

Points of view

You think my self-harming means I'm not coping.

I think self-harming is **helping** me cope.

You think I'm attention-seeking.

I wish people's attention didn't need seeking.

You think you know why I self-harm.

I think it would be nice if someone asked my opinion!

You think I should stop self-harming.

I think you should stop your smoking and fry-ups.

You think I'm manipulating you.

I think if you took notice of what I said, I wouldn't have to.

You think I'm a waste of time.

I don't feel like people have wasted much time trying.

You think if I self-harm I might kill myself.

I think if I didn't self-harm I might kill myself.

You think if you don't talk to me when I self-harm then I'll stop.

I think 'So what's new?'

You think if you stitch me without anaesthetic it might put me off self-harming.

I think there are better ways of teaching me to respect my own body.

You say you can't help me while I'm self-harming.

I think if I could stop then I wouldn't need help!

You think my self-harm is a big problem.

Often self-harm feels like the least of my problems.

You feel you have to manage my behaviour.

I wish you'd just listen to me.

Today you said you couldn't manage me.

You were out of your mind with worry.

You said you felt a failure because you didn't have all the answers.

You looked me in the eye and said 'What do you need from me?'

Now I think we can get somewhere.

Rhian

Additional Assessment Questions

Self-harm

The following points should be considered when assessing a young person who may be self-harming.

1. Age

The older the teenager the higher the likelihood of attempted suicide.

2. General health

Do they look like they are taking care of appearance / hygiene? Are they dressed appropriately?

3. Attachments and boundaries

Adolescents become suicidal, at least partly, within a context of family dysfunction.

Young people who have been abused/victimised or are in care are at greater risk.

Teenagers without a significant and safe attachment figure who consider themselves lonely are more likely to deliberately harm themselves.

4. History of self-harm

Young people who have already attempted suicide are more likely to try again. The more serious the intent and the attempts the greater should be the level of concern.

5. History of general self-destruction

Any other forms of destructive or antisocial behaviours present.

6. Substance abuse

Adolescents who abuse drugs and alcohol are likely to demonstrate poor impulse control and poor problem-solving skills. They are at higher risk of self-harm.

7. Adaptive strategies

How well do they cope with stress or relationships? How receptive are they to support?

8. Chronic and multiple problems

Are there any other co-existing difficulties, i.e., peer relationships, family and school?

9. Experience of loss

Loss is a central issue in adolescence. The number of experiences of loss are important. Having friends and family who have committed suicide increases the risk.

10. Support system

Common factor in adolescents who attempt suicide is a lack of stable family support, few friends or superficial contacts.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

11. Mental state

Depression and suicide are closely related. These symptoms must have been present nearly every day for a period of at least two weeks.

12. Attitude to future

Do they think their condition or circumstances can change? Can they expect things to get better? Is there anything in the future they are looking forward to?

13. Support system

Are they accessible to support and counselling? Are they turning up for school or other appointments?

14. Attitude towards death

Try to understand the meaning and attraction of death to the adolescent.