

Parents and Carers of Young People who Self-harm: Summary of Research Findings for Clinicians

At least 10% of adolescents self-harm. The impact on their families can be devastating and can include emotional distress, shame, and helplessness. This guide describes the key results of a qualitative study designed to explore the experiences and perceptions of parents/carers of young people who self-harm, and aims to assist clinicians in helping families navigate through this experience. Information on sources of help for parents and carers is provided at the end of the guide.

Semi-structured narrative interviews were conducted with 37 parents of young people aged up to 25 years who had self-harmed. The participants came from across England, Scotland and Wales. Once transcribed, the interviews were analysed for key themes.

How parents understand self-harm in young people

- Most parents were bewildered or confused by their child's self-harm
- They felt their perception of their child had changed
- This prompted many to undergo a process of "sense-making" that includes:
 - Ruminative introspection
 - Looking for authoritative information which would help them to understand and respond to the self-harm, and
 - Constructing a new way of seeing the self-harm
- Most participants appeared to have been successful in making sense of self-harm, though not without considerable effort and emotional struggle

Impact on parents

- After the discovery of self-harm, parents described feelings of shock, anger and disbelief
- Later reactions included stress, worry, anxiety, feelings of guilt, and in some cases the onset or worsening of clinical depression
- Social isolation could be a problem: parents often withdrew from social contact due to the perceived stigma associated with self-harm
- Parents described significant impacts on the young person's siblings, including
 - upset and stress
 - feelings of responsibility for their sibling
 - worries about stigma at school
- The necessity of being available to their child often conflicted with the demands of full-time work
- Decreases in paid work along with the cost of travel and private care affected finances
- Parents generally felt that with help, their child would develop better coping mechanisms

Changes in parenting strategies after a young person's self-harm

- A child's self-harm may lead mothers and fathers to re-evaluate their parenting strategies
- There are changes to the degree of support they provide their child and changes to how much they feel the need to control and/or monitor their child
- Early on, parents often found themselves "walking on eggshells" so as not to upset their child; later, they felt more able to take some control
- Parents' reactions often depended on how they conceptualised the self-harm:
 - part of adolescence
 - mental health issue
 - "naughty behaviour"
- Parents worried about less of their time being available for siblings
- Specific strategies included learning to avoid blaming themselves or their child for the self-harm and developing new ways to communicate with their child

Experiences of support and treatment

- Parents talked about the importance of professionals' attitude towards their child: helpful or judgmental
- They wanted to know that self-harm was taken seriously by clinicians
- Adolescents generally receive a standardised assessment to ascertain their level of risk - this could come across as an interrogation or an alienating "tick box" exercise
- A positive relationship between child and clinician made all the difference to engagement
- Practical aspects of care were considered to be important, including
 - Prompt access to care
 - Intensive support early on
 - Specific guidance on what to do and how to access information, including web resources, organisations and leaflets
- Parents wanted to be listened to and involved in treatment
- Parents understood the dilemmas of confidentiality but found it difficult not knowing what was said to their child by clinicians
- Regular updates from professionals were seen as essential and parents valued good communication with staff
- When available, specific help for parents' physical and mental health was valued
- Meeting other parents facing similar issues was regarded as helpful

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Conclusions

Self-harm by young people has major impacts on parents and other family members: this includes an impact on emotions, mental health, finances and sometimes on social relationships due to stigma. After the discovery of self-harm, parents tend to undergo a “sense-making” process that includes three stages: ruminative introspection, looking for authoritative information which would help them to understand and respond to the self-harm, and constructing a new way of seeing the self-harm. The availability of clear and authoritative information about self-harm may help with this process. Parenting behaviours may also change, particularly the relative degree of monitoring, control and support of their child. Parents’ views highlight the need for clinicians to have a non-judgmental approach to young people who self-harm and develop a trusting relationship with the young person, the importance of practical help including prompt access to care, the right intensity of care, practical strategies and information and support to keep the young person safe. Clinicians and others who work with young people and their families following self-harm should be aware of the needs of parents and the importance of involving them and providing them with support and guidance.

Resources

Guide for Parents and Carers: A PDF version of this Guide is freely available at <http://tinyurl.com/self-harmparents>

Hard copies of the Guide can be obtained free of charge from <http://www.cwmt.org.uk/training/information/>

Website for Parents and Carers: A healthtalk.org website for parents and carers of young people who self-harm is available at <http://www.healthtalk.org/self-harm>

The website contains transcripts and video and audio clips of parents talking about their experiences.

Academic papers

Ferrey, A.E., Hughes, N.D, Simkin, S., Locock, L., Stewart, A., Kapur, N., Gunnell, D. & Hawton, K. (2016) The impact of self-harm by young people on parents and families: A qualitative study. *BMJOpen* 6(1), DOI:10.1136/bmjopen-2015-009631

Hughes, N. D., Locock, L., Simkin, S., Stewart, A., Ferrey, A. E., Gunnell, D., Kapur, N. & Hawton, K. (2015). Making sense of an unknown terrain: How parents understand self-harm in young people. *Qualitative Health Research*. DOI: 10.1177/1049732315603032

Ferrey, A. E., Hughes, N. D., Simkin, S., Locock, L., Stewart, A., Kapur, N. Gunnell, D. & Hawton, K. (2016). Changes in parenting strategies after a young person’s self-harm: A qualitative study. *Child and Adolescent Psychiatry and Mental Health*, 10(20), 1-8. DOI: 10.1186/s13034-016-0110-y

Stewart, A., Hughes, N., Simkin, S., Locock, L., Ferrey, A., Kapur, N., Gunnell, D & Hawton, K. (2016). Navigating an unfamiliar world: How parents of young people who self-harm experience support and treatment. *Child and Adolescent Mental Health*. DOI: 10.1111/camh.12205

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