

Why are more and more young people SELF-HARMING?



Caroline Roberts investigates the sharp increase in children deliberately hurting themselves – and what you can do if you think a loved one is self-harming

There can be few things more shocking and heartbreaking as a parent than discovering that your child is deliberately harming themselves. But studies suggest that self-harm is reaching epidemic levels among today's young people. Earlier this year, a survey by a coalition of UK young people's charities found that more than one third of 16 to 25-year-olds had intentionally harmed their bodies at some point.

Young people can harm themselves in many ways – for example, by using alcohol, drugs or through disordered eating – but 'self-harm' is usually taken to mean deliberate injury, most often cutting, but also burning, scalding, or pulling out hair. Although social disadvantage and a difficult home life are risk factors, those affected are just as likely to come from secure and loving families, and high-achieving girls are one of the most at-risk groups.

Rather than being a call for help, self-harm is almost always a secretive behaviour and many cases probably go unreported so it's hard to gauge the true extent of the problem. However, the 2014 Health Behaviour in School-Aged Children report found that just over a fifth of 15-year-olds had self-harmed, with it being three times more common in girls, although that finding may be skewed by the fact that girls are generally more open about discussing mental health. There's also been a worrying increase in recent years – analysis of data from GP practices

published in the British Medical Journal revealed a rise in cases of almost 70 per cent among girls aged 13 to 16 between 2011 and 2014.

Self-harm often goes hand in hand with depression or anxiety, says Jo Fitzsimmons, programme manager with SelfharmUK, an arm of the charity Youthscape. It can also be a response to other problems, such as academic pressure, bullying, or concerns about gender or sexuality.

"It's often hard for parents to understand the pressures that today's young people face," says Jo. "From Easter every year, we see a huge increase in young people contacting us about exam worries. It wasn't as bad when we were that age. Now, fear of failure is a huge issue and we see them really struggling with their anxiety about letting themselves, their families and their teachers down."

Adding to the problem is the growing amount of time young people spend on social media, where there's a preoccupation with body image and the pressure to be seen to be living a perfect life. "It also means there's less face-to-face interaction, and instead of talking through their problems with family and friends, young people are switching to an online

persona and venting in very negative ways on social media."

But why are they so often expressing their angst by harming themselves? One big factor is a lack of emotional literacy, says Jo. "Young people are really struggling to identify their feelings and articulate them, and they don't feel they can talk to anyone, so it's like a can of pop just fizzing away inside. A lot of young people talk about self-harm being their computer off switch – all the unpleasant thoughts and anxieties stop, so it's very much about one pain drowning out the other. Also, the cutting or burning produces adrenaline and then the endorphins kick in, so for a few minutes they'll feel good. That's why it can be so addictive."

Self-harm often seems to act as a safety mechanism that helps prevent young people going on to harm themselves in more serious ways. However, those who self-harm are statistically 17 times more likely to die by suicide than their peers, so early intervention is vital.

There are a number of warning signs parents should look out for. Self-harm is often accompanied by other indications that all is not well, including low mood, overly defensive behaviour, problems sleeping and changes in appetite. Covering up with long sleeves and trousers in hot weather can be a cause for concern. However, the most common sites for injury are areas that are usually

There's less face-to-face interaction with family and friends now



CASE STUDY

Emily Everitt, now 25, began self-harming when she was 13 and continued for almost 10 years

"I lost my dad when I was eight, home life was difficult, and I was bullied at high school. I was very quiet and shy and internalised everything, and didn't want to take my anger and sadness out on people around me. I used to give myself carpet burns, and cutting was the next step.

"One day that was especially bad, I picked up

some scissors ... The problem was really acute for a couple of years, I was cutting every day; then if I was going through a really stressful time.

"After cutting I'd feel a sense of calm, and control over my painful feelings. People self-harm because it works; it was how I stopped myself feeling suicidal. But it's a vicious circle – you're calm, then soon feel guilty

and have a painful reminder of what you've done that you have to hide. You feel ashamed and think you're a freak.

"School was quite quick to realise what was going on and directed me to a charity's peer-support group. It gave me a support network and I stopped self-harming so frequently. Later, I had three years of NHS talking

therapies, which helped me address the reasons I did it, and to understand my triggers.

"The most important advice I can give parents is don't judge. Put your feelings aside. When people react with disgust, shock and disappointment, that makes it so much worse."

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covered, such as the stomach and thighs. Spots of blood on clothing that comes in to contact with these areas, or on discarded tissues, can be a tell-tale sign.

Any conversation with a child you suspect of self-harming needs to be handled very sensitively. It's natural to react emotionally, but it's important to get your feelings under control and broach the topic in a calm manner, says Jo. "One of the worst things you can do is ask them why they're self-harming. Most young people don't know why they're doing it, or can't explain."

Trying to restrict access to sharp objects is also a mistake, as well as being very difficult – one of the most commonly used objects is the blade of a pencil sharpener. The impulse to self-harm can be very strong, and if a young person is denied access to sharp objects it can sometimes prompt more dangerous behaviour.

Because self-harm is usually habitual, they won't just be able to stop immediately just because you've found out. Make sure they're as safe as possible by providing a first aid kit, talking to them about cleaning and covering any cuts, and watching out for signs of infection that may need medical treatment. It's also important to tell their school, as changing for PE can be an issue. The school may also have a nurse or counsellor who can provide support.

Self-harming children will need professional help to address their underlying problems, so your first port of call should be your GP, who can refer them to your local child and adolescent mental health service

It may take six months to break a self-harming habit. Parental care is vital



Parents should try to find non-verbal ways of showing their concern

(CAMHS), as well as direct you to other sources of support in the area.

Treatment often involves a combination of talking therapies and medication, says Louise Theodosiou, a consultant child psychiatrist at Manchester University NHS Foundation Trust. "There's no specific medication purely for self-harm, but we may use drugs to treat underlying conditions, such as if the self-harm is related to a depressive episode. Other treatments may involve interpersonal therapy, which explores patterns in relationships and

interactions, and CBT [cognitive behavioural therapy] to learn distraction techniques and strategies for managing impulses safely. Of course, the aim is stop them hurting themselves completely, but in the meantime things like flicking an elastic band against their wrist can enable them to get in touch with the sensations they need to access."

It often takes at least six months of intervention to break the self-harm habit, says Jo, and young people need to know that their parents are with them every step of the way, although they often find it very difficult to talk about it. "Try to find non-verbal ways of showing your concern," she advises. "Send them a text, write a note, or get them to send you an emoji showing how their day has been before they go to sleep. All these little things help keep the channels of communication open."

FOR MORE INFORMATION

- There's often a waiting list for referral to **CAMHS**, which in some areas can be up to 18 months, but private treatment may be an option. The British Association for Counselling and Psychotherapy (bacp.co.uk) can help you find a suitable therapist in your area.
- **Benenden Health** may also be able to help. Over-16s can access our Psychological

Wellbeing Support Service, which provides short-term support for mild to moderate mental-health issues and can be helpful while awaiting an NHS referral. Call our 24/7 helpline on 0800 414 8247.

We don't provide the specialised support needed by under-16s but may be able to offer £300 towards private therapy. Call our helpline for advice.

- **Selfharm.co.uk** has a range of information for parents and young people. Its six-week online support programme, Alumina, is aimed at 14 to 16-year-olds who self-harm, and there's a version of the programme for parents.
- **Selfinjurysupport.org.uk** runs a text and email support service for girls and women aged 11-25 who

are affected by self-harm.

- Some local charities provide in-person support and counselling, such as thewishcentre.org.uk, which serves the London area.
- The charity **Young Minds** has a parents' helpline: 0808 802 5544
- **MindEd** (minded.org.uk) is a family resource, focusing on young people's mental health.