

A Qualitative Study of Support for Young People who Self-Harm in Residential Care in Glasgow.

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Introduction

A recent study found that 39 per cent of young people in residential care in Scotland had self-harmed compared to 18 per cent of young people living with their birth parents and 14 per cent of young people in foster care (Meltzer, Lader, Corbin, Goodman & Ford, 2004). Another study of young people with experience of residential care in Glasgow found that almost half of respondents had self-harmed or injured themselves at some point in their lives and that the self-harm had predominantly occurred while the young people were living in residential care. Indeed, this study in Glasgow found that one-third of 13-17 years olds in residential care had self-harmed and that 10 per cent of young people in residential care used self-harm as a coping strategy when distressed compared to less than 1 per cent of young people in the general population (Scottish Health Feedback, 2001). These studies suggest that despite the belief that young people's needs can be better met in residential care settings, young people in residential care actually constitute a high-risk population for self-harm (Robinson, Auckland, Crawford & Nevison, 1999). Studies to date in residential care settings suggest that elevated levels of emotional and behavioural disturbance continues and it remains unclear if the experience of residential care addresses the needs of young people who self-harm (Vostanis, 2000).

Residential care staff acknowledged that self-harm is a common problem in residential care and that self-harming behaviours often lead to the breakdown of residential care placements for the young people concerned. This is of concern as the more care placements a young person has experienced, the lower their

self-esteem and fewer positive perceptions they maintain about themselves (Department of Health, 1992).

Young people who self-harm in residential care and their care staff have never been specifically approached about what constitutes helpful and unhelpful support in residential care. The aim of this qualitative research study was to collate the views of young people and their care staff to inform our understanding of what was helpful or unhelpful for young people who self-harm in residential care in Glasgow.

Methodology

The recruitment of young people and care staff involved visiting hostels, social work units and residential child care settings which provided various levels of care. We identified young people who had experience of self-harm in residential child care in Glasgow and care staff who had experience of providing care to such young people. The young people recruited were not necessarily still in residential child care, and the residential child care staff had not necessarily provided the care for the young people recruited.

All participants received information on the study and then met with the research assistant. Participants were only recruited into the study if, after full explanation, they were able to give informed consent. Each participant completed a demographics questionnaire and a semi-structured interview. The interview asked them about what was helpful or unhelpful for young people who self-harm: specifically, what support was helpful; what additional support might have been helpful; and whether any support was actually unhelpful. The interviews were transcribed and imported into the NVivo software programme for coding and analysis. The results represent the common themes associated with helpful and unhelpful forms of support for young people who self harm in residential care. Care staff and young people's narrative is used to illustrate these themes.

Demographics

Seven female and eight male care staff were interviewed. Four were senior residential care staff and eleven were junior residential care staff. The average age of care staff was 40 years and 5 months. Care staff had most frequently worked with young people in residential care units for five years and with young people who self-harm for the same period.

Five female young people were interviewed. The average age of these young people was 22 years and 0 months. The average age of entry into residential

care was 9 years, 8 months and the average age of leaving residential care was 17 years, 9 months. The young people had changed accommodation on average six times during their residential care career. The average age that the young people started to self-harm was 12 years, 4 months and the average frequency of self-harm reported was daily.

Support for Self-Harm

Young people identified helpful support as originating from care staff within local authority residential care and other professionals such as medical staff, psychologists, counsellors and teachers. Young people considered that these individuals provided helpful supports when they took time to talk and find out about the young person who self-harmed. They wanted more supportive care staff who listened and actually asked them why they self-harmed.

They have to care about what it is really about rather than just reacting over a bit of blood...

I think if maybe I was asked, 'why I was self-harming?', instead of them just ignoring me.

Empathic listening and counselling approaches were felt to be offering helpful support.

...because I've started to talk to someone about things my self-harm has reduced quite a lot.

Similarly, care staff felt that listening, particularly 'active listening,' was one of the most important supports that they could offer.

Listening... that is the biggest support you can give.

I think it is important that you do not just listen, and you actually do hear what is being said.

Young people referred to receiving support from non-specialist services rather than specialist self-harm support services. Care staff also felt that the majority of helpful support originated from within residential care itself.

Care staff are usually the ones that have the better relationship with the young people...

They considered 'good relationships' as the basis for helpful support and considered that a good relationship increased the chance of the young person engaging with support services when in crisis.

It's within that relationship that you can deal with some of the issues.

This might involve working around time limitations and 'making time' for the young person, for example by remaining after their shift to talk.

Sometimes you cannot always deal with the problem right there and then ... but I think then it is important to say, 'Look, come back and see me in half-an-hour'... so they know there is time for them...

Helpful support was also felt to involve 'emotional containment' as well as the offer of help to the young person.

Helpful support usually involves sitting down, being calm and asking them if they need help.

However, generally care staff felt it was difficult for them to 'find the time' to provide helpful support to young people who self-harm when they were in crisis and difficult to access other services.

You have to be able to respond immediately and I sometimes find that there isn't a service that can respond...

Young people acknowledged that when they were not engaged with the people providing the support then they did not perceive the support as helpful.

I could have started talking to them if I had wanted to, but at that time I was just not interested in talking to anyone...

They wanted care staff with more knowledge of self-harm who would continue to offer helpful support even after they had refused it.

She must have kept coming back for six months... I think she got a 'hello' out of me... but she kept persevering.

Young people considered that when they did engage with support it was often helpful.

There were ones that did try to help... tried to get you in drama and stuff... stuff to get you to talk out. Eventually that is what I did do... now I don't shut up!

Other professionals were also reported to have provided helpful support for the young people who self-harm in crisis.

Her GP was an excellent support for her and would give her appointments at very short notice.

Care staff identified collaborative approaches, which involved co-operation

between various disciplines and agencies as necessary for the provision of support. Care staff also mentioned services such as self-harm support groups and therapeutic projects as helpful.

The work they do with them at the art project is tremendous, it gives them an outlet and lets them find hidden talents they did not know they had.

Similarly, young people identified self-harm support groups which encouraged alternative coping strategies, and allowed young people to express their emotions through activities such as drama, as helpful.

The drama thing... something to get their anger out...that is what people need.

Such specialist support was seen as helpful when young people did receive it.

I just think if I had had that support 5 or 6 years ago, it certainly would have made a difference...

The Lack of Support

Unfortunately, however, young people often felt that they did not receive such an understanding response from care staff. Overall, they considered the support they received whilst they were in residential care to be inadequate.

To be honest, while I was in care I couldn't say that I got the help I needed at all.

I cleaned it up myself... but because I had cleaned it up myself and did not tell them... the staff went mental.

They considered that negative and judgemental attitudes were unhelpful and that these negative attitudes contributed to the secretive nature of self-harm.

But I did not tell the staff ... there was no point telling them ... know what I mean?

Care staff also spoke of negative attitudes toward young people who self-harm from other care staff.

My experience in residential care is that many staff see young people who self-harm as 'attention seeking' ...

Young people also identified negative attitudes from medical staff as unhelpful and felt that a non-judgemental attitude was especially important from the medical profession.

I've been called some funny things in hospital ... 'time waster' and things like that... so you just stop saying anything ... and dealing with things yourself.

...when you tell them the truth why you have done it... they do not believe you... they just go 'surely not ... that couldn't have happened' ... pretty unhelpful?

There were frequent reports of care staff making inappropriate responses with regard to self-harm.

I remember someone telling a kid to actually go and throw themselves off the bridge...

In general, such responses were felt to represent a lack of understanding of the young person and /or self-harm.

I do not know that she ever got a message from anyone that said, 'Your self-harming is OK ... you're hurting and that's the reason for you doing that.'

Care staff felt that the inconsistency of response to young people who self-harm in residential care was unhelpful.

In residential care... each time it happened... it would depend on the individual members of care staff's response.

This inconsistency was attributed to high numbers of relief staff because of high rates of staff illness, staff being moved to cover other units and high turnover of care staff.

The units going well and then they pull good staff out and put them in another unit that is not going so well...

We noted above the importance of relationships and it was felt that this inconsistency had a detrimental effect on the quality of support to young people and made a consistent care approach more difficult to achieve and maintain.

Young people need to be able to build up relationships with specific workers... building up a relationship is half the battle...

Care staff felt that young people should not be moved for disruptive behaviour and that they should be supported to resolve issues in their own unit.

I think that ... if you had more staff that you would be able to deal with most young people in their own residential units...

They also considered that the organisation's response to self harm affected young people's self-harming behaviour.

I don't think that it is a simple issue... but I do feel that the whole management of residential units is set up to just deal with crisis ... and if this is the way that units operate... then the kids make crisis happen.

Responses needed to be more proactive.

We need to see the problems coming and understand them and understand where the young person is coming from ... rather than dealing with crisis all the time.

Although helpful support from other agencies and disciplines was noted above, it was also felt that there could be a lack of support from other agencies such as medical services.

... you know nurses who appeared totally disinterested ... young people who were actually talking... just stopped talking... lost the chat and a great opportunity was lost.

Care staff indicated that identifying services and placements for young people who had self-harmed was difficult.

... there were not a lot of services ... there was not even a lot of placements that we could look at for someone who had self-harmed.

Care staff called for increased provision of specialist services such as psychological services and appropriate residential placements for young people who self-harm. Further, they felt that it was unhelpful to not allow a young person to access a service because the young person self-harmed—particularly because there were so few agencies that specifically dealt with self-harm.

I get frustrated sometimes and wonder who the hell's going to do anything...

Young people also referred to inadequate levels of support with the problems that led to their self-harm as unhelpful.

I was not getting the help that I needed and if I had got that help in the first place I would never, never have cut my arm.

They also highlighted the negative consequences of insisting that young people attended hospital following self-harm.

It was really bad, because if they had just left me alone, I would have calmed down.

Young people considered that admission to adult psychiatric wards was extremely unhelpful.

One of the most unhelpful things that they could do is put you in a psychiatric ward.

Referral to 'adult' services (in lieu of age appropriate services) and the use of 'adult' language in these services, which young people were unable to understand, was felt to contribute to the young people's disengagement from the support process and to be very unhelpful.

There is no point bringing in a psychologist to interview a young person when they can't understand a bloody word that they are saying...

Care staff also acknowledged that the detention of young people who self-harmed under the Mental Health Act and admission to adult psychiatric hospitals was unhelpful.

The last thing that they need is a psychiatric evaluation where they are locked up with adults who are mentally ill who basically freak them out...

Importance of Information and Training

Unhelpful responses to self-harm were associated with a lack of care staff support and training.

I think that they could do a lot more training of their residential care workers.

Young people felt that there was a lack of information available for care staff and young people on how to deal with self-harm and respond to a crisis, and a lack of information on other support services. Both young people and care staff wanted information resources that were immediately available on self-harm.

I think if I knew of other people or agencies out there that you could phone or advise the young person to phone, then I think that would be good...

Care staff felt that there should be increased levels of knowledge about self-harm for both young people and care staff. Low levels of knowledge were frequently mentioned and attributed to a lack of care staff training. Young people and care staff wanted increased levels of staffing and training to increase care staff understanding of self-harm.

When I first started working with young people that self-harm, as I said, I was flying by the seat of my pants.

I think that it is really scary ... there just isn't enough knowledge of self-harm out there ...

I think before they get the job they should be teaching them a lot about self-harm... then they would know how to talk to you ...!

Care staff acknowledged that levels of knowledge had increased over time, with experience and training around self-harm issues; however they still wanted more knowledge.

If I had more training then perhaps I would be able to give the young people even more support...

Conclusions

This study was undertaken to inform our understanding of what represents helpful support and what is unhelpful in services for young people who self-harm in residential care in Glasgow. While this is a small-scale study and we must be careful about generalising its findings, it does provide helpful insights into the experience of young people who self-harm in residential care and the staff who care for them.

The study highlights that young people and care staff identify broadly similar themes.

Care staff and young people who self-harm in residential care identified supportive relationships, non-judgemental attitudes, knowledge of self-harm and good working practices as associated with helpful support. Negative attitudes, low levels of knowledge, punitive reactions to self-harm and inappropriate working practices were viewed as unhelpful. Qualitative research such as this focus attention on the need for larger studies to consider these 'themes' in more detail in order to determine the optimum support for young people who self-harm in residential care.

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