Talking Taboos: GPs and self-harm amongst young people

November 2012
Introduction

The statistics around young people who self-harm are truly shocking. That so many of the next generation feel compelled to hurt themselves in some way, yet it is spoken of so infrequently highlights just how taboo this issue has become.

As part of the Cello Group, mruk and RS Consulting joined the Talking Taboos initiative to help Young Minds, the leading youth mental health charity, by conducting groundbreaking research into self-harm. Our focus was on the GP community, often at the front-line of helping these vulnerable young people.

Through this research we interviewed 200 GPs online, representative by UK nation, length of time in practice and gender.

We hope this research stimulates debate across the public and voluntary sectors and enables Young Minds to drive change that will help those who need it most.
About young people and self-harm

THE STATS

One in twelve children and young people are said to self-harm\(^1\) and over the last ten years inpatient admissions for young people who self-harm have increased by 68%. In the last year alone these hospital admissions for under 25s increased by 10%. And, among females under 25, there has been a 77% increase in the last ten years.

THE CAUSES

The true figure of how many children and young people are self-harming is likely to be far higher. Mental health problems don’t just affect particular groups; they span all races, cultures and classes, and self-harm is no exception. However, there are groups at particular risk including lesbian and gay, transgender and bisexual young people, looked-after children, and young people in the criminal justice system.

The reasons vary greatly, and are specific to the individual, but a young person may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, when they feel isolated, angry, guilty or desperate.

\(^1\) Mental Health Foundation (2006). Truth hurts: report of the National Inquiry into self-harm among young people. London: Mental Health Foundation
Self-harm: definitions and perceptions
GPs spontaneously associate self-harm with a range of factors from the psychological to the social, and from everyday to exceptional circumstances.

What do you associate with self-harm among young people?

“Low self-esteem, depression, history of physical/sexual abuse, learning disability, personality disorders.”

“Attention-seeking, poor communication with adults. Difficulty expressing oneself, impulsive behaviour, pent-up aggression, frustration, immaturity, female, passive-aggressive type, secretive, solitary, manipulative.”

“Self-punishment, disturbed youth, feeling helpless as a health professional in trying to address it. Recurrent accident and emergency admission. Negative feelings towards self-harmers by colleagues.”

“Wanting to relieve tension, wanting to have control, intention not as suicidal intent, cutting arms, pulling hair, eating disorders.”

“Depression, schizophrenia, personality disorder, dysfunctional family, domestic/sexual abuse.”

“Poverty, poor social support – abandoned by parents.”

“Depression, despair, unemployment, under-achievement, stress, relationship difficulties, problems with sexuality, gender identity, bullying, parental problems, teenage pregnancy.”
When prompted with a list of behaviours, nearly all GPs consider cutting oneself and burning oneself to be symptoms of self-harm. However, they also identified a wide range of other behaviours as falling under this category.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting oneself</td>
<td>98%</td>
</tr>
<tr>
<td>Burning oneself</td>
<td>95%</td>
</tr>
<tr>
<td>Overdosing</td>
<td>90%</td>
</tr>
<tr>
<td>Hitting oneself</td>
<td>88%</td>
</tr>
<tr>
<td>Swallowing harmful objects</td>
<td>86%</td>
</tr>
<tr>
<td>Scratching / picking at skin</td>
<td>84%</td>
</tr>
<tr>
<td>Hitting objects (e.g. punching a wall)</td>
<td>74%</td>
</tr>
<tr>
<td>Pulling hair</td>
<td>73%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>68%</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>66%</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>63%</td>
</tr>
<tr>
<td>Risky sexual behaviour</td>
<td>55%</td>
</tr>
<tr>
<td>Staying in an abusive relationship</td>
<td>50%</td>
</tr>
</tbody>
</table>

Base: 201
The definition we used in this research excluded certain types of behaviour, such as eating disorders, and most GPs agreed that our definition was quite similar to their own.

The definition of self-harm we’ll use for this survey is ‘the deliberate, self-inflicted destruction of body tissue through actions such as cutting, poisoning, burning, stabbing, but not through body piercing, tattoos or eating disorders’.

**Similarity to GPs’ own definitions**
- Very similar: 36%
- Quite similar: 57%
- Quite different: 8%

Base: 201
Self-harm is perceived as rare but a major cause for concern. In these respects, it is positioned close to eating disorders and mental health conditions, also reflecting GP associations with self-harm.
Although seen as relatively rare, GPs believe the number of young people who self-harm has increased over the last 10 years. They now see on average 8-9 young people who self-harm a year.

<table>
<thead>
<tr>
<th>Average Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.49</td>
<td>Average number of young people GPs have seen in the last year who self-harm</td>
</tr>
<tr>
<td>21.49</td>
<td>Average number of young people GPs have seen in last three years who self-harm</td>
</tr>
<tr>
<td>7.71</td>
<td>Average number of young people GPs have seen in the last year who they suspect self-harm but could not or did not confirm</td>
</tr>
</tbody>
</table>

Change in number of young patients self-harming over last ten years:

- **Increased**: 53%
- **Stayed the same**: 47%
- **Decreased**: 0%

“Perhaps it is more that young people are feeling able to come forward due to increased awareness, and also the doctor is more aware of its existence.”

“I think there are ever increasing pressures on young people, both from peers and society as a whole, and self-harm is used as a coping mechanism, where more beneficial forms of support have decreased.”

Base: 201
Self-harm is overwhelmingly considered to be a coping mechanism for young people. However, two-thirds of GPs also see it as a way of manipulating others.

Proportion of GPs agreeing that …

- Self-harm is a way of coping with difficult feelings/situations: 91%
- Self-harm is a form of self-punishment: 75%
- They are struggling with the process of growing up: 72%
- Self-harm is a way of manipulating others: 67%
- Young people who self-harm are attention seeking: 61%
- Self-harm is an addiction: 56%
- They are likely to try and commit suicide: 53%
- Something really bad must have happened to cause this: 48%
- Self-harm is encouraged online: 44%
- Self-harm is copycat behaviour: 39%
- They must have a mental health condition: 32%
- Self-harm is fashionable: 34%
- Self-harm is just a phase some young people go through: 32%
- Young people who self-harm can easily stop if they want to: 19%
- Self-harm does not have lasting consequences: 16%

Base: 201
Helping young people who self-harm
On average, a quarter of those who self-harm are referred to GPs from A&E and a further quarter present directly to their GP. Concerned relatives and friends also play a significant role.

**Referral source of young patients who self-harm**

- Been referred from A&E following an admission or presentation at hospital: 26%
- Presented their self-harming directly: 26%
- Been brought by a concerned parent / relation: 19%
- Presented for another medical issue & you noticed signs of self-harm and raised it with patient: 18%
- Been brought by a concerned friend (other young person): 8%
- Other referral: 3%

Base: 197
85% of GPs, however, have not had any specific training on dealing with self-harm. Of those who had received some kind of training, it was typically in the early hospital-based days of their career.

GPs mentioned a variety of training experiences, but many were one-offs. Several had simply happened to have specialised in this field.
Unsurprisingly, all GPs identify challenges in helping young people who self-harm. Short consultation times, communication difficulties and a lack of referral options are the main issues.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Major challenge</th>
<th>Slight challenge</th>
<th>Not a challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation time not long enough</td>
<td>67%</td>
<td>28%</td>
<td>4%</td>
</tr>
<tr>
<td>They don’t want to talk</td>
<td>50%</td>
<td>44%</td>
<td>6%</td>
</tr>
<tr>
<td>Nowhere to refer them to</td>
<td>43%</td>
<td>45%</td>
<td>12%</td>
</tr>
<tr>
<td>No suitable tools to assess patient</td>
<td>24%</td>
<td>52%</td>
<td>24%</td>
</tr>
<tr>
<td>No guidelines available</td>
<td>20%</td>
<td>57%</td>
<td>23%</td>
</tr>
<tr>
<td>I don’t know what language to use to talk about self-harm in a way which is relevant to the young person</td>
<td>11%</td>
<td>48%</td>
<td>41%</td>
</tr>
<tr>
<td>I don’t understand them</td>
<td>11%</td>
<td>41%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Base: 197
GPs believe most young people want to talk about self-harm, but don’t know who to talk to. For their part, GPs are worried about saying the wrong thing or opening a can of worms.

Proportion of GPs agreeing that …

- Schools, the NHS and families need to talk about self-harm so that young people feel able to talk to the appropriate people about it: 84%
- Young people don't know who to turn to about self-harm: 82%
- Young people want to talk about self-harm: 80%
- I am frustrated by young people who repeatedly self-harm: 53%
- Exploring self-harm is opening a can of worms: 45%
- Self-harm is getting worse because young people feel stigmatised: 43%
- I'd like to feel able to talk to a young person about self-harm but I don't know how to: 38%
- I don't know enough about self-harm to talk to a young person about it: 33%
- I'm worried about saying the wrong thing and making it worse: 27%
- Self-harm is diminishing because people are able to talk about it more openly these days: 23%
- Self-harm would increase if it was talked about openly: 16%

Base: 201
This fear of saying the wrong thing reflects itself in the fact that compared to many other issues affecting young people, GPs are less comfortable talking about self-harm.

Proportion of GPs comfortable discussing ...

- Smoking: 96%
- Binge drinking: 95%
- Mental health condition: 93%
- Bullying: 91%
- Drug use: 90%
- Having risky / unprotected sex: 89%
- Eating disorder: 86%
- Self-harm: 85%
- Having attempted suicide: 83%
- Accessing sexually explicit material online: 57%
- Member of a gang: 53%

“Lack of training, information, experience.”

“It can mean lots of things and there’s a difficulty in stating whether it is acceptable or not.”

“Often there is an expectation that I personally have a straightforward solution. There are always complex underlying issues and within a 10 minute consultation it is difficult to even begin to unravel the problems.”
Discomfort in discussing self-harm is greater if the young person does not raise the issue and it is incumbent upon the GP to do so in response to others concerns raised.

Proportion of GPs agreeing that they would be comfortable talking about self-harm if...

- They came to you to talk about self-harm and what it meant: 86%
- They told you they were self-harming: 84%
- Their friend/family member told you that they were self-harming: 74%
- You noticed the physical signs of self-harm but they did not initiate the conversation: 74%

Base: 201

“The young person is not choosing to come and may not be ready to talk about it.”

“It may be unrelated to the current issue. It may be a past event. It may open an emotional bottle.”

“Raising the issue when they have come about something else is hard as it seems an invasion of privacy.”
The communication challenge is compounded by GPs lacking appropriate specialist tools to assess this group. During consultations, GPs are most likely to use PHQ-9 or the baseline suicide risk assessment.

### Use of screening tools and guidelines

<table>
<thead>
<tr>
<th>Tool</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-9</td>
<td>38%</td>
<td>51%</td>
<td>11%</td>
</tr>
<tr>
<td>Baseline suicide risk assessment screen</td>
<td>26%</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>NICE guidelines</td>
<td>13%</td>
<td>42%</td>
<td>45%</td>
</tr>
<tr>
<td>Integrated care pathway for self-harm decision-making chart</td>
<td>5%</td>
<td>21%</td>
<td>74%</td>
</tr>
</tbody>
</table>

The PHQ-9 is a nine item scale from the Patient Health Questionnaire to diagnose depression and the baseline screen attempts to determine risk of suicide.

Neither of these tools are specifically designed for dealing with self-harm patients but reflect the concern of GPs for young people in this situation and an attempt to detect underlying mental health issues.
Referral to CAMHS is the most widely available option to GPs, followed by referral to a counselling service.

Proportion of GPs with access to ...

- Referral to Child and Adolescent Mental Health Services (CAMHS): 95%
- Referral to Adult Mental Health Services: 67%
- Referral to Crisis Care Team: 67%
- Referral to an external counselling service: 58%
- Referral to a counselling service within my GP surgery: 41%
- Referral to A&E: 42%
- Private referral: 24%
- Referral to other GP within surgery with expertise on this kind of issue: 7%
- Other: 1%

Any counselling service = 72%

Base: 201
Although GPs are most likely to refer young people who self-harm to CAMHS, only two-thirds find it useful. Counselling services are generally perceived to be more useful.
These concerns and challenges are reflected in GP views on what would help them better support young people who self-harm.

How do you think self-harm in young people could be more effectively identified and supported by GPs?

“Routine questioning opportunistically. Effective onward referral.”

“By identifying depression and exploring this routinely in patients with low mood.”

“Posters in surgeries, better access to counselling services.”

“More training and publicity.”

“Closer liaison between schools/youth centres and GP surgeries. Make it easier for young children to contact the GP surgery e.g. via email.”

“Develop a rapport with one GP and see the GP regularly. Have a care plan. If they are worsening, they should have easy access to see their usual doctor.”

“Listen, develop a rapport, trust, confidence, partnership.”

“GPs who are passionate about this kind of thing need to have time (TIME) allocated so that they can offer drop-in sessions that are flexible and allow youngsters to react to spur-of-the-moment feelings/decisions.”
Better knowledge about voluntary organisations able to help, improved access to talking therapies and online CPD modules are top of GP wish lists to help them support young people

<table>
<thead>
<tr>
<th>% agreeing it would be helpful</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing which voluntary organisations/ charities young people who self-harm can be referred to</td>
<td>79%</td>
</tr>
<tr>
<td>Better access to talking therapies</td>
<td>77%</td>
</tr>
<tr>
<td>Online Continuing Professional Development (CPD) modules</td>
<td>74%</td>
</tr>
<tr>
<td>Knowing which voluntary organisations/ charities deal with self-harm and provide online information about the issue</td>
<td>70%</td>
</tr>
<tr>
<td>Patient information leaflets</td>
<td>65%</td>
</tr>
<tr>
<td>Improved guidelines available</td>
<td>60%</td>
</tr>
<tr>
<td>In-person training courses</td>
<td>47%</td>
</tr>
<tr>
<td>None of the above</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: 201
Implications of the research

● GP training on self-harm is essential, both at early-career stage and in the form of the online CPD training. Appropriate communication styles should be an integral part of this.

● Talking therapies are seen as the most useful form of referral and need to be made more widely available. IAPTS is an important foundation for this.

● GPs would welcome access to further sources of information and support
  ♦ Charities who deal with self-harm should be promoted among GPs, explaining what they can and can’t do, and signposting how to contact them
  ♦ More posters and patient information leaflets to make young people aware, in a non-confrontational way, of what help is available

● Where possible, follow-up appointments should be with the same person and alternative forms of communication and engagement, in line with the lifestyles of young people should be considered.

● Integrated care pathway for self-harm decision-making chart and other tailored assessment tools would help GPs better support young people.
For more information on our work in the 3rd sector click here

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