Self-harming and suicidal behaviour in children and young people

Research, carried out as part of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, showed that there were 1,722 adolescent and juvenile deaths by suicide in the United Kingdom between 1997 and 2003, which represents 4% of all suicides in that time period. The majority of young people were aged 15-19 (93% of the sample) and, overall, the most common methods of suicide were hanging, followed by self-poisoning. 142,000 young people are admitted to accident and emergency departments each year as a result of self-harm. Although completed suicide is a rare occurrence, episodes of self-harm and/or suicidal behaviour are not.

Early intervention can help to address underlying problems that can lead to such behaviour. Many people who self-harm do not come to the attention of health services and when they do, many do not return or cannot be followed-up. Those who do receive services often describe contact as being characterised by ignorance, negative attitudes and sometimes punitive behaviour by professionals towards people who self harm.

As the risk of suicide is considerably higher among people who have self-harmed, it is crucial that practitioners are best equipped to give the most helpful initial response in such circumstances.

What is self-harming behaviour?

This is defined by the Mental Health Foundation 2003, as:

- Self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take like, resulting in nonfatal injury;
- Suicide is self-harm resulting in death.

The difference between suicide and deliberate self-harm is not always clear, but deliberate self-harm is a common precursor to suicide. In addition, children and young people who deliberately self-harm may kill themselves by accident.

Research indicates that 1 in 15 young people in Britain have harmed themselves. Most young people who harm themselves are between 11 and 25 years. Most people start at around 12 years of age, but there have been cases of children as young as 7 self-harming. Although there are no typical groups of people who self-harm, about four times as many girls as boys do it. The groups of children and young people who may be more vulnerable to self-harm can include:

- Young people in residential settings, such as the armed services, prison, sheltered housing,
  hostels and boarding schools;
- Lesbian, gay, bisexual and transgender young people;
- Young Asian women (one study found that the suicide rate in women aged 16-24 years was three times higher in women of Asian origin than in white British women);
- Young people with learning disabilities;

- Young people with existing mental health problems;
- Young people with substance misuse problems;
- Vulnerable young people who miss appointments and go off the radar.

There are many types of self-harm, but these can include:

- Cutting;
- Burning;
- Scalding;
- Banging head and other body parts against walls;
- Hair-pulling;
- Biting;
- Swallowing things that are not edible;
- Inserting objects into the body;
- Self-poisoning;
- Scratching, picking or tearing at skin causing sores and scarring.

Response to Self-harm

Self-harm is always a sign of emotional distress and poorly developed coping skills. Whilst it is ultimately damaging and may be dangerous, for many people it provides a method for coping with life. The initial reaction that anyone who self-harms receives has a major impact on whether or not they are able to go on to get help. They require understanding, care and concern for their injuries, as well as encouragement to talk about the underlying feelings or situations that have led to the self-harm. You can offer to make a referral for support - for example, to the general practitioner, child and adolescent mental health service, a counsellor or a therapist. For many young people stopping or reducing self-harm is a long and slow process.

The Camelot Foundation has collated a list of substitutes for self-harm that young people have found to be successful:

- Using a red felt tip pen to mark where you might usually cut;
- Hitting a punch bag to vent anger and frustration;
- Hitting pillows or cushions or having a good scream into a pillow or cushion;
- Rubbing ice across your skin where you might usually cut or holding an ice cube in the crook of your arm or leg;
- Getting outdoors and having a fast walk;
- All other forms of exercise - really good for changing your mood and releasing adrenaline;
- Making lots of noise either with a musical instrument or just banging on pots and pans;
- Writing negative feelings on a piece of paper then ripping it up;
- Keeping a diary;
- Scribbling on a large piece of paper with a red crayon or pen;
- Putting elastic bands on wrists, arms or legs and flicking them instead of cutting or hitting;
- Calling and talking to a friend (not necessarily about self-harm);
- Collage or art work - doing something creative.

Suicide

The most accurate predictors of suicide are previous attempts and mental health problems. In studies of young men, a previous suicide attempt was the strongest predictor of suicide and, for young women, there was a prior episode of depression. This indicates that any mental health problems in young people need to be taken seriously and that those who have tried to commit suicide need appropriate monitoring and follow-up.

Deliberate Self Harm and Suicide: Northumberland Care Pathway for Children and Young People (revised November 2008)

Initial Questions:

- What has been happening?
- Have you got any injuries or taken anything that needs attention - consider emergency action?
- Who know about this?
- Are you planning to do any of these things - consider likely or imminent harm?
- Have you got what you need to do it (means)?
- Have you thought about when you would do it (timescales)?
- Are you at risk of harm from others?
- Is something troubling you - family school, social - consider use of child protection procedures?

Responses:

- If urgent medical response needed, call an ambulance
- Say who you will have to share this with (e.g. designated teacher) and when this will happen
- Say who and when the right person will speak with them again to help and support them
- Check what they can do to ensure they keep themselves safe until they are seen again - for example, stay with friends at break-time, go to support staff
- Give reassurances - i.e. it is okay to talk about self-harm and suicidal thoughts and behaviour
- Setting up the contract with the child or young person
- Discuss confidentiality child protection if necessary
- Discuss child protection if necessary
- Discuss who knows about this and about contacting parents
- Discuss who you will contact - i.e. the school nurse
- Discuss contacting the general practitioner

Further Questions:

- What, if any, self-harming thoughts and behaviours have you considered or carried out (either intentional or unintentional) - consider likely/imminent harm?
- If so, have you thought about when you would do it?
- How long have you felt like this?
- Are you at risk of harm from others?
- Are you worried about something?
- Ask about the young person's health (use of drugs/alcohol)
- What other risk-taking behaviour have you been involved in?
- What have you been doing that helps?
- What are you doing that stops the self-harming behaviour from getting worse?

- What can be done in school to help you with this?
- How are you feeling generally at the moment?
- What need to happen for you to feel better?

Do's and Don’ts

Do's

- Make first line assessment of risk
- Take suicide gestures seriously
- Be yourself, listen, be non-judgemental, patient, think about what you say
- Check associated problems, such as bullying, bereavement, relationship difficulties, abuse and sexuality questions
- Check how and when parents will be contacted
- Encourage social connection to friends, family, trusted adults
- Implement initial care pathway
- Implement support/contact with young person
- Seek risk assessment from general practitioner and school nurse
- Make appropriate referrals
- Set-up a meeting to plan the care pathway interventions based upon understanding of the risk
  and difficulties
- Provide opportunities for support, strengthen existing support systems

Don’ts

- Jump to quick solutions
- Dismiss what the children or young people are saying
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the child or young person
- Ignore or dismiss people who self-harm
- See it as attention-seeking
- Assume it is used to manipulate the system or individuals
- Trust appearances

At this stage it is strongly recommended that the professional should ask the young person who else is aware of the young person’s circumstances or has been involved to avoid risk assessment duplication.

Responses to the risk assessment questions together with an assessment of the appearance and behaviour of the child or young person will lead to:

- An increased awareness of the child’s or young person’s needs but no further action, or
- An increased awareness of the child’s or young person’s needs and an on-going support and potential re-assessment system being put in place locally, or
- A recognised need for the child or young person to be referred on for a more in-depth assessment and support.