Self-harm and Suicide
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Reporting suicide and self-harm

If you are tasked with reporting about suicide or self-harm it is really important to do this responsibly as studies have shown that some reporting can lead to copycat behaviour.

- Focus on feelings, not behaviours. Try to report underlying issues or motivations behind the self-harm, as opposed to detailing the behaviour itself. Graphic descriptions can be used as tips by people who may be predisposed to self-harming.

- Don’t be explicit about methods, e.g. it may be okay to mention taking an overdose, but avoid detailing what substance was taken, how many tablets, etc. This could be used as a tip by someone experiencing suicidal ideations.

- Avoid coverage of self-harming behaviours by celebrities. It could glamourise or prompt imitation behaviour.

- Remember the correct term is to ‘complete’ suicide, not ‘commit’. ‘Commit’ is used when describing criminality, and implies judgement or persecution.

- Avoid phrases like ‘unsuccessful suicide attempt’. This attributes feelings of achievement or failure to taking one’s own life.

- No images relating to self-injury should be used. This can be triggering and distressing for readers.

- Avoid presenting the behaviour as an appropriate solution to the problems, as readers may interpret the behaviour as a positive coping strategy.

- Avoid disclosing the contents of any suicide notes, past or present. Sometimes this may be used as guidance for a vulnerable person to justify their own suicide.

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Self-harm

This article is for anyone who wants to know more about self-harm, particularly anyone who is harming themselves, or feels that they might. We hope it will also be helpful for friends and families.

The article looks at the different sorts of self-harm and why someone might do it. It discusses:

- some of the help available
- what you can do to help yourself
- what friends or family can do to help.

What is self-harm?
Self-harm happens when you hurt or harm yourself. You may:

- take too many tablets – an overdose
- cut yourself
- burn yourself
- bang your head or throw yourself against something hard
- punch yourself
- stick things in your body
- swallow things.

It can feel to other people that these things are done calmly and deliberately – almost cynically. But we know that someone who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil. Some people plan it in advance; for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others do it regularly – it can be hard to stop.

Some of us harm ourselves in less obvious, but still serious, ways. We may behave in ways that suggest we don’t care whether we live or die – we may take drugs recklessly, have unsafe sex or binge drink. Some people simply starve themselves.

Other words that are used to describe self-harm
These terms were previously used to describe self-harm, but are now going out of use:

- Deliberate self-harm (DSH): the word ‘deliberate’ tended to blame people for their self-harm.
- Suicide/Parasuicide: these suggested that harming yourself is the same as wanting to kill yourself – which is often not the case.

How common is self-harm?
About one in ten young people will self-harm at some point, but it can happen at any age.

The research probably underestimates how common self-harm is. It is usually based on surveys of people who go to hospital or their GP after harming themselves. However, we know that a lot of people do not seek help after self-harm. Some types of self-harm, like cutting, may be more secret and so less likely to be noticed.

In a recent study of over 4,000 self-harming adults in hospital, 80% had overdosed and around 15% had cut themselves. In the community, it is likely that cutting is a more common way of self-harming than taking an overdose.

Who self-harms?
It happens more often in:

- young women
- prisoners, asylum seekers and veterans of the armed forces
- gay, lesbian and bisexual people: this seems, at least in part, due to the stress of prejudice and discrimination
- a group of young people who self-harm together: having a friend who self-harms may increase your chances of doing it as well
- people who have experienced physical, emotional or sexual abuse during childhood.

What makes people self-harm?
Research has shown that many people who harm themselves are struggling with intolerable distress or
A self-harmer can feel guilt, shame and embarrassment about what they do to themselves. But why should self-harmers feel what they do is shameful or dirty when we accept eating disorders, alcoholism and drug abuse as serious mental conditions that require professional support and guidance?

I spoke to a group of students at Winchester University about why they think the UK has such a high level of self-harm and why it still holds such a negative stigma.

One student said, ‘I avoid discussing self-harm because I am afraid that I could be talking to someone who is in fact a self-harmer. It’s the act of inflicting injury on yourself that is still so taboo.’

She went on to explain that self-harm was so prevalent in our society but shrouded in secrecy. She said that this meant that a friend might be a self-harmer or have self-harmed and she wouldn’t know. She said that, ‘Alcoholism is more accepted than self-harm.’ And that there are services such as Talk To Frank from which you can educate yourself about drugs, but there is no such service for self-harm.

Because of this lack of information those who disclose their problem to family and friends are often met with silence. The family and friends don’t know how to respond since they are not educated on the subject.

Another student said that the ‘go go’ work culture and fast-paced lifestyle in England makes people stressed and tense. Self-harm becomes an outlet for this tension. We need to slow down and ease off the pressures, they suggested.

Another student said we have adopted an ‘American culture’ in which everyone must be perfect and beautiful. Self-harm is an ugly blotch on this ideology and is therefore met with disapproval and disgust. She said we have put too high an expectation on ourselves and so when we can’t cope with life it’s like we have failed.

She added that films have a lot to answer for self-harm stereotypes. They do not portray self-harm in a realistic way, and often characters who self-harm will be ‘goths’ or ‘stunningly beautiful teenagers’ that glamourise the subject.

Thankfully steps are being made to get self-harm out there. A website, thesite.org, has recently launched a self-harm advice section, which is a fantastic resource for anyone affected.

The resource has been created by 42nd Street, Depaul UK and Youthnet (the charity that runs thesite.org), in response to the National Inquiry into self-harm.

Vera Martin, Director of 42nd Street, said, ‘Self-harm is often misunderstood and frequently caricatured as attention seeking on the part of the young people who do it. But for many people self-harm is a response to – even a way of managing – deep-seated emotional distress and pain.’

For some people self-harm becomes an addictive cycle, a method of coping with the realities of our stressful, unpredictable lives. Breaking the cycle is tough, as the self-harmer will have to learn to go through the motions of hurt, anger, stress and grief without using that coping method.

Self-harmers need the support and understanding of those around them.

We all have our own coping mechanisms. Some of us smoke, some of us drink alcohol, some of us exercise and some of us grab another bar of chocolate. Judging one person’s coping method compared to another does not help. Getting to the bottom of why we need a coping mechanism in the first place is the key.

You can discover this by chatting to family, friends, going onto thesite.org discussion board or going to see a counsellor.

Talking about self-harm and informing yourself about it is the direction we all need to take to change the status of this stigma against self-harmers.