Self-Harm

Definition / Supporting Information

Self-harm is defined as any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. It is frequently a way of coping with or expressing overwhelming emotional distress. [the NHS website; NICE clinical guideline CG133]

Self-harm is common in young people, with at least 10% reporting having self-harmed. There can also be important consequences, and self-harm can result in medical complications, infection, permanent scarring or organ damage (as in the case of paracetamol overdoses).

Risk Factors for self-harm include:

- Gender: it is more common in females than males, especially in early adolescence
- Sexual and gender identity: rates of mental health disorder, self-harm and suicide are much higher in the lesbian, gay, bisexual, transgender / transsexual plus (LGBT+) community
- A coexisting mental health disorder (11–16-year olds with a mental health disorder were more likely to have self-harmed or attempted suicide at some point compared to those without a disorder (25.5% vs 3%)) or neurodisability

The lifetime risk of completed suicide is 50–100 times greater for someone who has self-harmed compared with someone who has not, thus carrying a significant risk factor for future suicidal behaviours.

Self-harm falls into two categories:

- Self-injury with intent to die (suicidal behaviours)
- Self-injury without intent to die (non-suicidal self-injury (NSSI))
  - NSSI is deliberate destruction of one's own body tissue without suicidal intent and for purposes not socially accepted (eg, tattooing or piercing)
  - Common methods of self-harm include:
    - Biting
    - Hitting
    - Burning
    - Head banging
    - Pinching
    - Rubbing
    - Scratching
    - Self-poisoning (eg, medication overdose)
    - Self-cutting

Keywords / also known as: self-injury, self-harming**,** self-inflicted violence

Essential History

N.B. Confidentiality – at the earliest opportunity it is important to let the young person know what you can and cannot keep confidential. It is important not to promise confidentiality when this is not appropriate (see Child Protection Companion Chapter 7; Working together to safeguard children (Department for Education)).

Remember to take the young person somewhere private for this consultation and accept that it may be very difficult or distressing for them to talk, and that even if you need to disclose some information it should be the minimum necessary for the young person's safety.

Ask about:

- General medical history
  - Consider chronic pain and chronic physical health problems
- Full history of the behaviour (including age of onset)
  - Incidence over time / specific aspects of the behaviour over time
  - History of method(s)
  - Frequency
  - Location(s)
  - Number of injuries per episode
  - Medical severity of injuries
  - Sleep patterns, appetite, concentration and energy levels
  - Variables may change with time, increasing in severity or waxing and waning to reflect periods of stress
- Associated psychiatric comorbidity
  - Attention deficit hyperactivity disorder (ADHD) (see Hyperactivity, Impulsivity and Inattention)
  - Anxiety
  - Autism (see Social Communication Difficulty)
  - Children with learning difficulties
  - Depression (see Depressed Mood; Depression in children and young people: identification and management [NICE guideline NG134])
  - Alcohol / substance problems (see Drug Overdose and Poisoning)
  - Eating disorders (see Loss of Appetite)
- Potential individual factors
  - Elicit care
  - Express emotions (eg, hurt)
  - Form of escape
  - Low self-esteem
  - Manage emotional upset
  - Reduce tension
  - Regain control over feelings
  - Sense of hopelessness
  - Way of punishing oneself
- Family factors

  - Abuse / neglect (see Child Protection Companion Chapter 11 and Chapter 12)
  - Alcohol / substance problems in family
  - Family history of self-harm
  - Parental mental health problems
  - Poor family relationship / conflict
    - Any domestic abuse?
- Social factors
  - Difficult peer relationships
  - Bullying (including cyberbullying)
  - Social media
  - Identify with peer group / have friends who self-harm
- Asking a young person about reasons for self-harming can be tricky, and use of open-ended questions can help:
  - Can you tell me about how you came to be harming yourself?
  - If an overdose was taken, what was taken, how much, what time, with any alcohol or drugs?
  - How were you feeling at the time?
  - How did it make you feel afterwards?
  - Did you tell anyone afterwards?
  - Do you think we need to worry about your safety?
- Assessment includes evaluation of risk for suicide, physical injury and the presence of other co-occurring risk factors – concern increases with:
  - Increased risk for suicide or physical injury
  - Screen for significant mental health concerns and follow local mental state examination / assessment protocols: [MindEd]
    - Anxiety
    - Depression (see Depressed Mood; Depression in children and young people: identification and management [NICE guideline NG134])
    - Drug / alcohol abuse (see Drug Overdose and Poisoning)
    - Eating disorders (see Loss of Appetite)
    - Learning disability
    - Obsessive compulsive disorder (OCD)
    - Psychosis
    - The level of risk of further self-harm or suicide
    - Chronic poor physical health
    - Chronic pain
    - Social deprivation
    - Trauma response
    - Post-traumatic stress disorder (PTSD)
      - Trauma-focused cognitive behavioural therapy (CBT) is usually recommended for children and young people with PTSD
    - Contact with the Youth Offending Service

- It is critical for professionals to include an assessment of a young person's digital life as part of clinical assessments
- Most young people (ie, > 50%) who self-injure remain in the low-risk category
  - These young people may have mild, non-clinical levels of depression, anxiety, negative body image, or self-derogation
  - They may seem to be functioning extremely well academically, socially and within their home environment

Look for:

- Physical exam
  - Note that examining self-harm injuries can feel intimate and uncomfortable for the individual and it is usually best to wait until you have some rapport with the young person – or they might prefer someone else to examine them – which you should offer
  - Ideally, perform a full physical examine (not just the current injury) to see the extent of possible self-harm, including fresh injuries, scars, burns or unexplained bruises and any previous injuries
    - It is important to check for signs of infection and for scars from older injuries
  - Some individuals limit themselves to pin or razor blade scratching that they may explain as 'cat scratches'
  - It is essential to consider whether injuries could be signs of physical abuse (by another) (see Child Protection Companion Chapter 9)
  - Consider signs of a co-existent eating disorder (eg, knuckle calluses, poor dentition, low body mass index)
  - Consider signs of personal neglect

'Red Flag' Symptoms and Signs

Ask about:

- Specific suicidal plans
  - Has the young person has written a suicide note?
  - Have they have made any final acts? (eg, given away prized possessions)
  - Were there attempts at concealment / were medications stockpiled?
- Hopelessness
- Dangerous methods used
  - Strangulation
  - Hanging
  - Use of motor vehicles
- Consider using a HEEADSSS assessment tool to help shape suitable questions
  - **H**ome environment
  - **E**ducation and employment (eg, any history of non-attendance)
  - **E**ating (eg, has appetite changed)
  - **A**ctivities (peer-related)
  - **D**rugs
  - **S**exuality

  - **S**uicide / depression (see Depression in children and young people: identification and management [NICE guideline NG134])
  - **S**afety from injury and violence
  - **S**leep (eg, changes in)
- Any ongoing suicidal intent
  - How do they feel now that the suicide attempt failed?
  - Do they have ongoing active or passive suicidal feelings?
  - Do they want to try again?
  - Do they have the means to try again?
  - Is there anything which will stop them trying again?

Look for:

- Changes in mood
- Withdrawal / isolation
- Lack of support both peer and family
- Increasing drug / alcohol use
- Sudden loss (eg, bereavement)
- Avoiding school (eg, due to potential bullying, serious humiliation or disappointment)
- Change in academic performance

Differential Diagnosis / Conditions

- NSSI
  - Important to distinguish between NSSI and suicidal behaviours
  - NSSI may be similar to and co-occur with those of other mental health issues; know how to effectively assess and monitor (see Treatment Approach)
  - Rare syndromes which may occur with NSSI (not all young people who self-harm will need screening):
    - Lesch-Nyhan syndrome
    - Fragile X syndrome
    - Cornelia de Lange syndrome (CdLS)
    - Prader–Willi syndrome (PWS)
    - Rett syndrome

Investigations

To be undertaken by non-specialist practitioners (eg, General Practitioner (GP) Team(s)):

- Take an appropriate history and examination
- Investigations are not generally required unless self-poisoning is evident
  - In this case see TOXBASE (UK National Poisons Information Service) for the appropriate investigations and treatments

Treatment Approach

Appropriate treatment will need to be conducted in an appropriate setting, and as such suitable local referral pathways should be consulted.

- Young people who have self-harmed will likely be in acute distress
- Treat wounds (eg, cuts, burns) in the same way you would treat accidental wounds
  - Give appropriate pain relief and local anaesthesia if necessary
  - Ask whether the young person thinks they are likely to interfere with wound healing (this might guide your choice of sutures or glue)
  - Be careful of using bandages, which can be used as ligatures
- For a suspected overdose (see Drug Overdose and Poisoning), once toxin has been identified consult TOXBASE (UK National Poisons Information Service) for appropriate treatment
- While priority has to be physical needs (eg, managing an overdose, major blood loss, burns or trauma), a psychosocial assessment should not be delayed until after medical treatment is complete (see Self-harm in over 8s: short-term management and prevention of recurrence [NICE clinical guideline CG16, recommendation 1.4.2])
- Treating them with respect, compassion and dignity is essential to earn their trust
- Allowing a safe space for disclosure, listening without judgment and taking a holistic approach to care focusing on physical (managing any acute injuries) social and psychological aspects of care is good practice
- All self-harm in children and young people should be taken seriously
- Clear communication and explanation of treatment can make a young person feel more at ease and involved in their care
- Where concerns arise about care quality or significant harm, joint assessment by social care and health services staff should be arranged, with local procedures to reflect this
- Children and young people who have acutely self-harmed should be assessed by healthcare professionals experienced in the assessment of children and young people who self-harm (see Self-harm in over 8s: short-term management and prevention of recurrence [NICE clinical guideline CG16, recommendation 1.9.1.10])
  - NSSI may be similar to and co-occur with those of other mental health issues; know how to effectively assess and monitor:
    - Alcohol / substance abuse (see Drug Overdose and Poisoning)
    - Anxiety disorder (eg, Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Hospital Anxiety and Depression Scale (HADS), Revised Children's Anxiety and Depression Scale (RCADS))
    - Borderline personality disorder (eg, Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS))
    - Eating disorders (eg, Eating Attitudes Test (EAT 26))
    - Impulse control / conduct problems
    - Mood disorder (eg, Mood and Feelings Questionnaire (MFQ))

- Uncontrolled anger

Specific Treatments

Non-suicidal self-injury (NSSI)

- Regular risk assessment is essential; awareness that degree of risk may change with time
- Dialectical behaviour therapy (DBT) shows some empirical support effective with individuals with severe NSSI and co-occurring suicidal behaviours
  - This approach is intensive and requires a therapist trained in DBT
  - Less intensive approaches that incorporate mindfulness, distress tolerance, emotion regulation and interpersonal skills may be effective
- CBT
- Problem solving
- Behavioural activation
- Emotional regulation techniques
- Self-help techniques
  - Distraction (eg, go for a walk, draw / write something, keep a diary, stroking a pet, watching a film, getting in touch with a friend, listening to music)
  - Releasing emotions (eg, clenching an ice cube, snapping an elastic band on wrist, exercise, drawing on skin with red pen, using a punchbag)
- Devise a crisis plan with the young person and parents / carers that may include examples of self-help strategies; people to contact when in distress; create a hope box – with photos of happy memories, nice things people have said
- Medication may be offered if comorbid mental health disorders are evident (eg, anti-depressants) under the supervision of specialist mental health professionals

When to Refer

Acute / life threatening presentations (such as injury / overdose) or safeguarding concerns should be referred to appropriate clinical teams (eg, Emergency Department or Paediatric Team(s))

Discussion with specialist practitioners (eg, Child and Adolescent Mental Health Services (CAMHS)) based on the presence and / or degree of concern, including:

- Threat of suicide
- Becomes isolated or withdrawn
- Expresses hopelessness or low self-worth
- Has limited family support
- There is evidence of abuse
- There is drug / alcohol abuse
- There has been a sudden, unexpected loss (eg, bereavement)
- Serious physical injury (from self-harm)
- Underlying psychiatric conditions
- If a patient already has a social worker, you need to let them know about their admission

  - If they are not known to social services, consider making an urgent referral

‘Safety Netting’ Advice

- Advise parents / carers / young people to seek urgent medical review if frequency or severity, or concern about mental /general health symptoms escalates
- Advise parents / carers on the safe storage of medications within the home and to remove sharp objects from home (eg, razors)
- Make sure patients and parents know that if they are struggling, particularly if the young person is feeling unsafe:
  - They can be advised to contact either NHS 111, GP walk in centres or crisis lines
- Parents / carers can be supported to devise a crisis plan with the young person that may include examples of self-help strategies:
  - People to contact when in distress
  - Create a hope box with photos of happy memories, nice things people have said
  - Hold an ice cube
  - Tear up paper

Safe discharge is important, and there are several things to consider before discharging a patient, including:

- **Medical and psychological fitness:** Both the medical and mental health teams need to agree that they are safe to leave
- **Place of discharge:** Are they going to a safe place? Are they going back to a supportive environment or one which might trigger further self-harm?
- **Follow up plans:** What is being put in place to change the circumstances which have led to self-harm? Are the mental health services going to remain involved and review the patient quickly?
- Interdisciplinary working at the earliest opportunity is also key to support the young person. This should include the GP, school, CAMHS (if appropriate) and any other agencies (eg, voluntary) that may be involved
  - Crucially parents / carers must always be involved unless clear safeguarding concerns where parent / carer are the trigger
- **Support:** What support does the young person have? Parents, family, friends, school or professionals? Is there someone that they feel comfortable going to if they need to talk? Do they have a way of reaching out in an emergency?
- **Safeguarding:** Have any safeguarding concerns been addressed? If necessarily have social services been contacted?
- **Access to further methods of self-harm:** It is impossible to remove every single possible method of self-harming, or for a young person to be constantly supervised; however, parents should be advised to keep medications locked away to discourage impulsive overdoses

Patient / Carer Information

Please note: whilst these resources have been developed to a high standard they may not be specific to children.

- Child & adolescent mental health (Web page), Young Minds
- Coping with self-harm: A guide for parents and carers (PDF), Department of Psychiatry, University of Oxford
- FRANK (Web page)
- Depression in children and teenagers (Web page), the NHS website
- Prevention of young suicide (Web page), Papyrus
- Samaritans (Web page)
- Self-harm (Web page), Mind
- Self-harm (Web page), the NHS website
- Self-harm (Web page), Royal College of Psychiatrists
- Self-harm (Website), Young Minds
- Self-harm in young people: for parents and carers (Web page), Royal College of Psychiatrists
- Self-harm support (Web page), Harmless
- Suicidal feelings (Web page), Mind

Resources

National Clinical Guidance

Depression in children and young people: identification and management (Web page), NICE clinical guideline NG134, National Institute for Health and Care Excellence

Self-harm (Web page), NICE quality standard QS34, National Institute for Health and Care Excellence

Self-harm in over 8s: long-term management (Web page), NICE guideline CG133, National Institute for Health and Care Excellence

Self-harm in over 8s: short-term management and prevention of recurrence (Web page), NICE guideline CG16, National Institute for Health and Care Excellence

Medical Decision Support

Consent, confidentiality and information sharing (Web page), RCPCH Child Protection Companion

Emotional abuse (Web page), RCPCH Child Protection Companion

Mental health toolkit (Web page), Royal College of General Practitioners

Mental health in emergency departments: A toolkit for improving care (Web page) Royal College of Emergency Medicine

Neglect (Web page), RCPCH Child Protection Companion

Recognition of Physical Abuse (Web page), RCPCH Child Protection Companion

Suggested Resources

Please note: these resources include links to external websites. These resources may not have national accreditation and therefore PCO UK cannot guarantee the accuracy of the content.

Depression self-help guide (Web page), NHS inform

Managing risk: self-harm and suicidality (e-Learning), MindEd

Mood and feelings questionnaire (Web page), Child Outcomes Research Consortium (CORC)

Self-harm (Web page), Patient

Self-harm and risky behaviour (e-Learning), MindEd

The mental health of children and young people in England (Web page), Public Health England

Working together to safeguard children (PDF), Department for Education

Young minds (Web page)

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