

## Further information and support

<http://www.selfharm.org>

<http://www.selfharmuk.org>

<http://www.breathinfpacescotland.co.uk>

<http://lifesigns.org.uk>

<http://www.youngminds.org.uk>

<http://www.nshn.co.uk>

<http://www.mind.org.uk>

Samaritans – phone: 08457 909090 (24hr)

email: [jo@samaritans.org](mailto:jo@samaritans.org)

Childline – phone: 0800 1111 (24hr)

The contents of this leaflet have been adapted and drawn from a variety of sources.

The Educational Psychology Service abides by Falkirk Council's Race Equality Scheme.

If you would like a copy of this leaflet in a community language, Braille, large print or audio tape please telephone: 01324 504680 or 503680.

此文件設有其他  
語文，請向有關  
方面索取。

ਇਹ ਪਰਚਾ ਸਮਾਜ ਦੀਆਂ ਹੋਰ  
ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਪ੍ਰਕਾਸ਼ ਤੇ ਮਿਲਦਾ ਹੈ।

یہ دستاویز دوسری کمیونٹی زبانوں میں مطالبے پر دستیاب ہے۔

هذه الوثيقة متاحة عند الطلب  
في اللغات الأخرى في المجتمع.

### Contact:

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In line with national agreements Falkirk Council only employs educational psychologists who are Chartered with the British Psychological Society or are eligible to be Chartered.



**Falkirk Council**

July 07

## Educational Psychology Service Self-Harm



**Falkirk Council**



## What is self-harm?

Deliberate Self harm (DSH) is not just cutting. Self-harm can be:

- Cutting, picking, scraping, burning, biting
- Swallowing objects or harmful substances, including attempted overdose
- Hitting oneself with an object, fist, or against something
- Pulling out hair, washing or scrubbing oneself harmfully, self-strangling

## How common is it?

Statistics on DSH are unreliable because many incidents are treated at home and do not reach the attention of services or professionals.

- Rates of DSH in the UK have increased over the past decade and are amongst the highest in Europe.
- More than 24,000 teenagers are admitted to hospital in the UK each year after DSH. Most due to overdose or cutting.
- 1 in 10 teenagers DSH.
- Research suggests that as many as 215,000 11-15 years olds throughout UK may have harmed themselves.

## Who is likely to self-harm?

- There is no such thing as a 'typical' self-harmer.
- Young women are reported to DSH more than young men in the ratio of 7 to 1.
- The average age for children starting to self-harm is 13.
- Rates of DSH are much higher among groups with high levels of poverty, in young adults and young Asian women.

## Reasons for self-harming

- There are many different reasons why people DSH and these differ from person to person.

- DSH can be a sign of low self-esteem, powerlessness, loss of control or fear of loss of control.
- DSH can be a coping strategy for those who experience unbearable feelings.
- DSH is not usually a suicide attempt, indeed it can be viewed as an attempt to stay alive and cope.
- DSH is often wrongly viewed as attention seeking, and researchers have summarised it as a 'cry of pain'.

## Factors relating to DSH

Various factors have been shown to be related to the presence of DSH behaviours:

- Childhood trauma and abuse
- Psychiatric illness
- Family conflict
- Social isolation

## Adolescents who DSH are often found to display:

- Hopelessness
- Impulsivity
- Anger & hostility
- Difficulties in problem solving

## What schools can do to respond

Schools can affect the positive mental health of pupils. This is largely about school ethos and pupils feeling that they are listened to and are valued as a member of their school community. Opportunities for active engagement, skill development beyond the curriculum and good role models are all important. The response a young person receives when they disclose their DSH can have a critical influence on whether they go on to access support services. Such disclosures are often difficult for family members and staff, but it is crucial that any initial response is non-judgemental and supportive. It is not the remit of school staff to take on the responsibility of preventing DSH or supervising someone causing real concern. It is important to be clear about your

remit, know the limitations of the confidentiality you can offer and when to refer on. The following is guidance for discussion.

### 1. Make sure the person is safe

- Is there an injury that needs treatment? Encourage the young person to seek medical help if the injuries need to be treated.
- Are there concerns about suicide? Follow Child Protection Procedures.

### 2. Listen and be empathetic

- Show that you care about the person in pain behind the injury.
- Make it clear that DSH is alright to talk about.
- Listen to the reasons why. If the DSH is described as a way of dealing with situations then convey respect for their efforts to cope.
- Encourage the person to see the desire to harm as a signal. Help identify triggers for that signal.
- Ask what other problem solving methods they have used in the past for these triggers.

### 3. What to do next

- Encourage the young person to get appropriate professional help.
- Consider carefully who needs to be informed.
- Praise them for talking about their worries as this is the best way to find solutions.
- Ask about other 'distractions' at the point of a signal. This may include safer substitute behaviours for self-harm but which are still focussed on the body such as using an ice-cube, a red pen, a stress ball etc.

If a young person chooses to DSH you are not responsible. You are responsible for passing on concerns and asking for the support you need. Take care not to enter into situations you feel you cannot cope with. Make sure you discuss the situation and your feelings afterwards.

***Praise them for talking about their worries as this is the best way to find solutions.***