Section 4: Working With Children & Young People Who Self-Harm

Understanding what maintains self-harm behaviours

Self-harm behaviour in young people can be transient and triggered by particular stresses that are resolved fairly quickly. Others, however, develop a longer-term pattern of behaviour that is associated with more serious emotional/mental health difficulties.

The more underlying risk factors that are present, the greater the risk of further self-harm. Once self-harm, particularly cutting behaviours, is established, it may be difficult to stop.

Self-harm can have several purposes for young people, and it becomes a way of coping, for example:

By reducing in tension (safety valve).	An outlet for anger and rage.	A way of taking control.
A distraction from problems.	An opportunity to 'feel real'.	To not feel numb.
A form of escape.	A way of punishing self.	Care-eliciting behaviour.
To relieve emotional pain through physical pain.	Means of getting identity with a peer group.	Non-verbal communication (e.g. of an abusive situation).
Suicidal act.	Shame and guilt over self-harm act.	

Coping Strategies
Replacing the cutting or other self-harm with safer activities (Distraction Strategies) can be a positive way of coping with the tension. What works depends on the reasons behind self-harm. Activities that involve emotions intensively can be helpful.

Successful distraction techniques include:

Using a creative outlet, e.g. writing poetry & songs, drawing, collage or artwork and talking about feelings.	Making lots of noise, either with a musical instrument or just banging on pots and pans.	Getting out of the house and going to a public place, e.g. a cinema.
Using stress-management techniques, such as guided relaxation or meditation.	Going online and looking at self-help websites or ringing a helpline.	Going into a field and screaming.
Putting elastic bands on wrists and flicking them instead of cutting.	Using a red water-soluble felt tip pen to mark instead of cut *(the butterfly project).*	Talking to a friend (not necessarily about self-harm).
Reading a book.	Looking after an animal.	Listening to loud music.

Scribbling on a large piece of paper with a red crayon or pen.	Hitting a punch bag to vent anger and frustration.	Physical exercise or going for a walk/run.
Writing a diary or journal.	Rubbing ice instead of cutting.	Having a bath.
Writing negative feelings on a piece of paper and then ripping it up.		

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and to deal with the underlying emotions and beliefs.

Regular counselling/therapy may be helpful. Family support is likely to be an important part of this. It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for the person to develop friendships and feel better about him or herself.

Learning problem solving and stress- management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

My Plan (see Section 4 of the Toolkit) provides a simple format to help a young person explore and record what alternative coping strategies they might be able to use.

These strategies should always be used alongside addressing the underlying reasons for the behaviour.

CAMHS and Clinical interventions

It is now evident that adolescent self-harm is an important indicator of future mental health status in young adulthood. Adolescents who report self-harming behaviour (regardless of whether they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. Interventions should not only focus on reducing self-harm but should also treat the anxiety, depression and substance use problems that may accompany self-harming behaviour.

All young people who have self-harmed in a potentially serious way should be assessed in hospital by a CAMHS specialist. This is necessary for managing medical issues and ensuring young people receive a thorough psycho-social assessment.

A small number of young people will be at high risk of developing a serious and persistent pattern of repeat/high-risk self-harm behaviours, which may be linked to co-morbid mental health conditions. These are a priority group within specialist CAMHS services. The evidence base on interventions for self-harm is not very conclusive, but it seems likely that interventions based on a problem-solving approach such as Cognitive Behavioural Therapy or Dialectic Behaviour Therapy (DBT) or which teach new methods of coping and that offer brief but a swift response to crisis, will prove helpful. It is also suggested that using a number of different interventions tailored to meet the

individual young person's needs as part of an ongoing care plan may provide a good response.

- The problem-solving approach can also be extended to involve the whole family.
- Pharmacological interventions for this age group are generally discouraged.
- Ensuring young people know where to go for quick access to help if they require support or are hurt is very important.
- A crisis intervention model is often most appropriate. Compliance, however, can be a problem because the self-harm may have a positive effect by providing temporary relief from a difficult situation. Also, the take-up of treatments depends largely on parental background and attitudes.
- Group work can also help some young people.
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