropriate for age and intellectual level

- A developing moral sense of right and wrong

- A degree of psychological distress and maladaptive behaviour within normal limits for the child's age and context

Prevalence amongst children*
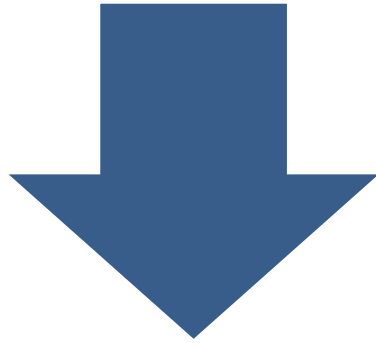
Mental or psychiatric disorder

Risk factors but no obvious problems now

Mental health problems

3 million or 20%

1.5 million or 10%

30,000 or 0.2%

Severe disorder or mental illness

*Children aged 5 – 15 in the UK

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A bio-psycho-social model

NATURE
(what we are born with)

EVENTS
(what happens to us)

NURTURE
(what we grow up with)

Risk and protective factors

Protective Factors

Risk Factors

Self harm Grid

Least Confident   Most Confident

Most Worried

Self Harm

Drug use

Eating Disorder

Risky Sex

Bullying

Binge Drinking

Member of a Gang

Least Worried

Smoking

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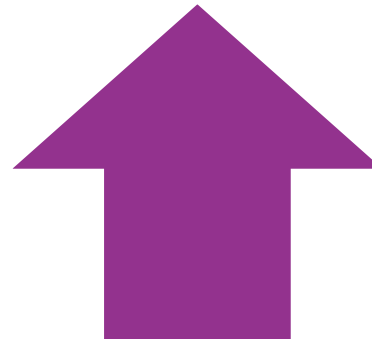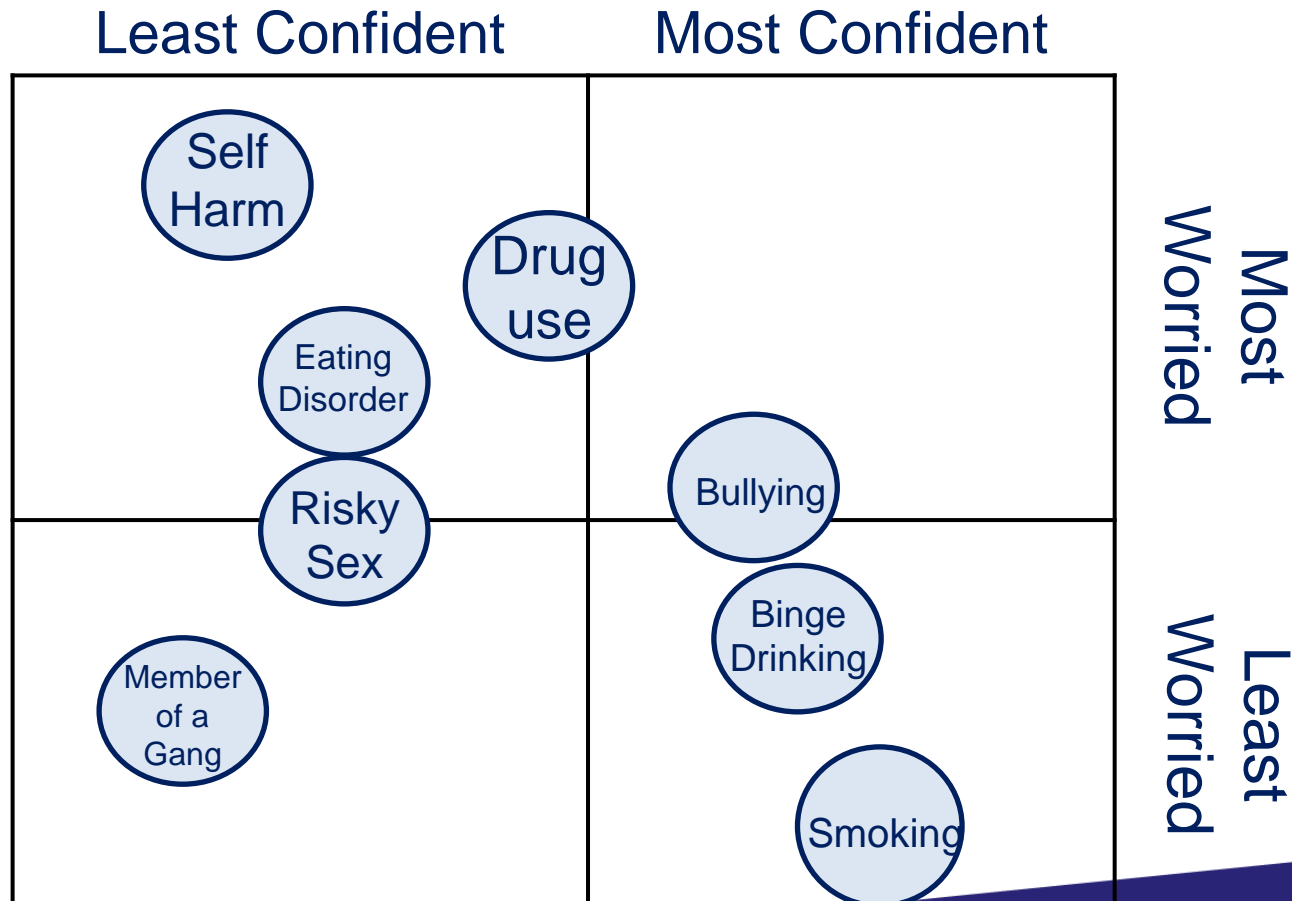
What is self-harm?

- When some people feel sad, desperate, angry or confused, they can hurt themselves as a way of managing these feelings.   This is called 'self-harm'.

- People can do this in a number of ways and for different reasons.

NICE Guidance on Self Harm (2004)

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YoungMinds & Cello Research

- 3 in 4 young people don't know where to turn to talk about self-harm

- A third of parents would not seek professional help if their child was self-harming

- Almost half GPs feel that they don't understand young people who self-harm and their motivations

- 2 in 3 teachers don't know what to say to young people who self-harm

Talking self harm YoungMinds/Cello (2012)
http://www.cellogroup.com/pdfs/talking_self_harm.pdf

Truth hurts

Young people who self-harm do so because they have no other way of coping with problems and emotional distress in their lives…. It provides only temporary relief and does not deal with the underlying issues.'

Truth Hurts, Mental Health Foundation (2006)
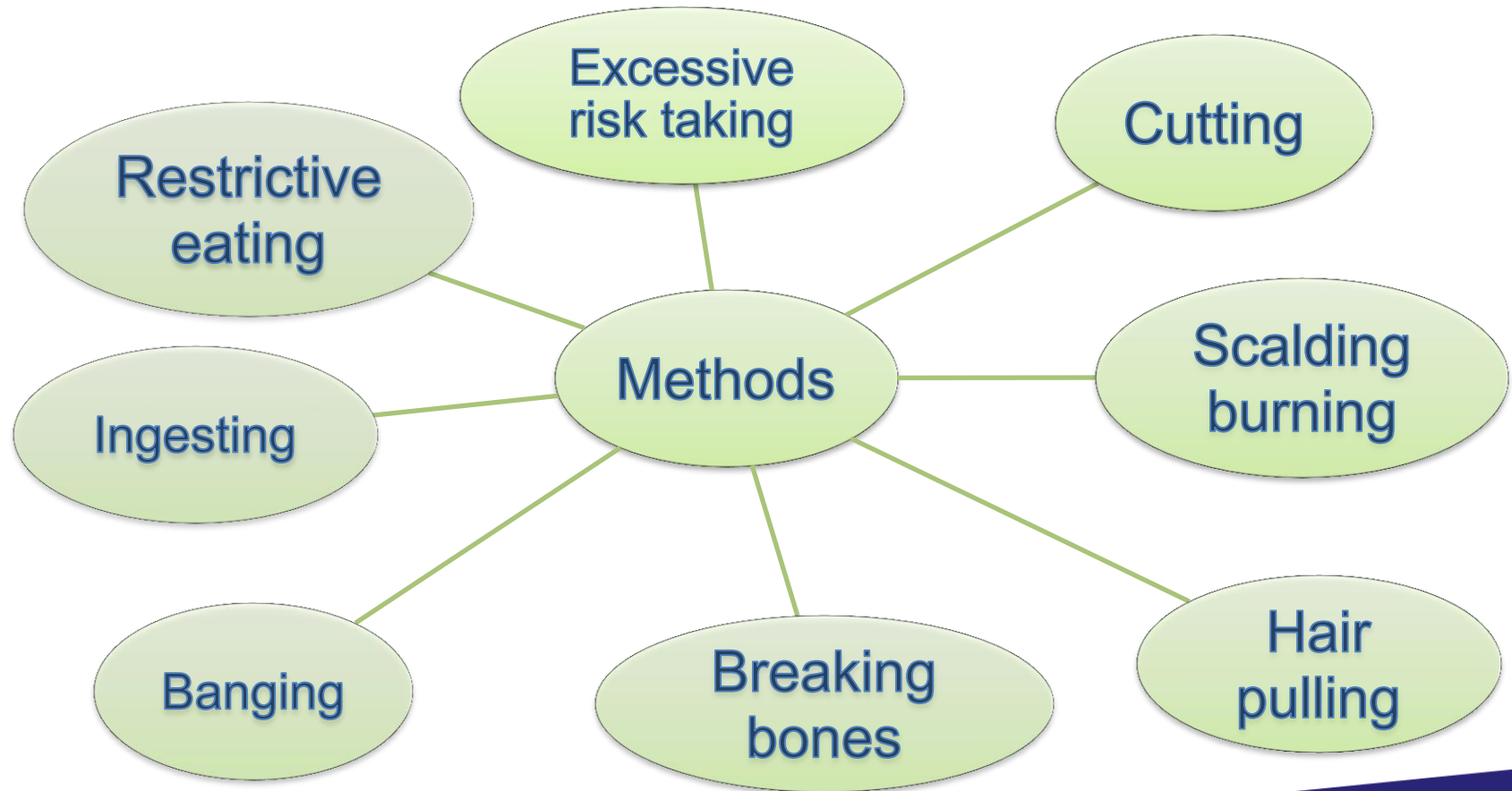**http://www.mentalhealth.org.uk/publications/truth-hurts-report1/**

People who harm themselves on more than one occasion may do so for a different reason each time. They may also harm themselves and not tell anyone about it

Methods of self harm

Excessive risk taking

Cutting

Restrictive eating

Methods

Scalding burning

Ingesting

Banging

Breaking bones

Hair pulling

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How common is it?

Very difficult to know how many young people have self-harmed as it is often a very private activity. However, a study in 2008 suggested:

Between 1 in 12 and 1 in 15 young people self-harm (truth hurts 2008)

Inpatient admissions of young people under 25 for self harm have increased by 68% in the last 10 years (hospitals admissions statistics 2010)

If this statistic is correct…

Approximately 2 children in every classroom will have self-harmed

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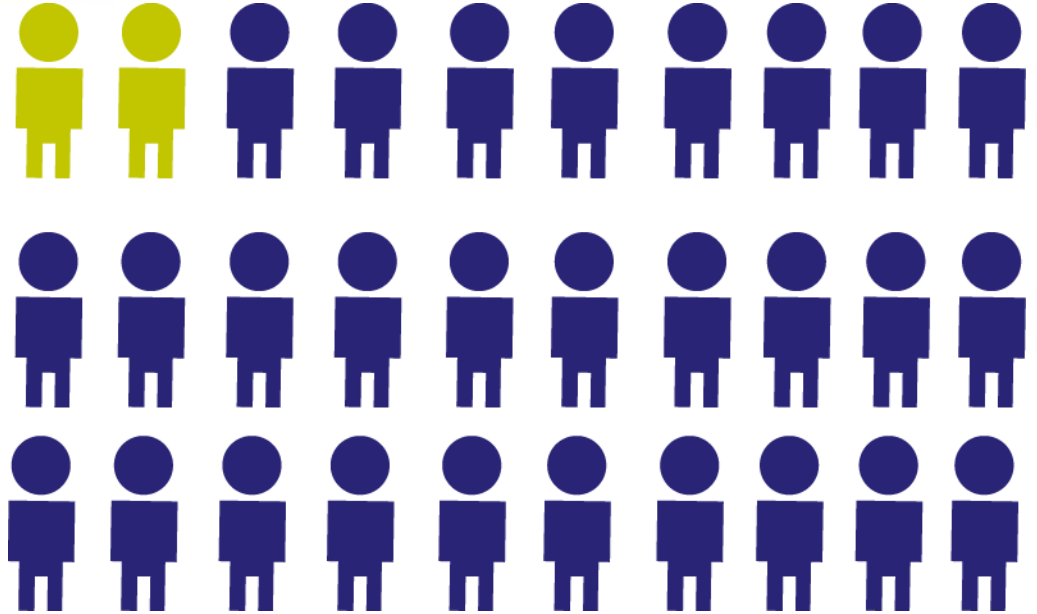
Self Harm Beliefs…myths or reality?

- What do you think are the main beliefs that surround self-harming behaviour in young people?

- Where do you think they come from and what is the effect of them?

Myths about self-harm

"It's stupid....It's just kids who are being spoilt and pampered too much then end up finding it hard to cope with the pressures they receive from their environment, so start self harming." (Young person)

"They think its cool to have a drama, lots of people at school talking about you." (Teacher)

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Self harm myths
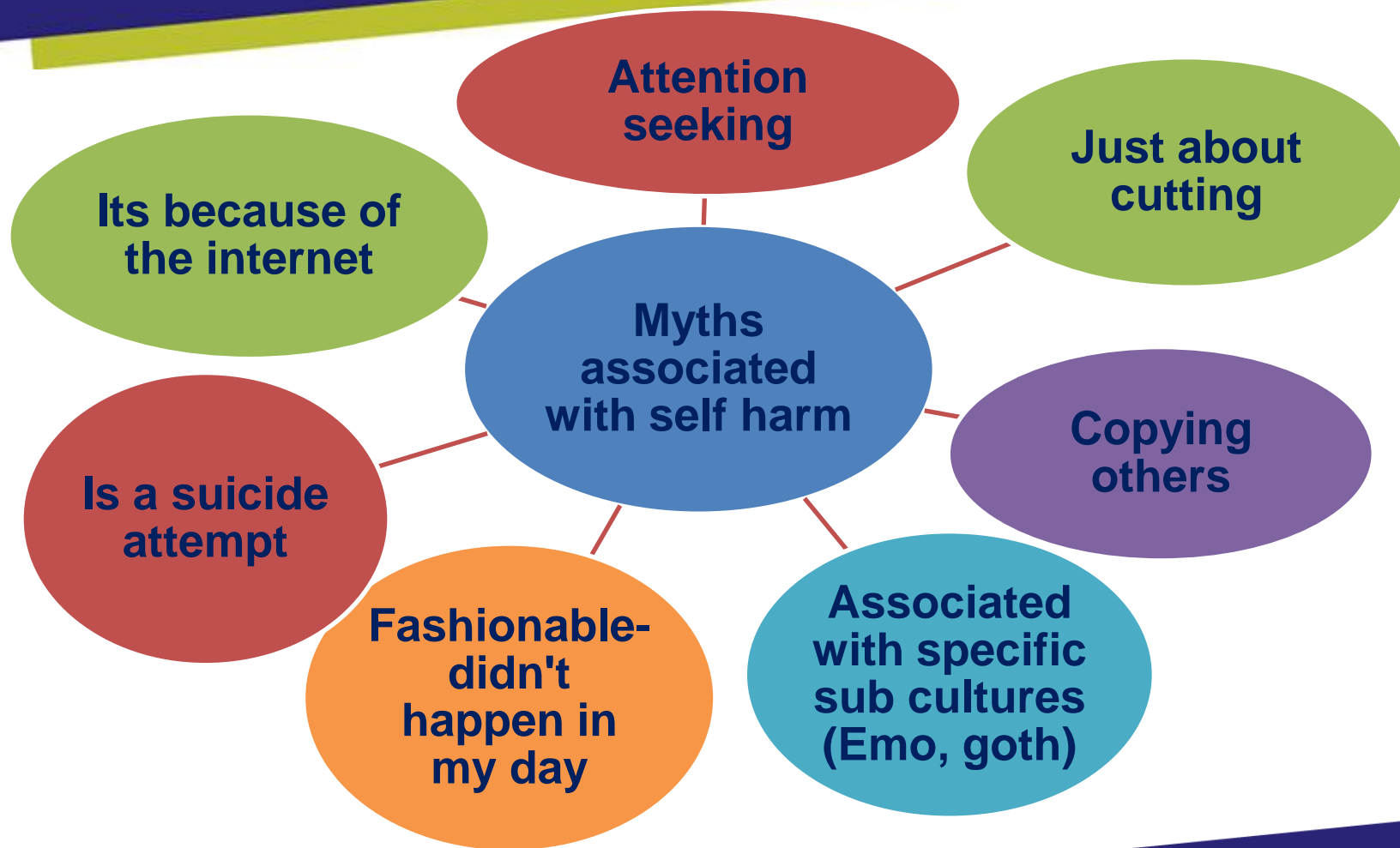
What is the effect of this stigma?

- Increase feelings of shame and guilt
- Encourage likelihood of hiding self-harm
- Reduce willingness for open discussion/disclosure
- Increase judgement
- Add to risk
- Reduce likelihood of adults identifying young people
- Increase angry responses
- Increase in panicked responses
- Increase in "not taking it seriously" responses
- Inaccurate and inappropriate referrals

What young people have told us…

"The thoughts are in my head every day, I can't take it. Cutting myself is the only way I can deal with him being around

"I cut myself when I'm angry, it hurts but it helps my anger."

Cutting takes my mind off things, when I'm unhappy about myself, the way I am."

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Release of unbearable pressure

Cutting for me releases all the built up anger and frustration and pain I feel inside. There are many things that happen to me in my life which cause the pain I feel and how I release it.

Mostly the feelings of isolation like being outcast pretty much from relationships altogether....

School is stressful, home life I can't handle sometimes.

Jolt back to reality (when disassociating)

"Sometimes when I felt numb and empty, scratching myself helped me to feel emotions again. Brought me back to life in a way"

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Escape from the unbearable emotional present

For some young people, there are times when the present is just too painful. Something may trigger a past memory or a current situation may be too difficult to bear. Self-harm is a way that the young person can escape from the unbearable emotional present.

It's a deflection of emotional to physical pain

"My emotions can vary rapidly and be very intense. If in an emotionally charged situation, I will either during or shortly after harm myself. I'm not good at dealing with emotions or communicating mine to others."

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To have some control where this has previously been taken away

The day I realised that nobody could take control of my body but me, I felt really powerful. In the past I'd been weak and other people had controlled my body but now it's mine. I can care for it if I want to care for it and I can hurt it I want to hurt it. It's MINE."

(www.inourhands.com)

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Control

"I'm 16. Every day of my life I've been told what to do from the moment I wake up to the moment I go to sleep. I'm sick of it. This is just my secret way of asserting a bit of control in my life."

(www.inourhands.com)

Self-punishment

"I was always punished as a kid. If I was late, if I did something stupid, if I didn't do well enough at school. My Dad used to punish me physically. Once I went into care I guess I kind of took over the punishment myself. People would tell me that it was okay to make mistakes and I shouldn't punish myself but it made me feel better."

(www.inourhands.com)

A sense of physical release

"I would just like to mention the adrenalin rush that one experiences with the pain. When I feel numb and like I don't really exist, I cause myself harm and it brings this rush that brings you back to earth"

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...and some people won't be able to tell you why they self-harm.... they might not know or they may not be able to express it in words

Spotting the signs…some things to look out for

- Isolation
- Physical harm
- Certain clothing (eg: long sleeves in very hot weather)
- Avoidance of P.E lessons/getting changed in front of people
- Going out more or less than usual
- Personality change
- Dizziness
- Absence or lateness

Self-harm and eating disorders in schools Knightsmith, P

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Risk and Resilience

Conditions, events or circumstances that are known to be associated with emotional or behavioural disorders and may increase the likelihood of such difficulties

Risk factors do not mean this is *definitely* going to happen…. but risk is cumulative and the more risk factors present increases the likelihood of risk.

However…

Building resilience helps to counteract this

Increased Vulnerability

41% of gay young people have self-harmed because of homophobic bullying, with the same number having attempted or thought about suicide. (Stonewall, 2007)

18% of children aged 11-16, with a hyperkinetic disorder (similar to severe ADHD) reported that they have self-harmed. Falls to 7% without this disorder. (ONS, 2004)
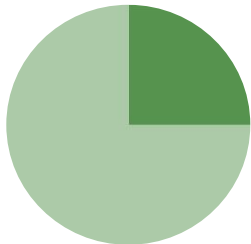
25% of parents, who had a child with an autistic spectrum disorder, reported that their child had self-harmed. (ONS, 2004)

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Gender differences

Number of 10 to 14 year olds admitted for self-harm					
	2009-10	2010-11	2011-12	2012-13	2013-14
SOURCE: HEALTH AND SOCIAL CARE INFORMATION CENTRE					
Boys	454	489	483	577	659
Girls	3090	3416	3380	4088	5953

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Looked After Children and care leavers are between 4 and 5 times more likely to self harm in adulthood than those not Looked After (Annual Report of the Chief Medical Officer 2012)

Individual Factors

- **Being Bullied**
- **Not getting on with parents**
- **Stress about school**
- **Divorce**
- **Bereavement**
- **Unwanted pregnancy**
- **low mood/anxiety**
- **difficulty communicating**
- **poor problem solving skills**
- **Impulsivity**
- **Experience of abuse**

- **Difficulties associated with sexuality**
- **Problems to do with race, culture and religion**
- **Low self esteem**
- **Feeling rejected**
- **an existing psychological or developmental difficulty**
- **Hopelessness**
- **drug or alcohol abuse**

Family Factors

- unreasonable expectations
- Religious, ethnicity, cultural identity dilemmas or conflict
- young carers' role within the family
- domestic violence

- neglect or abuse (physical, sexual or emotional)
- poor parental relationships and arguments
- depression, deliberate self harm or suicide in the family

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Social Factors

- difficulty in making relationships/ loneliness

- persistent bullying or peer rejection

- Racism

- homophobic attitudes or bullying of children who think they may be gay, lesbian or bisexual

- easy availability of drugs, medication or other methods of self harm

Risk and technology

• Internet sites and networks dedicated to self-harm and eating disorders can be both supportive and harmful. Students often inadvertently come across harmful sites when seeking support.

• Pro-ana, pro-mia and pro-harm sites see eating-disordered or self-harming behaviours as a lifestyle choice. Users share tips and ideas with each other and harmful behaviours are accepted, encouraged and promoted.

• Educating students about self-harm and eating disorders, safe sources of support and the dangers of pro-sites may decrease the likelihood of them using harmful sites.

• It can be dangerous to suddenly withdraw a student's access to harmful sites and networks which may form a support mechanism for them. Instead we need to work with them to effect a change gradually.

Preventing use of Pro- Sites

Highlight safe sources of information

Educate students about the potential dangers of pro- sites

Encourage students to share their concerns about their friends

Signpost where and how to access support

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What can you do to help?

Listen non judgementally	Acknowledge emotional distress	Encourage young person to identify their own support network and encourage them to access other support	Recognise your limitations and refer to appropriate service for clinical assessment
Explain what is going to happen next	Show care and respect	Control contagion- talk to any others involved	Ensure that you have time and space to reflect- look after yourself too

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Don't….

React with horror or discomfort

Ask abrupt or rapid questions

Threaten or get angry

Engage in power struggles; demanding 'just stop'

Accuse them of attention seeking

Get frustrated

Ignore other warning signs

Promise to keep things secret

NICE guidelines

- You should be treated with dignity and respect.

- Any injuries you have should be treated straight away

- If you go to hospital, you should be seen by a doctor or nurse who is trained to work with children and young people who self-harm, in a special area set aside for children and young people.

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NICE guidelines

- If you have to stay at the hospital then you stay in a paediatric ward or an adolescent paediatric unit for over 14s and be checked by someone who is properly trained the following day.

- When you are in hospital, someone from the Child and Adolescent Mental Health Service (CAMHS) team should carry out an assessment

- Young people who have self-harmed several times may be offered group psychotherapy

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Finding resilience in me

Think about…

What things do you do to support your own emotional wellbeing?

Resilient Children

"can resist adversity, cope with uncertainty and recover more successfully from traumatic events or episodes"

Newman, T (2002)

Resilience Framework (Children & Young People) Oct 2012 – adapted from Hart & Blincow 2007 www.boingboing.org.uk

	BASICS	BELONGING	LEARNING	COPING	CORE SELF
SPECIFIC APPROACHES	Good enough housing	Find somewhere for the child/YP to belong	Make school/college life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
		Help child/YP understand their place in the world		Being brave	Support the child/YP to understand other people's feelings
	Enough money to live	Tap into good influences	Engage mentors for children/YP	Solving problems	
	Being safe	Keep relationships going		Putting on rose-tinted glasses	Help the child/YP to know her/himself
	Access & transport	The more healthy relationships the better	Map out career or life plan		
		Take what you can from relationships where there is some hope		Fostering their interests	
	Healthy diet	Get together people the child/YP can count on	Help the child/YP to organise her/himself	Calming down & self-soothing	Help the child/YP take responsibility for her/himself
		Responsibilities & obligations			
	Exercise and fresh air	Focus on good times and places	Highlight achievements	Remember tomorrow is another day	Foster their talents
	Enough sleep	Make sense of where child/YP has come from		Lean on others when necessary	
		Predict a good experience of someone or something new	Develop life skills		There are tried and tested treatments for specific problems, use them
	Play & leisure	Make friends and mix with other children/YPs		Have a laugh	

NOBLE TRUTHS

ACCEPTING	CONSERVING	COMMITMENT	ENLISTING

Some "Noble Truths"

- Accepting
- Conserving
- Commitment
- Enlisting

Sections we can help with

- Basics
- Belonging
- Learning
- Coping
- Core Self

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Basics: Enough Sleep

Ensure children have somewhere to sleep where no-one will interrupt them

Ensure that they have clean bedding and a bed

Think about what your child needs at bed time.

Recognise a young person's developmental age, not chronological age. Maybe they still need a light on. Maybe they need a bed time story or some reassurance at bedtime

Belonging: Keep relationships going

How can we make sure our children get to spend time with the people who are important to them?

What structures do we have in schools to ensure that vulnerable pupils have a consistent adult throughout their school life?

Are there key adults in our children's lives? How can we maintain these relationships?

Learning: Highlight Achievements

Think about the conversations we have with our children? Are we telling them off more than recognising what they are good at?

When we speak to school, do we tell them about the good things our children have done?

Think about all the things your child is good at? Do they know you think this?

Coping: Understanding boundaries and keeping within them

Spend time with young person thinking about rules in different settings

Ask young people to identify when boundaries are flexible and when they are rigid.

What helps us to stick to boundaries?

Core Self: Foster their talents

How do you find out what the young person is good at?

What are the barriers to them undertaking the activity?

Are they scared to go alone? Who could take them?

Who could make sure they continue to go?

Who can make sure the activity is fully accessible?

How will children know that you are holding them in mind?

Harm minimisation

Taking control of their lives (helping to reduce risk taking behaviours)

Developing more healthy ways of coping

Increasing their self esteem

Increasing their assertiveness in a positive way

Helpful contacts

YoungMinds Parents Helpline: 0808 802 5544

www.youngminds.org.uk

www.thesite.org

www.inourhands.com

www.mentalhealth.org.uk/

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- Parents Helpline: 0808 802 5544

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