

Changing The Stigma



February 2017

healthwatch
East Riding of Yorkshire

Changing the stigma

“Healthwatch wanted to shine a light on young people’s experience and perception of self-harm. What do they know, where can they go and what do they think when they hear the term self-harm.”

Healthwatch East Riding of Yorkshire

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Executive Summary

The views, opinions and statements made in this report are those of the young people who participated in our research. This report is about putting forward the public perception of self-harm and the experience young people have of this issue. This perception may not fully reflect the work being carried out in the local area. Never the less it is the perception of the young people whose information we have collected.

Brief Background to the report

This report provides opinion, views and analysis of information provided by young people regarding their perception of the term self-harm and what they really know about this subject. We also have case studies from young people who have experienced self-harm personally.

Methodology

Methods of engagement for this report included: Widespread distribution of a survey, which could be completed by anyone aged between 14 and 25 living within the East Riding of Yorkshire. Permission was sought from parents/carers for participants under the age of 16. We also held market place events at colleges and external organisations to ensure we could speak face to face with young people. HWERY also conducted one to one interviews with individuals who had experienced self-harm to obtain case studies. This was done with prior consent and the presence of a third party witness. The nature of this subject meant Healthwatch worked in a very sensitive manner with young people to ensure they felt comfortable participating in our research and understood they could withdraw at any stage.

Participants

The research that was carried out for this report was specifically aimed at young people from 14 to 25. The survey was open to anybody who fell within that age group. Case studies were for those who have personal experience with self-harm.

Highlights of findings

The information we collected from the surveys and case studies highlighted the following:

- Nearly half of our young people surveyed have experienced bullying and isolation
- Young people understand that self-harm is a result of more complex issues
- Just over 40% would not seek help of any kind
- 45% would seek help with their first response being to a family member or a friend
- 54% of those surveyed do not know of any services to seek help

Recommendations

- More opportunities for young people to talk about self-harm in safe and supportive settings to enable greater understanding and awareness of the issue.
- Tackling the stigma associated with self-harm specifically and seeking help more generally. One thing this report has highlighted is young people are often scared or unwilling to ask for help because this is seen as a weakness or their own fault (something they feel has to be sorted out on their own). It is important that young people are supported and empowered to be able to ask for help when they need it.
- Online services specifically for the East Riding. Due to geography of our local area, transportation and access can be difficult.

- More information for parents/carers/professionals who are working with young people to enable them to better identify when a young person might be heading towards self-harming and intervene effectively.

Background

In May 2016 Healthwatch appointed a work placement student specifically to undertake a project to investigate an issue that affects young people within our region. Based on local knowledge and agreed topics with HWERY stakeholders, the decision to look at the early stages and perception of self-harm was taken. The research would run from May until September 2016.

Working alongside the HWERY staff, research was carried out with young people to gather views on the perception of the term self-harm.

What is Self-Harm?

Definition

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.¹ It is important to distinguish self-harm as a *behaviour* from any underlying mental health issue that may or may not be a contributing factor in any individual case. Self-harm is a behaviour that can have many causes. This report is concerned with identifying early signs of self-harming behaviour and looking at what young people need in order to help prevent this behaviour.

Types of self-harm

Self-harm stereotypically is perceived to be mainly cutting oneself with a sharp object to scratch or draw blood. Although cutting is a method of self-harm it is not the only one. Some of these behaviours/actions may seem extreme and in some instances you may not even know they are happening.

- Cutting - An act where an individual will use a sharp object to cut their skin causing bleeding from the wound. This is one of the more common methods of self-harm.
- Scratching - Scratching is the repetitive motion of scratching skin leaving irritable skin and visible wounds. This is perceived as one of the early signs of self-harm developing.
- Burning - Using naked flames or hot objects to burn the skin leaving scar tissue and wounds. One issue here is how the wound is then treated afterwards.
- Hitting/Punching - This is the act of deliberately striking yourself in different areas of your body. Common areas include the head and legs.
- Piercing the skin - Using sharp objects such as pins and needles to puncture the skin and in some circumstances putting small objects through that open wound.
- Pulling out hair - Pulling your own hair out by force. This is not always head hair, can include legs, arms and other areas of the body.
- Persistently picking at wounds - One by product of self-harm is scars and scabs. This act is picking at healing wounds to open them up again.

Common causes

There's no one single or simple cause that leads someone to self-injure. In general:

- No suicidal self-injury is usually the result of an inability to cope in healthy ways with psychological pain.

¹ Self-Harm, *NHS Choices*, <http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx>

- Individuals have a hard time regulating, expressing or understanding emotions. The mix of emotions that triggers self-injury is complex. For instance, there may be feelings of worthlessness, loneliness, panic, anger, guilt, rejection, self-hatred or confused sexuality.

Through self-injury, the person may be trying to:

- Manage or reduce severe distress or anxiety and provide a sense of relief
- Provide a distraction from painful emotions through physical pain
- Feel a sense of control over his or her body, feelings or life situations
- Feel something – anything – even if it's physical pain, when feeling emotionally empty
- Express internal feelings in an external way
- Communicate depression or distressful feelings to the outside world
- Be punished for perceived faults²

Risk Factors

In addition to the common causes that seem to be a trigger for self-harming behaviour there are also risk factors that can influence self-harm. Knowing what the risk factors are is crucial in finding effective prevention methods so risk can be reduced.

Some of the most common risk factors include:

- Excessive substance abuse
- Mental Health & wellbeing
- Peers who may be engaging in self-harm (contagion effect)
- Social Media and mainstream influence
- Lifestyle
- Environmental factors
- Age (Not specifically a certain age group, however some of the pressures that correspond with growing up.)

Warning signs

Self-harm can at times be a very difficult thing to detect in other people. It is important that people know the warning signs as this will hopefully lead to more people receiving treatment and support from not only their peers and family but also from the professionals who can make a big change.

Prevention

A lot of information that currently exists with regards to the prevention of self-harm is to find alternative ways of expressing your emotions. The current perception is that self-harming behaviour is triggered by intense emotional responses. Finding methods of enabling individuals to deal with their emotions takes big steps towards preventing self-harming behaviours from developing. Some of the most common preventative steps include counselling, talking to family or friends or finding alternative methods of expressing your emotions such as drawing or writing.

² The Mayo Clinic Staff, Self-Injury/Cutting, *The Mayo Clinic*, <http://www.mayoclinic.org/diseases-conditions/self-injury/symptoms-causes/dxc-20165427>

Services in our Area

The East Riding is a very unique area because of its rurality, size and population. Locally services in the East Riding have to overcome those barriers in order to deliver a service.

The Families Information Service Hub (FISH) have an online resource which identifies services from:³

- Local Authority
- National Health Service
- Voluntary Organisation
- Helpline/National Service

Local Authority

<p>Family Links Teen Nurturing Programme</p> <p>East Riding Of Yorkshire Council, County Hall, Cross Street, Beverley, HU17 9BA 01482 396469</p>	<p>Prevention and Education Team (PET)</p> <p>East Riding Of Yorkshire Council, Council Offices, Main Road, Skirlaugh, Hull, HU11 5HN 01482 392824</p>
<p>Youth and Family Support - Counselling</p> <p>East Riding Of Yorkshire Council, County Hall, Cross Street, Beverley, HU17 9BA 01482 392824</p>	<p>Youth and Family Support Service - Specialist Service</p> <p>East Riding Of Yorkshire Council, County Hall, Cross Street, Beverley, HU17 9BA 01482 392200</p>

National Health Service (NHS)

<p>CAMHS - East Riding East Yorkshire Community Health Care NHS Trust,</p> <p>Coltman Avenue Clinic, Coltman Avenue, Beverley, HU17 9LP 01482 303810 / 01377 208280</p>	<p>CAMHS Crisis Team East Yorkshire Community Health Care NHS Trust,</p> <p>Coltman Avenue Clinic, Coltman Avenue, Beverley, HU17 9LP 01482 335600</p>
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³ Family Service Directory, Families information service hub,
<http://fishwebsearch.eastriding.gov.uk/Search.aspx?searchID=625>

Voluntary Groups

Hull And East Yorkshire Mind Hull & East Yorkshire Mind, Trafalgar House, 41-45 Beverley Road, Hull, HU3 1XH 01482 240133	Samaritans Bridlington And District Branch 2 St Marys Walk, Bridlington, YO16 7LG 01262400400
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Research Methodology

The Research that HWERY carried out was a mixture of surveys, case studies, public events and focus groups. Approaching the topic in this fashion allowed us to collect a wide range of varied responses from across the East Riding.

Objective

The objective of this piece of work was not to identify those who currently are self-harming or if they know anybody who is self-harming. The objective is to find out what young people know about self-harm and if they would know what to do if they came across a friend or loved one who was self-harming. We wanted to find out if young people in the East Riding know where to go for help and what, if any barrier might prevent them from seeking help. These questions HWERY felt would give a differing insight into the issue than the concerns that are normally brought up through engaging with young people.

Timescale

The survey ran from June 2016 through to October 2016

Criteria & Recruitment

The survey was open to anybody between the ages of 14 and 25. We wanted to ensure that individuals younger than 14 did not complete the survey. We asked local partners to advertise our survey and worked with them to make sure that their young people could access the survey. We also made the survey available online and promoted this through social media.

When looking at case studies, HWERY wanted individuals who have experienced self-harm. The age limits for being eligible to be a case study was 16 and above. As a precautionary step we worked with the organisations that worked with the individual young people we were going to speak to and made sure they felt comfortable and safe talking to us about this subject. Conversations were not conducted in any circumstances on a one to one basis. We asked a third party that the young person felt comfortable with to witness the conversation as a safeguard for both the young person and the HWERY team.

Data Protection

Case studies have been published anonymously, however, Healthwatch will be retaining consent forms signed by all parties. The survey did not ask for any identifying information and could be filled out anonymously.

Case Studies

The following are highlights from case studies of two of the young people who participated in during our research. Their names have been changed to protect their identities.

Matthew aged 17:

Matthew's experience of self-harm began at 14 years old. His home environment and the relationship that he had with his mother and step-father are some of the variables that Matthew states increased his emotional state.

Things did not get any better as Matthew's mum suffered from depression, which took its toll on him. Matthew's mum opened up to him about this and although Matthew had a good relationship with his mum, it put an extreme amount of pressure on him.

"I had to look after my mum and [my] siblings"

Matthew told us that when his step-father was around he was not allowed to have friends or do anything. Now there was only his mum and his siblings he started to attend a youth

"The only way I could keep my anger down was to start to self-harm."

association to get a break and to try prevent his episodes of self-harming. Matthew developed a relationship with a close friend. However, in that relationship things started to turn bad. Rumours were starting and eventually the relationship broke down. "My friend started telling other friends about our relationship and we broke up and she started a relationship with another friend." Matthew stated "I became depressed and a lot of issues started to pile

up, my previous home relationships and now my current situation."

"First time I went home feeling extremely angry and upset wanting to cry. I wanted to hit someone or give up on life but can't cause I have to help my mum to look after my siblings."

"The only way I could keep my anger down was to start to self-harm. At first you start to think of all the bad things in your life and how to deal with them quickly. You sit there with you knife or your scissors thinking about how self-harming will help. You then just go for it, you're thinking how bad life is anyway so whatever happens will happen. Afterwards you realise that you have just made a mess and made things worse. You go to bed and try to forget about it until the morning."

"The arm is the main area affected, however I have cut other parts of my body such as my leg. For me personally though the arm is my main place."

Joanne aged 16:

"I first started to get thoughts about self-harm when I was around 14 years old. I had just moved to a new school away from my friends and family. I started to feel overwhelmed and lonely. People in my close circle of friends and family didn't know and it was also something I did not want them to know. I was worried that they would judge me and see me differently. It almost felt like it was my problem to deal with and they all had enough on already."

“It was at this point that I actually started to physically self-harm. When I was self-harming I felt like I deserved it, because at the time I didn’t think many people liked me and I had very low self-esteem. As it evolved I grew more anxious about what people thought about me. I kept all my bad thoughts hidden and tried to act as happy as I could so they wouldn’t suspect anything because I have always been the happy one.”

“I was worried that they would judge me and see me differently.”

“I tried not to self-harm in the most obvious places such as my wrists. However I did cut there sometimes. Mainly I cut on places such as my thighs and my stomach. I did this because I felt they were places nobody would see. Other than cutting I did not harm in other ways because I had no means to do so.”

“I knew that I could go for support if I needed it. I found some support online by just googling it and following the links. However I did not go for the support because I didn’t feel like it was serious enough. I did stop gradually as I moved back to the place and people that I knew. I do still have thoughts about it and have had a minor relapse now and again. I don’t think I will go back to it.”

“When I was self-harming I felt like I deserved it.”

“If somebody approached me and said they were self-harming I would tell them to get some support. I wouldn’t want them to go through the same things I did and feel the way that I felt when I was self-harming.”

“Going through this experience has made me stronger. I do feel that I know myself a bit better now and that somehow going through the sadness has made me a happier person and more educated on this issue.”

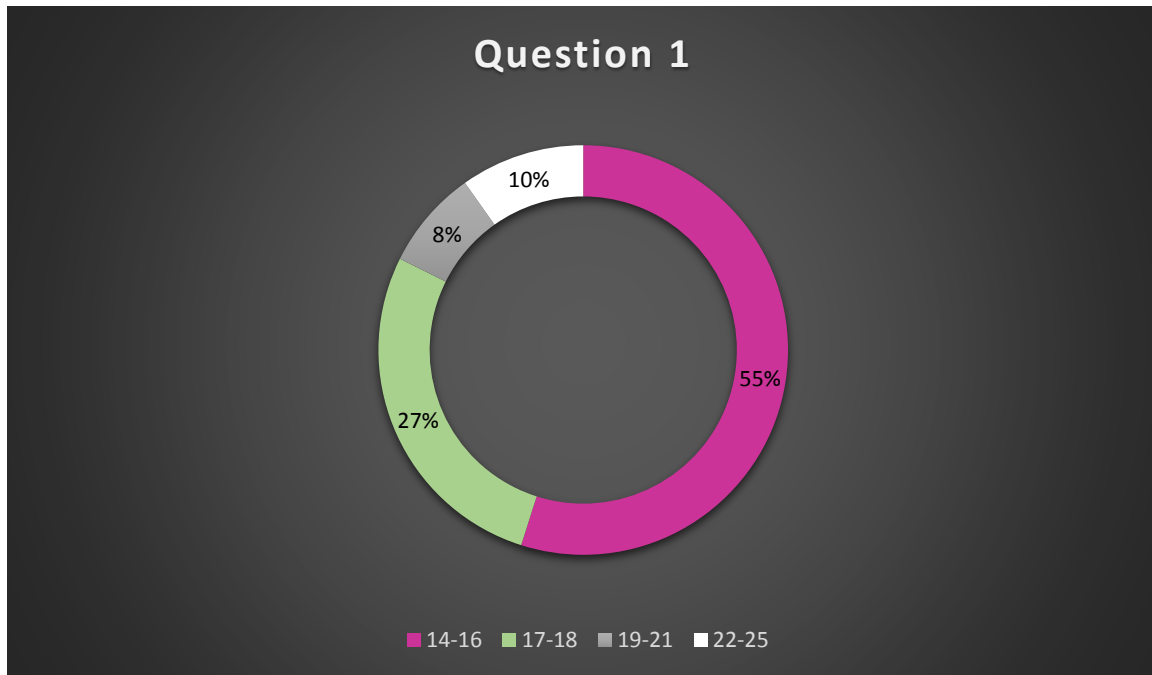
Survey Results & finding

The following information is the results and findings from the survey that was carried out.

Who we spoke to

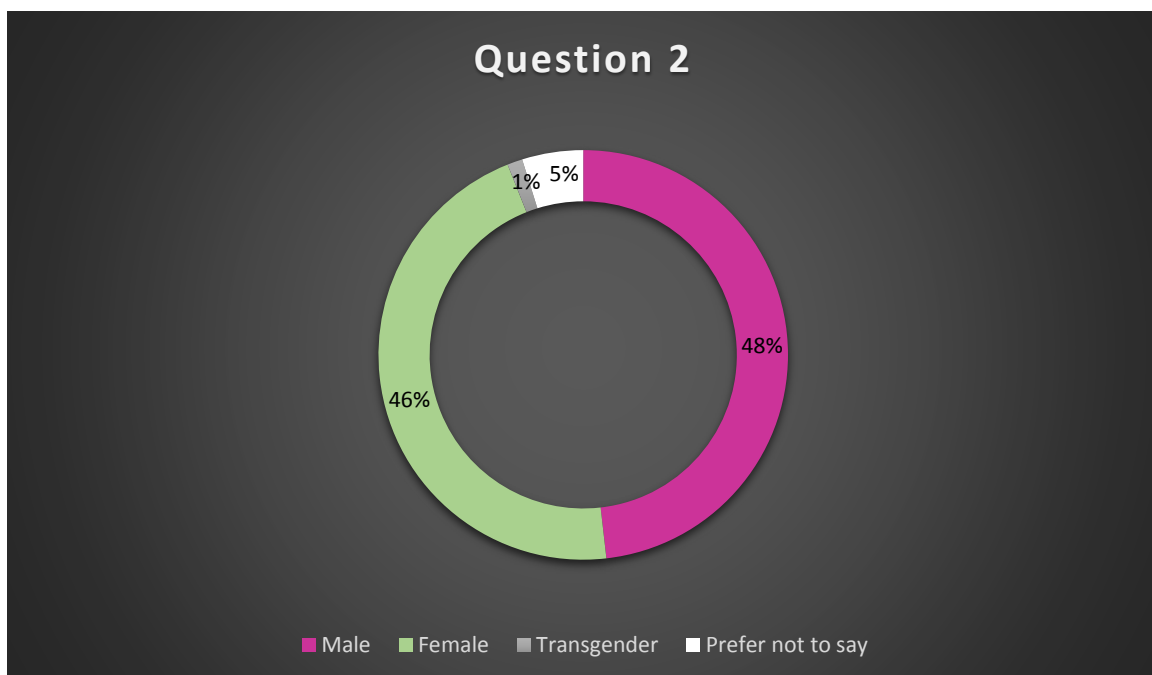
Question 1

Which age group do you belong to?



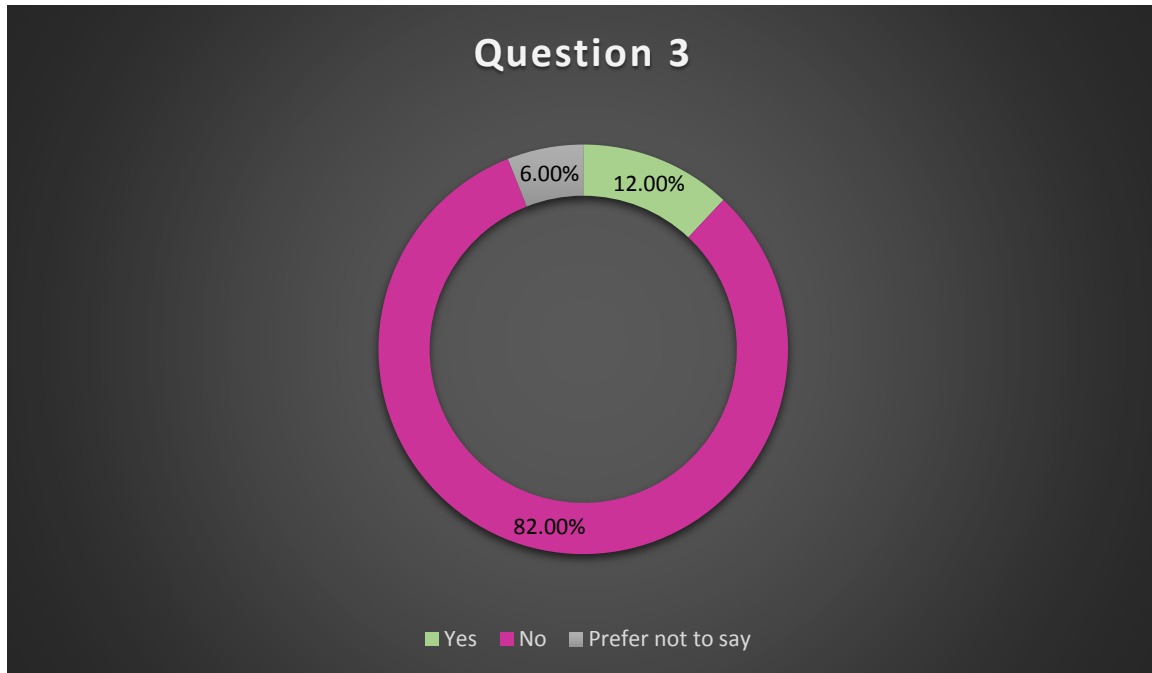
Question 2

What Gender are you?



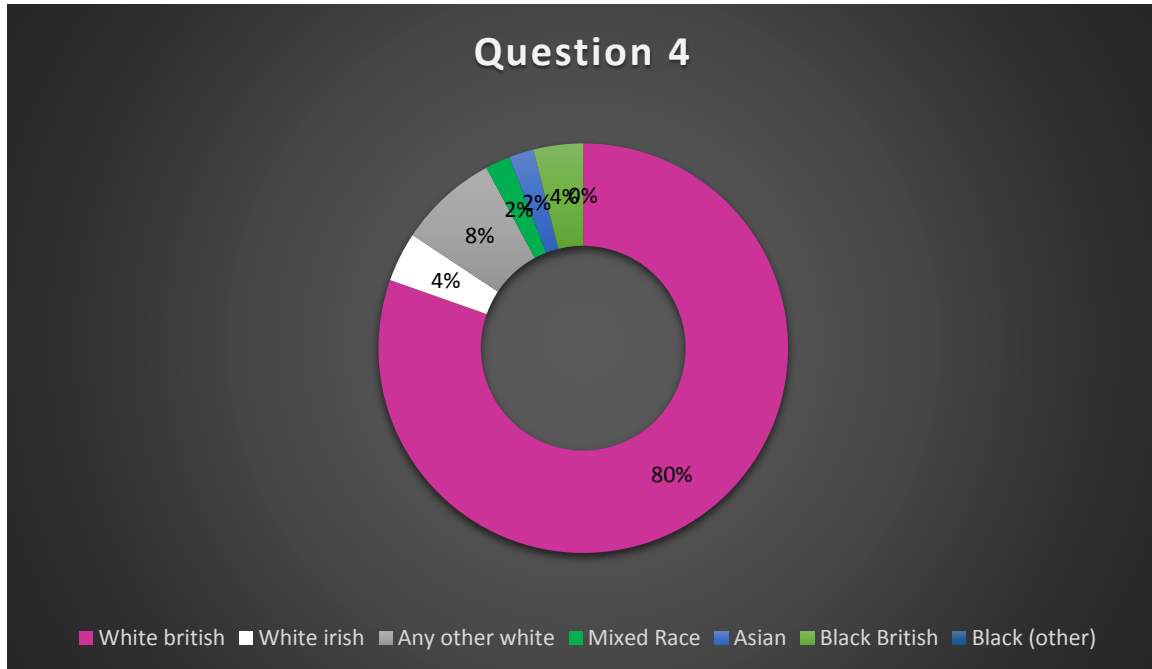
Question 3

Do you consider yourself to have a disability?



Question 4

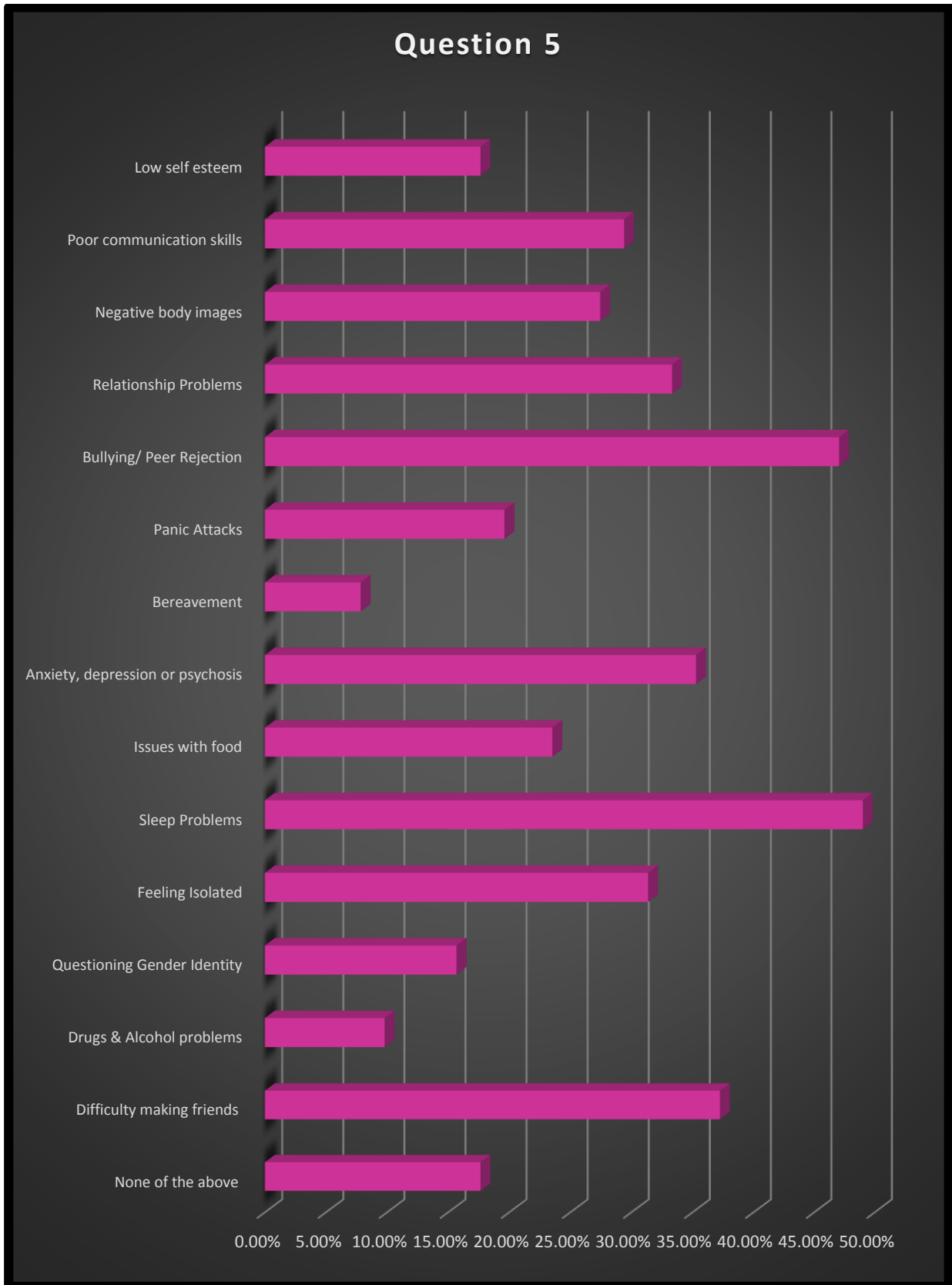
Which ethnic group do you belong to?



We asked about whether people had experienced any of the following (Q5) because these are some of the issues that are identified as *potential* triggers for self-harm.

Question 5

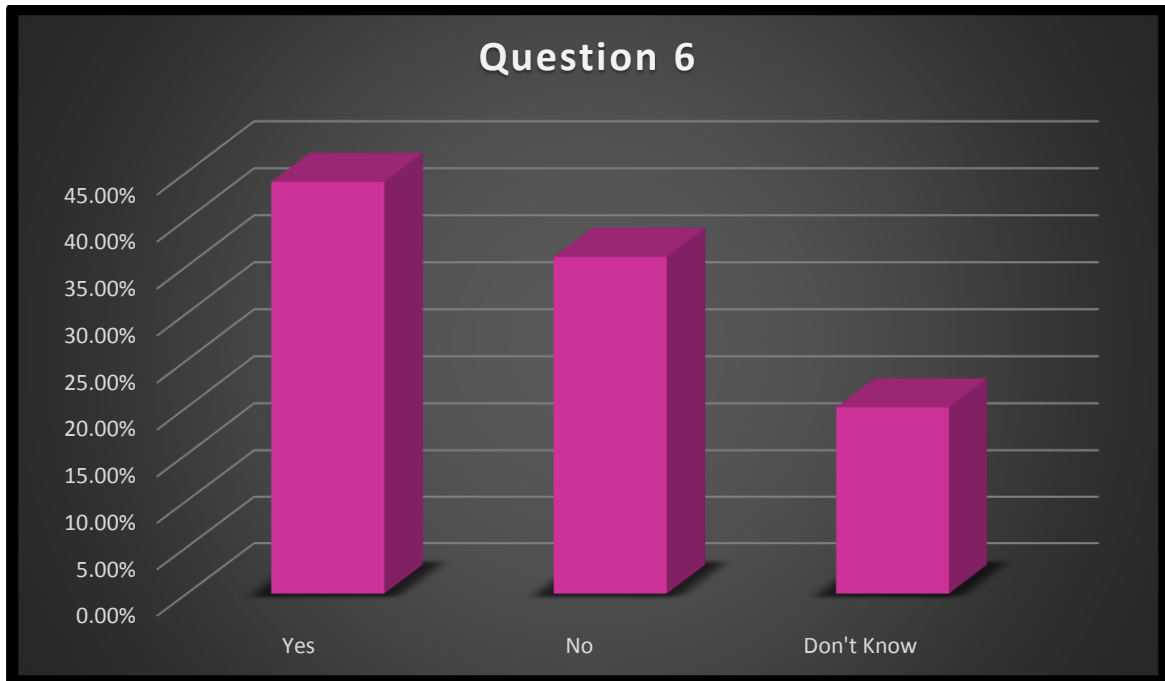
Have you ever experienced any of the following?



We wanted to know if young people did experience any of these triggers whether they would seek help and where they would go to for support

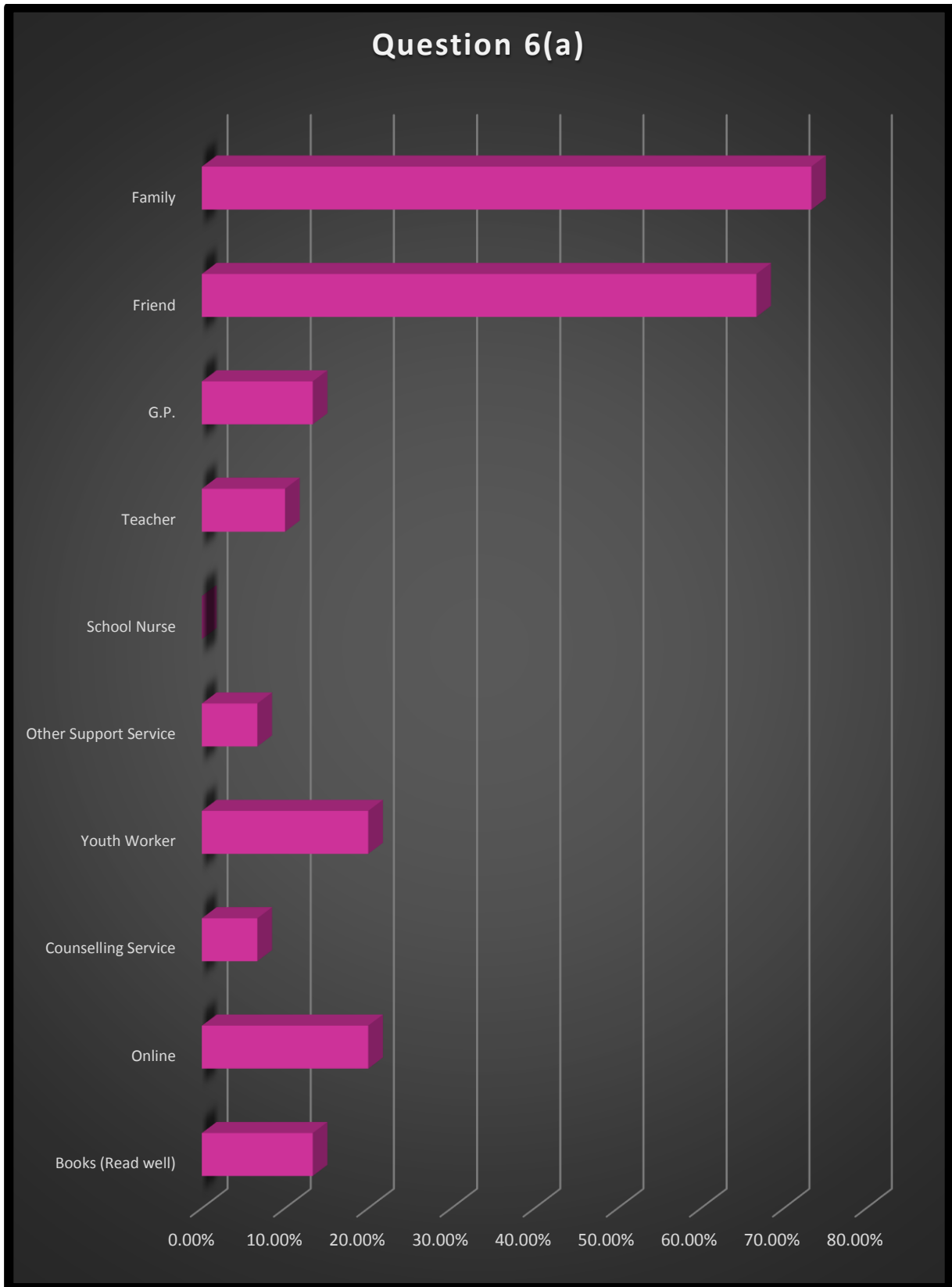
Question 6

If you were experiencing any of these problems would you seek help?



Question 6 (a)

If the answer is yes, where would you seek help?



Overwhelmingly one of the main responses was “Cutting” but some of the other words used included “Problems, yourself, hurting” These indicators suggest young people understand that it is more than just a physical act.

Question 10

What, if any, signs and symptoms would alert you to thinking a friend or colleague was self-harming? What would you do about it?

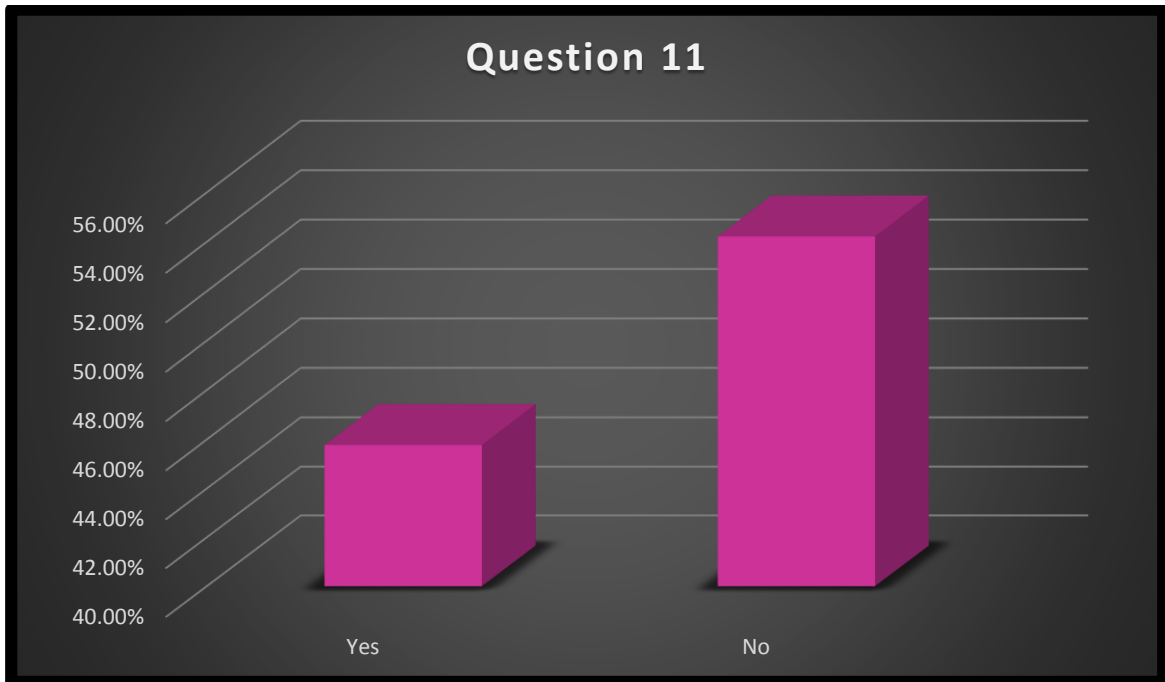
Report it
Tell someone/ask why
Talk to them about it or get someone else to talk to them
Talk to them
Speak to them, a doctor or family
Help them, be there for them
Talk to them, try send them the right way
Scars, marks
I'd tell my teacher, support staff and family
I would tell my family
Marks, covering arms and legs when warm and depression
Cuts covering up more than usual won't get changed in front of you
If they cover arms up and flinch in pain I would talk to them about it and offer advice
None of the above
I would talk to people
Talk to them and go from there
Ask in a polite manner if anything is wrong and give advice to help them and for them to help themselves
Talk to them
Cuts
Cutting, biting, hitting or kicking.
Tell a teacher
Force them to stop
I would try talking to them first and making sure they don't do it again and the signs would be self-confidence.
Talk to them and explain that it's not the answer and they can be helped
If I was close to them I would tell them, their family and people close to them.
Give them advice and keep them thinking positive thoughts
Talk to them and give them advice then seek medical help
Visible cuts on the body, hiding of wrists arms etc.
Talk to them about it
Scars or cuts on the body that look like knife slits
Talk to them about it first
Anxious and scared
Talk to them and tell anyone if they wanted me to
No idea
Long sleeves- talk to them about it.
Ask if they are ok

Talk to them about it and help them with their problem
Tell them to seek help
Talk to them or alert an adult close to them
Quieter, lack of confidence, stressed, hiding in clothes. I'd talk to them not up front but maybe little by little.
Total change in themselves, like lack of confidence or becoming introverted.
Shy change in character.
Talk to them and see if I can help
Have a word in private and refer to specialist help
Friends keeping low profile who suddenly stop joining their group of friends try to contact them and talk to them, offer support
Cuts, burns, losing weight
Depression/ cuts on arms and wrists.
Quiet, scars
Tell someone I trust
Talk to them either take them to get professional help
Tell a reasonable adult
If someone was acting strange and keeping quiet, maybe finding ways to cover up. I would report it to a responsible adult/parent
Tell someone I can trust and that can keep it private
I would talk to them if it got any worse
Tell someone responsible and who you trust
Change in self, looking insecure, introvert, someone always on scene but disappears
Talk to them about it
Lonely, burns, cuts
Being different not their usual selves, not coming out or answering their phones when they usually come out.
Excluding from normal activities/ lack of interest in hobbies. scars
Cuts on body
Cuts
Try talk to them about it to get them help
Scars or hiding certain body parts, even on warm days. Being quiet or being negative. Try to talk to them about it or say help can be available
Hiding under long clothes. Wounds of any type, bruises, cuts or burns. Becoming private and withdrawn
Marks on arm, unusual behaviour
Hiding body parts, nervousness, tiredness
Scars, ask them to seek help

We wanted to assess what knowledge local young people have about services already provided in the East Riding and whether they would know how to access them.

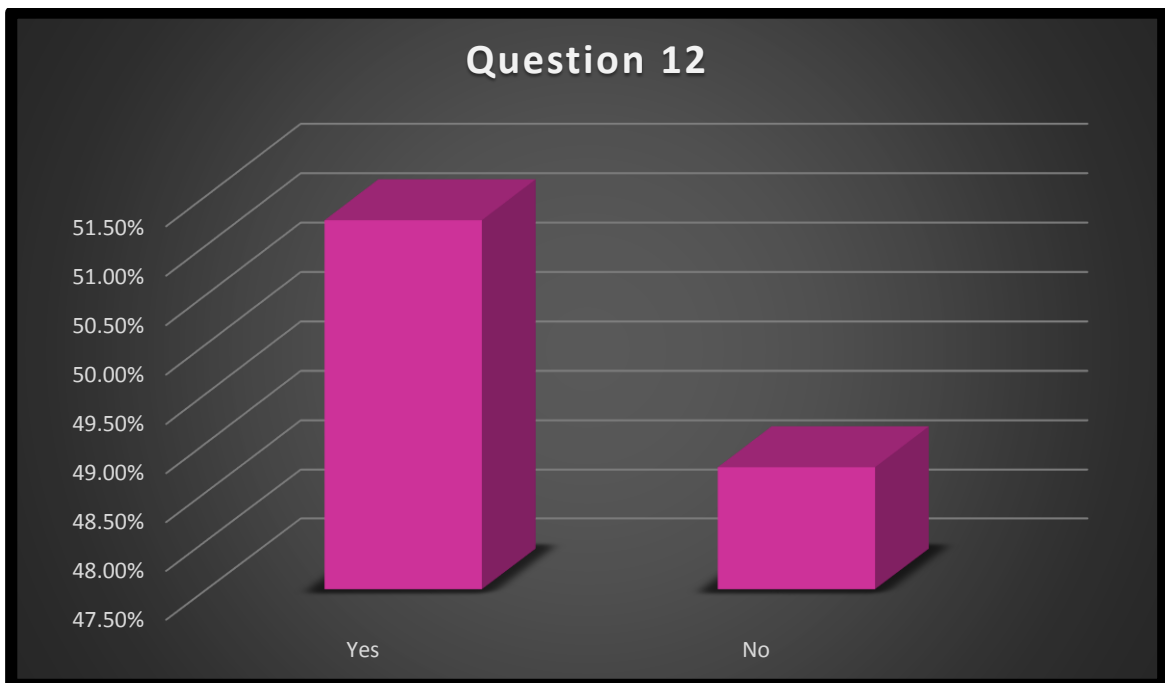
Question 11

Do you know of any support services within your local area?



Question 12

If yes, would you know how to access these services?



Conclusion & Recommendation

The subject of self-harm must be tackled with a thoughtful approach due to the sensitivity of the subject. HWERY set out to find out what young people know and perceive about the term self-harm. Would they know where to go for help? And what would they do if they thought somebody they know was self-harming. Looking at the comments and responses from the sample group who participated in this project a few key issues/themes continued to present themselves.

Stigma - Young people certainly believe there is a stigma being associated with self-harm. In some circumstances it would put young people off seeking out help. Challenging the stigma would go a long way to preventing escalating issues.

Knowledge and interpretation - One of the questions HWERY posed was “What is your interpretation of the term self-harm?” “The variability and inconsistency of the answers given to this question was striking.” Some suggested it was purely a physical act, others see it as a cry for help and there are those who believe it is just for attention. There seems to be so many different messages that young people are picking up on and because self-harm can be an expression of so many different variables so it can be hard to get the same point of view.

Burden of knowledge - Where would you seek help? Overwhelmingly young people would go to a family member or a friend in the first instance. One thing that did come up was a response to what would you do if you knew somebody self-harming? In this instance young people said they would tell a friend. When that happens there is a lot of pressure and responsibility being put on that friends shoulders and in most cases that young person will not know how to deal with it.

Recommendations

- More opportunities for young people to talk about self-harm in safe and supportive settings to enable greater understanding and awareness of the issue.
- Tackling the stigma associated with self-harm specifically and seeking help more generally. One thing this report has highlighted is young people are often scared or unwilling to ask for help because this is seen as a weakness or their own fault (something they feel has to be sorted out on their own). It is important that young people are supported and empowered to be able to ask for help when they need it.
- Online services specifically for the East Riding. Due to geography of our local area, transportation and access can be difficult.
- More information for parents/carers/professionals who are working with young people to enable them to better identify when a young person might be heading towards self-harming and intervene effectively.