Self-Harm and Suicidal Behaviour

STANDARDS AND REGULATIONS

The Fostering Services (England) Regulations 2011

- Regulation 15 - Health of child placed with foster parents.

Fostering Services: National Minimum Standards:

- Standard 4 - safeguarding children.
- Standard 6 - promoting good health and wellbeing.

Training, Support and Development Standards for Foster Care

- Standard 3 - Understand health and safety, and healthy care.
- Standard 4 - Know how to communicate effectively.
- Standard 5 - Understand the development of children and young people.

RELATED GUIDANCE

- Berkshire West Safeguarding Children Partnership (in Reading) Self-Harm and Suicidal Behaviour Procedure

Looking after a child who might have a history of self-harm, suicidal thoughts or suicide attempts can be worrying for foster carers. BFfC's IFA offers training to foster carers that covers these topics and offers advice and guidance on how to manage these behaviours. In addition, BFfC's IFA will endeavour to identify bespoke support for foster carers and the young people in their care as and when this is required.

This section explains current understanding of self-harm and suicidal ideation and behaviour. It is important to note that while self-harm and suicide are discussed separately, there are both connections and distinctions between them in some cases.

To understand self-harm, it is crucial to recognise that there are various motivations behind it, but the primary objective is typically not death, which distinguishes it from suicidal behaviour. Determining the motivation behind self-harm can be challenging as it may vary across different instances. It is unhelpful to dismiss self-harm as attention-seeking or manipulative because it holds significant meaning for the person involved. Additionally, self-harm is associated with an increased likelihood of suicide. Individuals who engage in self-harm often experience higher levels of negative affects, such as depression, anxiety, hostility, anger, and negative self-esteem, compared to their peers who do not self-harm. They may also experience emotions more intensely but struggle to express them verbally.

Various factors can predispose individuals to self-harm. These include a genetic predisposition for strong emotional reactivity, high levels of familial criticism and hostility, a history of abuse or maltreatment during childhood, as well as intrapersonal and interpersonal risk factors like acute relationship crises and loss. Other predisposing factors may include experiencing high aversive emotions, difficulty tolerating distress, discomfort with strong feelings, and challenges in expressing emotions verbally. Before engaging in self-harm, individuals often experience feelings of rejection, overwhelming negative emotions directed towards themselves or others, a sense of emotional numbness, and strong negative feelings directed at others.

Self-harm can serve various functions in managing intense emotional states. It may provide a sense of relief by releasing unbearable tension, stopping negative feelings, regulating affect, reducing emotional pain, communicating distress, relieving frustration, or countering emotional numbness. It is important to note that although immediate relief may be experienced after self-harm, it is often followed by negative feelings such as guilt and shame. Self-harm can become a habitual response to feeling overwhelmed or stressed, as it may be reinforced by the experience of increased positive feelings, decreased negative emotions, or increased attention to distress from others.

Suicidal behaviour results from the interaction between suicidal ideation and circumstances that increase the likelihood of acting on these thoughts. These circumstances may include a sense of defeat, humiliation, or entrapment, the absence of attainable positive expectations for the future, unmet social connectedness, feeling like a burden, and experiencing self-hate. The acquired capability for suicide, combined with factors that facilitate the transition from ideation to action, such as a history of impulsive behaviour, access to means, and diminished fear of death, also play a role.

Emotional dysregulation is another important aspect related to suicide. It involves affective vulnerability, emotional reactivity, intense negative emotions, difficulties in emotion regulation and self-regulatory strategies, and a sense of hopelessness.

By addressing the underlying issues and providing appropriate care, it becomes possible to help these individuals cope with their struggles and find healthier ways to manage their emotions and distress.