

Self - harm and reducing the stigma

What?

Self-harm, also known as Non-suicidal self-injury (NSSI) is when someone intentionally injures their body, usually as a coping mechanism for emotional and distressing experiences that may have happened in an individual's life that may have caused trauma (NHS, 2018). Types of self-harm includes cutting, burning, skin abrading and hitting (Klonsky, 2011). There are other forms of self-harm which do not involve breaking the skin; these forms of self-harm include overdosing and substance abuse (Klonsky, 2011). Although most people who self-harm do not have intentions of committing suicide, some may use types of self-harm to commit suicide. For example, attempting an overdose may result in suicide (Walker, 2012). Numbers of hospital admissions of young people who self-harm are rising in the United Kingdom, making it a significant health and social issue (Parker, 2017).



<https://www.theguardian.com/commentisfree/2017/sep/06/google-autocomplete-why-people-self-harm>

Who?

Anyone is able to self-harm, although it is far more common for young people to do it (Rethink Mental Illness, No date). Research has found that 1 in 15 young people in Britain have self-harmed, however, the known statistics about how many people self-harm is underestimated as the only known cases are of those who seek medical attention (Royal College of Psychiatrists, 2020). Most of those young people who harm themselves are aged between 11-25, with statistics showing that most people start at age 12 (Mental Health Foundation, 2012). On average girls are up to four times more likely than boys to do it. However, self-harming is a serious problem amongst boys and young men, but they are more likely to cover it up with an accident (Mental Health Foundation, 2012).

There are specific groups within our society that may be more vulnerable to self-harming. Factors that could contribute to an individual being more at risk are factors such as suffering from mental health disorders beforehand, such as depression or anxiety (Nitkowski & Petermann, 2011). Young people who no longer live in the care of their parents and live in residential sheltered housing or hostels are at risk of self-harming (Department of Health, 2012). Being part of the LGBTQIA community also puts individuals at risk of self-harming, with 48% of young people within this community have self-harmed (Self Harm UK, 2020).



<https://www.health.europa.eu/new-study-reveals-more-about-why-people-self-harm/97607/>

Why?

There is not one specific reason that relates to each person as to why they might self-harm. Life can be difficult, and everyone goes through different experiences in life – good and bad. On average, people many people go through difficult times during their lifetime that may have serious emotional effects on them. Some will overcome these troubles by confiding in friends and family to talk through their troubles, whilst others will find this difficult and the experience may overwhelm them so much so, that they end up self-harming to find relief (Mental Health Foundation, 2012).

Young people in today's society are also under constant pressures from social media. They are exposed, constantly, to celebrities and models who portray an unrealistic image of day to day people. These celebrities and social media influencers often have had work done to their faces and bodies to improve their image as well as using editing apps and filters on pictures before uploading to social media. Girls as well as boys aspire to be like these individuals and it may decrease their self-esteem and self-worth when they realise they will never look like these people on social media. Pressures are beginning to develop closer to home for young people as their friends and peers are now beginning to filter and edit their picture using editing apps before posting their pictures, increasing pressures to keep up appearances with their friends. Unrealistic standards become a daily norm for you people to try and reach and not being able to live up to these standards can have detrimental affects on a young person's mental health and well-being (Jacobson, 2020).

WHY DO PEOPLE HARM THEMSELVES?

- To distract from emotional pain
- Release tension
- Feel something
- Express themselves
- Self-punish



For some, to self-harm is a way to deal with traumatic experiences that may have happened recently or in the past. On the other hand, some people have no definitive reasons as to why they may self-harm, making it difficult for services to provide adequate support (Mind, 2020). Self-harm can give some individuals a sense of control and a feeling of temporary relief from situations (Mental Health Foundation, 2012). Young people often have triggers that can lead them to self-harm – these can include:

- Being bullied in school or online
- Difficulties at home
- School pressure
- Depression
- Anxiety
- Low self-esteem
- Transitions or changes such as moving area/school

(Hawton & James, 2005).

Others can include:

- Suffering from physical or sexual abuse
- Being unemployed
- Feeling alone or isolated
- Feeling hopeless

(Royal College of Psychiatrists, 2020).

Often self-harming can occur because individuals have trouble processing their emotions and find it difficult to cope with situations. Therefore, they use self-harm to release those emotions, to make them feel better as they may feel as though they had no other options to cope with a situation. Some describe self-harming as a way of expressing emotions or feelings that they may find hard to put into words. Others feel it is a way to reduce and release overwhelming emotions, to escape traumatic memories or to turn invisible thoughts and feelings into something physical (Mind, 2020). Moreover, some self-harm as a way of showing people how upset or distressed you are because

The addictive nature of self-harming

Oftentimes, people who self-harm can become addicted to the feeling they get from self-harming, resulting in them continuing to do it. Being addicted to something, often means that you are dependent on that one specific thing. Some people are addicted to smoking, drugs or alcohol in the same way and breaking the cycle and stopping can sometimes feel like an impossible task. People who self-harm may find themselves in a position where they may harm themselves more than what they intended to in the first instance, for example, they may have intended to scratch themselves but instead have caused a deep cut (Chapman & Gratz, 2009). Research shows that people can get brazen with themselves and begin to harm themselves worse in comparison to how they would when they first started (Joiner, 2002). People can become preoccupied by self-harm and use it as a way of putting off dealing with the issues that may have been the cause of their self-harming. As these individuals may find themselves in a vicious cycle of reoccurring self-harming, they may not concentrate on improving their life but in fact make their situation worse by self-harming more frequently. Furthermore, it can be difficult for individuals to stop self-harming if they become dependent on it as they may struggle to admit that they have a problem to begin with – the first step to recovery is to understand that you have a problem and are willing to work towards fixing it (Chapman & Gratz, 2009). Moreover, although some find it difficult to stop self-harming, there are a vast majority of people who can stop all together and overcome the disorder.

Why is there stigma?

Stigma refers to negative prejudicial attitudes that could lead to discrimination towards a specific group of people (Lloyd, Blazely & Phillips, 2018). Stigma does not only apply to self-harm individually but applies to mental health as a whole. Stigmatic attitudes within society can have detrimental effects on psychological development of individuals who suffer from mental health or self-harm. Additionally, it can increase barriers for these individuals to seek treatment and support from local services (Urquhart Law, Rostill-Brookes & Goodman, 2009).

Over the years, individuals have put off seeking treatment due to stigmatisation from medical staff (Freedman *et al.*, 2006). Research shows that individuals who self-harm delay treatment as they tend to receive unhelpful and

negative attitudes from health care professionals (Mental Health Foundation, 2006). I believe in recent years, stigmatisation from health care workers has decreased as mental health cases amongst young people have increased. There are medical professionals that are now specifically trained in mental health and specialise in offering support and advice to young people who self-harm. I would like to think that patients would no longer receive stigma from health care professionals and will continue to receive treatment when needed.

I believe stigma exists due to lack of knowledge from those who have never been exposed to a social issue amongst young people such as self-harming. It is difficult to comprehend what trauma or emotional distress an individual must be going through or have experienced in the past, to find comfort in damaging their body. It may be difficult to understand how an individual may be feeling if you do not educate yourself, making it difficult to sympathise or even provide support for that individual. Research indicates that judgment is often made upon those who self-harm and perceptions are made that they are responsible for their actions and the situations they may find themselves in (Urquhart Law, Rostill-Brookes & Goodman, 2009). Evidently, this is not always the case and traumatic experiences can happen to people which some may find difficult to process. It is imperative that society educates itself to oppose judgment or negative attitudes on individuals who self-harm and to provide support and care in hope that an individual will not continue to harm themselves and in fact recover.

The government is supporting anti-stigma towards mental health and have devised the 'Time to Change programme' (Department of Health, 2012). The aim for this program predominantly is to change the way people think and act about mental health. Often negative attitudes towards mental health stems from a lack of knowledge and a naivety that mental health does not concern them. This misconception needs to be changed, as mental health applies to everyone, everyone has a mental health with the difference being that some have a well and positive mental health, whereas others struggle and have difficulties with their mental health. Stigma towards mental health can often isolate those who suffer from mental ill health, to the extent to where they

begin to isolate themselves from their daily activities in fear they will be treated unfavourably by friends, families and colleagues (Time to Change, 2020).

Time to Change work closely with schools and colleges to change attitudes of young people towards mental health. They provide schools with free resources to be able to start the conversation with their students about mental health. Often teachers feel ill prepared when delivering lessons on mental health, therefore these resources will be extremely useful during these lessons. The resources include, those for PSHE lessons, how to have an intimate discussion with a small group of students in addition to having resources to be able to provide to parents (Time to Change, 2020). Involving parents is an important part of changing attitudes towards mental health in my opinion as they are able to discuss these issues with their children and they can both help each other become more open about discussing mental health, emotions and feelings openly.



<https://www.nami.org/Blogs/NAMI-Blog/October-2019/Borderline-Personality-Disorder-Myths-and-Facts>



<https://www.healthyplace.com/blogs/speakingoutaboutselfinjury/2018/02/when-self-harm-is-for-attention>

Misconceptions

There are misconceptions about mental health and self-harm which I believe adds to the stigma that is shown towards those suffering. I believe the main misconception about self-harm is that people do it for attention (Caicedo & Whitlock, 2009). This is often the furthest thing from the truth. There can be a lot of shame around self-harming and you people will often coper up and hide their injuries with clothing or bandages (The Recovery Village, 2020). Studies show that young people often self-harm in private as they do not want to burden anyone with their problems. Furthermore, young people often stated that they felt like telling people about their self-harming would make people think that they are attention seeking and therefore continue to relieve their emotional strain by self-harming in private (Chandler, 2018).

Another misconception is that self-harm is a phase that some young people go through as adolescents and they will grow out of it (The Recovery Village, 2020). As discussed above, often young people who self-harm have suffered trauma or have experiences great difficulty during their lives, to the extent that it becomes overwhelming for that individual to deal with. This often leads them to self-harm as a way of releasing those emotions, bringing a sense of relief. People do not grow out of self-harm, they recover. Whether that be by gaining confidence to confide in someone, find other coping mechanisms or in extreme cases by receiving specialised health care.

Available support

Early intervention is vital to ensuring recovery for the individual who is self-harming. In cases where individuals self-harm severely, to the extent where they require medical treatment, health professionals must ensure they provide the patient with the necessary information regarding available local services in the event that they feel the need to continue to self-harm (Walker, 2012). After being discharged, some cases will be referred to the Child and Adolescent Mental Health Service (CAMHS) within the local authority for an assessment to be done to allow them to devise an action plan with local services and the family (ONS, 2008).

It can be difficult for friends and family to come to terms with a loved one self-harming as it can be arduous to understand the reasoning behind it. It can also be difficult for friends and family to approach the situation as they want to be sensitive to the individual and not trigger any unwanted feelings. It is important that friends and family approach the individual with care and consideration as your reaction as a friend or family member will determine how that individual opens up and confides in you (Mind, 2020). As difficult as it can be for loved ones, it will be extremely beneficial for the individual to have supportive friends and family around them. Having reliable people, who show support, and compassion will have significantly positive effects on recovery (Santens *et al.*, 2018).

Whole school approaches

Although self-harming amongst young people is considered as being one of the most significant health and social issues within society at this present time, only a small number of individuals that self-harm end up needing medical attention (Dowling & Doyle, 2017). Often, teachers are a constant professional that these young people see from day to day, increasing the importance of teacher's vigilance on responding to this issue. Promoting mental health in school pupils and preventing self-harm is one of the most important yet challenging tasks for any professionals working with young people. However, although self-harm is an extremely sensitive subject to discuss, it is important that students are educated on this subject. Schools and teachers must take precautions when delivering lessons, ensuring information is provided to pupils in a sensitive manner to avoid harm or distress. It is important for young people who self-harm to know that their teachers and schools are there to offer support if and when they need it.

By including lessons on societal issues like self-harm, it will become evident to those individuals, that it is an important issue that needs to be discussed freely and openly with no fear or stigma from staff and peers (Knightsmith, 2015).

Schools have a duty to their students to safeguard and support their mental health and well-being. Although schools have no statutory requirement to have a mental health policy, many schools have a policy as numbers of mental health issues in children and young people are rising. There are several schools who tailor individual plans to cater for the needs of specific pupils who may be suffering from any mental health issues, including self-harm.

With children beginning to self-harm at the age of twelve, I deem it necessary to begin discussing this issue during PSHE lessons as early as Year 7. If pupils are educated about coping strategies, complications that could arise if you self-harm and know that support is available from schools and from professionals within the community, it could potentially decrease the number of young people who self-harm. Preventative measures to promote mental health across the school are vital as it can be used as a whole school approach to combat mental health issues before they may occur (Department of Education, 2018).

In addition to providing information to students about this issue within PSHE lessons, it would be useful if students learnt about what teachers they can turn to with any issues within their school. Knowing that there is an appropriate adult available to speak to can decrease any anxieties pupils may have about opening up about their problem. Moreover, I believe it is important that all teachers are prepared and willing for students to turn to them with any problem they have, as it may be easier for pupils to confide in a teacher who they like and feel comfortable around (Wiltshire Children and Young People's Trust, 2014). Furthermore, it is important that that member of staff reassures the pupil that their feelings are valid and they are available to talk about any problems they may have. It can often be difficult for young people to comprehend that adults understand how they are feeling, therefore it is important that we as professionals reassure the pupils that we were once young and completely understand where they are coming from. The importance of providing

pupils with other coping mechanisms other than to self-harm is paramount, as the aim should be to detract that pupil from self-harming and to get them to try different strategies to help them cope (University of Oxford, 2018).

However, as easy as it is to say that schools should be providing PSHE lessons on self-harm, it is easier said than done. Staggeringly, only 22% of schools receive mandatory training on this topic, minimising the number of teachers that feel equipped and comfortable enough to deliver lessons on self-harm (Evans *et al.*, 2016). Conjointly, specific teachers, councillors and safeguarding officers within the school will be in constant contact with any pupils that self-harm to offer support and guidance frequently. However, often there is not enough resources to deliver appropriate support that will make a lasting impact on these students (Dowling & Doyle, 2017). 84% of secondary school teachers have stated that they may have taught a young person who self-harms within the last year (Young Minds, 2019). As teachers feel they haven't received adequate training, they feel unequipped to provide support of the student's individual needs. This can cause frustrations for the self-harming adolescent as they can feel as though nobody is available to them to provide support and listen to their problems and needs (Saunders *et al.*, 2012).

Action Plan

I believe it is the role of those working with children and young people to ensure that their mental health and well-being requirements are met. As self-harming comes under the bracket of mental health, those working with self-harming young people need to be ready to offer care and support to them. As a teacher working in the primary sector, I have personally never been in a situation where I have had to support a pupil who is self-harming. That being said, there is a possibility I could find myself in the position where a pupil in my class is self-harming and it is my duty to help and support that pupil to the best of my ability. As this is a personal interest of mine, I would like to work closely with the schools safeguarding officer to create an action plan, to be prepared in the event of it happening within our school.

More emphasis needs to be made on educating pupils from a young age, where appropriate, to provide them with knowledge to be able to prevent themselves and their friends and peers from self-harming. Talking about self-harm will not increase the chances of young people self-harming. It is important to speak frankly, directly, and openly when discussing this topic, to reassure pupils that

they are allowed to react and feel certain ways towards experiences they may face during their lives.

Additionally, it is vital to educate them on different coping strategies and services available to them who will provide support and advice, with the aim of helping young people through situations without them feeling that self-harming is their only coping strategy. As discussed above, many people who self-harm do not open up and talk to people about their issues as they are worried about the stigma they receive. Stigma can be extremely isolating to individuals and act as a barrier for them when accessing services, increasing the importance of prior knowledge, and educating society as a whole to prevent self-harm from happening. To be able to carry out early interventions and educate society and reduce stigma, adequate training needs to be provided to professions working with young people to improve awareness (Llywodraeth Cymru, 2015).

Although individuals do not self-harm with the aim to commit suicide, it is important that young people are made aware of the implications that self-harm can bring. They need to be made aware of how serious self-harm is and how easy it is to accidentally go a step too far that it then becomes irreversible damage. If young people are educated appropriately, they will be able to identify warning signs in their friends and peers. Despite, teachers and other school staff being available to provide support to anyone who may be suffering from mental health, including self-harm, peers and friends are more likely to be confidantes for these self-harming individuals. Early intervention will prove to have been effective and successful if young people began to open up and talk about their feelings with friends and peers as this decreases the risk of an individual self-harming (Hawton, Rodham & Evans, 2006).

Early support

Stigma can be such a barrier for young people to proceed to get treatment, they often go unrecognised by professionals that could provide support. This reinforces the importance of professionals from other profession such as teachers, make themselves available as the first point of contact if necessary (Llywodraeth Cymru, 2015). Teachers and mental health services need to work collaboratively with the young person who is self-harming and their family to device a cohesive action plan. This can only be achieved successfully if the young person agrees for local services and their family to be included in their care, if they do not agree then another plan must be developed.

Positive, healthy relationships are important for the young person to be able to rely on those involved in their care. This will make it easier for the young person to confide in those involved with their care as they will know that all involved parties are on the same page with the direction of their care. In addition to professionals working with family members, it is just as important to discuss the care plan with the young person themselves to ensure they understand the steps people are putting in place to help them. However, final decisions should not be made ultimately by the adults alone, it is vital for the young person to make choices for their care as this will open up another pathway for trust and communication between all parties – an important aspect of the young person's recovery (National Collaborating Centre for Mental Health, 2018).

As a professional working alongside young people with a variety of mental health issues, including those who self-harm, it is important to remember that each person has different needs and have experienced different things during their lives, therefore it is important to be sympathetic to each individual (Singh, 2009). A personalised care plan is important to ensure the young person does not disengage from their care. Often, if individuals feel as though their plan is undifferentiated from a statutory plan used for most people, they will feel as though professionals that are working with them are not taking their personal needs into consideration. This can lead to the young person abandoning their care and continuing to self-harm (Saunders *et al.*, 2012). Furthermore, despite individuality amongst individual care plans being of paramount importance,

professionals still have a clinical protocol that needs to be followed when working with a young person who is actively self-harming. It is important that professions get this balance right and communicate to said young person that their personal needs are being met but it needs to be woven into statutory protocols that they need to uphold as part of their job (National Collaborating Centre for Mental Health, 2018).



<https://www.healthyyoungmindsinherts.org.uk/tags/self-harm>

Access to specialised support

Despite the need of PSHE education, mental health policies and early intervention strategies being implemented within schools, there will always be a percentage of young people who will continue to self-harm, despite receiving as much support as possible. In these cases, access to specialised support is vital to attempt to break the dangerous cycle that individual is undertaking.

For those who need it, there are specialised interventions where a number of talking therapy, family therapy and coaching sessions can be offered to the individual, in addition to medication being prescribed if the individual is diagnosed with an underlying mental health condition (Royal College of Psychiatrists, 2014). CAMHS have specialist roles within their teams who will be involved with the riskier cases and will be in charge of admitting patients to out-patient care, if they believe that individual needs specialised daily support and supervision. In more extreme cases where there is no other support available to that individual on a community level, they may be admitted to a hospital or psychiatric facility for extensively specialised treatment before they will be assessed later down the line to determine whether they will be discharged (Cole-King, *et al*, 2013).



<https://www.mind.org.uk/information-support/guides-to-support-and-services/>

Services available

Some individuals find it easier to open up to strangers. There are services available within the community for anyone who is suffering with mental health, including self-harm, as well as for any friends and family members who may be struggling and need support (NHS, 2018). There are walk in branches such as Samaritans that are open seven days a week if you would like to go and speak to a professional one to one. Furthermore, there are several helplines that are available daily that you can either ring or text, depending on your preference. These helplines include Samaritans, Mind and Harmless. Helplines available for parents or carers include, Young-Minds Parents Helpline and National Self harm Network forums. You will be able to receive specialised support and advice by professionals who have years of experience (NHS, 2018).



<https://www.turn2us.org.uk/About-Us/News/Samaritans-launch-Talk-to-Us->

Conclusion

In conclusion, the research exclaims the severity of this public health issue amongst our young people. With one in six young people having self-harmed within the last year (The Children's Society, 2020), it is vital that we educate our young people to ensure they have a toolkit ready to know how to cope with their mental health, in addition to being able to support any friends or peers that may confide in them about their mental health.

Although anyone can be affected by self-harm, there are clearly specific groups of young people within our society that are more likely to self-harm than others. These include, young people living in poverty or deprivation, young people who no longer live with family and are now living in care, in addition to young people who belong to the LGBTQIA community (Department of Health, 2012). Despite there being specific groups that are more likely to be affected, it is vital that all young people are educated on the topic to ensure they are able to navigate their own mental health struggles, in addition to providing support for peers and friends when needed.

There is not one sole reason that relates to each person as to why they self-harm, everyone is different. Despite it not being a statutory requirement, I believe it is essential that each school has a Mental Health and Well-being policy to ensure all pupils' mental is catered for, especially in the situation where a pupil may be suffering with their mental health. Education and early intervention within schools are likely to positively impact young people as they are able to receive support from familiar professionals such as their teachers, opening up conversation pathways between pupils and teachers to discuss any issues pupils may have. It is important that pupils know that their teachers understand how they feel and are able to relate to their situation, which can help pupils confide in teachers, decreasing the chances of them turning to self-harm for comfort.

However, some individuals can not get out of the cycle of self-harming as it can be addictive. In these instances, their cases will be referred to specialised services such as CAMHS who will provide an individual care plan which may include talk therapy sessions to help that young person break their self-harm cycle.

Self-harming will always be an issue amongst young people who suffer from mental health within our society. However, I believe we can work together to reduce the numbers of young people who self-harm by decreasing stigma and increasing awareness within our society. Together we can lower the number of young people who self-harm so the extent where it is no longer considered one of the worst public health issues amongst young people.

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