Orygen
The National Centre of Excellence in Youth Mental Health

Clinical practice in youth mental health

Supporting clinicians to work with parents of young people who self-harm

Introduction

Self-harm is a significant public health issue among young people, both in Australia and worldwide (Robinson 2016; Mars et al. 2014). Internationally, it is estimated that 16–18% of people will experience self-harm at some point in their lives (Swannell et al. 2014; Muehlenkamp et al. 2012) and recent findings show that approximately one in ten Australian adolescents have self-harmed (Zubrick et al. 2016).

Significantly higher rates of self-harm occur in a number of sub-populations, including young women, young people experiencing mental ill-health, LGBTIQ young people, and Aboriginal and Torres Strait Island young people (Robinson 2017). This may be due to an increased risk of experiencing victimisation, discrimination, marginalisation, and bullying (Swahn, Ali et al. 2012; McDermott, Hughes & Rawlings 2016). However, as many young people who self-harm actively conceal their injuries and do not access help from health services (Michelmore and Hindley 2012), it's difficult to estimate the true number of young people who engage in self-harm (Hawton et al. 2012).

Clinicians who work with parents of young people who self-harm can use this clinical practice point to:

- recognise the common initial responses of parents when they discover that their child has been self-harming
- recognise the ongoing emotional, relational, and practical impact of self-harm on parents
- consider the impact that self-harm may have on siblings and the wider family system
- provide information to parents about support for themselves and other family members.

Why is it important to engage with parents?

Qualitative research suggests that there are a number of emotional, relational, and practical impacts on parents, and the wider family system of young people who self-harm, which, in turn, may affect a parent's ability to care for their child (Ferrey et al. 2016b; Arbuthnott and Lewis 2015). A significant proportion of parents are unaware that their child is self-harming, and at times it is the job of the school counsellor or treating clinician(s) to inform a parent that their child is engaging in self-harm (Kelada et al. 2016).

> "Subject to the person's consent and right to confidentiality, encourage the family, carers or significant others to be involved where appropriate.
>
> NICE Guidelines (2012)

What is self-harm?

There are a variety of different terms used to describe self-harm. It can, but doesn't always, occur in the context of suicidal ideation. Suicidal ideation is a relatively vague term that can indicate thoughts about wanting to die with little intent to act on this, through to detailed thinking about how to end one's own life.

As the intent for self-harming behaviours in young people can change and fluctuate, including that they may be ambivalent about whether they live or die – it is difficult to accurately assess the presence of suicidal intent (Kapur et al. 2013; Hawton et al. 1982). It is not always possible, or helpful, to separate self-harm into occurring with or without suicidal intent.

It is more helpful for clinicians to ascertain the meaning of the self-harming behaviour and the function that it may be serving for the young person. For the purpose of this clinical practice point, the term self-harm includes:

- Self-injury: the act of deliberately injuring one's own body, which can include actions like cutting, scratching, hitting, and burning tissue on the body.
- Self-poisoning: ingesting or inhaling an amount of a substance – whether it is for human consumption or not – associated with significant potential to cause harm. Self-poisoning episodes may be accidental or deliberate; fatal or non-fatal (Camidge et al. 2003).
- Self-poisoning and self-injury for which there may be suicidal intent, no suicidal intent, or mixed motivations.
- Suicide attempt: a deliberate act where there is a clear expectation of death (Crosby et al. 2011).

Parents can be a valuable source of support for their child who self-harms (Arbuthnott and Lewis 2015), and parents themselves consistently identify the need for support from services following an episode of self-harm by their child (Byrne et al. 2008). Ensuring a positive experience for parents during this distressing time is critical to ensure that they are engaged in their child's continuing care. If parents receive poor support at their first interaction with healthcare professionals, they are less likely to continue help-seeking (Oldershaw et al. 2008; Arbuthnott and Lewis 2015). Conversely, if parents are supportive of treatment, the likelihood of the young person accepting treatment is much higher, making this initial stage of treatment very important (Rissanen et al. 2009; Fadum et al. 2013; Clarke et al. 2004; Kelada et al. 2016).

Clinicians working with young people may have the capacity, and a valuable opportunity, to provide psychoeducation and support to parents regarding their child's self-harm. As such, it is important for clinicians to be sensitive and mindful of the impact of self-harm on parents, and other family members.

Core resources for engagement with families

- Family and Friends Inclusive Practice – headspace.
- Evidence in-Sight: Best Practices in Engaging Families in Child and Youth Mental Health – Ontario Centre of Excellence for Child and Youth Mental Health. This is a more comprehensive report focusing on evidence-informed practices in engaging family members in child and youth mental health treatment.
- From Individual to Families: A Client-Centred Framework for Involving Families – The Bouverie Centre.
- Pillars of Practice Linking Youth and Families Together – Anglicare Victoria.

How does self-harm impact parents and the wider family system?

Parents often experience intense emotional responses when they learn that their child is self-harming. These responses can include shock, embarrassment, shame, guilt, and confusion.

At this early stage, parents are often highly distressed and are looking for answers – from their child and from professionals – in order to make sense of why their child is self-harming (Oldershaw et al. 2008; Hughes et al. 2017; Raphael et al. 2006). This can be a particularly distressing time for both the parents and the young person, who may not be able to answer their parent's questions and who may be worried, frightened, or angry about their parents' reactions.

Common initial responses of parents

On discovering that their child has been self-harming, parents have reported feeling:

- anger
- anxiety
- disbelief
- frustration
- fear
- horror
- guilt
- isolated
- a lack of confidence in their own parenting abilities
- shame
- shock
- terror
- that they have failed as a parent
- unsettled (chaotic)
- unsure of what to do
- an overwhelming urge to 'fix' the problem.

Identified by Byrne et al. 2008, Ferry et al. 2016a, and Ferry et al. 2016b.

What is the ongoing impact on parental mental health?

Parenting a child who engages in self-harm can be highly distressing. Adults can struggle to cope with their child's behaviours and this can have wider impacts on the family system (Kelada et al. 2016; Raphael et al. 2006).

Ongoing stress surrounding their child's self-harming behaviour may contribute to the development of poor mental health in parents. Some parents report experiencing depression and anxiety, with many attributing their child's behaviour to the onset of their own mental ill-health (Ferrey et al. 2016b; Hughes et al. 2017). Some parents have also reported lower levels of wellbeing, lower levels of perceived parenting efficacy, and distress (Morgan et al. 2013). Parents may also feel burnt out.

Most parents recognise that seeking support for their own mental health is important to ensure that they can continue to care for their child (Ferrey et al. 2016b). Below are some of the ongoing effects a child's self-harming behaviour can have on parental mental health.

Isolation

On learning of their child's self-harm, many parents report feeling that they have 'failed' their child in some way, or fear how other people might react to learning of the self-harm. For example, 'You're bad parents' or 'Your child is crazy'. As a result, some parents are reluctant to confide in friends or family about what they are going through (Ferrey et al. 2016b; McDonald et al. 2007; Oldershaw et al. 2008), creating a sense of isolation and leaving them feeling overwhelmed.

Changes in parenting strategies

Changes to a parent's normal parenting style often occur following the discovery of self-harm in a child. Specific changes in parenting strategies include:

- An increase in controlling or monitoring their child, such as:
  - removing access to means (such as blades)
  - checking the whereabouts of their child
  - requesting bedroom doors to be left open
  - checking messages on their child's phone.
- Relaxing boundaries around behaviour or 'walking on eggshells' so as not to trigger an episode of self-harm in their child.
- An increase in supportive parenting strategies including:
  - supporting their child to identify more appropriate coping strategies
  - helping their child to schedule in enjoyable activities
  - increasing physical contact, such as giving more cuddles.

Identified by Baetens, Claus et al. 2015, Ferrey, Hughes et al. 2016, Oldershaw et al. 2008, and in *Looking the other way: young people and self-harm* published by Orygen, The National Centre of Excellence in Youth Mental Health 2016.

Adopting specific parenting strategies tends to be influenced by the parents' conceptualisation of self-harming behaviour. Parents who view self-harm as either part of a normal developmental stage or associated with mental ill-health tend to adopt more supportive strategies, while parents who view the behaviour as 'bad' tend to adopt more controlling strategies (Ferrey et al. 2016a). Some parents also report a tension between themselves and their partner regarding the 'best' strategies to implement, which can further add to the stress of dealing with the situation.

Practical impacts

Self-harm can also have practical and financial implications for the family. In some cases, parents have reported that their child's self-harm made it difficult for them to maintain a full-time job (Ferrey et al. 2016b; McDonald et al. 2007), as well as requiring them to take paid or unpaid leave, sometimes at short notice.

For some parents, accessing private psychiatric care or counselling for their child comes at additional financial cost. Furthermore, if a young person is hospitalised as a result of an episode of self-harm, parents may have to travel long distances to visit them in hospital, requiring time off work, as well as transport and, in some cases, additional accommodation costs (Ferrey et al. 2016b).

Impact on siblings

Emerging evidence provides some insight into the experience of siblings of young people who self-harm. Qualitative research indicates that other siblings can react to the self-harm of another sibling in a range of ways, including by expressing feelings of anger, frustration, responsibility, and resentment (Ferrey et al. 2016b).

Parents have also expressed worry about neglecting their other children, as more attention and time is directed to the child who is engaging in self-harm (Morgan et al. 2013; Rissanen et al. 2008). In some cases, parents report having to leave siblings behind, such as when they have had to attend the hospital with their other child (McDonald et al. 2007). However, more positively, a proportion of siblings also feel compassion and a willingness to support or help (Ferrey et al. 2016b).

How can clinicians support parents?

Provide psychoeducation to parents regarding self-harm in young people

Current clinical practice guidelines by the National Institute for Health and Care Excellence (NICE) state that when families and carers are involved in supporting a child who self-harms, information on self-harm, and ways in which families and carers can support their child, should be offered (NICE 2012). Parents have expressed that receiving such information is helpful (Ferrey et al. 2016b). Information regarding the following may be beneficial to parents:

- what self-harm is and how it is managed
- how many young people self-harm
- why young people self-harm
- common myths surrounding self-harm
- how parents can support their child, including what to do in an emergency
- why their children may struggle to confide in them about their self-harm or struggle to answer questions about why they self-harm.

Factsheets and self-help resources

The following factsheets and self-help resources covering these topics can be provided to parents free of charge:

- Self-harm; Sorting Fact from Fiction – Mythbuster developed by Orygen, The National Centre of Excellence in Youth Mental Health.
- Self-harm and young people – factsheet developed by Orygen, The National Centre of Excellence in Youth Mental Health.
- Self-harm – factsheet developed by headspace.
- Coping with self-harm: A Guide for Parents and Carers – developed by researchers at the University of Oxford.
- Online module for families and friends: Understanding self-harm – developed by Orygen, The National Centre of Excellence in Youth Mental Health.

Reinforce the importance of parental self-care

Clinicians need to let parents know that one of the best things they can do to support their child is to ensure they are looking after their own health and well-being. Clinical practice guidelines by NICE recommend that clinicians provide parents with contact details for carer support groups, as well as information on how to access mental health assessments for themselves (NICE, 2012).

To promote self-care, encourage parents to:

- Reflect on their own wellbeing, including if there is a personal or family history of self-harm, and seek professional support for this if needed (e.g. through their GP for a mental healthcare plan).
- Find ways to identify and accept feelings being evoked by their child's self-harming behaviour and seek out appropriate ways to deal with this (e.g. writing a diary, seeking professional support).
- Schedule in time for relaxation and enjoyable activities.
- Take time off work if this is possible.
- Accept help from friends and family.

Adapted from Coping with self-harm: A Guide for Parents and Carers developed by researchers at The University of Oxford.

There are a number of organisations that provide support for parents, including:

- eheadspace – provides online and phone-based parenting support.
- Reachout – provides support and parenting advice for parents of young people who are aged 12–18.
- Parentline – services vary by State.

Explore peer support for parents

Parents have reported that receiving support from other parents who have also had children engage in self-harm might be valuable (Ferrey et al. 2016b; Byrne et al. 2008). Parent-to-parent 'peer support' can come in individual or group formats. One study has shown a support group to lower levels of psychological distress amongst parents (Power et al. 2009). Ideally, a peer or family support worker in individual organisations can help parents find individual or group peer support programs. Alternatively, a considered internet search can help provide similar information.

The benefits of peer support for parents

Peer support for parents may be able to provide parents with:

- strategies for dealing with stigma and guilt
- understanding the function of self-harm
- a sense of relief at knowing they are not alone
- advice on appropriate communication methods (e.g. learning open-ended questioning)
- support to suppress the overwhelming urge of a parent to try to 'fix' the behaviour.

Clinicians need to let parents know that one of the best things they can do to support their child is to ensure they are looking after their own health and well-being.

Case study

Chris is a 15 year old young person, whose parents are frequently arguing with Chris. This often leads to the parents yelling at Chris and one another. Chris no longer feels part of the family, has withdrawn, and spends a lot of time in the bedroom.

Chris's clinician was curious and enquired about the arguments ... *How long have they been this bad? What are they about? What do you want things to be like at home? ... How would you like things to be in the future, two to three months from now?*

Chris seemed relieved to speak. The arguments started when a parent found and read Chris's diary, which revealed painful feelings and self-harm. Chris had not confided with anyone about this. Chris would cut to the point of seeing some blood and reported feeling quick relief from unbearable feelings. Before the cutting there were some thoughts of not wanting to live any more but there was no intent to die, just to get rid of painful feelings and distress.

Together, the clinician and Chris agreed to take time in their sessions to learn more about the thoughts, feelings and distress and to develop new ways to cope. The clinician explored: *How can we help your parents to be more helpful as they don't seem to know how best to help? At the moment checking all the time and coming into your room and reading your diary just causes more arguments. They need help to know what else to do and you have some good ideas which could help them. I can help them to know that together we have a plan to learn other ways of coping. Also, that you have ideas for things you can do as well as things they can do to help.*

This conversation with Chris was really important for setting up a meeting with other family members. It helped set the focus of the meeting – introducing the safety plan and exploring what is and is not helpful for Chris. Chris talked about who should be invited to the meeting. The clinician suggested that both parents come since the parents had different ideas about what to do, which seemed to cause more arguments between them. The clinician helped each parent to talk about the worry and love behind their anger and distress. They were relieved to learn that Chris understood the self-ham and wanted to learn other ways to cope. They were also relieved to learn of things they could do that would help, and that the clinician thought these ideas could work to reduce the self-harm. An important message was that everybody was doing the best they can.

*Names have been changed to protect confidentiality

Promote positive parenting styles

Highlight what parents are already doing well as this helps to normalise their emotional reactions to self-harm, as well as clarify any confusion or difficulty in knowing how to respond. Clinicians may choose to explore strategies being used by parents, and enquire about whether they have previously parented a child who has self-harmed. This can help to provide them with some potentially helpful parenting strategies. These may include:

- Making intent to support the child clear to them.
- Providing comfort and validation of emotions.
- Sharing decision-making about treatment and management.
- Modelling emotional acceptance, regulation, and expression.
- Avoiding defining the child by their self-harm.
- Being aware of triggers.

Adapted from Coping with self-harm: A Guide for Parents and Carers developed by researchers at The University of Oxford.

Consider siblings

Many factors are likely to influence how parents support their other children, including whether or not to tell them that their sibling is engaging in self-harm. Even if a sibling is not specifically aware that one of their siblings is engaging in self-harm, parents are still able to acknowledge that one of their siblings is struggling. In order to promote a supportive environment for siblings of a young person who is self-harming, parents can:

- Reflect on whether they are giving adequate support and attention to other siblings, such as by listening to them, spending time with them, and, if not, working to address this.
- Be alert for self-harming behaviours in other siblings.
- Support other siblings to manage their feelings and provide them with coping strategies if needed.
- Ensure that other siblings also receive professional support if needed.

Take home messages

When a young person is engaging in self-harm, it can have a significant emotional, psychological, and economic impact on their parents and other siblings.

Clinicians and other professional staff working with young people who self-harm need to consider this impact on families and the needs of both parents and siblings. Don't underestimate the importance of providing a compassionate response, support, and psychoeducation to parents and other siblings of a young person who is self-harming.

Here are some key things to remember when working with parents of a child who is self-harming:

- Provide parents with information about self-harm and what to expect, particularly to help them manage their initial reaction to discovering their child is self-harming.
- Provide parents with ongoing information that supports them to manage their own wellbeing, their parenting, and their relationships and work lives while they are supporting their child through treatment.
- Remember that peer-based support for parents – whether it's individual or in a group – can provide a different kind of information that some parents will find helpful.

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