The alarming rise in teenage self-harm

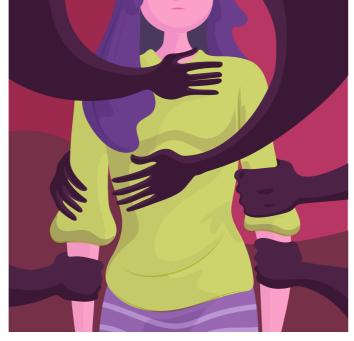
BY REGISTERED COUNSELLOR AND PSYCHOTHERAPIST SHARON HINSULL

recent survey of school governing boards in England revealed that there has been a significant increase in reported cases of self-harm since the beginning of the COVID-19 pandemic.

The study, which was conducted by the National Governance Association (NGA), reported cases of self-injury reaching a particularly high rate amongst pupils during the post-Covid period. A further survey conducted by The Lancet in 2023 revealed that GPs had seen a significant rise in the number of children and young people self-harming during the first two years of the pandemic. This increase was found to be greatest among girls aged 13 to 16, which was appreciably higher than the previously recorded rates of self-harm within the same age category.

WHY SELF-HARM?

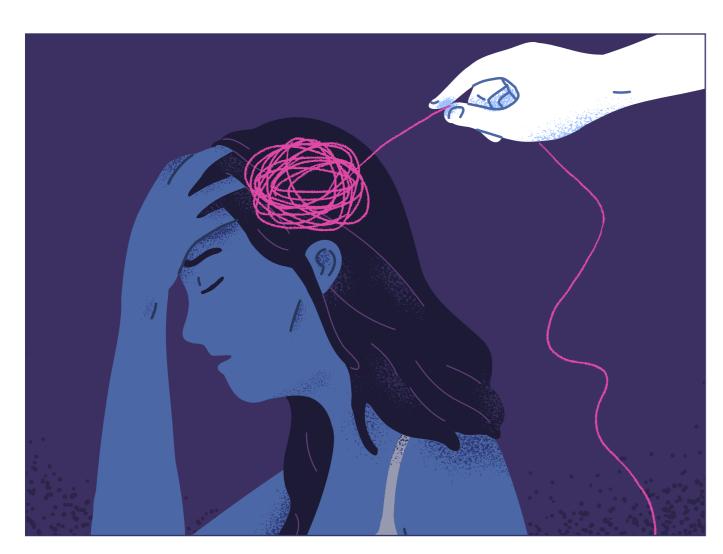
The phenomenon of young people causing intentional injury to themselves is sadly nothing new, and the practice appears to be on the increase for several reasons. Sometimes, the behaviour can stem from a particular incident or series



of negative experiences, with a history of trauma often lying at the heart of the presenting issue. In some cases, self-harming behaviours can also be symptomatic of other associated mental health or developmental disorders. In my experience of working with people who self-harm, many clients say that they find the ritual of inflicting physical injury upon themselves a form of sensory release, helping them to feel something other than an endless cycle of emotional numbness, desolation and despair.



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It is not always possible for an individual to identify precisely the underlying cause(s) of their self-harming behaviour. For some, it may simply be about finding a way of expressing their feelings without verbalising them. Whatever the case for the person concerned, self-harm is generally regarded as a coping strategy for dealing with an overwhelming build-up of uncomfortable feelings.

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WHO SELF-HARMS?

Whilst self-harm might be commonly thought of as an issue that predominantly affects teenagers and young adults, people of all ages and backgrounds are known to hurt themselves deliberately. A common myth associated with self-injury is that it can sometimes be used as an attention-seeking behaviour. In reality, however, the majority of people who self-harm are far more likely to keep their wounds hidden rather than draw attention to them. To dismiss the underlying factors which may lead to someone self-harming is to potentially undermine the help and support that the person so desperately needs.

TYPES OF SELF-HARM

How people intentionally harm themselves can vary enormously. Arguably, excessive drinking, smoking, drug-taking or any number of other risk-taking behaviours can be seen to constitute forms of self-harm. More often than not, however. a person who resorts to injuring themselves in an attempt to block out or relieve uncomfortable feelings will be seeking to do so in as instantaneous a way as possible. Some of the most commonly seen forms of self-harm. therefore, tend to be those associated with acute physical injury, such as cutting, burning, head banging or hitting.

With so many young people being exposed to psychologically damaging material online, it is believed that the increase in cases of teenage self-harm may, in large part, be down to the influence of images circulating on social media, as well as through self-harm and suicide websites.

HOW TO HELP

When a parent first discovers that their child is self-harming, it can naturally trigger feelings of panic and alarm. While it is entirely understandable for any parent to want to physically intervene and put an immediate stop to the self-injuring behaviour, it is advisable to remain as calm as possible to minimise the amount of emotional distress being caused.

It is essential to acknowledge that a child who has been self-harming is likely to feel a significant amount of shame and embarrassment when their

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behaviour is eventually found out. Therefore, a sensitive approach will be required to help the young person access the appropriate forms of support.

The first recommended port of call is usually the GP, who can signpost or refer the young person to the best available treatment option. This may be a referral to the local counselling service or community mental health team. In some cases, it might also be appropriate for the GP to prescribe some medication to help with feelings of anxiety or low mood.

ORGANISATIONS OF SUPPORT

There are various support groups and information services available for people who self-harm and their caregivers.

A directory of links to organisations that operate on a regional and national basis can be accessed via Self-injury Support (SIS) selfinjurysupport.org.uk

The SIS website also offers a range of self-help materials and runs its own text and helpline support service for people in emotional distress. ❖

Sharon Hinsull is a BACP registered counsellor and psychotherapist. therapy-and-training.co.uk
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