



SELF-HARM

What is self-harm?

The most common form of self-harm in teenagers is cutting, followed by overdose. Other methods include scratching or piercing the skin, banging your head or other body parts, cigarette burns, hair pulling, wound interference, and jumping from heights.

Why is self-harm a concern?

There can be some skepticism around self-harm, and some people dismiss the behaviour as ‘attention seeking’. However, there are some very real reasons to be concerned about youth self-harm:

- Self-harm involves physical pain and damage, which can leave permanent scars or injury. Young people who self-harm often do not receive medical help for serious injuries.
- There is still an increased risk of non-fatal and fatal attempts to end their life. It is hard to know which self-harming young people might be at increased risk of suicide, since suicidal thoughts can be ambiguous and transient. In fact, engaging in repeated self-harm can gradually desensitize a person and, over time, make it easier to engage in more serious suicidal behaviour.
- Young people who self-harm are more likely to experience mental health difficulties. This includes anxiety, depression, and low self-esteem. They are also more likely to engage in other self-destructive behaviours, including eating disorders and risk taking behaviour, and to use or abuse drugs and alcohol.
- Teachers often fear that self-harm may spread among students. These fears are valid: self-harm research identifies the occurrence of social modeling in self-harm initiation and continuation.

Identifying a risk profile for self-harm. - What are we looking for?

Risk factors include: female gender, depression and anxiety, low self-esteem, parental divorce, being bullied, impulsivity, and difficulty coping with stressors in their life – family and school.

Implications for practice

How can we apply these findings in schools, families, churches, and youth services?

1. Be aware of less typical risk profiles.

For example, young people who self-harm may be male, may engage in antisocial behaviour, or may not display any psychological or social risk factors.

2. Ask. If in doubt, ask.

Ask young people whether they have thought about or engaged in self-harm or other self-destructive behaviours. Ask with empathy and compassion, and be prepared to hear an honest answer. If a young person discloses self-harm, respond in a calm and gentle way. Listen to their story and journey with them to seek help.

3. Provide a supportive environment that encourages disclosure.

We need to develop supportive environments in which young people are willing to disclose, and people know how to respond in a safe and supportive way. Barriers to disclosure include fearing a negative response, concern that the disclosure would be spread in the community, and not viewing self-harm as problematic.

4. Undertake prevention strategies

Self-harm is often hidden, and yet the consequences are serious, so that prevention is essential. Prevention should be universal, that is, including all students. Targeting only the students that appear to be at risk is likely to exclude many who are struggling.

PLEASE NOTE:

- When a young person discloses self-harm, they are unlikely to go straight to a trained mental health professional. The first conversation is likely to happen with a peer, parent, teacher, youth leader, sports coach, mentor, or friend's parent.
- Providing support for young people who self-harm extends far beyond the counsellor's office. The broader community needs self-harm education.

We can't expect to see self-harm right in front of us. And we can't assume that if there's nothing to see, then there's nothing to be concerned about. There is a critical need for education as we develop supportive communities that can respond to and prevent youth self-harm.