

*The Youthline approach self-harm is to provide a safe environment for clients and therapeutic interventions that are based on safety, client preferences and needs, and available resources in accordance with Youthline's policies and procedures*

In New Zealand, youth aged 15-19 have higher rates of intentional self harm hospitalizations than other age groups, although the rate decreased by 44% between 1996 and 2008 (6).

1 in 5 secondary school students reported self-harm in 2011 (11).

The rate of self-harm is higher in females than in males. In 2008, male hospitalizations for 15-24 year olds self-harming were 68.0 per 100,000 population, while hospitalisation rates for females were 158.4 per 100,000 (6).

The average age self-harming behaviour begins is 12 years of age and the majority of self-harmers are between ages 11-25 (8).

#### **SELF HARM DEFINITIONS:**

*"...when people cause themselves physical pain that alters their mood (how they feel inside)". (2)*

"Deliberate self harm (DSH) is a behaviour in which a person commits an act with the purpose of physically harming himself or herself with or without a real intent of suicide" (4).

*"...self-inflicted physical injuries to the body such as cutting the surface of the skin or burning and hitting the body..."(3).*

#### **TYPES OF SELF-HARM**

Deliberate/ intentional self-harm behaviours can include:

- Cutting skin with sharp objects

- Burning skin
- Hitting the body with objects
- Punching walls
- Picking at skin
- Deliberate injury during sport
- Swallowing pills or sharp objects
- Pulling hair
- Jumping from heights

Other forms of self-harm may involve less overt or subconscious motivation to harm including:

- Risky sexual behaviour
- Getting into fights
- Drink driving
- Eating disorders, alcohol and drug addiction

#### **WHY DO PEOPLE SELF-HARM?**

Self harm can be a way of dealing with feelings that may include:

- Helplessness, despair, and low self-esteem
- Anger, shame and guilt
- Loss of control
- Loneliness
- Disconnection or the absence of emotion (causing physical pain to themselves makes them feel "real")
- Emotional pain
- A desire for punishment

People who harm themselves may have:

- Difficulty expressing their feelings verbally
- Issues with self image or body image
- Difficulties with relationships

- Mental health issues such as depression, anxiety and stress. (Child and Youth health, 2009).

## **DO'S AND DON'TS FOR HELPING A YOUNG PERSON WHO IS SELF-HARMING (5)**

### **DO**

- Earn their trust.
- Talk to them about their self-harming.
- Ask them directly if they are engaging in self-harm behaviour, but without pushing too hard e.g. "I know that sometimes you hurt yourself, and I'd like to understand why you do this. People do it for so many reasons. If you could help me understand why you do it, I'd be grateful."
- Support the person without supporting the behaviour.
- Be available.
- Distract them. Take the initiative e.g. "Shall we watch a movie?" Spontaneous acts of kindness are also positive.
- Offer physical safety e.g. "I'm worried about you. Would you come over to my place for a while?"
- Be hopeful.
- Acknowledge their pain. It doesn't make it go away, but can make it more bearable.
- Educate yourself, and suggest replacement behaviour.
- If suicidal ideation is mentioned DO inform a clinical supervisor or manager as the safety of the young person is paramount.
- Understand your feelings. Be honest with yourself. It's natural to feel a number of different emotions such as being repulsed, frightened, angry, helpless, overwhelmed, etc.
- Take care of yourself. Set limits for yourself as well as for them. Do explain: "Sometimes I need to recharge and that doesn't affect my caring about you." Get help if you need support.
- Set reasonable limits e.g. "I can't handle talking to you while you're cutting yourself. I care about you greatly, and it hurts too much to see you doing that." Show them that they don't need to self-injure to get you to care about them.

### **DON'T**

- Take it personally if the young person does not want to disclose or talk about self-harming behaviour.
- Avoid the subject. In fact, bring it up... But also don't push young people to discuss their self-harming or their feelings and emotions associated with that behaviour.
- Ask "Is there something/anything I can do?"
- Tell them "I can't deal with you if you keep cutting yourself!"
- Force or pressure them to stop. Confiscating implements can just push them to be more creative. Punishment and guilt can feed the self-hatred that can lead to self-injury.

Youthline's approach and practice when working with clients who self-harm is embedded in a strength-based, culturally sensitive, individually focused wrap-around service. The choice of intervention should be based on the individual's concerns, preferences and personal wellbeing needs. Additionally, the context in which self-harm behaviours may arise is likely to be varied therefore best practice approaches may differ according to various situations. As best practice continues to develop over time this report should be regarded as providing an overview only.

## **ALTERNATIVES TO SELF-HARMING BEHAVIOUR**

Some techniques and strategies identified (8) to reduce and prevent self-harm consist of techniques and strategies such as:

- Counting down from 10 or a greater number
- Paying attention to one's breathing and body rhythm (walking, stretching)
- Using a red water-soluble felt tip pen to mark instead of cut
- Hitting a punch bag to deal with anger and frustration.
- Rubbing ice instead of cutting OR placing hands in freezing cold water
- Making lots of noise either with a musical instrument or just banging on pots and pans
- Writing negative feelings on a piece of paper and then ripping it up
- Scribbling on a large piece of paper with a red crayon or pen
- Putting elastic bands on wrists and pulling and releasing them instead of cutting
- Writing a diary or journal

- Talking to a friend or a mentor, not necessarily about self-harm
- Completing a collage or artwork
- Going online and looking at self-harm support websites (links provided in the end)

You can also provide them with positive distractions and stress coping mechanisms such as

- Walking, running, physical exercise
- Dance
- Music and singing
- Watching TV or reading a book

### **THERAPEUTIC INTERVENTIONS FOR MANAGING SELF-HARM**

- Cognitive and behavioural therapy with a problem solving component
- Psychodynamic psychotherapy
- Psychopharmacological treatment (for underlying issues)
- Self-help groups – a group of people meeting regularly to provide emotional support and practice advice
- Problem-solving therapy
- Intensive intervention plus outreach – employing strategies and also maintaining regular contact with the client through phone calls and home visits.
- Multi-systemic therapy
- Emergency ‘green’ card – the suicide attempter is provided with card that guarantees access to 24-hour clinical follow up on demand. This scheme hopes to encourage the client to access emergency service to help prevent them from further self-harm.
- Art can be used as a distraction technique. Art therapy can be used by counsellors to determine underlying issues to self-harm.
- Family therapy as an intervention attempts to increase family involvement in the aftercare of the young person and to improve relationships within the family, which in many cases is the underlying reason for self-harm.
- Group therapy involving a professional who leads (or facilitates) the group in a way that helps the members to deal with personal issues and connect with other people.

There is conflicting research evidence on the efficacy of all these approaches due to a lack of research on self harming and what interventions work. However, some research indicates that group therapy and cognitive behavioural therapy with a problem solving component showed a greater reduction in self-harm repetition than standard treatment methods. Current best practice evidence suggests that multi-component interventions are no more effective than simple interventions designed to increase patient participation rates. Research should be directed towards understanding and identifying which interventions are successful.

### **YOUTHLINE’S APPROACH**

The government supports the healthy development of young people in New Zealand. In order to achieve this, the government has developed the Youth Development Strategy Aotearoa (YDSA) (7) which proposes a framework for communities and organizations to successfully interact with children and young people in New Zealand.

Youthline has adopted the principles of the YDSA as a guide to enhance the well-being of youth and promote healthy and positive youth development. Hence it also serves as the approach to be used when working with young people who self-harm.

The Principles of Youth Development:

#### *1. Youth development is shaped by the ‘big picture’*

Youthline recognizes that social, economic and cultural contexts are important to understanding what contributes to successful outcomes for young people who self harm. Youthline counsellors conduct thorough assessments and monitor aspects of the young person such as their safety, self-harm, substance abuse, mental health, suicidal concerns and any other issues that contribute to their wellbeing. This approach gives a holistic understanding of a young person and their environment. Counsellors address young people’s concerns with individualised, evidence-based and culturally appropriate interventions and may refer others to relevant mental health services.

2. *Youth development is about young people being connected.*

Young people are shaped by the connections they have with their social and cultural environment which has a direct effect on their mental and emotional health and physical development. Positive connections and experiences help young people build support, trust and a sense of belonging within their community. The Youthline House Model encourages young people to utilise opportunities and to strengthen their relationships with their families, community, peers and those in their schools and work places. These social connections provide protective factors for young people and can also serve as a positive distraction from their need to self-harm. Social connections also reduce the impact of negative experiences that can contribute to the young person self-harming.

3. *Youth development is based on a consistent strengths-based approach*

A strength-based approach recognizes that youth development is influenced by both 'risk' and 'protective' factors which can either contribute to or prevent healthy youth development. Youthline's counselling service maintains a strengths-based approach which focuses on assisting young people to strengthen their resiliency and manage their stress and negative life experiences by encouraging positive connections, interests and activities rather than focusing on what is not working well. If the young person is a suicide risk, crisis management approaches are used, and family and other support services such as mental health services are also involved. Any proposed intervention is carefully planned with the young person and issues of privacy, safety, client wishes are carefully considered using established Youthline policies as a guide. The safety of the young person is paramount.

4. *Youth development happens through quality relationships*

Youthline acknowledges the importance of supporting young people to build successful

relationships. Establishing trusting relationships is fundamental to Youthline therapy and counselling sessions. The strength of this relationship determines the efficacy of the treatment. Youthline encourages young people and their families to have strong and positive relationships with each other and their community. All services are integrated and families are provided with strength based support and strategies to work alongside the young person. Mentors also provide young people with the opportunity to build positive relationships. Unlike counsellors, mentors do not provide formal therapy. Mentoring enables a young person to build a trusting relationship with an adult, and provides them with an opportunity to talk about their self-harming behaviour.

5. *Youth development is triggered when young people fully participate*

Youthline provides family therapy sessions in which young people are able to constructively voice their opinions/issues to their parents/guardians. Programmes run by Youthline can help young people to be autonomous, have more control over their life and provide appropriate skills to deal/cope with negative experiences, thus reducing their need to self-harm.

6. *Youth development needs good information*

Youthline understands that youth development depends on robust research and information. The approaches at Youthline are informed by current evidence based practice. Youthline also conducts its own research projects involving young people either as participants or as researchers, valuing their opinions and in this way contributing to our understanding of young people.

To help clients better understand and cope with their feelings, young people are provided with information about self-harm, how to deal with negative feelings and what Youthline support can do for them.

Tools such as HEADDSSS assessments are used to get a comprehensive understanding of the client.

In certain cases a consultation with a medical professional such as a doctor or nurse is recommended. This initial assessment and contact assists Youthline counsellors to find the best approach for working with their client. Counsellors have regular supervision to discuss any issues that may arise as well as advice and support. In a high-risk situation professional service staff and a clinical manager will monitor and advise on the case. If the self-harming continues and there is a risk of suicide, an alternative plan will be devised in consultation with specialist services.

## **SAFETY OF CLIENTS AND OTHERS**

All Youthline counsellors are familiar with and utilise Youthline policies and procedures which underpin counselling practice and have been assessed by Child Youth and Family. Youthline is an accredited provider under the Child Youth and Family Act

A disclosure of suicidal ideation by a young person is always taken seriously. Youthline staff must notify a clinical supervisor and/or the clinical manager immediately. In such an instance, decisions about the involvement of other agencies and family will occur in consultation with supervisors and the clinical manager and where possible the young person. Support is provided to both the young person and Youthline staff during this process.<sup>1</sup>

The final decision about the involvement of other agencies and family will happen after the consultation described above has taken place.

Ensuring the safety of the young person is paramount whilst the young person is in Youthline's care.

## **CONFIDENTIALITY**

All counsellors will clearly explain confidentiality and its limits when they enter into a new counselling relationship. All information about the client is treated with confidence and will not be passed on to a third party without the client's prior consent unless the

<sup>1</sup> Youthline policy manual Standard 3 outlines the protocols that Youthline staff must follow if a young person discloses their intentions to act upon suicidal thoughts or if they are in the process of suicidal behaviour.

safety of the client or others is threatened. If a client is depressed or has suicidal thoughts, Youthline encourages the involvement of a family member or supportive other and assists clients to establish this relationship.

Where a client is self-harming with an imminent plan for suicide, or is practicing high risk self-harming behaviour (e.g. choking or excessive self-medication), the Youthline counsellor should consider involving others in order to keep the client safe. Clients will be informed of this process and what information is to be shared. This can usually be agreed upon with the client.

If clients prefer, Youthline will help them to find someone from their own culture to talk to.

Youthline is able to refer clients to other community agencies where appropriate. Clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required.

## **REFERENCES**

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### **FURTHER INFORMATION**

- **Urge/Whakamanawa:** [www.urge.co.nz](http://www.urge.co.nz)
- **Youthline:** [www.youthline.co.nz](http://www.youthline.co.nz)  
24 hour contact details:  
Youthline support line: **0800 37 66 33**  
Free txt: **234**  
E-mail: [talk@youthline.co.nz](mailto:talk@youthline.co.nz)
- **headspace.org.nz**  
<http://www.headspace.org.nz/young-people/self-harming.htm>

For urgent Mental Health service 24 hour cover call your local mental health service provider (see the emergency services section of the phone book) or in central Auckland call: 0800 800 717

**In an emergency contact police or ambulance service - 111**