

Understanding self-harm and care pathways for Children and Young People admitted to hospital

Congratulations for working through the e-learning materials. This document provides a summary of what was learned as well as some additional information you may find useful.

Learning objectives:

The learning objectives for this resource were to:

1. Understand the lived experiences of Children and Young People (CYP) who self-harm
2. Describe self-harm and understand the complex reasons why CYP self-harm
3. Recognise the care pathways that CYP take when they self-harm

What is self-harm?

Self-harm is an intentional act of harming oneself in order to release inner turmoil¹ and is defined as 'self-poisoning or self-injury, irrespective of the apparent purpose of the act'².

- Self-harm includes:
 1. Self-injury which is when somebody purposefully injures their own body;
 2. Self-poisoning can include taking more than the recommended dosage of a medicine, purposefully taking a large amount of illegal drugs, or swallowing poisonous substances or objects
- Self-harm is an expression of severe emotional distress. It can stir up a lot of feelings and create a great deal of anxiety.
- It is sometimes secretive and it is likely that many parents or guardians will be unaware that there is a problem
- Self-harm does happen in the adult population, women are more likely to self-harm than men, but self-harm is most prevalent in CYP

Self-harm is sometimes secretive so it is not possible to know precisely how often it occurs.

- Research shows that 1 in 15 young people in Britain have harmed themselves
- Another way of looking at this is that there are probably two young people in every secondary school classroom who have self-harmed at some time

¹ Self-harm is sometimes referred medically as 'non-suicidal self-injury' (NSSI)

² Self-harm in over 8s: Short-term management and prevention of Recurrence. Clinical guideline. Published: 28 July 2004 nice.org.uk/guidance/cg16

- Most young people who harm themselves are aged between 11 and 25. About four times as many girls as boys do it
- About 80% of people who present to emergency departments following self-harm will have taken an overdose of prescribed or over-the-counter medication³

How CYP self-harm?

The methods of self-harm can be divided into two broad groups:

1. Self-poisoning
2. Self-injury

- In teenagers, self-injury is twice as more common than self-poisoning
- Cutting is by far the most common means of self-injury. This can be done with a knife, razor blade or any other sharp object that can scrape or penetrate the skin. Less common methods include burning and stabbing oneself
- A small additional percentage will have intentionally taken a dangerously large amount of an illicit drug or have poisoned themselves with some other substance

Hiding cuts is one of the first things following an incident to avoid embarrassment and guilt. Common places for cuts are the wrists, inner arm, upper arm or upper thigh and stomach. These areas can allow scars to be more easily concealed.

Self-harm injuries can be hidden by:

- Bandages
- Long Shirts / jumpers for arm wounds, trousers / jeans for leg wounds
- Bracelets
- Using makeup

Causes of self-harm

The incidence of self-harm is increasing. There are many reasons why CYP may self-harm. However, the three most frequently reported reasons for self-harming by CYP are:

- Bullying (25%)
- Family relationships (17%)
- Pressure to do well at school (14%)
- Emotional abuse (11%)
- Friendships (11%)⁴

Other factors that are associated with self-harm include:

- Poor mental health: i.e. having depression, feeling anxious, low self-esteem and drug/alcohol abuse.
- Life events: There is a strong relationship between the likelihood of self-harm and the number of adverse events that a CYP reports. Child sexual abuse is known to be associated with self-harm
- Family, social and economic factors that may increase the likelihood of CYP self-harming include:

³ Richardson, C. (2012). The truth about self-harm: for young people and their friends and families. Mental Health Foundation

⁴ Survey findings (2014); Online poll carried out by Self-harm.co.uk, Child Line, Youth Net and Young Mind

- Those neglected or abused as a child,
- Those experiencing arguments and family break-ups
- Those from economically disadvantaged backgrounds and a lack of sense of belonging because of their race, culture or religion

Care pathways

A CYP who self-harms may seek advice or care from a variety of sources. These can be conceptualised as being at different levels of the care system⁵. Please bear in mind that the pathway a CYP takes is not likely to be linear:

- Level 1: Family, friends
- Level 2: Contact with people not employed by the health service. For example a teacher, a counsellor, a policeman, social workers or a person staffing a help-line.
- Level 3: Primary care health workers and ambulance staff. About half of people who attend an emergency department following self-harm will have visited their GP during the previous month.
- Level 4: Accident and emergency departments. On entry to the ED, patients undergo triage. Triage allows patients to be categorised according to their needs and the urgency for treatment.
- Level 5: Secondary care health services:
 - 5a: Hospital care: All CYP would normally be admitted overnight and assessed the following day. This allows for a comprehensive assessment and for a risk and needs assessment to be done. It will also be an opportunity for the family to reflect on the situation and establish what needs to change, if anything, and to address any safeguarding issues.
 - 5b: Mental health services i.e. CAMHS. This stands for Child and Adolescent Mental Health Services and are specialist NHS services who offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. A mental health assessment involves the CYP talking about themselves, their family, social history, health and details of the self-harm. Following this a plan will be put in place for safe discharge planning and follow up.
- Level 6: Tertiary services i.e. toxicology units are consulted for information for CYP who have self-poisoned.

Take away messages:

- Self-harm refers to a spectrum of behaviours.
- It is a way of expressing and dealing with deep distress and emotional pain.
- Self-harm can be a cyclical process.
- It is increasingly common for CYP to be admitted to hospital with self-harm.
- Health professionals who are knowledgeable and demonstrate positive attitudes can significantly improve the experiences and outcomes of CYP admitted with self-harm.