

ATTENTION SEEKERS?

Bespoke self-harm awareness training

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Parent Self-Harm Awareness Session

Many thanks to those who attended my self-harm awareness session. If you have any feedback, please do send it to me at satveer@attention-seekers.com

What is self-harm? “Self-harm refers to an intentional act of self-poisoning or self-injury... and is an expression of emotional distress.” **NICE guidance**

Self-harm describes both self-injury and self-poisoning. It is not the same as suicide. Self-injury including cutting, burning, scratching, pinching, inserting objects, swallowing objects. Self-poisoning using medications or non-ingestants such as bleach.

Why do people self-harm? The vast majority of individual’s self-harm as a response to underlying distress e.g. pressure, bullying, body image. The reasons are endless; it could be one trigger or a number of reasons, but it is not a unique set of experiences that lead to it.

What are the functions of self-harm for the individual?

- **As a coping mechanism** – to manage the distress.
 - **Control** – it’s the only thing they feel they have control of in their life in that moment.
 - **Relief of feelings** – anything, including pain feels better than how they are feeling at that point in time.
 - **A Release** – a way of release pain / distress/ frustration / anger etc.
 - **A Distraction** – from the distress they are going through.
 - **To feel / be numb**
 - **Self punishment/Prevention of pain to another** – they feel they deserve to hurt / it’s better to hurt themselves than someone else (physically or emotionally)
 - **Communication of emotional pain** – in the first instance to themselves and for some it may be to let others know they are struggling.
- *Think of your ‘bad day’ and why you do what you do.**

Broaching suspected self-harm:

- Do not initiate the conversation with focus upon the suspected injuries as this may come across as aggressive and accusatory e.g.
 - “What’s that?” / “Show me your arm” / “What have you done there”
- Instead start a general conversation up and then broach it towards the end of the talk;
 - “Earlier, when you [reached for the cup/stretched your arm etc.] I noticed what appeared to be some injuries/marks on your arm, they looked sore. You don’t have to show me but if you do, I can check to see if they need medical treatment.”



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- If they refuse, that is ok. Give medical advice and tell them who you will have to tell and also that they can come back to you, other appropriate staff members or signpost to ED/walk-in center/GP etc. if the injuries trouble them further.
- Remember the young person may be feeling scared/worried/anxious/nervous/guilty etc. and this may lead them to have a defensive response – so treat them with care, compassion and respect always.
- If they show you, then provide the necessary treatment.

Language use:

- 'It's just attention seeking' – someone is seeking attention/support, this should be provided not dismissed.
- 'It's just a cry for help' – why does the individual feel that they have to hurt themselves to get support? Let's respond and not ignore.
- 'It's just a phase/trend/copycat' – never assume that the behavior is 'just' any of these. Always investigate as if we don't, distress can be missed.
- 'It's just superficial / not as bad as last time' – the person may feel they need to do it worse as they are being dismissed.
- 'When was the last time you self-harmed?' – the focus is on the behaviour and not the underlying distress. Instead you may ask 'when was the last time you had the urge to self-harm, whether you did or didn't'. This then allows the young person to discuss periods where they have overcome urges, instead of solely focusing upon doing it or not.
- 'Self-harmer' – self-harm is not the person's identity, it is a behaviour

How to respond to self-harm – best practice advice:

Don't:

- Ask 'why' – this is a really loaded question. Instead ask about what has been going on recently and/or what was happening on the day of the incident.
- Try and 'self-harm proof' the environment – object removal may be necessary, but is not the long term solution. Risk cannot be eliminated, only reduced.
- Ask them to 'promise not to harm' – this can lead to them moving the location of self-harm or changing their behaviour.
- Check their body, or ask them to 'prove' they haven't harmed.
- Feel the focus should be on stopping.
- Be scared to talk about the subject.
- Don't dismiss the severity of distress based upon the level of self-harm.

Do:

- Provide appropriate first aid if required – any form of overdosing or insertion/swallowing of objects require immediate medical attention. Providing first aid is not encouraging further self-harm.
- Ask them what they would like to happen.
- Appreciate and acknowledge what a big step the person has taken in order to



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disclose.

- LISTEN! Recovery for someone who self-harms is open linked to them building resilience and understanding what led to their self-harm. Being able to speak openly can really help them get thoughts out that otherwise they couldn't due to fear of repercussions etc.
- Appreciate their fears e.g. consequences in disclosure, fear of disappointing you etc.
- Tell them about other ways to manage distress e.g. art, music, sport, talking, TV, video games. Plan for bad days, we all have them!
- Suggest specific distraction techniques, even if they do an alternative once, it's one less time they have harmed themselves.

Alternative coping strategies to self-harm:

- Specific strategies such as the elastic band, ice cubes, blu tac etc. can be suggested but it's important they are explained.
- They are not a like-for-like or a substitute for dealing with the underlying distress. Promote the similarities in the functions e.g. elastic band = distraction, focus, control.
- There are many such techniques on websites supporting individuals who self-harm, the key is to allow the young person to choose which one suits them, if any.
- See the '**CALM HARM**' app or '**Distract**' app for further suggestions or websites like YoungMinds / Mind.

As a parent, we want to 'fix' the situation. Making a young person attend counselling isn't conducive as they may be attending for the wrong reasons. It's about encouraging the young person to engage with support offered, when they are ready. Where possible give them options as to where/how they can access support e.g. doctor, teacher, helpline, counselling, you!

There is no reason that if a young person is self-harming now, that is going to be their future. Do not lose hope. Remember – self-harm is a symptom of underlying distress - don't focus upon it as the 'problem'. Work with your young person to see what the best possible course of support is.

I would be extremely grateful if you could provide any feedback to satveer@attention-seekers.com your feedback can help me get sessions in other schools alongside improving future sessions.

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Websites and apps suitable for professionals, students and parents/carers:

- **Hub of Hope App** – free to download app that provides services local to the young person. If you are a service or know of a service that isn't represented on the app, please do submit the details via the online form. Also offers a crisis messenger service.
- **Every Mind Matters via the NHS** – support to manage mental health, early signs of distress. Also provides links to quizzes, emergency contact numbers and crisis services.
- **Samaritans** – available 24/7 365 days a year. Free confidential support for all via text, email, letter, face to face .
- **Young Minds Crisis Messenger** – for young people who are in crisis (suicidal thoughts, bereaved, self-harm etc.), they can text 'YM' to 85258 and then receive support from a trained volunteer via text.
- <https://www.oxfordhealth.nhs.uk/harmless/assessment/>
- **YoungMinds.org.uk** – mental health awareness for young people. It also has a parent helpline.
- **Mind.org.uk** – general mental health awareness TheCalmZone.net – male specific support
- **Campaign Against Living Miserably** – www.thecalmzone.net – this is a website aimed at reducing male suicide and stigma of mental ill health in males. It offers a helpline service alongside webchat.
- **Papyrus** – Support for those feeling suicidal or those who have been bereaved by suicide. Also offers a helpline called the 'HopeLine'.
- **Young personline.org.uk** – support for young people in emotional distress
- **NHS MoodZone** – providing information on common mental health concerns including dealing with anger, exams etc.
- **Head Talks** - www.headtalks.com providing videos discussing all aspects of mental illness and recovery.
- **The Mix** – www.themix.org.uk – provides information on a range of issues affecting young people under 25yrs including – mental ill health, drugs, sexual health. Also offer a free helpline for young people.
- **CALM HARM App** – created by STEM4, this award-winning app is free to download and is designed to be used by young people who are self-harming. The APP is designed to reduce the level of self-harm and even prevent an episode of self-harm by providing delay tactics when the young person has the urge. Though designed for teenagers, there is no reason it can't be used by adults.
- **FOR ME App** – an app designed by Young personLine to support young people up to the age of 19. The app covers many issues including self-harm, anxiety, bullying and body image issues.
- **Wysa App** – provides a 'bot' chat tool alongside tools to help build confidence, manage difficult thoughts etc. It does have an optional coach tool but this must be purchased.
- **Stay Alive app** – provides support for those worried about someone who is suicidal alongside support for individuals who are suicidal or at risk of suicide. The app has a space to create a safety plan to refer to if feeling suicidal alongside links to organisations that can provide support.
- **distrACT App** – an app designed to give information, support and alternatives to self-harm behaviours.

