

Adolescent Self Harm

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Self harm:

“....the deliberate committing of direct physical harm to one’s own body...”

(Ross and McKay, 1979)

Prevalence

“Self-harm among adolescents is a major public health issue affecting at least one in 15 young people”

Truth Hurts, Report of the National Inquiry into self-harm among young people,

UK, 2006

Two Australian studies:

Patton (1997) found that 5.1% of secondary students reported harming themselves over the last 12 months;

De Leo (2004) found 6.2% of secondary students reported harming themselves over the last 12 months.

Of the group that harmed themselves:

- Female to male ratio 2:1
- 32% reported at least 2 previous incidents of self-harm
- 36% reported their self-harm to others

Risk factors

- History of depression (about one third)
- History of trauma or physical and/or sexual abuse in childhood
- Underlying emotional or psychological problems
- Drug and alcohol abuse
- Eating disorders
- Bullied at school
- Recent self-harm by friends
- Suicidal behaviour in friends and family

Suicidal intent

Of the group that harmed themselves:

- 6% indicated a serious attempt to end their lives
- 6% thought death was probable

Myths

Myth 1

Self-harm is usually attention-seeking behaviour.

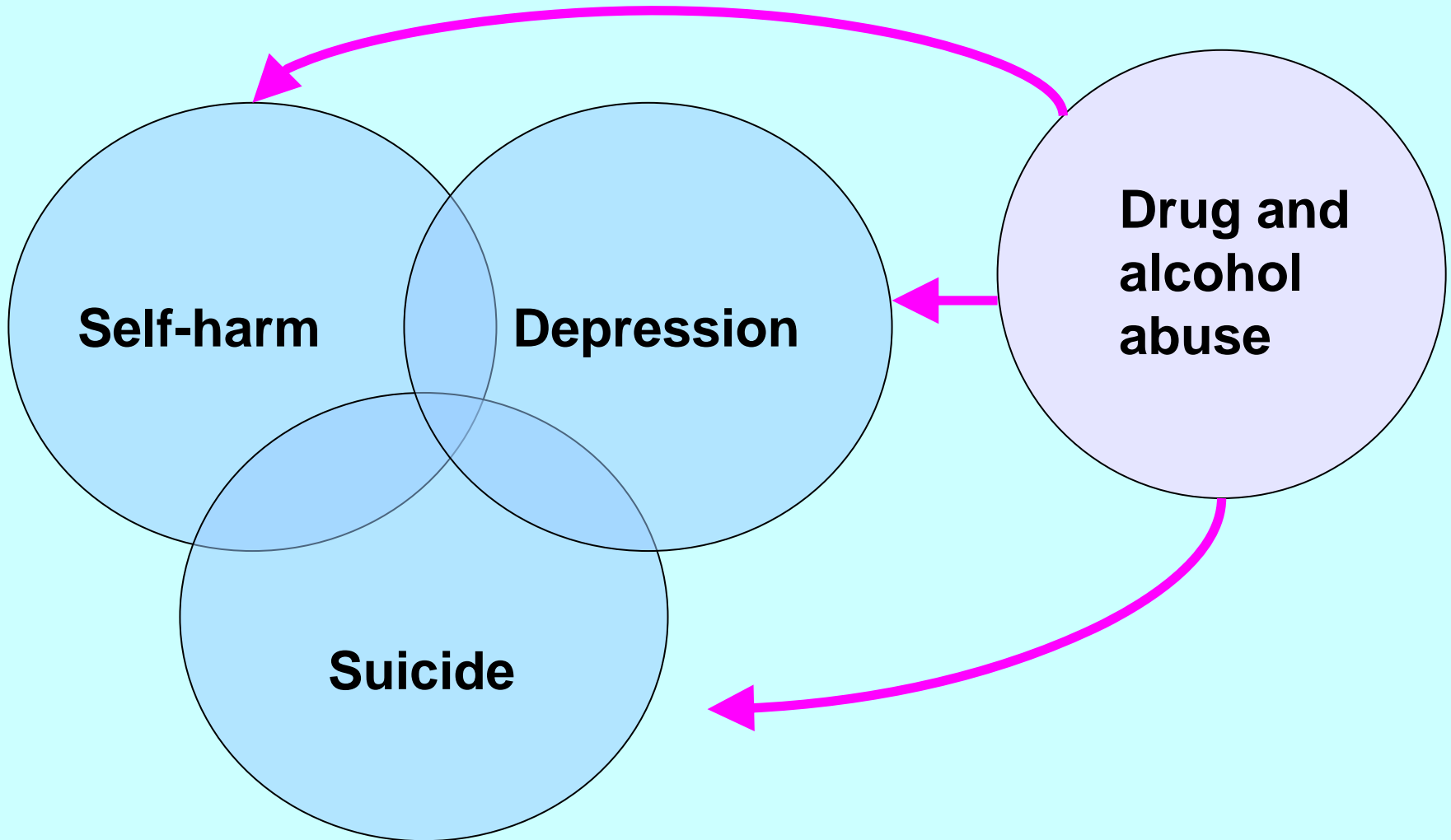
Myth 2

People who self-harm are usually mentally ill.

Myth 3

Self-harm is usually suicidal behaviour.

Depression, self-harm, suicide



Self-Harm

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graph TD; A[Self-Harm] --> B[Deliberate direct: Self-Mutilation]; A --> C[Deliberate indirect: Self-poisoning];
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**Deliberate direct:
Self-Mutilation**

**Deliberate indirect:
Self-poisoning**

“Contrasted to self-mutilation the harm caused by self-poisoning is uncertain, ambiguous, unpredictable and invisible.” (Walsh and Rosen, 1988)

Self-poisoning

- In the adolescent age group female to male ratio is as high as 8:1
- Paracetamol is currently the most frequently used drug
- Poly-drug use and non-medical compounds are associated with greater suicidal intent
- Key precipitants were relationship difficulties with parents, followed by difficulties with friends, school and social isolation
- Significant repeat risk – 10% in 12 months; 20% within 7 years.

Self-Mutilation

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graph TD; A[Self-Mutilation] --> B[Pathological]; A --> C[Culturally sanctioned]
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Pathological

Culturally sanctioned

Self-mutilation can only be understood by attention to psychological, biological and social factors and to the overarching web of culture.

Forms of self-mutilation:

Relatively common forms:

- Cutting or burning the skin
- Scratching or biting oneself
- Sticking with pins
- Head banging

Other more serious forms of self-harm are often associated with serious mental illness

Symptom not cause

Self-harm is a symptom rather than the core problem. It masks underlying emotional and psychological trauma.

Young people who self harm mainly do so because they have no other way of coping with problems and emotional distress in their lives.

Truth Hurts, Report of the National Inquiry into self-harm among young people, UK, 2006

Motivations include:

- Tension release
- Isolation/numbness
- Punishment
- Influence others

Sequences of events:

1. Precipitating event – often real or perceived loss, rejection or abandonment
2. Escalation of intolerable distress
3. Attempts to forestall injury
4. Execution of self-injury – often accompanied by analgesia
5. Aftermath – commonly involves short-lived relief.

What the young
people say

“I don’t feel the pain until the next day. I’m not sure what I feel when I cut, but it makes me feel relieved.”

Trent



***“You have so much pain inside yourself
that you try and hurt yourself on the outside
because you want help”***

Diana, Princess of Wales

***“I cut because
I’m in
control...no
more being a
good girl, no
more pretending
to care when I
don’t. It’s all
about me now. I
finally have the
right to be
selfish”***

Heather

Kevin

“I feel like there’s something terrible inside me that I have to get out anyway that I can. I think that’s the reason why I have to bleed. Afterwards I feel cleansed. I feel like whatever was crushing me before has been removed. I feel calm and in control”

“Cutting.....the voice on the skin” Jacquie

Jane

“There have been times when I don’t even feel like I’m alive.

I’ll do something to feel – anything.

And that’s usually cutting.

Just seeing blood....I don’t know why”

***“In a way it
makes me feel
tougher.
Nobody can
really hurt me,
because what I
am doing to
myself is even
worse, and I can
take it”***

Alex

***“The visible injury cannot express
the pain within, the emotional distress.
And yet the feeling of the blade is strong
it helps ease the tension, why is it
wrong?
It is my body, it is my choice,
it’s a chilling scream in a silent voice.”***

Sara



“Why do I cut?

Because it works”

Angelina

Self-mutilation can only be understood when we take many factors into account.

Biological, psychological, social and cultural influences all interact to shape the experience of reality of each child and adolescent.

Self-harm in the school

Supporting Young People Who Self- Harm

Prevention

“Over and over again, the young people we heard from told us their experience of asking for help often made their situation worse.”

“School-based work appears to be one of the most promising areas where the prevention of self-harm can be successfully addressed”

Truth Hurts, Report of the National Inquiry into self-harm among young people, UK, 2006

“Young people told the inquiry that often all they want is to be able to talk to someone who will listen and respect them, not specifically about self-harm but about problems and issues in their daily lives”

Truth Hurts, Report of the National Inquiry into self-harm among young people, UK, 2006

Interventions for supporting young people who self harm:

- Consult a school counsellor
- Recognise the young person's distress: encourage and support them to seek help
- Don't promise secrecy
- Respect the young person's privacy
- Monitor the young person and look for changes in behaviour
- Be empathic and supportive and non-judgmental
- Allow the young person time and space to talk
- Acknowledge that talking about things can be difficult
- Promote protective factors such as problem solving and resilience

Self-harm pathway to care

Teacher aware
of self-harm in
student

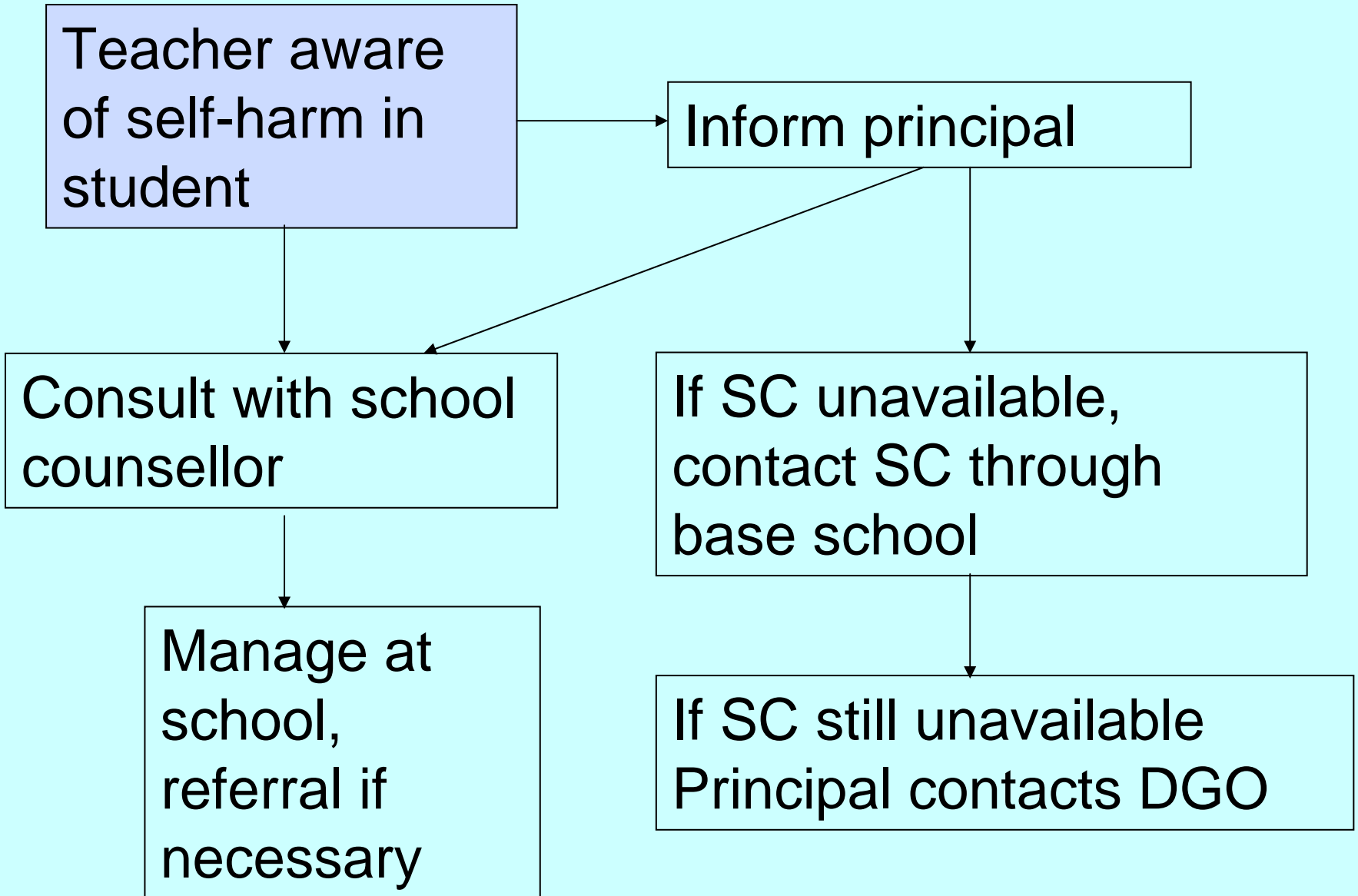
Inform principal

Consult with school
counsellor

If SC unavailable,
contact SC through
base school

Manage at
school,
referral if
necessary

If SC still unavailable
Principal contacts DGO



Managing self-harm contagion in schools

- Preparation
- Response
- Recovery

Preparation:

1. School policy development:
‘Psychological emergency’ is covered
in school’s Serious Incident
Management Plan
2. School staff discussion: accurate
information about self harm

Response:

1. Identification of individuals involved (*staff and school counsellors*)
2. Individual case assessment (*school counsellors and adolescent mental health workers if appropriate*)
3. Develop individual management plan (*principal and school counsellors*)
4. Develop school response (*serious incident team*)

Recovery:

1. On-going monitoring/management of students who self harmed
2. Support of other students involved
3. Support of staff who were involved
4. Review of processes.

Simpson (1980) describes self cutting as “a supremely economical technique whereby delicate dermal injury can serve multiple psychological functions for the cutter, while stirring up an inordinate amount of attention from others whose outrage and alarm is usually out of all proportion to the scale of the event”