Deliberate self-harm

Deliberate self-harm - X60 - X84 (Clinical term: self-harm in children and adolescents U2…)

Presenting complaints

Deliberate self-harm in children and adolescents usually presents with a deliberate overdose of tablets or cutting. It occasionally presents with other methods of self-harm, such as attempted hanging, strangulation, burning or running in front of a car.

Assessment

The diagnosis of deliberate self-harm in primary care settings is usually straightforward. However, some children and adolescents who have harmed themselves may try to conceal their true intent, claiming for instance that an overdose was accidental. Many others will conceal self-harm from parents and the practitioner.

Assessment is directed to four main issues:

- assessment and management of the current episode.
- identification and management of associated problems.
- identification and promotion of the child and family's resources.
- prevention of repetition.

Assessment and management of the current episode

- All children and adolescents who have taken an overdose should receive prompt medical attention.
- Suicidal intent should be assessed. Circumstances suggesting a high intent include the use of very dangerous methods, precautions to avoid discovery, and final acts such as leaving a note or giving possessions away.
- The triggers of the current episode should be identified. These include arguments with family members, disciplinary crises at home or school, rows with peers, and breaking up with a boyfriend or girlfriend.
- Cutting often occurs when the young person experiences strong feelings of tension, and the young person might report that cutting provides some temporary relief. Most young people who cut themselves have long-standing problems such as low self-esteem or substance abuse.

Identification and management of associated problems

- Self-harm in adolescents is associated with depression, drug or alcohol abuse, behavioural problems, and physical illness.
- There is often an association with family difficulties, including parental discord and violence, parental depression or substance abuse, role models of suicidal behaviour in the family, abuse of all kinds, and bereavement.
- Other associated problems include bullying at school, peer role models of self-harm, models of self-harm in the media, and educational difficulties.

Identification and promotion of the child and family's resources

- Factors in the child that protect them from self-harm, or from repetition of self-harm include being particularly good at something (eg a sport), positive peer relationships, good school attendance and academic achievement, and positive plans for the future.
- Family factors that reduce the risk of self-harm include a close relationship with at least one positive role model, parenting styles that encourage rather than punish, and clear methods for communication within the family.

Prevention of repetition

- This should begin with an assessment of the risk factors for frequent repetition or suicide - male gender, older age, use of dangerous methods, severe mental health problems (such as depression), high suicidal intent during the index episode of self-harm, and continuing suicidal intent.
- Factors suggesting there is continuing suicidal intent include a clear statement that the young person intends to harm themselves again (such a statement should always be taken seriously), depression, unresolved personal or family problems (particularly if these appeared to precipitate previous self-harm), hopelessness, clear suicidal plans, easy access to dangerous methods, and frequent previous attempts.
- Assessment of mental state and continuing suicidal intent will usually require that the young person be interviewed without the parent.
- There is no evidence that encouraging children and adolescents to talk with professionals about suicidal feelings and suicidal plans precipitates self-harm.
- The risk of repetition and suicide is not static, but changes over time, and may require regular assessment.

Essential information for patient and family

- Deliberate self-harm should always be taken seriously, even if the actual intent to die seems to have been low.
- Take whatever steps are necessary to prevent the young person gaining access to methods of harming themselves again (eg parents should clear old tablets out of the medicine cupboard, lock away essential medicines and hide sharp knives).
- Do not make the adolescent feel guilty or reject them because of the self-harming behaviour. This will simply make matters worse.
- Although many families want to draw a veil over the episode, it can often be important to talk about it. The young person needs to feel that their behaviour is being listened to and understood, not devalued or ridiculed.
- Parents should create an atmosphere for listening if the young person wants to talk; parents should be around, but not hover.
- Helplines, such as the Samaritans, and local emergency services are available 24 hours a day.

General management and advice to patient and family

- Assessment of suicidal thinking and planning is an important part of the mental-state examination of any young person who presents with emotional or behavioural difficulties.
- Underlying mental health problems, particularly depression and substance misuse, need to be assessed and managed.
- Risk of repetition should be reviewed regularly, particularly in patients who are at high risk of further self-harm.

Medication

Medication is not usually required by adolescents who self-harm, but if the young person has major depression then an SSRI can be prescribed.

Referral

- All children and adolescents who have taken an overdose should be referred to hospital for medical evaluation, admission and subsequent evaluation by a mental health professional.
- Urgent referral to secondary mental health services should be considered when there is a high risk of further self-harm or completed suicide. All children and adolescents who engage in serious methods of self-harm (eg attempted hanging), or who use methods suggesting high suicidal intent, should be referred.
- Consider referral for psychological therapies, as appropriate.

Resources for patients and families

Self Harm Alliance 01242 578 820 (Helpline 6pm–7pm, Tuesday, Sunday; 11am–1pm, Thursday)
Email: selfharmalliance@aol.com; website: http://www.selfharmalliance.org
Helpline, produces monthly newsletters, provides postal and email support and offers an advocacy service.

ChildLine 0800 1111 (24-hour helpline)
Website: http://www.childline.org.uk
Telephone service for all children and young people providing confidential counselling, support and advice on any issue. Parents can also write to ChildLine.

Change our Minds http://www.changeourminds.com
A website run by the Samaritans, targeted at a younger audience.

Self Injury and Related Issues (SIARI)
Email: jan@siari.uk; website: http://www.siari.co.uk
Forum for self-harmers.

Suicide Information and Education Centre (Canada) http://www.suicideinfo.ca
Library, resources and specific youth links.
A leaflet is available from the Royal College of Psychiatrists (http://www.rcpsych.ac.uk): Fact Sheet 30: Deliberate Self Harm in Young People.