



The role of online and online peer support for young people who self-harm

Good practice guide

November 2012

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Partner Organisations



Cyberhus

Cyberhus (cyberhus.dk) is a Danish not-for-profit organisation located in Aarhus. The organisation is part of the national organisation, Ungdommens Vel (Youth Welfare). Established in 2004, it operates all over Denmark, meeting, involving, and counselling children and young people online. It aims to support children and young people aged between 9 and 18, in particular those aged between 12 and 15. Cyberhus.dk offers one-to-one online chat-counselling and web-based activities that promote social inclusion and positive interaction between peers.

Young people who self-harm account for a significant proportion of the total enquiries Cyberhus receives. Annually, approximately 8-10% of counselling sessions (including chat, Q&As and forums) involve self-harm. Due to these counselling sessions, Cyberhus has gathered extensive knowledge about self-harm itself and developed best practice in counselling young people who self-harm.



Associazione Photofficine Onlus

Founded in March 2008, the Associazione Photofficine Onlus (registered as “Anagrafe Unica delle O.N.L.U.S.”) is an Italian registered

charity that promotes social and educational services that use new technology to support and develop young people’s awareness of their own challenges and issues.

Associazione Photofficine Onlus currently supports the SIBRIC project, which provides various services including one-to-one support via email for those experiencing self-harm, as well as their families. It has produced research and developed online spaces, such as blogs and forums, where service users can share their difficulties and receive emotional support.



Institute for Research and Development “Utrip”

Established in 2006, the Institute for Research and Development “Utrip” (UTRIP) is a non-governmental and not-for-profit research institute based in Slovenia. It aims to improve understanding of young people’s risk behaviours and addiction prevention through research and promoting education and training. UTRIP is the coordinator of the project “Club Health - Healthy and Safer Nightlife of Youth”, which is co-financed by the European Commission (Health Programme) (www.club-health.eu), and partner in several other European projects and networks. It is also the national centre for the school-based addiction prevention programme “Unplugged”, and family-based prevention programme “Strengthening Families Program”.

Self-harm is a relatively new issue for professionals and NGOs in Slovenia. To help spread awareness, UTRIP has started research activities and developing different online and other tools in this field for youth at risk. It also has experience in developing materials and training programmes for professionals working with young people who are at risk of self-harm.



YouthNet

Founded in 1995, YouthNet is a UK charity that provides impartial information and support for 16- to 25-year-olds about issues affecting young people. It aims to help guide young people and enable them to make informed choices, participate in society and achieve their ambitions. YouthNet is focused on inspiring young people to get involved. It achieves these aims through two online services: TheSite.org and Do-it.org.

Self-harm has emerged as a key issue for young people that TheSite.org tackled through online discussion boards. Following the publication of Truth Hurts, the report of the national inquiry into self-harm among young people, YouthNet began working with its partners, 42nd Street and Depaul UK, on the development of a new online resource for young people experiencing self-harm. Known as TheSite.org/selfharm it was launched at the beginning of 2009.



42nd Street

Based in Greater Manchester, the UK registered charity 42nd Street was founded in 1980 in response to the lack of self-referral

mental health services for vulnerable young people. It provides a service that young people can access themselves where they would not be stigmatised or pathologised because of the mental health problems they are experiencing.

42nd Street has been involved in raising awareness and working directly with young people that self-harm for over 15-years, developing a national reputation in this area. The service offers counselling, psychotherapy, individual community mental health support, and group work interventions to young people. In addition, 42nd Street has been active in training, resource development, research, publication and policy development work in relation to young people and self-harm.



Depaul UK

Depaul UK (formerly known as the Depaul Trust) is a registered UK charity founded in 1989. Its mission is to offer homeless and disadvantaged people the opportunity to fulfil their potential and move towards an independent future. It does this by offering immediate solutions to homelessness, and working to prevent young people becoming homeless in the first place.

Many young people who are homeless or risk homelessness experience mental distress (both as a symptom of homelessness and as an ongoing part of their life story). Of these, self-harming is not uncommon. Depaul's accommodation is staffed, usually 24/7, and many of the staff have to respond to the needs of young people who self-harm in much the same way as many parents and carers have to. The results are often very encouraging, and because of this Depaul firmly believe that by supporting young people who self-harm, they can learn to manage their self-harm and find other less harmful ways of communicating.

Executive Summary

Self-harm is an increasing problem among young people, yet is one of the most misunderstood issues of our generation. Often defined by negative stereotypes and misconceptions, it is a sensitive subject that young people find hard to talk about. This presents a challenge for practitioners when it comes to offering the right support.

The profound influence of the internet on young people's help-seeking behaviour means it has never been more vital for practitioners providing frontline support to review their current practice. This opens up new opportunities to provide early intervention and support and to achieve a longer lasting impact.

Here we present the findings of a two-year project that brought together practitioners from Denmark, Italy, Slovenia and the UK in order to consider how internet-based services – specifically online peer support – can meet the need for advice and support for young people who self-harm.¹

Based on analysis of our current services and extensive feedback from young people, we set out a framework for good practice around eight key principles. Our approach has been to take our lead from how young people *themselves* experience and understand self-harm and how they access help.

It is evident that, despite the complexity surrounding self-harm, there are significant similarities in young people's self-harm behaviour across Europe. Practitioners therefore have the potential to share their approach and learn from each other while working more closely on developing good practice in this area.

Self-harm is a challenge for practitioners

Accurate numbers on how many young people self-harm are difficult to produce because many cases are not reported. However, studies in Denmark, Italy, Slovenia and UK estimate that around **one in 15** young people has self-harmed in their lifetime.² Yet, only **12%** go to hospital and in **24%** of cases the young person has not told anyone.³ To deliver effective support services it is crucial to understand and act upon both the real and potential barriers that young people face when help-seeking. Our work

identified the following:

1. Practical and procedural barriers: including long waiting periods before support is available; parental consent required before accessing support; difficulty getting to where the support is provided; fear of confidentiality being broken by teachers and doctors, and the possible repercussions this can have on career or relationships.

- In the UK, **24%** of surveyed users who had self-harmed found it difficult to look for help because they were afraid that it would be logged on their medical records;⁴
- In Slovenia, **66%** of surveyed young people who had self-harmed were reluctant to look for help because they feared their parents would find out.⁵

2. Emotional barriers: young people that self-harm are often lonely and many find it difficult to express their feelings with others. This is usually because they feel 'ashamed', that they 'don't deserve help', or because they 'fear they could hurt somebody'.

- In the UK, **51%** of surveyed users who had self-harmed found it difficult to look for help due to a fear of hurting somebody;⁶
- In Italy, **81%** of surveyed users who had self-harmed said it was 'hard for them to share

their experience with others'.⁷

3. Lack of awareness of the issue and of available support: young people who self-harm often do not understand the seriousness of their self-harm and do not know where to find support.

- In the UK, **26%** of surveyed users who had self-harmed thought they did not have a problem, and **22%** did not know where to look for help;⁸
- A young person in Slovenia said: *"I didn't know there were any associations in Slovenia that could help you in these matters."*

4. Stigma and social pressures: self-harm is often misunderstood by the people who could provide the young person with support. Misconceptions include seeing self-harm as attention seeking, being easy to stop, or just a passing phase. These misconceptions not only affect the way the support is offered, but can also prevent young people from admitting their self-harm for fear of being stigmatised.

- In the UK, **32%** of surveyed users who had self-harmed found it difficult to access support because they were afraid of being misunderstood and **50%** because they were ashamed;⁹

- A young user in Denmark said: *“There are a lot of things that are difficult when looking for help. In the beginning, it was mostly in relation to my friends. Would they still think the same of me even though I needed help, or would they push me away because I now had some problems I couldn’t handle on my own?”*

Meeting the challenge: developing a framework of self-harm support

The internet has become an essential part of many young people’s lives across Europe and a space where they increasingly connect with their peers:

- In 2011, **93%** of young people across Europe accessed the internet;¹⁰
- In 2011, **80%** young people across Europe participated in social media.¹¹

The internet also has a major role to play in providing information and support to young people who self-harm:

- For instance, in the UK, **81%** of surveyed users who self-harm said they have used online sources to look for information on self-harm.¹²

This is because the internet removes the

barriers to seeking help by allowing young people to access a great variety of information, being an anonymous space, and being available 24/7.

Similarly, there is an important role for peers in supporting young people:

- In the UK, children and young people who had self-harmed were **three times** more likely to turn to a friend than a professional;¹³
- In Italy, **28%** of surveyed young people who had self-harmed talked to a friend, **17%** to a partner, **7%** to a member of the family, and **7%** to a professional.¹⁴

The six organisations have developed a framework that combines the crucial role that both the internet and peers can play in providing information and support. This framework includes different services that engage young people at different levels:¹⁵

1. Young people as recipients: young people access information while maintaining a high degree of anonymity (i.e. reading through articles, case studies and watching videos).

2. Young people as participants: young people engage interactively through discussing and sharing their experiences to get more tailored support (i.e. through individual online support with an expert, contributing in real-time online

chats and discussion forums).

3. Young people as actors: in real-time online chats and discussion forums, young people engage both as ‘participants’ and as ‘actors’, pro-actively providing help and support to their peers. In this role as ‘experts by experience’, young people sharing their personal knowledge of self-harm support can offer their peers a distinct form of help.

How the new framework met our challenges as practitioners

There are significant opportunities that online support and online peer support can bring to young people that self-harm.

1. Providing early intervention: young people use the internet to access information and support at an early stage. Online support services can therefore play a key role in early intervention, helping to reduce self-harm and prevent the escalation of problems.

2. Providing easy access to information that overcomes practical and procedural barriers:

- In the UK, **53%** of young people recognised the ease and speed of finding relevant information as a benefit of online services, and **49%** recognised the opportunity to access the information whenever they

needed.¹⁶

- In Italy, **66%** of surveyed users who self-harm recognised that when they had issues they received timely assistance, advice and information online.¹⁷

3. Providing a connection with others that overcomes lack of awareness, stigma and social pressures: feeling a connection to others through a supportive community helps young people feel understood rather than judged.

- **75%** of UK and **72%** of Italian surveyed users felt the people behind the service cared about their problems, followed by **61%** of Danish surveyed users;
- **88%** of UK, **73%** of Danish and **67%** of Italian surveyed users said that by accessing the service they could see there are other young people in the same situation.¹⁸

4. Providing a safe anonymous space that overcomes personal emotional barriers: going online offers an anonymous space for young people to share thoughts that are difficult to articulate face-to-face.

- **85%** of Italian, **71%** of UK and **66%** of Danish surveyed users felt the services were a place to share their experiences.¹⁹
-

5. Providing an online community (through blogs, discussion boards and forums) that young people can feel a part of so they can help others as well: by giving young people the opportunity to be active in offering peer support, services can greatly enhance the impact on young people who self-harm.²⁰

- In Italy, one in three surveyed users who actively engaged with the services offered online recognised they could help other members in group discussions.²¹

Recommended key principles for effective online self-harm support services

The precise mechanisms involved in setting up and delivering online services will vary according to the resources and technology available, the needs of young people, and the wider context of health provision for young people. However, any online and online peer support service underpinned by the principles listed below can make a real contribution to reducing the risks associated with self-harm.

1. Engaging young people in development and delivery of the services so that they are inclusive and consistent with what young people need.

2. Providing help in a holistic way that recognises self-harm in the context of the issues in the young person's life that can lead or trigger self-harming behaviour.

3. Respecting young people's need for a safe and trusted space that clearly sets out the terms under which the support is provided, such as being clear about confidentiality and about what is and is not acceptable behaviour.

4. Being accessible and easy to use in a practical sense, so that there is a low barrier to entry for the young people who are most in need of the service.

5. Seeking to bridge the gap between online and offline support through signposting and setting out young peoples' options and rights.

6. Adapting to the forms of support young people are comfortable using by designing services in a way that takes account of the strengths and constraints of online channels.

7. Enabling young people to engage with services in the way which best suits their needs by developing a suite of services that help all young people whether they are 'recipients', 'participants' or 'actors'.

8. Actively looking out for the needs of both the young people offering support and those receiving support. Practitioners should act to help those providing and receiving peer support ensuring it is a learning experience that aids their recovery.

Introduction



The internet is profoundly influencing young people's help seeking behaviour. At the same time, it is changing the environment in which services operate to meet young people's needs.

In January 2011, six organisations representing practitioners working with young people in Denmark, Italy, Slovenia, and the UK came together to develop their online services to support young people who self-harm. The project received financial support from the Daphne III Programme of the European Union and involved Cyberhus, Denmark; the Associazione Photofficine Onlus (SIBRIC.it), Italy; the Institute for Research and Development "Utrip" (UTRIP), Slovenia; YouthNet (TheSite.org), 42nd Street, Depaul UK, in the UK.

Despite self-harm complex and sensitive nature, this project assembled evidence that points to common challenges for practitioners across Europe, forming the basis for a universal framework of good practice. This highlights how online and online peer support can help young people who self-harm, and sets out clear evidence-based principles that will help practitioners, commissioners and policy-makers develop effective support services in the future.

The approach

The analysis includes extensive feedback from young people and detailed evaluation of specific services offered by the six participating organisations. We have taken our lead from how young people understand self-harm, ensuring practice is informed directly by them. Our framework of good practice takes into account of the different areas of knowledge that are necessary for practitioners to develop when offering online and online peer support to young people who self-harm.

1. Understanding self-harm support

Understanding the support needs of young people who self-harm, whether on or offline.

2. Applying insights of online help seeking

Applying this support for young people who self-harm, within the context of how young people specifically seek help online.

3. Developing online peer support

Developing the conditions within an online environment for young people that self-harm, which enables effective online peer support to flourish.

Figure 1: Development of good practice in online and online peer support for young people who self-harm



Framework of good practice

This framework explores the impact online participation has on recovery beyond the simplistic correlation of: more online participation: greater recovery. Our framework focuses on three levels of online support.²²

- **Young people as recipients:** young people access information while maintaining a high degree of anonymity (i.e. reading through articles, case studies and videos).
- **Young people as participants:** young people engage interactively through discussing and sharing their experiences to get more

tailored support (i.e. through individual support with an expert, real-time online chats and discussion forums).

- **Young people as actors:** in real-time online chats and discussion forums, young people engage both as 'participants' and as 'actors', pro-actively providing help and support to their peers. In this role as 'experts by experience', young people sharing their personal knowledge of self-harm can offer their peers a distinct form of support.

Concepts and definitions used

This framework of good practice rests on a number of core concepts which are explained below.

Self-harm

The definition of self-harm we use comes from the National Institute of Clinical Excellence (NICE) in the UK:²³

“Self-harm is self-poisoning or self-injury, irrespective of the apparent purpose of the act. An individual episode of self-harm might be an attempt to end life. However, many acts of self-harm are not directly connected to suicidal intent.”²⁴

This definition focuses on those “acts of self-harm that are an expression of personal distress and where the person directly intends to injure him/herself” and does not include:

- Acts of self-harm which occur “out of the person’s control or even awareness, during ‘trance-like’, or dissociative states”.
- “Self-inflicted physical or psychological damage, such as smoking, recreational drug use, excessive alcohol consumption, over-eating or dieting or activities which are as part of religious practice, or political or social protest”.

Peer support

Today, peer support is increasingly adopted as a strategy for providing mental health support. Sheryl Mead explains peer support in this context as:

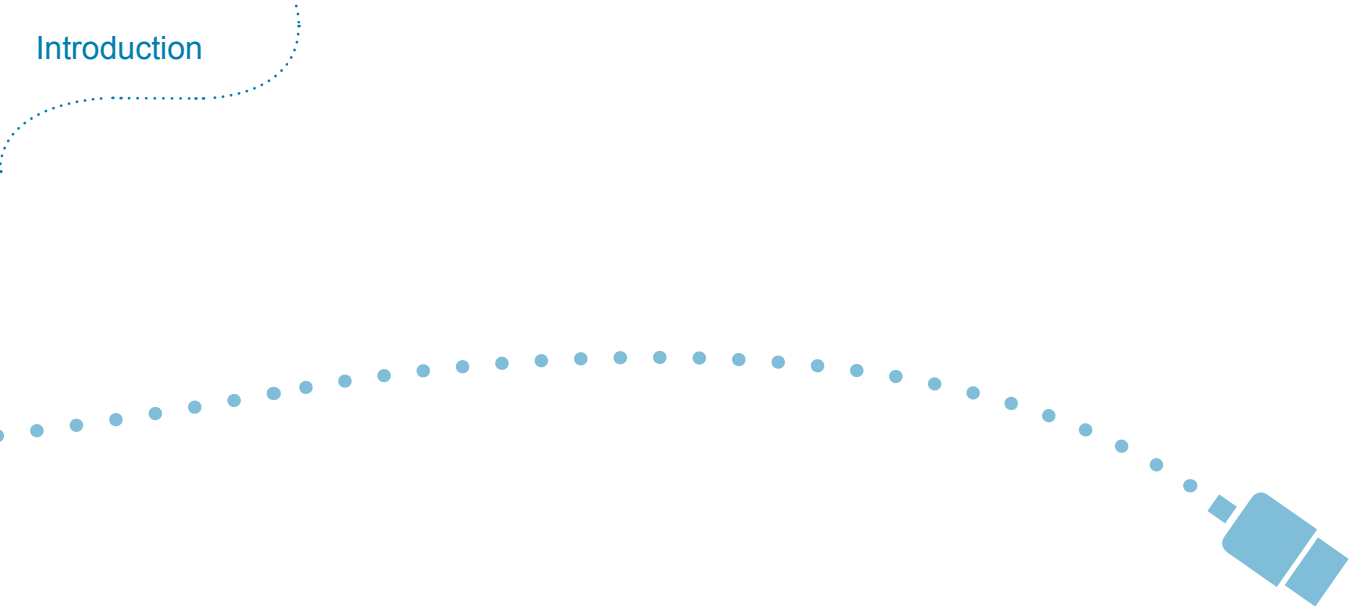
“A system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain.”²⁵

The concept of ‘peer’ we use is fairly broad. It ranges from being a member of the same peer group as the young person who is self-harming, to having common interests and or belonging to the same online community.

Peer support is a valuable way of supporting young people because peers are often better positioned to relate to them than adults can. It can increase the self-esteem and the sense of control for both the giver and the receiver of peer support.²⁶

Recovery model

Our framework for online support and particularly online peer support follows many of core ideas behind the recovery model, focusing



on the needs of the young person and developing their resilience, rather than just managing their symptoms and focusing on the act of self-harming.²⁷

This framework of good practice is based on evidence that recovery is possible when focused on acceptance or understanding of the underlying issues that lead to self-harming. Equally, it recognises that recovery is part of a help-seeking journey, rather than being resolved quickly.

Differentiating the practitioners who support young people

This framework is concerned with improving how professionals work together, involved in providing support to a young person who self-harms whether online or offline. The link between professionals who operate at primary and more specialist levels is particularly key.

For our purpose, we have used the shorthand ‘formal services’ for those that offer more specialist professional help (tier 2 and above in the UK CAMHS system). In contrast, ‘informal services’ that can offer primary care for young people who self-harm are usually set within universal services (tier 1 in the UK CAMHS system), such as teachers, social workers and youth workers. ‘Informal services’ typically offer support that is much more holistic and community based in its approach.²⁸

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CHAPTER ONE

OVERVIEW OF DENMARK, ITALY, SLOVENIA AND THE UK's APPROACH TO SELF-HARM



Chapter 1 Overview of Denmark, Italy, Slovenia and the UK's approach to self-harm

Despite the cultural, social and economic differences in Denmark, Italy, Slovenia and the UK, there are marked similarities in how young people from these countries self-harm and seek help. Since young people's help-seeking behaviour is largely determined by how each country approaches the subject of self-harm, it is important to have a good understanding of current practice across Europe.

1.1. ITALY

1.1.1. Understanding self-harm

There is a low level of awareness of self-harm by professionals and society in Italy: for instance, the issue is not widely discussed and there is very little media coverage. This has led to many stereotypes and stigmas developing around self-harm, particularly as it is closely associated with the subculture of "emo".²⁹

As a consequence, young people tend to keep their self-harm behaviour private. Many young people do not recognise the fact that they might need help, or do not know where to look for support. If they do seek formal or informal support, it is often because their parents or teachers discover their behaviour.

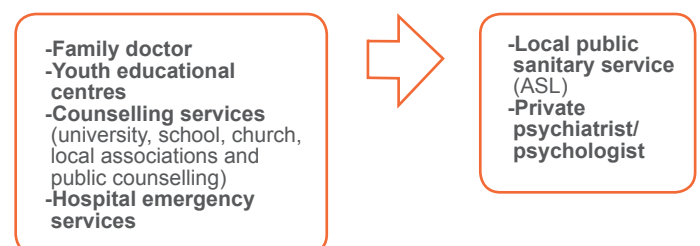
1.1.2. Self-harm support

Professionals often see self-harm as a

secondary characteristic of other mental disorders. There are no services specifically dedicated to young people who self-harm; the support services available tend to deal with youth problems in general, or issues such as attempted suicide, depression or eating disorders.

Figure 2 shows the range of formal and informal support services dedicated to self-harm and the journey young people might take to access this support.

Figure 2: Self-harm support in Italy



Non-governmental organisations (mainly offline)

The lack of support for self-harm from mainstream services is compensated by **local community-based support**, such as school counsellors, public counselling centres³⁰ and counselling from the local church. These services are often a first port of call for young people who self-harm, but their availability is often sporadic and varies across the country, and the care pathways with mainstream medical services are relatively underdeveloped.

In terms of more formal medical support, young people who self-harm can go to their **Local Health Agency** (Azienda Sanitaria Locale, ASL). This service is free but has its drawbacks, as, for instance, it requires a doctor's referral and waiting times can be long.³¹

In Italy, the bulk of support services for young people who self-harm are provided by different mental health professionals, such as private psychiatrists or psychologists, non-profit associations and social cooperatives.³²

Two notable **non-profit organisations** in Palermo are: Association of Italian Families to Prevent Suicide (Associazione Famiglie Italiane Prevenzione Suicidio Marco Saura, AFIPRES)³³ and Associazione L'amico Charly Onlus.³⁴

These associations provide support services, such as psychological counselling, support and psychotherapeutic treatment, for young people who self-harm. However, both associations are more focused on suicidal behaviour and treat self-harm mainly as a risk factor for suicide.

1.1.3. Online support and online peer support for self-harm

In terms of an online presence, there is a limited amount of information and support available in Italian. Most of the websites are focused on other issues, such as eating disorders and depression, and treat self-harm as a secondary issue. The only website specifically dedicated to self-harm is www.SIBRIC.it.

The most popular websites dedicated to self-harm have been created and developed by people who themselves self-harm and are based on a peer support model. The first forum was inspired by a book and is called "A bright red scream"; the second is called "Before I sputter out". These forums allow young people that self-harm to find a community they can feel part of. They aim to be supportive, and their content is closely moderated to ensure it does not trigger the motivation to self-harm. However, it can be hard to access these forums because membership is strictly regulated.

1.2. SLOVENIA

1.2.1. Understanding self-harm

As with Italy, in Slovenia there is generally a low awareness of self-harm,³⁵ although recent media attention has increased public knowledge and understanding.

Generally speaking, though, awareness is more often poor – also among professionals.³⁶

- Only 4% of surveyed teachers believed that they could properly detect and recognise the signs of self-harm behaviour in children and adolescents.
- Less than 10% of surveyed teachers believed that they have the competence to be able to respond appropriately to self-harm issues and provide information, support and assistance to young people that self-harm.
- 76% of surveyed teachers expressed the need for training and education on the topic of self-harm behaviour.³⁷
- 56% surveyed doctors in primary care assessed their own knowledge of the problem of self-harm as poor.³⁸

1.2.2. Self-harm support

In the public health care system, support is fairly well developed and easily accessible for young people that self-harm. However, none of the formal and informal sources of support are specifically focused on self-harm behaviour.

Although there are three counselling centres for young people where support for self-harm is offered by psychologists and psychotherapists, formal and national support – where available – is mainly provided by psychiatrics. This is one of the reasons why formal support to young people who self-harm tends to focus on pharmacological therapy, rather than considering more complex issues.

- 60% of surveyed teachers thought that young people that self-harm should be given in-patient psychiatric care.³⁹
- 75% of surveyed teachers considered self-harm as a mental illness or a sign of personality disorder.

However, despite self-harm being viewed as an illness treatable with medication⁴⁰ there are other approaches used by psychologists that include alternative and creative group activities, as well as psychological counselling.

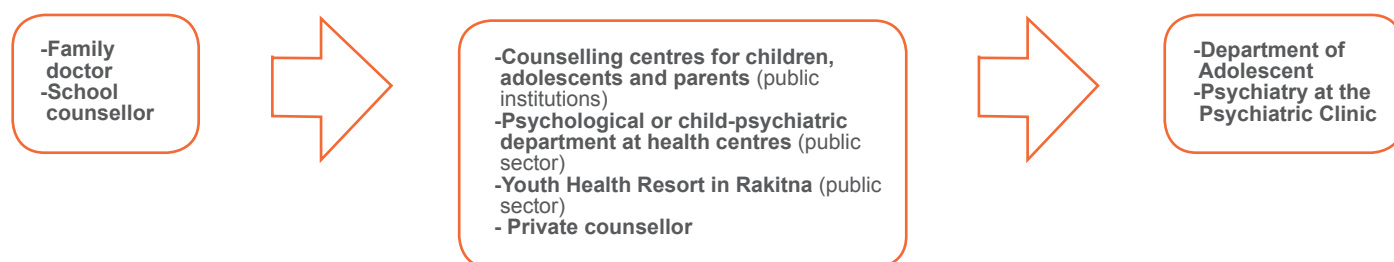
Figure 3 shows the range of formal and informal support services dedicated to self-harm and the journey young people might take to access this support.

For most young people, the first step on their journey to recovery is often to speak to the **school counsellor** or **family doctor**. All Slovenians have the right to free health care from a doctor. However, doctors often feel caught between the time they have to treat a patient and the actual time young people need when they seek help – especially when they turn up without a prior appointment.

The role of **teachers** and **school counsellors** is crucial for young people's support journey. Research by UTRIP suggests there is not a strong link between parents, teachers and professionals when it comes to treating self-harm. One reason could be the majority of teachers believe young people who self-harm should be helped only by mental health professionals.

- 63% of surveyed teachers thought that a young person who self-harms should be supported and helped only by trained professionals.
- Only 14% of surveyed teachers believed that they could approach a young person who self-harmed and offer help, even if the student did not ask for it, without fear of worsening the situation.
- 81% of surveyed doctors reported that teachers have not turned to them for advice or help.
- Only 36% of surveyed doctors reported that parents had contacted them about self-harm behaviour exhibited by their children.

Figure 3: Self-harm support in Slovenia



Non-governmental organisations (i.e.: mainly offline)

- Only 17% of surveyed doctors reported that they have been contacted by teachers for advice on how to deal with students after noticing self-harm behaviour.

Young people who self-harm can be referred by their family doctor or school counsellor to a psychiatrist, psychologist or to one of the **counselling centres for children, adolescents and parents**, available in three major cities in Slovenia.⁴¹

Young people can also be referred to see a clinical psychologist or child psychiatrist at the nearest **child and adolescent mental health service**. These mental health professionals operate within the public health system and are available in the largest municipalities. They provide free medical services and offer the possibility of counselling, psychotherapy and supportive pharmacological therapy. However, treatment is not immediate and waiting times are often long, e.g. five or six months. Also, once a young person has been seen, reports about their treatment are usually not forwarded to their family doctor.

Alternatively, doctors or school counsellors can also refer the young person to the **Youth Health Resort in Rakitna** (a climatic spa). This is a public health institution and is supplementary to the existing public health system. Treatment expenses are covered by health insurance.⁴²

If a problem is serious enough to require intensive in-patient treatment, the young person will be referred to the **Department of Adolescent Psychiatry at the Psychiatric Clinic**. This clinic is available for young people aged between 14- and 22- years old who suffer from severe psychological problems.⁴³ The Department for Adolescent Psychiatry takes an interesting approach to self-harm, including: music and art therapy, expressive movement therapy, psychodrama, social skills training, group work with a social worker, release exercises, the use of films and music, and bibliotherapy.⁴⁴

In addition to services and assistance provided by public health institutions, there are also some **non-governmental organisations** (NGOs) that support young people in mental distress. The most active in this area are The Association DAM (Association for help to people with depressive and anxious disorders) and The Association Bridges (Association for Health and Mental Health).

1.2.3. Online and online peer support for self-harm

In terms of online support for self-harm, Slovenia is at an early stage of development. Currently, there are few or no examples of online peer support services for young people that self-harm.

However, there are two interesting websites that play an important role in providing information, support and assistance to young people who are in emotional distress (e.g. depression, anxiety, self-harm, mental health problems, problems with growing up, traumatic events, abuse, etc). The first is www.nebojse.si led by the Association DAM, which was established by the Regional Institute of Public Health in Celje. The second is www.tosemjaz.net, which has been operating for over 10 years and provides information to young people as well as the opportunity to consult with experts in an online forum (more than 40 experts in various disciplines are on hand to give advice).

1.3 UK

1.3.1. Understanding self-harm

In the UK, there is a relatively high level of awareness of self-harm, both in the media and among professionals. In comparison to Italy and Slovenia, there is a wider provision of support for young people that self-harm across both the public and voluntary sectors.

Over the last 20 years, there has been an

increasing amount of media coverage around self-harm. This includes storylines about characters self-harming in a number of popular soap operas and dramas aimed at young people. The number of online videos on sites such as YouTube and self-help websites is also indicative of a raised level of awareness. However, despite growing acknowledgement and understanding of self-harm by professionals and the wider public, misinformation about the issue means that discriminatory, negative and sensationalist views continue to exist.⁴⁵

1.3.2. Self-harm support

In the UK, there is an extensive and diverse range of information, advice and support services available to young people that self-harm. Yet the provision of services, as in the other three countries, often reflects the prevailing perspective of mental health professionals where self-harm is seen to be a feature or symptom of some kind of mental health problem, such as depression or Borderline personality disorder. Therefore, self-harming behaviour tends to be tackled in the context of treating a particular mental health problem. Also, medical intervention is mainly focused on the behaviour itself, and often fails to address the underlying causes that might lead a young person to self-harm.

Certainly, over the last 20 years the complexity of self-harm has been more understood within the UK National Health Service (NHS), and there has been more recognition that people presenting with self-harm have not always been well treated.⁴⁶

This led, in 2004, to the establishment of national guidelines on responses to self-harm by the National Institute of Clinical Excellence (NICE).⁴⁷ This was followed up in 2011 with guidance on the longer-term management of self-harm. The guidance stresses the importance of sensitive, person-centred and non-judgemental care with an emphasis on proper assessment and follow-up.⁴⁸

In 2012, the Government released a new mental health strategy, *“No health without mental health”*, focusing on a comprehensive and specific definition of recovery as a: *“deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It’s a way of living a satisfying, hopeful and contributing life, even with the limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life”*.⁴⁹

This definition of recovery is an important step in the treatment of self-harm in the UK. It shifts the focus from an approach that treats the symptoms of self-harm, towards a more dynamic process that considers the needs of the young person and how resilience can be developed. However, even though there are comprehensive national guidelines, these are not always implemented consistently across different services and regions.

“One of the most distressing things with Accident and Emergency services is that you can never predict how you’re going to be treated – this is completely out of your control.”

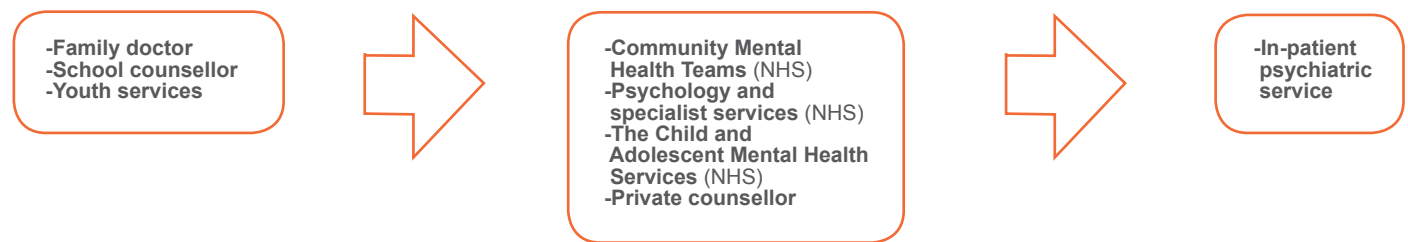
Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

In the UK, the services available for self-harm can broadly be categorised by sector:

- National Health Service (NHS) – i.e. services provided by the state
- School and youth services support
- Non-governmental organisations
- Self-help organisations and informal groups

Figure 4 shows the range of formal and informal support services dedicated to self-harm and the journey young people might take to access this support.

Figure 4: Self-harm support in the UK



Non-governmental organisations and self-help organisations and informal groups (i.e.: mainly online)

The NHS is the universal provider of free health care services in the UK. The structure of mental health services in the UK is complex and defies any simple description, but services broadly fall into three basic categories:

- **Primary care** – Family doctor (General Practitioners, GPs) and Primary care mental health teams – these tend to be the first point of call for people with some form of mental health problem; with the family doctor acting as a ‘gatekeeper’ in relation to other parts of the NHS.⁵⁰ Treatment is assessment driven – i.e. an individual’s symptoms will be assessed and treated accordingly. This may include the provision of self-help material; access to online self-help programmes; prescription of psychiatric medication; and/or provision of psychological therapies, such as Cognitive Behavioural Therapy (CBT). Depending on severity and complexity GPs may also make a referral to specialist mental health services of the type described below.
- **Secondary Care** – This includes multi-disciplinary Community Mental Health Teams and psychology and specialist services, such as those for people with a diagnosed personality disorder or psychosis. The tendency is for people to be referred to these services when their mental health problems are seen to be severe and enduring.
- **In-patient psychiatric services** – When an

individual is assessed as being a risk to themselves or others they may voluntarily go into hospital or be compulsorily detained under the Mental Health Act for assessment and treatment.

- **For children (under 18)** – There is a separate set of mental health services – the Child and Adolescent Mental Health Services – the structure of which differs from that outlined above for adult services, but which operates a similar tier structure related to the type and severity of the mental health problems experienced by the child.

Furthermore, even though there is medical support for young people who self-harm in the UK, it is still the case that most young people choose to seek help in other community-based support groups, such as schools or youth services. And so professionals in these settings need to be better equipped to respond if and when they become aware that a young person is self-harming.⁵¹ This is a key driver for the increasing development of online and community-based self-harm support services in the UK.

1.3.3. Online and online peer support for self-harm

Alongside face-to-face support services, the NHS, non-governmental organisations (NGOs) and self-help groups have all developed an online presence too. Information about self-

harm is available on Government-backed websites, such as NHS Direct, along with the websites of key clinical institutions, such as the Royal College of Psychiatrists and the major mental health NGOs in the UK (Mind, The Mental Health Foundation, Young Minds, YouthNet, Rethink and SANE) – all of which provide specific information on self-harm.⁵²

In addition, a number of long standing non-governmental organisations (NGOs) working specifically in the field of self-harm, such as the Basement Project, Bristol Crisis Service for Women and the National Self Harm Network, have developed an online presence. Several other organisations have also developed their services using the internet as their primary platform, such as First Signs, selfharm.co.uk and RecoverYourLife.com. Like many other organisations, they aim to raise public awareness, as well as provide information to young people who self-harm (as well as their parents, carers, family and friends), and the provision of some kind of direct or indirect support.

Furthermore, the introduction of service user groups based on a peer support model has been a key part of the development of mental health services in the UK over the last 40 years as a response to gaps or limited choice in existing services.⁵³ This trend has been mirrored in the online environment, with the internet facilitating new ways of raising public awareness and providing information, but also enabling people who are affected by self-harm to 'meet' in a virtual environment and support each other. For example, there are a variety of sites created both by professionals for people who self-harm and by people affected by self-harm to help others like themselves (FirstSigns being a good example of this).

Even though in the UK there is a steady growth of online and online peer support services supporting young people who self-harm, there is still work to be done to establish clear care pathways between these online services and the offline support that is currently available.

1.4. DENMARK

1.4.1. Understanding self-harm

Over the past 10 years, awareness around self-harm in Denmark has increased. However, it is only within the past three to five years that attention has really shifted from professionals to the broader public – this has been driven by an increase in media attention both in print and television.

However, despite the high level of awareness of self-harm, the picture given by the media does not always reflect the complexities of the issue – therefore many prejudices still exist.

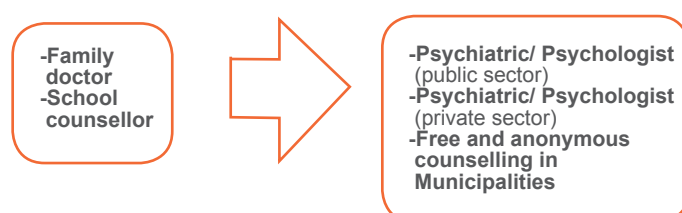
1.4.2. Self-harm support

As in the UK, there is a wealth of support in Denmark for young people that self-harm. This includes formal and informal support and advice, both online and offline, within the statutory system and organisations in the not-for-profit sector.

However, like the other countries in the project, self-harm is often not treated as a diagnosis in its own right, but rather one that is linked to other issues. It is often only through treatment for other problems that treatment for self-harm is possible. What is more, the seriousness of the problem is mainly linked to the severity of the injuries exhibited by the young person.

Figure 5 shows the range of formal and informal support services dedicated to self-harm and the journey young people might take to access this support.

Figure 5: Self-harm support in Denmark



Non-governmental organisations (i.e.: specifically online)

The first point of contact for young people that self-harm in Denmark is usually the **school counsellor** or their **family doctor**. In Denmark, people are allocated a doctor according to where they live. Theoretically patients are given a choice of practitioner, but in reality it falls on the capacity of the surgery.

Beyond primary care, further help for self-harm is available through seeing a psychologist or psychiatrist (either public or private), or a support provision offered by some municipalities. These options are detailed below:

- **Public servants** are free to use, but require a doctor's referral and waiting lists can be long.
- **Private psychologists** are divided into two groups. The first group has an agreement with the Government that offers either a significant discount or free counselling to patients referred by a doctor. This group of private psychologists often have long waiting lists. The second group falls into the private bracket; patients have to pay the full price for treatment, but there's no waiting list.⁵⁴

Local municipalities are also required to offer a wide range of free support for people that self-harm in the form of open anonymous counselling. However, the extent of this support is not always consistent across the country.

A further limitation is that many of the services offered by municipalities require parental consent and involvement prior to treatment. Consequently, many young people who are not ready to disclose their self-harm to their parents avoid contacting the municipality for counselling.

1.4.3. Online and online peer support for self-harm

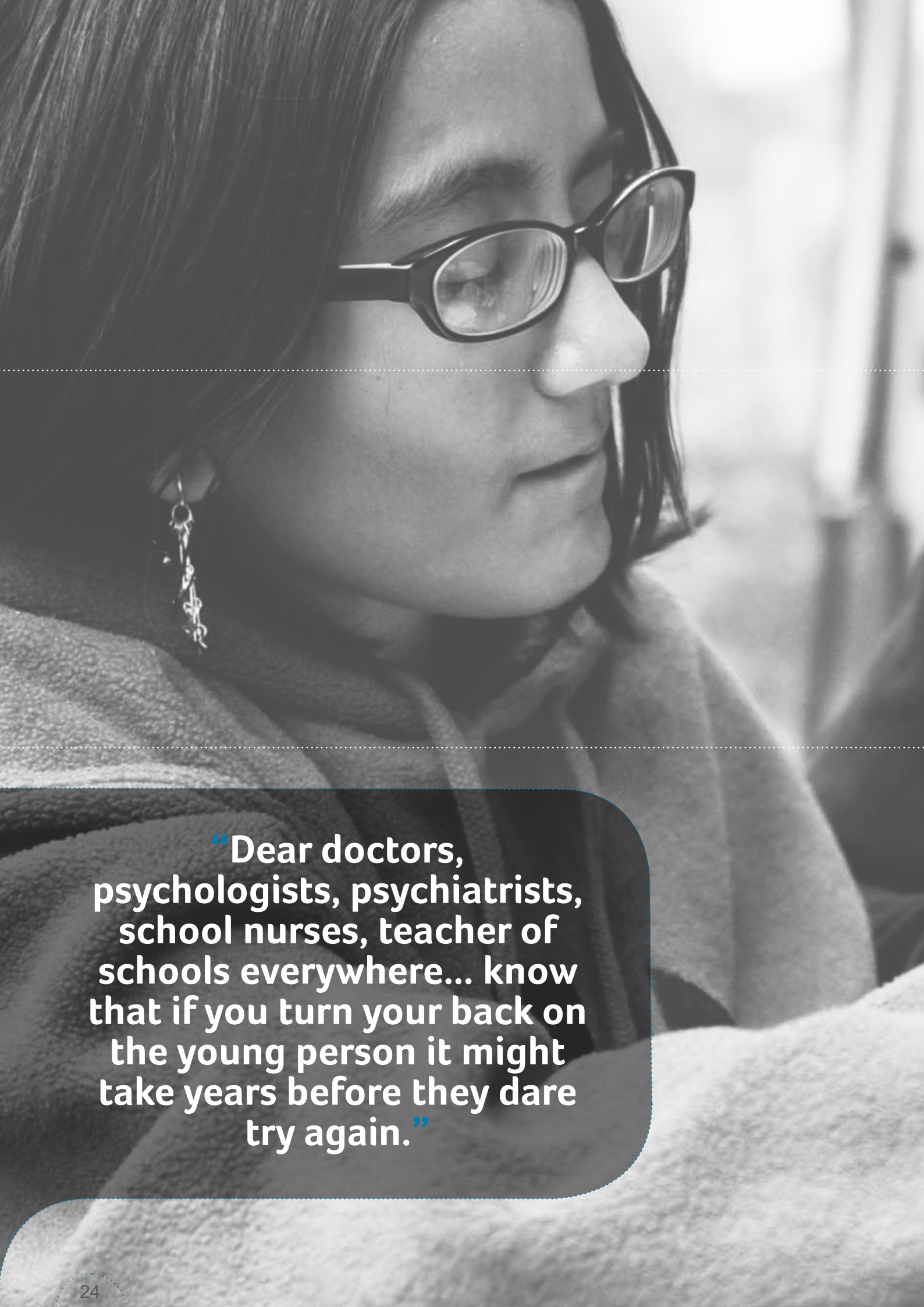
In the last few years, a number of municipalities have created online counselling support for young people who wish to speak

anonymously with advisors before choosing to attend in person. Despite only a minority of municipalities taking this approach, there has been a significant amount of interest in exploring ways to complement offline support with an online presence. An example of this is the link formed between Cyberhus and a publicly funded treatment centre for rape victims that enables young people to ask the centre for offline help through the Cyberhus website.

There are also various voluntary organisations that work with young people that self-harm. Two examples are the Danish National Association against Eating Disorders and Self-Harm – Landsforeningen mod Spiseforstyrrelser og Selvskade (LMS), and Cyberhus. LMS is specifically aimed at young people with eating disorders and those who self-harm. It started in 2001 and offers services, such as: counselling (online chat, telephone, and email), open counselling, support groups, a support-contact advisor, a mentor programme, an activity centre, and the provision of teaching materials for elementary schools.⁵⁵

Cyberhus is part of the Centre for Digital Youthcare's counselling services and is an online site primarily aimed at young people who self-harm between 12 and 18 years old. It offers online chat counselling, a youth blog, Q&As, discussion forums, and life stories. Young people who contact Cyberhus are at different stages of their recovery from self-harm, and the support and information they receive reflects this.⁵⁶

However, despite the steady growth of online services supporting young people who self-harm in Denmark, there is still work to be done in effectively linking online and offline support.



**“Dear doctors,
psychologists, psychiatrists,
school nurses, teacher of
schools everywhere... know
that if you turn your back on
the young person it might
take years before they dare
try again.”**



CHAPTER TWO
**UNDERSTANDING HOW
YOUNG PEOPLE WHO
SELF-HARM SEEK HELP**

Chapter 2 Understanding how Young People who Self-harm Seek Help

“Dear doctors, psychologists, psychiatrists, school nurses, teachers of schools everywhere, understand that it’s not the nature of self-harm itself that’s important – but the existence of it – and this should be enough to cause concern and to trigger help from the relevant authorities! No matter whether it’s superficial or severe lacerations, it’s a serious thing that children or young people harm themselves and it should ALWAYS be acted upon. Furthermore, understand how fragile it is when a hand is reached out towards YOU, regardless of your occupation. Know that if you turn your back on the young person it might take years before they dare try again.” Female, 21 years old, interviewed by Cyberhus, Denmark

The previous chapter gave an overview of how self-harm is perceived in Denmark, Italy, Slovenia and the UK and looked at how the health sector in these four countries has approached this issue.

This chapter addresses the first step in developing good practice to help young people who self-harm within the online environment, and bases this practice in an understanding of self-harm support. In order to understand self-harm support, there is a need to:

- understand who self-harms;
- understand the reasons why people self-harm;

- understand the barriers young people encounter when seeking support;
- understand what type of information and support young people need.

2.1. WHO SELF-HARMS

This section provides a snapshot of how many young people self-harm, with a focus on the four countries involved in the project: Denmark, Italy, Slovenia and the UK.⁵⁷

2.1.1. Overview of the four countries

It is hard to provide accurate numbers on how many young people self-harm because many cases are not reported. However, based on data from a research conducted in seven countries in 2008 and research carried out in the countries involved in this project, it can be estimated that around one in 15 young people has self-harmed in their lifetime in Denmark, Italy, Slovenia and UK.⁵⁸

Denmark

- In 2011, 13% of 13- to 15-year-olds and 14% of 16- to 18-year-olds committed self-harm one or more times.⁵⁹

Italy

- In 2010, 21% of university students reported having engaged in self-harm at least once during their lifetime (over 18-year-olds).⁶⁰

Slovenia

- In 2009, 12% of primary school students (6- to 14-year-olds) and 15% of secondary school students (15- to 19-year-olds) reported self-harm behaviour.⁶¹

UK

- In 2011, the total Accident and Emergency services attendances for intentional self-harm for 0- to 18-year-olds was 18,253 – a 14% increase from 2008 (16,854).⁶²
- In 2006, between one in 12 and one in 15 young people had self-harmed at some point in their lives.⁶³

- In the CASE study (2008), it was stated that females are three times more likely to self-harm than males.⁶⁴
- In a UK study carried out in 2002, 11% of females had self-harmed in the year before the survey, compared to only 3% of males.⁶⁵
- In Denmark, in 2011: 22% of females in primary school self-harmed compared to only 5% of males. While 20% of females in high school self-harmed compared to only 5% of males.
- Furthermore, while people of any age may self-harm, the issue is far more common among young people, usually first appearing between the ages of 12- and 24-years old.⁶⁶

In the UK, apart from evidence that self-harm is more common among South Asian young women,⁶⁷ there are no reported differences with regard to ethnicity. However, some groups of people are more likely to self-harm, such as lesbian, gay, bisexual and transexual (LGBT).⁶⁸

As well, while self-harm occurs across all social groups, it appears to be more common among young people who face socio-economic disadvantage.⁶⁹

Although some young people who self-harm do not suffer from any type of recognised mental illness, there is evidence that those with underlying mental health problems are more likely to do so.⁷⁰ This can include Borderline personality disorder, bipolar disorder,⁷¹ depression,⁷² phobias,⁷³ conduct disorders⁷⁴ and schizophrenia.⁷⁵

- In England, people with mental health problems are 20 times more likely to report having harmed themselves at some point in their life.⁷⁶

2.1.2. Groups more likely to self-harm

It is generally accepted that self-harm is more common in young women than young men.

2.2 WHY PEOPLE SELF-HARM

It is important to focus on why young people self-harm for two main reasons. Firstly, because understanding the real reasons for self-harm and dispelling commonly held myths is crucial to developing good practice. And secondly, helping young people understand why they might be self-harming can be the first step that prompts them to speak out and seek the help they need.

Rather than viewing self-harm as something to heal or fix, the priority should be on understanding why young people self-harm and talking through the issues that are troubling them.

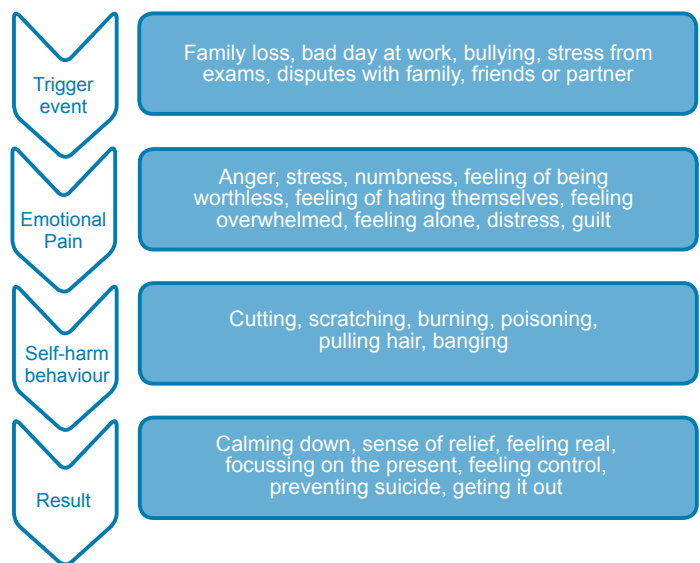
- In the UK, web data shows one of the top search phrases typed by young people who come to YouthNet's website (TheSite.org) is "why people self-harm".⁷⁷

"SIBRIC.it helped me to accept my 'disorder' as a part of myself – as another dimension that does not need 'healing' as much as learning to understand."

Elsa, 26 years old, interviewed by Photoficine (SIBRIC.it), Italy⁷⁸

The process which young people go through when self-harming is complex and individual. However, while the thoughts, feelings and behaviours do not lend themselves to a simple linear description, for many there are some distinct stages (see Figure 6).

Figure 6: An example of the cycle of self-harm behaviour



As the following sections will show, there is a high degree of commonality across countries in terms of the reasons why young people self-harm.⁷⁹

2.2.1. Triggering event

For many young people there may be a triggering event (such as bereavement, bullying, stress with exams, having a bad day at work or school, flashback to abuse, etc.) that causes distress. The response to this emotional pain could be self-harm.

However, the likelihood of a young person responding to emotional distress and pain by self-harming is likely to be influenced by a whole range of underlying vulnerabilities and risk factors, such as childhood trauma, emotional and sexual abuse,⁸⁰ neglect, poor body image, underlying mental health problems and lack of alternative coping strategies.⁸¹

2.2.2. Emotional pain

Emotional pain includes a wide range of feelings and emotions, as seen in Figure 6. This includes: anger, stress, numbness, feeling worthless, self-hatred, feeling overwhelmed,

feeling alone, feeling sad, distress and guilt.

"I hated myself, I believed I wasn't loved by anybody. It was a vent for getting my anger or upset out, the same way someone else might use boxing to do so."

Tina, 20 years old, interviewed by YouthNet (TheSite.org), UK

"The severity of my wounds depended on the amount of anger and guilt I felt. I had bad self-esteem. I often hated myself – my life, everything about me. In my diary I have often wished I was a stone so I could not feel anything. The weight of all the feelings inside me was too much to handle."

Mateja, 25 years old, interviewed by UTRIP, Slovenia⁸²

"A lot was converting mental pain that I was unable to cope with into physical pain."

Tina, 20 years old, interviewed by YouthNet (TheSite.org), UK

Calming down

For other young people, the motivation to self-harm is to bring about a feeling of calm.

"Why do I self-harm? I self-harm to calm down: to be able to sleep, because pain releases chemical substance that helps me with this. I self-harm to bring myself to the present, to focus on today."

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

Being in control

Self-harming can also give a young person the sense of being in control: without self-harm the situation would be too much to bear.

- In the UK, 32% of young people who had self-harmed did it to feel in control of situations they found themselves in. This was the second most common reason for hurting themselves.⁸⁶

"I don't even know all the reasons why I self-harm. However, what I know for sure is that self-harming calls me back to order. It makes me feel that my body is under my control, even though I hate it."

Female, 23 years old, Photofficine (SIBRIC.it) group chats, Italy

2.2.3. Reasons for self-harming

This section summarises the most common reasons why young people self-harm, as well as the relief it can bring, without claiming to be exhaustive or to cover all the different individual situations.

Coping strategy

In order to cope with emotional pain, some young people find the physical pain of self-harm helps them to release bad feelings and cope with the situation.⁸³

- Across different countries, the most common reason young people self-harmed was to get "relief from a terrible state of mind" (71%).⁸⁴
- In the UK, 75% of surveyed users who had self-harmed also cited "finding relief from a terrible state of mind" as the most common reason for self-harm.⁸⁵

"I remember being angry and a little scared maybe, or confused at least. I didn't know what to do and I needed to do something. It was quite a good thing in that sense. Because I could control a cut and then clean it and bandage it up."

Emily, interviewed by YouthNet (TheSite.org), UK

Feeling alive

For other young people, self-harm allows them to feel alive, real and connected. In this way, although self-harm does cause injury, for these young people the motivation to self-harm is an act of affirmation.

"I self-harmed because I felt nothing and hurting myself helped me feel something. Sometimes I would feel like I was living in a dream – nothing felt real and I would withdraw. I wouldn't interact with anyone and I'd get to the point where I wasn't sure I even existed. Self-harm would help confirm I was real."

Helen, 25 years old, interviewed by YouthNet (TheSite.org), UK

"Pain fills the emptiness I feel and makes me feel real, even when I think I don't exist. It makes me feel something when I stop feeling – it calms my sense of guilt and makes me feel OK - even though I'm not perfect. It allows me to control my anger and avoid destroying everything around me."

Easy, 24 years old, interviewed by Photofficine (SIBRIC.it), Italy

Punishing themselves

Some young people who were interviewed by the six organisations also mentioned that they self-harmed because they wanted to excel – that they felt stressed they could not achieve the standards they set for themselves. In this way, self-harm becomes a way of punishing themselves for not "measuring up" to their own or other's expectations.

In the UK...

- 65% of Youthnet (TheSite.org) surveyed users who had self-harmed said it was a form of punishment;
- 38% of young people who had self-harmed said they did so to "punish themselves".⁸⁷

Across different countries...

- 44% of young people who had self-harmed did so to "punish themselves".⁸⁸

"I'm not entirely sure why I self-harmed, I think it was the pressure of trying to succeed and excel and trying to achieve something I couldn't. As it developed, it became a sort of punishment if I didn't do well – it was a way to mark my failure. In this way, my self-harm became a comfort as well as a punishment."

Beth, 17 years old, interviewed by YouthNet (TheSite.org), UK

Preventing suicide

Self-harm is also sometimes used to help manage suicidal feelings – and, in some cases, even prevent suicide.⁸⁹

- The second most common reason given for self-harming was "wanting to die", chosen by 60% of young people surveyed in the CASE study and 50% in the Samaritans research.⁹⁰

"The pain that I felt when I cut my arms was the pain that I was able to handle. It was a different kind of pain that helped me to survive until the next day."

Mateja, 25 years old, interviewed by UTRIP, Slovenia

"Why do I self-harm? I self-harm because I choose to live – harming myself helps me with this. It helps me to feel alive and to be alive. When I have suicidal thoughts and I want to die... in these periods I do not self-harm."

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

"Self-harming has been helping me to stop thinking about suicide... or at least to think less about it"

Female, 16 years old, Photofficine (SIBRIC.it) group chats, Italy

In most cases, self-harm is not an act of suicide; it is a way of coping with life rather than giving up on it. There is a link between the two in as far as self-harm, like suicide, is a response to distress. In some cases, however, self-harm can lead to suicide.

- In the UK, those who self-harm are 100 times more likely than the general population to die by suicide.⁹¹
- For every young person who has committed suicide, there are between 40 and 100 who have self-harmed.⁹²

- In 2008, across different countries, 12% of young people who had self-harmed went to hospital;⁹³
- Across different countries, in 24% of the cases the young person who had self-harmed did not disclose their behaviour to anybody;⁹⁴
- In the UK, 53% of surveyed users did not talk to anybody about their self-harm, and 17% did not even look for information and support;⁹⁵
- In Italy, in 2009 it was found that only 12% of young people who had self-harmed had seen a doctor, and these were only in exceptional cases (the severity of injury).⁹⁶

It is therefore crucial to focus on what young people understand about the challenges they face in order to find and receive support.

The barriers that have been identified can be divided into four categories:

- Lack of awareness of the issue and of available support;
- Stigma and social pressure;
- Practical and procedural barriers;
- Personal and emotional barriers.

As the following section reveals, the barriers young people face when looking for help and support are consistent across Denmark, Italy, Slovenia and the UK.

2.3. WHY YOUNG PEOPLE FIND IT DIFFICULT TO SEEK AND ACCESS HELP

In order to ensure best practice takes into account all relevant factors, one of the most important points to recognise is that only a small minority of young people who self-harm come to the attention of health services.

2.3.1. Lack of awareness of the issue and of available support

Poor awareness of self-harm and of the available support has significant consequences on young people's journey to disclosure, including the way they cope with their situation.

Many young people are unaware of the severity of their self-harm or, if they are, they underestimate the situation. Often, they do not think their behaviour is severe enough to look for help.⁹⁷

- In the UK, 26% of surveyed users who had self-harmed thought that they didn't have a problem;
- In the UK, 32% of surveyed users who had self-harmed said they didn't need help.⁹⁸

"Not feeling like my depression and self-harm was serious enough to seek help. Not feeling able to say I was depressed – was I feeling bad enough for it to actually be depression?"

Helen, 25 years old, interviewed by YouthNet (TheSite.org), UK

"People don't talk about self-harm – while they do talk about other disorders, such as bulimia or anorexia. I hope the media talks about it more in the future. Many young people who self-harm aren't aware of how serious it is because nobody has talked to them about it. I think that knowledge is the first step to doing the right thing and getting help."

Bradamante, 22 years old, interviewed by Photofficine (SIBRIC.it), Italy

Also, not all young people who self-harm are aware that others also have the same issue, so often feel lonely and isolated. When they realise the extent of this problem, many are taken aback.

In Italy and Slovenia, where support services dedicated to self-harm are not comprehensively developed, not all young people who self-harm know how to find information and available support services.⁹⁹

- In Slovenia, 66% of young respondents who had self-harmed didn't know where to turn to get professional help.¹⁰⁰

In the UK and Denmark, there is more awareness of where to find support – especially thanks to a wealth of online sources. However, there is still a significant proportion of young

people who do not know which steps they should take to get help.

- In the UK, 17% of surveyed users who had self-harmed said they did not know where to go for help.¹⁰¹

"At 14 years old, it can be hard to see the possibilities and take the initiative to stop something as big as self-harm."

Female, 15 years old, interviewed by Cyberhus, Denmark

"I didn't know there were any associations in Slovenia that could help you in these matters. I have heard that there is an organised prevention group of people in Croatia... but in our area there's no prevention. Some youth centres help, but only after something happens."

Female, 23 years old, interviewed by UTRIP, Slovenia

When it comes to adults and peers, ignorance and lack of awareness can have significant consequences on the home and school environment of a young person who self-harms. Even if they know the young person is self-harming, many adults and peers will not offer help because they do not know how to approach the issue; they may not even acknowledge it.

In Slovenia:

- In a research project about self-harm among girls in one school, the majority reported that neither their professors nor classmates who had either observed their distress or noticed their self-harm behaviour had done anything to help them.¹⁰²
- Two in five young people surveyed by UTRIP said they would ignore their peer's self-harm, acting as nothing has happened.¹⁰³

"My parents told me to say mine were 'sports injuries' when I was abroad; they made me feel very ashamed – I doubt parents understand that though."

Female, 16 years old, YouthNet (TheSite.org) survey, UK

2.3.2 Stigma and social pressure

The fear of not being understood is a crucial factor determining a young person's choice to search or access help. Young people who self-harm are often scared about people's reactions and think they will be misunderstood, judged and not given the right support.

In the UK:

- 50% of YouthNet (TheSite.org) surveyed users who had self-harmed found it difficult to look for help because they felt "ashamed".
- 21% of young people that had self-harmed feared negative reactions, such as anger, judgment or rejection.¹⁰⁴

In Slovenia:

- 82% of young respondents who had self-harmed did not have a trusted person to go to for help.¹⁰⁵

"I was afraid that people wouldn't see me in the same light anymore and I'd be judged badly."

Female, 17 years old, YouthNet (TheSite.org) survey, UK

Furthermore, these misconceptions not only prevent young people from disclosing their self-harm behaviour, but they also affect the way help and support is delivered.

"All the negative reactions and comments pushed me even deeper into self-harm. They confirmed that I'm not a good person and that I deserve everything that's happening to me."

Mateja, 25 years old, interviewed by UTRIP, Slovenia

The following section looks at the different myths that surround self-harm and the impact that they have on young people's experience of accessing help.

Myth # 1 - Self-harm as attention seeking

One of the most common myths surrounding self-harm is that it is attention-seeking behaviour. However, research has shown that, 'attention seeking' is not a motivation for most young people who self-harm.

- In the UK, only 19% of people who had self-harmed did it because they wanted to get some attention, or to frighten somebody.¹⁰⁶

Even so, attention seeking continues to be seen as one of the most common stereotypes surrounding self-harm.

In Slovenia:

- 49% of surveyed teachers believed that adolescents who self-harmed did it to get attention.¹⁰⁷
- 21% of young respondents who had not self-harmed thought attention seeking was the reason their peers self-harmed.¹⁰⁸

In the UK:

- 48% of surveyed users who had not self-harmed thought that their peers did it to get attention.¹⁰⁹

"My parents would probably think I'm overreacting if I told them, or that I just want attention – they won't understand how I feel."

Female, 14 years old, Cyberhus chats, Denmark

"I only told my mother, my sister and my boyfriend about it. In the first few years, everybody made me feel as if I hurt myself just to get them to take care of me."

Elsa, 26 years old, interviewed by Photofficine (SIBRIC.it), Italy

This myth has dramatic consequences on the way young people who self-harm are supported in health care settings. For example, young people are sometimes treated differently from other patients because their harm is self-inflicted, so it is thought that giving them attention will only make them more likely to self-harm.

- In the UK, 30% of surveyed users who had self-harmed and accessed some form of professional help said that health professionals did not seem to care.¹¹⁰

"I asked my parents if I could go to a psychologist, but their answer was 'no, don't you have anything better to do? This is only a whim of yours; don't you know how to spend your time?'"

Female, 21 years old, Photofficine (SIBRIC.it) group chats, Italy

"Doctors and nurses at A&E don't always give you stitches because they think you will take them off as soon as you are home to show off your scars and get attention. But, because they rarely give you anaesthetics when they give you stitches, the pain that comes from stitching becomes part of the coping mechanism itself – you need that pain and it becomes a trigger to more self-harming; it becomes a circle."

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

Myth # 2 - Self-harm means that the person has a mental illness

Another stigma around self-harm is the perception that it is always indicative of mental illness. This is particularly the case among both professionals and the general public in Italy and Slovenia.

In Slovenia:

- 75% of surveyed teachers believed that self-harm behaviour is a sign of personality disorder or mental illness, and 68% thought that young people who self-harm have a Borderline personality disorder.¹¹¹

In Italy:

- Self-harm is often treated as a side effect of other mental disorders (such as anorexia, depression, etc).¹¹²

In the UK and Denmark, the situation from a professional point of view is more positive. The health sector has a good understanding of the fact that self-harm is not always indicative of an underlying diagnosable mental illness. However, there still exist stereotypes about self-harm among the general public.

- In the UK, 72% of surveyed users who had not self-harmed thought that self-harm is a mental illness.¹¹³

The myth of mental illness presents a big barrier for young people that self-harm when they are looking for support. Not least because labelling it as a mental illness undermines the possibility for young people to make their own decisions about their choices for support and recovery.

"I don't want to go to the hospital – people will think I am crazy."

Female, 22 years old, YouthNet (TheSite.org) survey, UK

"It took me a long time to seek help with my self-harm for different reasons, one being people's ignorance; this ignorance will probably lead my parents to underestimate the issue, and this will make me feel even more stupid."

Claudia, Photofficine (SIBRIC.it) forum, Italy

"I think it makes it harder, as everyone thinks it's something that you could just stop if you wanted to, they don't understand that it's like an addiction. A lot of people feel that it's just something that young people do and that if they leave it alone you'll 'grow out of it'."

Paige, 17 years old, interviewed by YouthNet (TheSite.org), UK

"Other classmates and colleagues treated me as a freak or psycho. In fact, I actually think they felt sorry for me, but I was still a psycho to them. When I had mental problems and I was in the hospital, they used to say to me 'look at her, she's such a psycho'. All my classmates knew about my problems, but they didn't do anything."

Female, 23 years old, interviewed by UTRIP, Slovenia

Myth # 3 - Self-harm is easy to stop

Another common myth that is related to self-harm being attention-seeking behaviour is that young people who self-harm can stop if they want to.

In the UK:

- 54% of surveyed users who had not self-harmed thought that people who hurt themselves could stop if they really wanted to.¹¹⁴

In Slovenia:

- Almost two in five surveyed practitioners thought that young people who self-harm ought to receive help only when they were ready to stop their self-harm behaviour.¹¹⁵

This myth impacts the way in which the severity of self-harm is perceived by professionals, family and friends. It can mean that professionals use the wrong approach when treating young people, as shown in the quotes below.

Myth # 4 – It's impossible to recover from self-harm

In contrast to the perception that self-harm behaviour is easy to stop, the other extreme is that there is no definitive recovery.

"In the beginning, some of my schoolmates tried to help me by prohibiting my self-harm. They would say, 'If you do it again...', but after a while they stopped trying. They saw me as a lost case."

Mateja, 25 years old, interviewed by UTRIP, Slovenia

"I started seeing a counsellor when I was in my first year at university and one of the first things she told me was that I might never stop self-harming. That felt like I was being given permission to carry on and there was no point in trying to stop."

Helen, 25 years old, interviewed by YouthNet (TheSite.org), UK

Myth # 5 – Self-harm is fashionable

As already mentioned, self-harm is often approached as a subculture of "emo" (a lifestyle characterised by a strong propensity to emotionalism).

- In Slovenia, 46% of surveyed practitioners agreed that self-harm behaviour in adolescents is “just a fashion statement”.¹¹⁶
- In the UK, 40% of surveyed users who had not self-harmed thought their peers self-harm because it is fashionable.¹¹⁷

“Self-harm is, in my opinion, personal – it happens because of very personal pain, not because of belonging to a group or subculture. It can easily happen to any nice and cute girl, but you wouldn’t know it because most people wouldn’t reveal it to anyone – they wouldn’t let it be known that they are someone who self-harms. Perhaps some subcultures like ‘emo’ show more or say more about these kinds of things.”

Female, interviewed by UTRIP, Slovenia

This misconception can cause feelings of shame and anger, which can trigger more self-harming and lead to further isolation.

“Once a friend at school made a comment like ‘she likes to get hurt’. She said it as a joke, and when I asked for an explanation she said she had noticed my wounds. We talked a bit, but she didn’t seem to understand. She said that I did it to attract attention. Perhaps it was for that in some ways, but she condemned and judged me and didn’t help me at all. When I talked about it with my friend, I felt ashamed and angry because I knew I wasn’t understood.”

Bradamante, 22 years old, interviewed by Photoficine (SIBRIC.it), Italy

Myth # 6 – Self-harm is attempted suicide

Another common misconception is that self-harm is a form of attempted suicide. While there is a relationship between self-harm and suicide, self-harm is not motivated by suicidal intent and this is an important distinction that needs to be recognised. This is something practitioners

are becoming acutely aware of, particularly in Slovenia.

- In Slovenia, 77% of surveyed practitioners knew that self-harm behaviour is not a failed suicide attempt.¹¹⁸

“I’ve been to Accident and Emergency many times and my experience has been generally negative. Doctors don’t listen to you; they do not even give you pain killers because they think you will take an overdose to kill yourself.”

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

2.3.3. Practical and procedural barriers

Practical barriers are another key issue, as they are linked to the way in which support is delivered in each country. As previously mentioned, in relation to the more advanced services available in Denmark and the UK, support services around self-harm are less developed in Slovenia and Italy.

Difficult to access

Some support services that are theoretically available for young people who self-harm are inaccessible because of practical or procedural constraints, such as long waiting lists and counselling sessions during school hours.

“I considered speaking to a counsellor for a while, but quickly dismissed it because of the huge waiting lists.”

Sarah, 20 years old, interviewed by YouthNet (TheSite.org), UK

Location can also present practical problems for young people, especially those from rural area.

"I made an appointment with my doctor with the intention of getting help for self-harm and depression, but I cancelled it. I couldn't get there very easily as I lived in the country, and I would have had to lie to my parents and friends. It all felt too overwhelming."

Helen, 25 years old, interviewed by YouthNet (TheSite.org), UK

Age can also be a barrier, as many of the support services available for young people (under 18) require the consent of parents. This barrier to access can impact, or in some cases, stop altogether the help and support a young person is able to receive.

"There's no place to turn unless a parent calls. It's likely that there are also some other associations that deal with similar problems, but I don't think those associations deal with self-harm specifically, at least I don't know of any. My mother has also looked for somewhere I could get real help, but she could not find anything either."

Ziva, 16 years old, interviewed by UTRIP, Slovenia

Waiting for treatment in busy environments, such as a hospital waiting room can also be stressful for young people who self-harm if they are in great pain and are scared.¹¹⁹

"It's hard to go to the hospital during the weekends – especially when there is a football match on it can get so busy. It's a terrible experience to wait to be treated in this environment: you are surrounded by drunken people, you have to wait for a long time, the doctors are busy and when they finally see you, they don't pay you the right attention."

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

professionals will discuss their situation with their parents – or even to future employees.

- In Slovenia, 66% of young respondents who had self-harmed stated they feared their parents would find out about their self-injuries.¹²⁰
- In the UK, 35% of surveyed users who had self-harmed found it difficult to look for help because they feared the person they confided in could tell somebody else.
- In the UK, one in five surveyed users who had self-harmed said that they had not looked for help in the past because they were afraid that a medical record of self-harm could affect their future career opportunities.¹²¹

"I dare not tell my doctor, I'm afraid that she will tell my parents."

Female, 15 years old, Cyberhus chat, Denmark

"I'm scared of going to my doctor for help with self-harming but I think it's probably time I tried to get some real help. My only problem is I have so many dreams for my future. I'm still a student and I'm scared that having something like self-harm on my records may stop me achieving my goals."

Female, YouthNet (TheSite.org) discussion boards, UK

The importance of upholding confidentiality is a key part in building trust for young people who self-harm, and it has significant implications for a young person in their help-seeking journey. This can create dilemmas for professionals who may have statutory duties in relation to risk management and safeguarding.

- In the UK, 32% of surveyed users said their teacher told somebody else without their consent, therefore breaking confidentiality.¹²²

Confidentiality

The issue of confidentiality can be another significant barrier to access help. Many young people have concerns that their doctor or other

In the UK, it is routine policy in schools that disclosures of self-harm are reported to the school nurse or head teacher - who will then decide how to respond. This may include informing parents or health professionals.

The approach that schools take towards self-harm can vary significantly; however, there are two important considerations: that whatever the policy, the initial response to the pupil disclosing self-harm is caring and non-judgemental: secondly that the young person is fully informed of the limits of confidentiality: *“confidentiality is a key concern for young people, and they need to know that it may not be possible for their support member of staff to offer complete confidentiality.”*¹²³

2.3.1. Personal emotional barriers

Emotional barriers are also relevant – even if harder to quantify. They relate to the interior world of young people who self-harm, and because of this they are more difficult to express in words and are harder to identify. Many young people prefer to keep their self-harm hidden because they do not want to cause pain to others.

- In the UK 38% of young people who had self-harmed chose to hide their behaviour so as not to cause pain, guilt, or suffering to their family.¹²⁴
- Half of YouthNet (TheSite.org) surveyed users did not want to disclose their self-harm behaviour to their family out of worry that it may hurt somebody.¹²⁵

“I want to know how I can disguise my self-harm from the people around me so they don’t get hurt.”

Female, YouthNet (TheSite.org) discussion boards, UK

Many young people who self-harm feel their problems do not really matter to anyone else; they believe they do not deserve any help and that nobody cares about them. This lessens the

likelihood that they will approach anyone for help or support.

“So many people told me I wasn’t good enough, and so I believed it in the end. I thought that by seeking help I would get the same treatment from the professionals, and they would also tell me it doesn’t matter that I self-harm because I’m not worthy of help.”

Sarah, 20 years old, interviewed by YouthNet (TheSite.org), UK

Many young people who self-harm have problems expressing their emotions; they find it very hard to talk about the reasons for their behaviour.

- In Italy, 81% of surveyed users who access the organisation’s one-to-one counselling, as well as 76% who used the online group discussions, said it was really hard for them to share their experience with others.¹²⁶

“It’s mostly the fact that I can’t explain in words the feelings and emotions that I’m going through, and they wouldn’t understand anyway.”

Bonnie, 19 years old, interviewed by YouthNet (TheSite.org), UK

2.4. TYPES OF INFORMATION YOUNG PEOPLE NEED

Cyberhus, Photofficine (SIBRIC.it), UTRIP and YouthNet (TheSite.org)/42nd Street all have support Q&As services for questions about self-harm that aim to offer personal bespoke information provided by experts. The following section looks at:

- The most common themes taken from the questions submitted to experts in these organisations by young people about their self-harm;
- The most common search terms used by young people in order to find these

Table 1: Most common themes taken from the questions submitted by young people to experts (as part of the Q&A service provided by each organisation)

Five most common themes	Cyberhus, Denmark	Photofficine (SIBRIC.it), Italy	UTRIP, Slovenia	YouthNet (TheSite.org), 42 nd Street, UK
1st	Dealing with self acceptance	Getting help / treatment	Managing relationships	Getting help / treatment
2nd	Dealing with shame	Need someone to talk to	Dealing with self-acceptance	Dealing with the urge to self-harm
3rd	Suicidal feelings and attempts	Advice about stopping	Helping others/friends who are self-harming	Helping others who are self-harming
4th	Getting help/ treatment	Dealing with the urge to self-harm	Suicidal feelings and attempts	Wound care/ scars
5th	Dealing with the treatment they are already getting	Info about self-help	Dealing with family/ friends reactions	Advice to a parent
Total questions asked to each organisation	366	87	45	248

organisations.

This information provides an understanding of the most recurrent topics that young people need information on and help with during their help-seeking journey – which is crucial for support focused on their needs.

2.4.1. Questions asked

Table 1 (above) shows the five most common themes of support for self-harm as indicated by the young people submitting questions on self-harm to experts in each organisation. It should be noted that while there are many similarities in the themes there are also interesting country variations.

Denmark

One of the top needs of young users is self-acceptance; understanding that self-harm is not

about weakness or being ‘crazy’, but a way of coping in stressful situations.

- The most recurrent themes in the questions submitted to experts were how to accept themselves (45%) and deal with shame (35%).

Young users also feel the need to explore self-harm as a strategy to manage and survive in contrast to wanting to die.

- The third most common theme arising from questions asked by young users was about suicidal feelings and attempts.

Young users want to know how they can get treatment, as well as how they can deal with the treatment they are already receiving. This suggests that, even though there is a wide

range of support for self-harm in Denmark, young people still need relevant and accessible information on self-harm; they need help in understanding the steps they have to take in order to get confidential help.

- The most common search terms were about how to find and deal with support: “how do I get help?” is the top search term, followed by “what happens when I ask for help?” and “can I get help without my parents knowing something?”
- The fourth and fifth common themes arising from as the questions submitted to experts were about getting help and treatment (34%) and how they can deal with treatment they are receiving (34%).

Finally, young users want to find something to make them feel less alone, somebody who can understand their situation and listen to them.

- Other search terms included: “why can’t I take care of myself like everyone else?”, “why is there no one who understands me?” and “why is there no one who will listen?”

Italy

Young users want to have more information about the types of support services that can help them with their self-harm. This is not surprising given that awareness around self-harm and specifically dedicated support services in Italy are not as developed as they are in countries like the UK and Denmark.

- The largest proportion of questions asked by young users was how to get help and treatment (24%).
- One of the most common search terms typed was “list of local health authorities in Italy”.

Young users also asked many questions about “needing to talk to someone”. This could be because of the low awareness around self-harm and the fact the issue is still a taboo in Italy, young people who self-harm do not dare to talk their issue with family and friends.¹²⁷

- The second most common issue emerging from the questions submitted to experts was “needing somebody to talk to” (22%).

Slovenia

The largest proportion of issues from the questions submitted by young people to experts were around managing relationships, suggesting once again that self-harm touches all aspects of their life.

- The most recurrent theme addressed in the questions submitted by young users was about managing relationships (20%).

Young users want to know more about self-harm in order to deal with such things as: accepting themselves, helping others experiencing these issues, and finding ways to cope with suicidal feelings.

- The second most recurrent theme addressed in the questions submitted to experts was about dealing with self-acceptance (14%).
- This was followed by questions on how to help others who are self-harming (13%) and on suicidal feelings and attempts (8%).
- The top search terms typed on Google to get to UTRIP’s website were “people who self-harm”, “self-harm behaviour” and “cutting” – suggesting there is an appetite to understand more about the issue.

Finally, young people need emotional support and information about what to expect once they decide to disclose to somebody.

- The fifth top theme addressed by questions submitted by young people was about dealing with family or friends' reactions (7%).

UK

As in Denmark, although there is a wealth of support for self-harm in the UK, young people still need information and help when deciding where and when to get help.

- The largest proportion of questions young people submitted to experts was about getting help or treatment (28%).
- In 2012 and 2011, "self-harm support" and "self-harm help" were among the most popular search terms typed in Google to access YouthNet's website (TheSite.org).¹²⁸
- In 2011, a significant proportion of young users came to the YouthNet website after searching for "self harm support groups".¹²⁹

Many young users also want to get involved in helping their peers who self-harm.

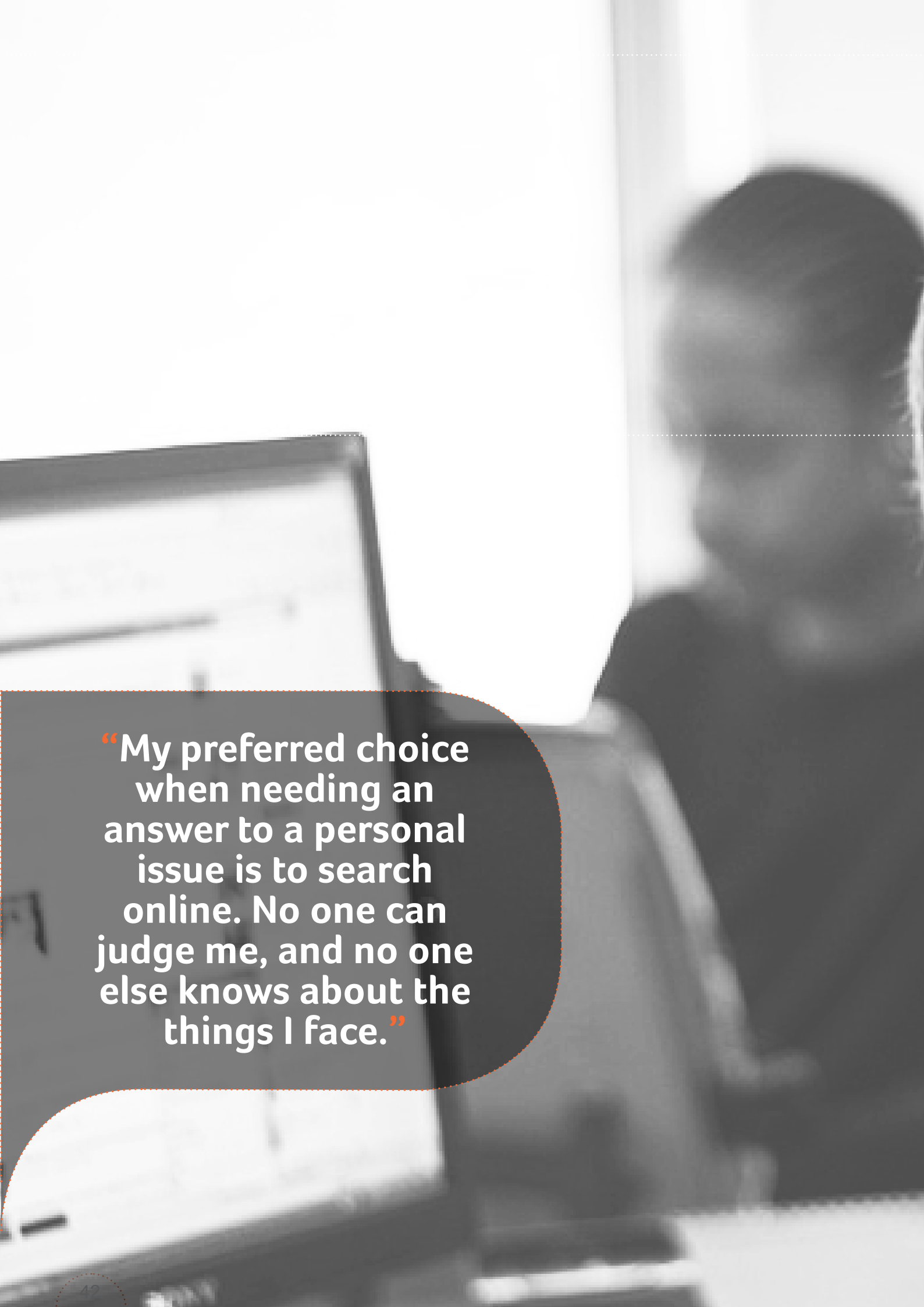
- 14% of the questions were about how to help others who self-harm.

For many young users, it is important they have an understanding of why they self-harm. This is an essential area for support, because, as previously mentioned, understanding why they are self-harming can be the first step on their help-seeking journey.

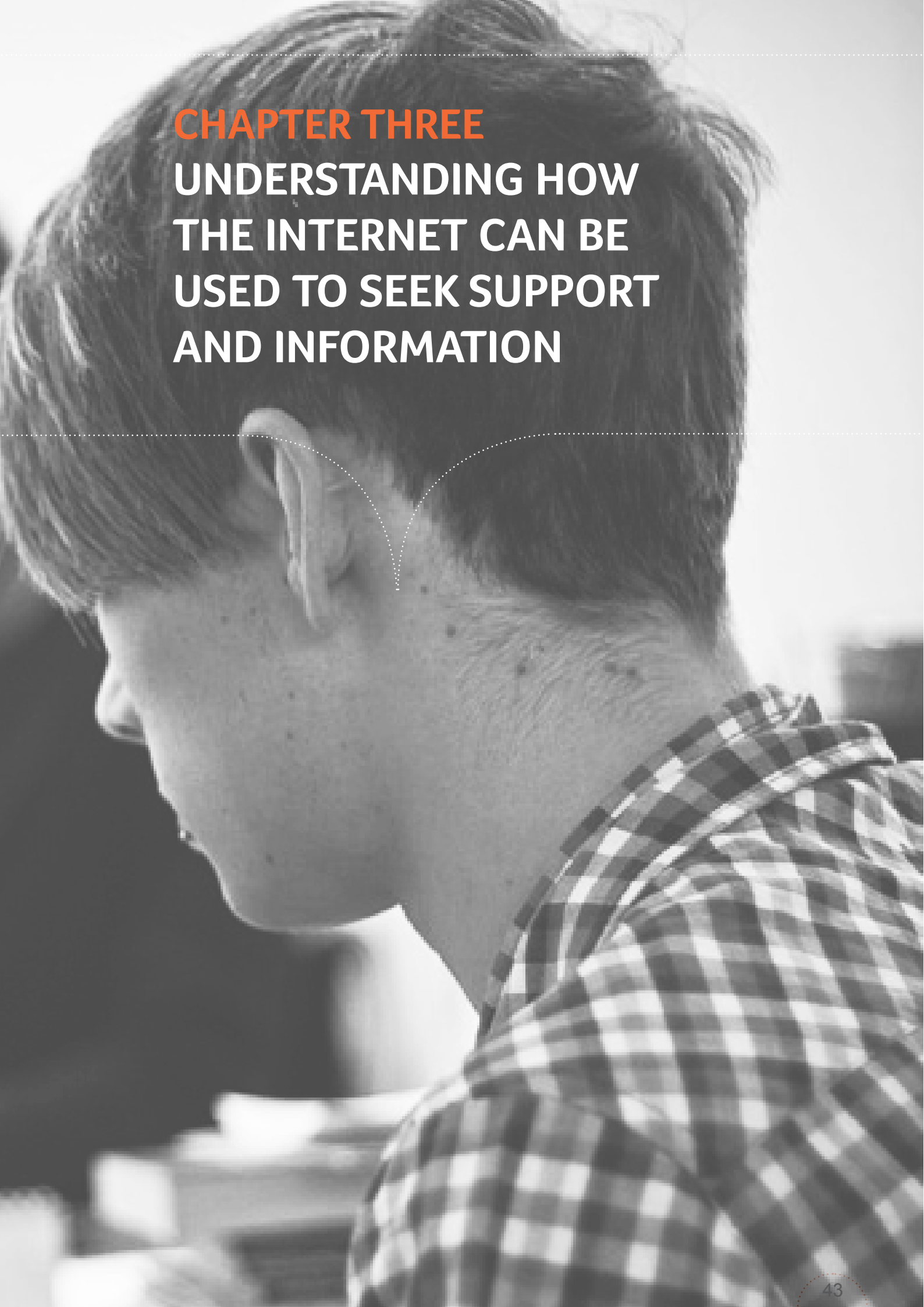
- From 2010 to 2012, the top search terms for people coming to the YouthNet's website were "why do people self-harm?" and "why do I self harm?"¹³²

Young users are also interested in exploring self-help strategies, so they can deal with self-harm on their own.

- The second most common theme addressed by questions was "dealing with the urge to self-harm" (14%).
- In 2011, "self-harm urge" was a popular search term.¹³⁰
- In 2012 and 2011, many young people who came to the YouthNet website had searched for "how to stop self-harming".¹³¹



“My preferred choice when needing an answer to a personal issue is to search online. No one can judge me, and no one else knows about the things I face.”



CHAPTER THREE

UNDERSTANDING HOW THE INTERNET CAN BE USED TO SEEK SUPPORT AND INFORMATION

Chapter 3 Understanding how the internet can be used to seek support and information

“My preferred choice when needing an answer to a personal issue is to search online. It’s confidential, it can be done in my own time, and I don’t have to discuss it with anyone. I can locate the information and work through the problems in my own time. I don’t have to involve anyone else with my problems, therefore no one can judge me, and no one else knows about the things I face.” Female, 20 years old, interviewed by YouthNet (TheSite.org), UK¹³³

This chapter explains how the internet and online resources and information can help young people who self-harm.

3.1. ACCESS AND USE OF ONLINE RESOURCES

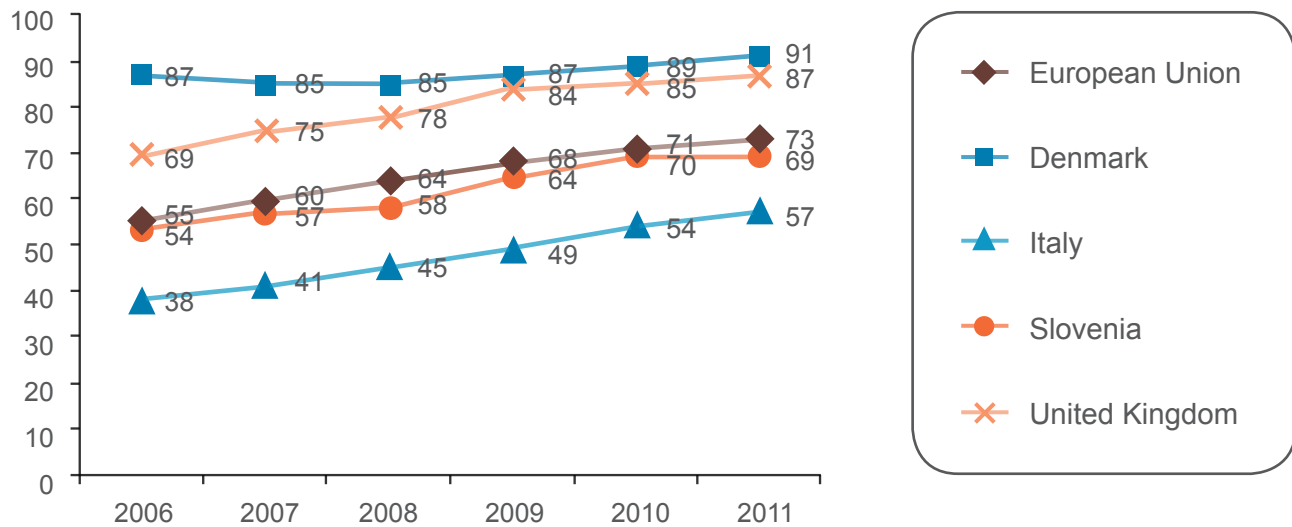
The internet has become an integral part of many young people’s lives across Europe.

- In 2011, the European average proportion of 16- to 24-year-olds accessing the web is 93% (a 15% increase since 2006).¹³⁴

- Even with this growth there is some variation in internet access across Europe. In 2011, young people’s usage in Slovenia (99%), the UK (99%) and Denmark (98%) is above the European average, while in Italy (84%) it remained below the national average.

- With regard to specific country growth of internet usage: Denmark, the UK and Slovenia have experienced a gradual increase in young people’s internet use since 2006, while Italy had a more dramatic increase (29%), which levelled out in 2010.¹³⁵

Figure 7: Percentage of young people (16-to 24-year-olds) who looked for health information on the internet between 2006 and 2011



Sample: 16- to 24-years-old. Source: Eurostat

3.2. ONLINE HELP SEEKING

The way in which young people seek information and communicate with others has changed dramatically over the past 10 years. The increased usage of social media and the proliferation of different platforms, such as mobile phones, to access the internet have changed how people seek information.¹³⁶ However, there are still notable differences between countries, as shown in Figure 7.¹³⁷

Of the four countries in this study:

- Denmark has the biggest proportion of young people who use the internet to seek information on health (54%).
- Slovenia (47%), UK (36%) and Italy (27%) follow.¹³⁸

3.3. USE OF THE INTERNET FOR HELP SEEKING ON SELF-HARM

Insight from our users shows that in Denmark, Italy, Slovenia and the UK young people who self-harm use the internet to look for support and information. It is often the first step young people take when they decide they want to understand more about their self-harm and how to cope with it. Understanding the role of online services in helping young people at this crucial first stage is key to developing good practice.

3.3.1. Denmark

From insight gathered by Cyberhus users, we know that in Denmark it takes a long time before young people are ready to talk to people offline. The natural step after online counselling and sharing information is to contact the LMS (Landsforeningen mod Spiseforstyrrelser og Selvskade) – an NGO working to support young people with eating disorders and self-harm that offers online counselling as well as anonymous offline advice.

“There are many types of help, but what I looked for was mostly online support – someone to chat to. It was hard for me to make direct contact with an adult or a close friend. At 14 years old, it can be hard to see the possibilities and take the initiative to stop something as big as self-harm.”

Female, 15 years old, interviewed by Cyberhus, Denmark

- The majority of surveyed users who had self-harmed (81%) said they have used online sources to look for information on self-harm.¹⁴⁰
- In terms of online sources, 50% of surveyed users said they had run an internet search in order to find relevant material, 43% accessed an online “help site”, 32% used an online forum/discussion group, 23% a chat helpline service, and 21% used social networks.
- In terms of offline sources for support and information, the biggest proportion of surveyed users went to friends (45%), followed by professionals on the subject (40%), teachers or adults at school (22%), parents (8%) and siblings (7%).

3.3.2. Italy

Many users of Photofficine (SIBRIC.it) said that their first step in getting help is looking for information online, even though in Italy there is a limited amount of professional information available in Italian.

“I have looked for help online about self-harm. In fact, I’d like some help in understanding why I feel so bad, why only physical pain can diminish my emotional pain, how I can stop needing to self-harm. I haven’t tried asking for help in my community because of the fear my parents could discover my self-harm. I need help and understanding.”

Female, 24 years old, Photofficine (SIBRIC.it) group chats, Italy

“The first time I looked for help for my self-harm was on an online forum as a teenager, where I made some really close friends. We then found a different online forum, which was mainly for people who self-harmed, but also had an area for people struggling with eating disorders. It was a very positive, supportive message board and there was a lot of encouragement to seek offline help – whether that be friends, family, GP, or phone help lines, etc.”


Helen, 25 years old, interviewed by YouthNet (TheSite.org), UK

3.3.3. Slovenia

The majority of young people surveyed by UTRIP first searched for information and help on the internet. Other information sources they cited were “friends” or an “online professional consultant”, “teachers” and “counsellor at school” were very often the last sources they would approach for help.¹³⁹

3.3.4. UK

Insight from YouthNet (TheSite.org) users shows that young people are more likely to go online when seeking initial information on their self-harm, and that they feel more comfortable getting advice from an anonymous online platform as opposed to face-to-face.



**“People in “real life”
haven’t got any similar
experience so the
support here (on
the online forum) has
been a real help.”**



CHAPTER FOUR

UNDERSTANDING HOW ONLINE PEER SUPPORT CAN BE USED TO PROVIDE SUPPORT AND INFORMATION

Chapter 3 Understanding how online peer support can be used to provide support and information

“Recently, with the whole bereavement thing, I’ve received masses of support, especially from people that can relate to how I’ve been feeling. People in ‘real life’ haven’t got any similar experience, so the support here has been a real help.”

Female, 23 years old, YouthNet (TheSite.org), discussion forums, UK

This chapter explains the role and importance of online peer support when dealing with young people who self-harm.

4.1. PEER SUPPORT

As mentioned in the introduction, we define peer support as:

“A system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It’s about understanding another’s situation empathically through the shared experience of emotional and psychological pain.”¹⁴¹

Significantly, this definition focuses on offline peer support and highlights some key elements:¹⁴²

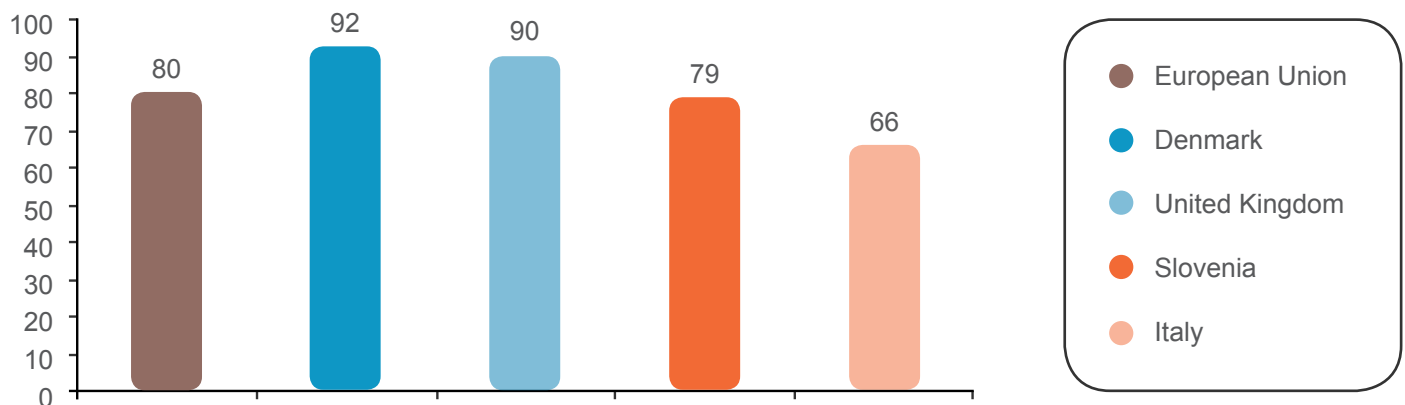
- It’s voluntary – free from coercion;
- It’s about an holistic understanding of the

young person, and not about one specific issue;

- It’s based on the helper principle – being helpful to someone else is also self-healing;
- It’s based on connections and understanding based on mutual experience;
- It’s organised as a network and decentralised, rather than according to hierarchical methods of command and control.

For our purposes, the concept of “what a peer is” is fairly broad. It ranges from being a member of the same peer group, to having a common interest and belonging to the same online community.

Figure 8: Percentage of young people (16- to 24-year-olds) who participated in social networks in 2011



Sample: 16- to 24-year-olds. Source: Eurostat data.

Social network participation is defined as: creating user profile, posting messages or other contributions to Facebook, Twitter, etc.

4.2. ONLINE PEER SUPPORT

Peer support preceded the internet, but with the web becoming an integral part of young people's lives, young people are in a transitional period where they are now increasingly able to connect to peers online. The internet today is characterised by a range of media: chats, instant messages, and social networks. Figure 8 shows the spread of social media across Europe.¹⁴³

- The European average for young people's use of social media is 80%.
- Among the four countries involved in this project, Denmark has the largest proportion of young people who participate in social networks (92%), followed by the UK (90%).
- 79% of young people in Slovenia participate in social networks.
- The country with the least amount of young people who participate in social networks is Italy (66%).

4.3. PEER SUPPORT AND RECOVERY MODEL

Peer support for young people in the mental health sector has increasingly gained more attention as a worthwhile approach.¹⁴⁴ It has its roots in the recovery movement and the guiding principle of this approach is that *"recovery in mental health has most often been defined as a process by which people labelled with mental illness regain a sense of hope and move towards a life of their own choosing."*¹⁴⁵

The recovery model is founded on the following principles:

- Many people with mental health problems are experts by experience, and thus have the potential to use their insight to seek recovery as well as support and mentor others;
- The recovery model is asset based – starting from a framework of "health and ability" as opposed to "illness and disability";¹⁴⁶
- Power and control can still take place in peer relationships. A sense of power and control can easily be passed from the person that received help to those they are now helping to repeat patterns of behaviour – even when these patterns are negative;

- Peer support aims to promote the idea that the seemingly diametrically opposed roles of 'helpee' and 'helper' are not as fixed as would appear. Rather, that these roles should be seen as intertwined, with each person bringing value and worth to the discussion.¹⁴⁷

4.4. PEER SUPPORT FOR SELF-HARM

Once young people who self-harm are ready to talk about their issues they are more likely to turn to a friend.

In the UK:

- For offline sources of support and information, the largest proportion of YouthNet (TheSite.org) surveyed users who had self-harmed went to friends (45%), followed by professionals on the subject (40%), teachers or adults at school (22%), parents (8%) and siblings (7%).¹⁴⁸
- Young people were less likely to hide their self-harm behaviour from their friends (66%) than they were from their family (84%).¹⁴⁹

In Italy:

- Insight from Photofficine (SIBRIC.it) users shows that at some point most young people who self-harm feel the need to confide in at least one trusted person.¹⁵⁰
- This anecdotal data is supported by a study conducted in 2009 by Photofficine (SIBRIC.it)¹⁵¹ showing 28% of surveyed young people who had self-harmed disclosed their behaviour talked to a friend; 17% to a partner; and 7% to a member of their family. Only a very small proportion of young people talked to a professional (7%).¹⁵²

Not only are peers the most likely source of offline advice, but they are also the most likely to give helpful advice. Young people often find that while their peers may not understand their

self-harm, they can accept it.¹⁵³

In the UK:

- 24% of young people hid their self-harm from peers under the assumption that they will react with fear/shock or horror. However, only a small number (6%) of young people who self-harmed had experienced such a reaction.¹⁵⁴
- Young people reacted to disclosure of self-harm from a peer with understanding: 26% of young people who were asked for help by a peer who self-harmed said they told them of services and people who could help; 24% said they were there to listen; and 29% said they offered advice.¹⁵⁵
- Young people who had self-harmed said that their peer group was much more understanding (34%) and supportive (48%) of their self-harm than their own family.¹⁵⁶

In Slovenia:

- If asked for help by one of their peers, most young people would react with understanding: they would try to talk to them; to convince them to find professional help; to help them find information about self-harm.¹⁵⁷

As expected, an important part of a peer's ability to give appropriate help and support to a friend who self-harms is down their own personal experience.

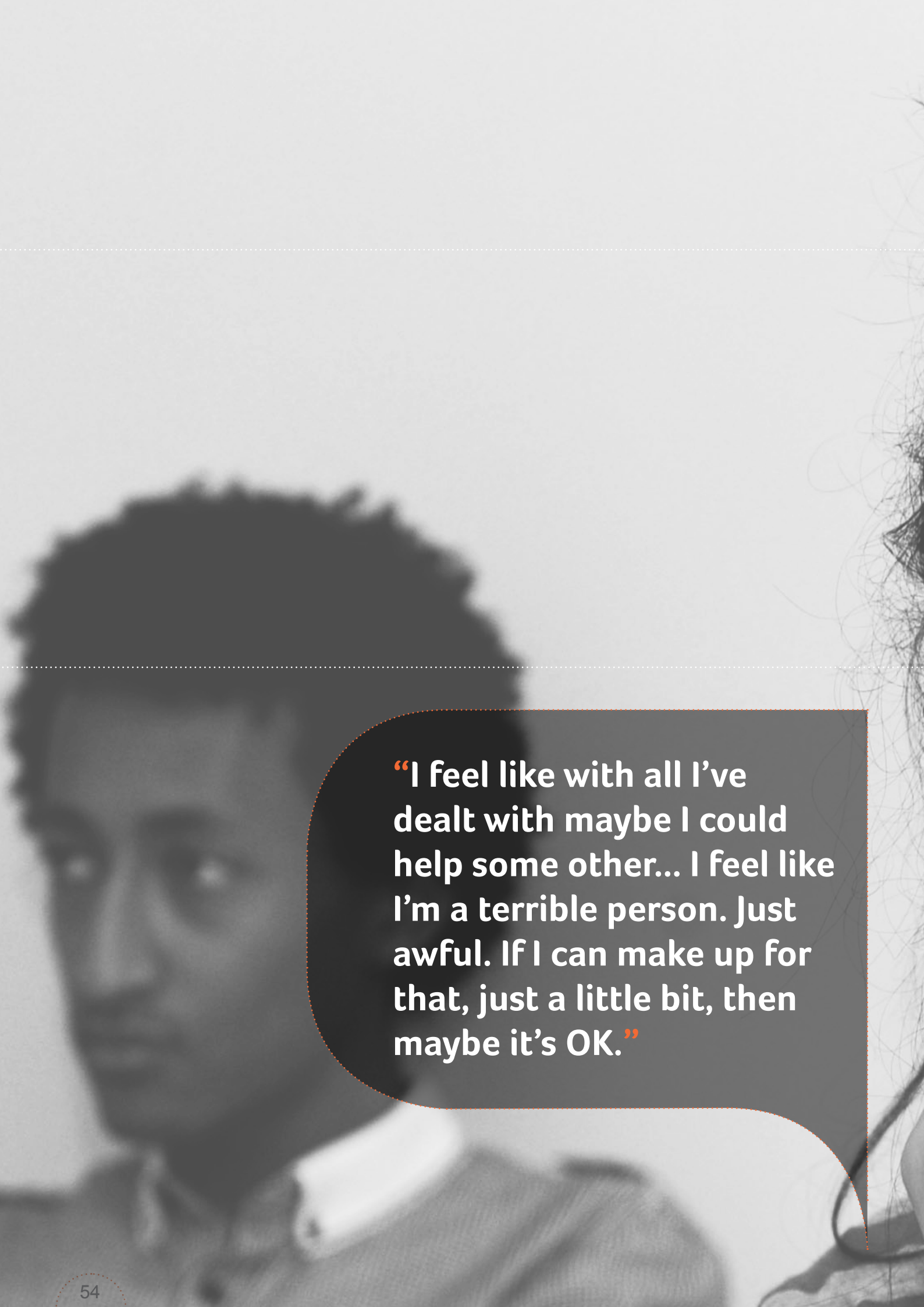
- In the UK, 23% of young people who disclosed their self-harm behaviour to a peer said their peers understood what they were going through because they, too, had self-harmed.¹⁵⁸
- 64% of YouthNet (TheSite.org) surveyed users who were asked for help self-harmed themselves, and 68% who offered help had self-harmed.¹⁵⁹

While most young people were positive in their reactions, insight from our users shows that more work still needs to be done to increase awareness and equip young people with the skills and confidence to help their peers who self-harm.

In fact, partly due to the stigma around self-harm, many young people interviewed in the four different countries had experienced negative reactions from their peer group.

"I have friends but I prefer not to speak to them; in fact they live in a perfect world, are not aware of self-harm as a problem. I know that they wouldn't understand me... If I talked to them they would just tell me to stop and then at my first smile they would think that I have stopped indeed, that my problem disappeared..."

Female, 28 years old, Photofficine (SIBRIC.it) group chats, Italy



“I feel like with all I’ve dealt with maybe I could help some other... I feel like I’m a terrible person. Just awful. If I can make up for that, just a little bit, then maybe it’s OK.”



CHAPTER FIVE

EVALUATION OF RECOMMENDED FRAMEWORK FOR ONLINE AND ONLINE PEER SUPPORT FOR SELF-HARM

Chapter 5 Evaluation of recommended framework for online and online peer support for self-harm

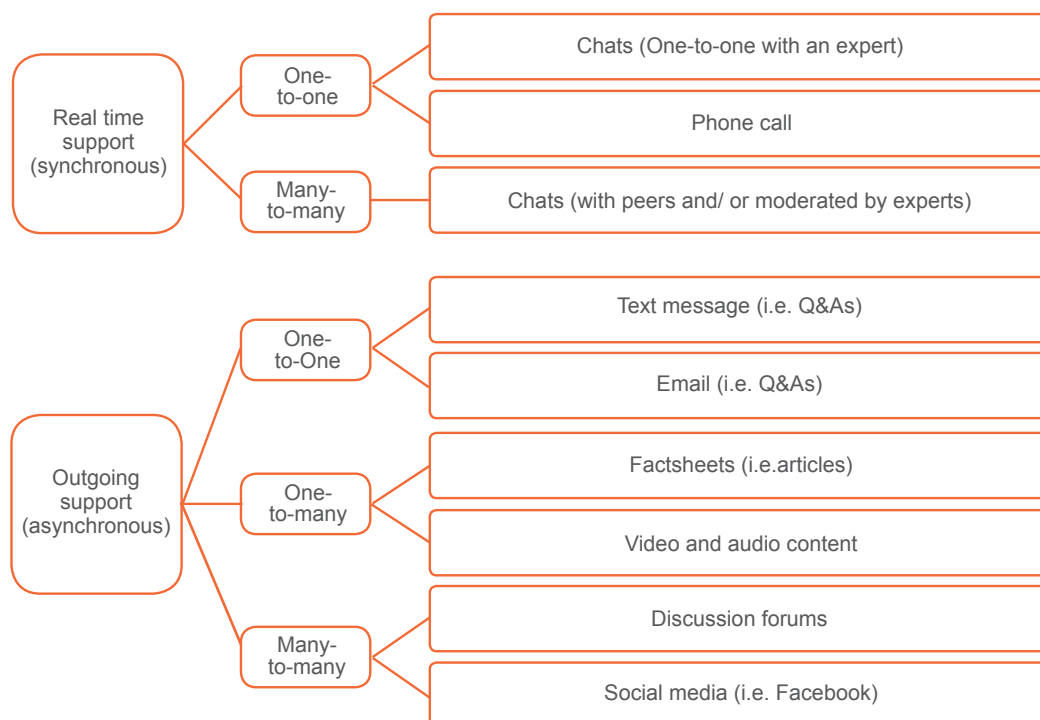
“On the forum, I’ve given a load out, which is therapeutic in its own way. That’s why I came back after a long break. I feel like with all I’ve dealt with maybe I could help some other angry young person not make a dick of themselves. I feel like I’m a terrible person – just awful. If I can make up for that, just a little bit, then maybe it’s ok.” Emily, interviewed by YouthNet (TheSite.org), UK

Since this is a pioneer model, there is no evidence-based literature to back it up. Therefore, the data used in this section is taken by surveys and interviews undertaken by Cyberhus, the Associazione Photofficine Onlus (SIBRIC.it), and YouthNet (TheSite.org) and 42nd Street.¹⁶⁰

5.1. THE FRAMEWORK

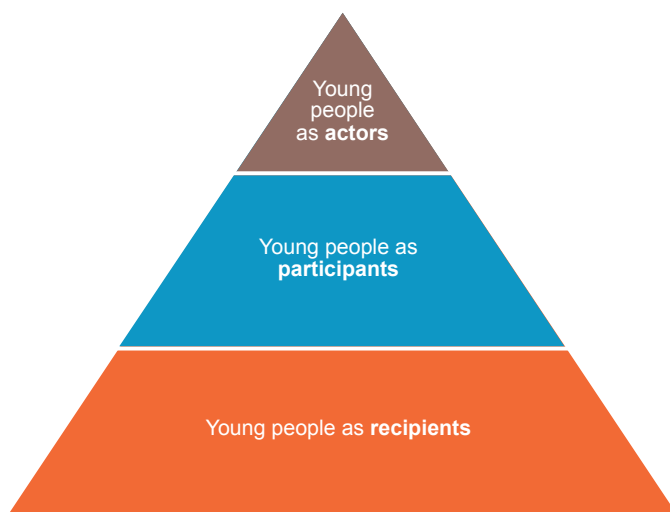
The role and importance of the internet in terms of the different resources, information and support that can be communicated through different channels is evident. An example of this is shown in Figure 9 below.¹⁶¹

Figure 9: Different ways online information is delivered to young people



As seen Figure 10, online services can be delivered in different ways to suit young people's circumstances. In response to this, the EU Kids online research project proposed a model where each child "climbs a ladder of online opportunities". Beginning with information seeking (of any kind), it progresses to taking on more active forms of communication and culminates in creative and civic activities.¹⁶²

Figure 10: Different ways young people can engage with online support and information



Adaptation of EU Kids conceptual framework

Figure 10 shows how young people can behave as recipients, participants and actors within online services. However, it is important to highlight that these are neither fixed positions nor necessarily developmental phases:

- The diagram does not depict a hierarchy in any other sense than the numbers of young people whose engagement can be defined in these terms – the majority of young people are recipients, gradually less participants, and then actors.
- This engagement process is not linear, but complex, seamless and transactional, since young people can be moving across these three engagement areas with no clear pattern of behaviour.

The framework that has been developed mirrors the different ways young people can engage with online information and support.

1. Young people as recipients: young people access information while maintaining a high degree of anonymity; they look at the information provided without interacting with the content. Services targeted to this group of users can be online factsheets (as articles), videos and audios, real life stories. Also, discussion forums can be helpful for these users, to the extent that a young person can visit a forum and read the content discussed without posting questions or replying to comments.

2. Young people as participants: young people engage interactively through discussing and sharing their experiences in order to receive more tailored support. Services targeted to this group can be Q&As, online forums, online chats with peers and/or experts, and online counselling with experts. In all these services young people are given a platform to raise their questions and to actively discuss their issues.

3. Young people as actors: in real-time online chats and discussion forums, young people engage both as 'participants' and as 'actors'; pro-actively providing help and support to their peers. In this role as 'experts by experience', young people sharing their personal knowledge of self-harm can offer their peers a distinct form of support. At this level, information and support is collaborative – it is co-produced by different users (users and professionals).

Table 2 shows the variety of services that were developed by the organisations involved this project and matches them against the level of engagement that is both expected and required.

Table 2: The various services delivered by the partners involved in the project

	Cyberhus, Denmark	Photofficine (SIBRIC.it), Italy	UTRIP, Slovenia	YouthNet (TheSite. org)/ 42 nd Street/ Depaul UK, UK
Recipient ↓	Factsheets (i.e. articles), videos, reading discussions on forums , real life stories	Factsheets (i.e. articles), videos, reading discussions on forums	Factsheets (i.e. articles), videos, reading discussions on forums, real life stories, blogs	Factsheets (i.e. articles), videos, reading discussions on forums, real life stories
Participant ↓	Individual online counselling, Q&As	Individual online counselling, Q&As	Q&As	Q&As
Actor	Online groups chats moderated by experts, online group discussions	Online groups chats moderated by experts	Facebook platform	Online groups chats moderated by experts, online group discussions
	—	—	—	Volunteers (i.e. moderating forums)

5.2. BENEFITS OF THE MODEL

It should also be noted that there are different reasons why young people who self-harm go online and/or engage with peers in order to get help and support. The framework of good practice presents various ways to encourage and facilitate opportunity for online engagement as well as manage the risks.

5.2.1. Providing early intervention

As mentioned, many young people choose to use the internet as the first step to accessing information and support.

“The first time I looked for help was about a month after I started. I looked on TheSite.org first, and started going to the live chats. I also spoke to the friend who helped a lot at the time.”

Nina, interviewed by YouthNet (TheSite.org), UK

Online and online peer support services can therefore play a key role in early intervention – helping to reduce harm and prevent the escalation of problems.

5.2.2. Easy and quick access to information

The internet allows young people to access a wide variety of information fast and easily and whenever and wherever they need it. This overcomes practical and procedural barriers, including long waiting periods before accessing support; requirements for parental consent to

be able to access support and difficulty in getting to where the support is provided.

- In the UK, 53% of young people recognised the ease and speed of finding relevant information as a benefit of online services, and 49% recognised the opportunity to access the information whenever they needed.¹⁶³
- In Italy, 66% of surveyed users who self-harm recognised that when they had issues they needed help with, they received timely assistance, advice and information online.¹⁶⁴

"It's nice to know that I can use TheSite.org when ever I feel like I need it. It's like having something always there, day or night, to help."

Chloe, 20 years old, interviewed by YouthNet (TheSite.org), UK

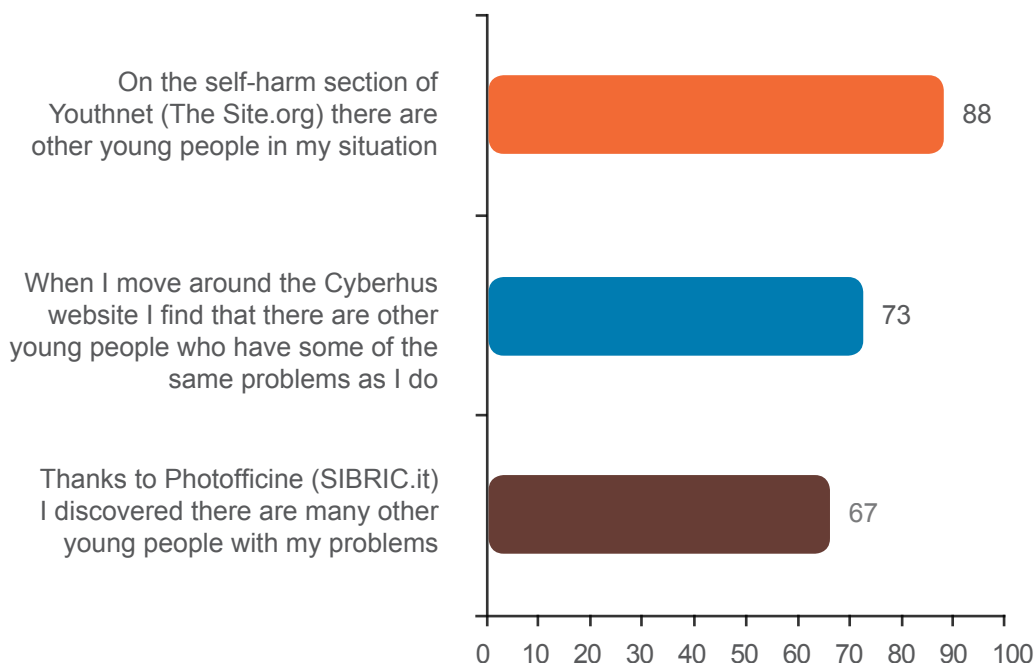
5.2.3. Connecting with others

The role of online discussion forums and articles also has an important part to play in giving young people a sense of community – it allows them to connect with others in their peer group who are also struggling or have struggled with these issues.

- 82% of UK and 63% of Danish surveyed users thought that the internet brought similar people together.
- 47% of UK and 63% of Danish surveyed users said that because of the internet they felt part of new groups and communities.

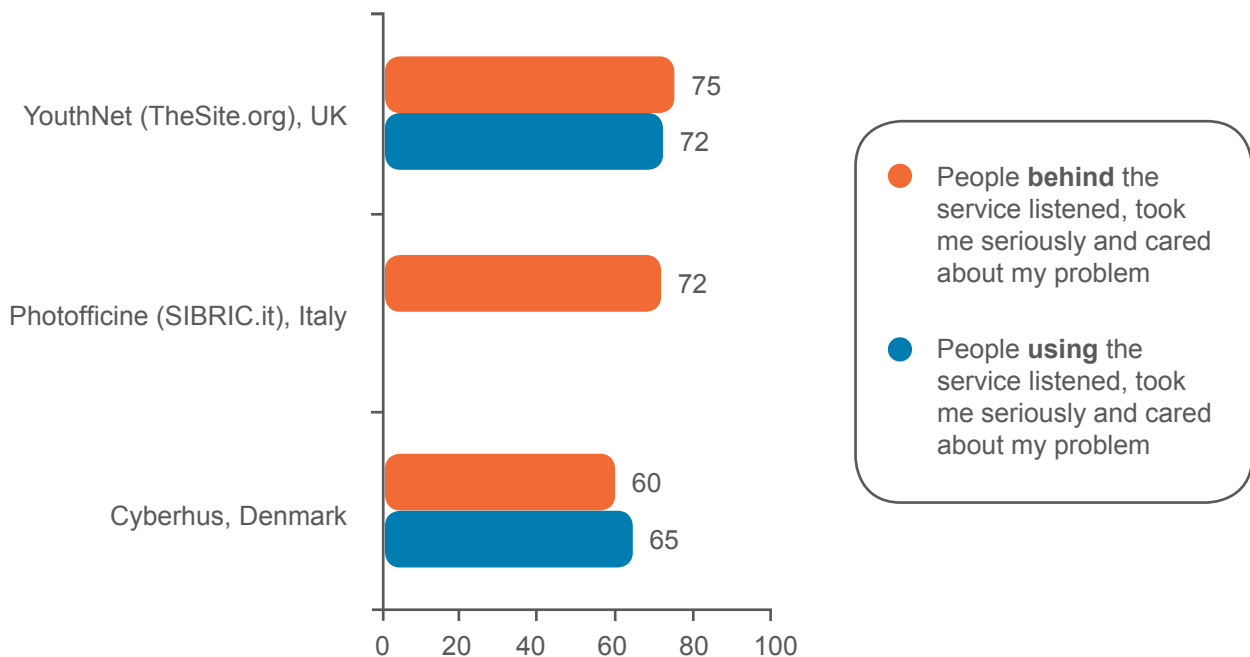
Peer discussion forums and group chats also allow for and encourage a more equal relationship between users than is possible with a therapist or other professional. A safe online platform that provides peer support helps young people feel understood and supported, rather than judged and neglected.

Figure 11: Percentage of young people feeling connected to others



Base: Cyberhus: 64; Photofficine (SIBRIC.it): 146; YouthNet (TheSite.org): 196

Figure 12: Percentage of young people feeling supported by the services offered: data from Cyberhus, Photofficine (SIBRIC.it) and YouthNet (TheSite.org)



Base: Cyberhus: 64; Photofficine (SIBRIC.it): 104; YouthNet (TheSite.org): 196

"When I first started self-harming it helped me to understand it a bit better and it made me feel like I wasn't going crazy. Reading other people's stories and discussions helped because I felt less alone."

Female, 24 years old, interviewed by YouthNet (TheSite.org), UK

"I have written messages so I don't feel lonely anymore. I feel a bit guilty because I know there are people who have suffered more than me, but don't judge me: I only want to be understood"

Male, 17 years old, Photofficine (SIBRIC.it) forum, Italy

Also, feeling a connection to others through a supportive community helps young people to feel their issues are important, as well as helping to raise awareness of the scope of the issue.

- 75% of UK and 72% of Italian surveyed users felt the people behind the service cared about their problems, followed by 61% of Danish users.
- 72% of UK surveyed users felt the people using the service cared about their problems, followed by 65% of Danish surveyed users.¹⁶⁶

"I believe that the online feature is a strong part of the service because it's very difficult for a self-harmer to talk about their problem, since it carries the marks on their body that they hate deeply. People only see the self-inflicted scars and treat us as "crazy". Photofficine (SIBRIC.it) helped me to establish relationships with other people, to see that there are other guys and girls with the same problem."

Daisy, 25 years old, interviewed by Photofficine (SIBRIC.it), Italy

"For ages, I didn't think about anything and then I found TheSite.org. The content is good, and with the forums, there are non-judgemental people who have experienced the same thing. Although they might do it differently, they still understand that you're hurting and that you're just trying to get those feelings out."

Sophie, 17 years old, interviewed by YouthNet (TheSite.org), UK

"I decided to go online because you can deal with the problem as a private thing. You can look at it from your home and not worry about feeling ashamed or about people knowing who you are."

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

"I came to Photofficine (SIBRIC.it) because I can openly talk about my self-harm without having to talk about it face-to-face – which I would feel too ashamed to do."

Male, 20 years old, Photofficine (SIBRIC.it) chats, Italy

5.2.4. Safe anonymous space

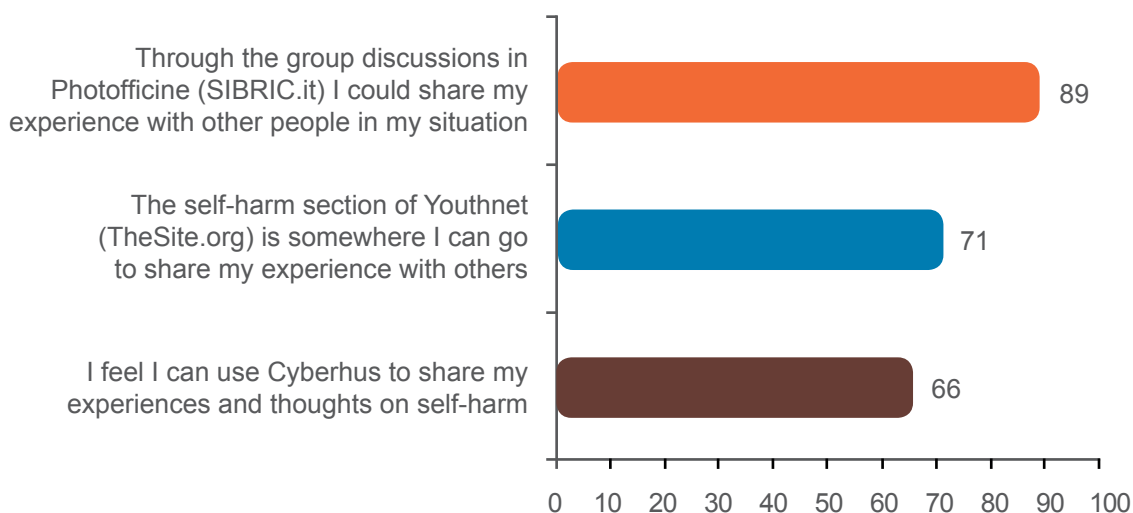
Another key reason for the popularity of the internet is the fact that information and advice can be accessed anonymously, which is often the key to a young person seeking out information for very personal or difficult issues, such as self-harm.

Being anonymous can help overcome personal emotional barriers; young people can express their anger and sadness and share thoughts that are difficult to articulate face-to-face.

- In the UK, approximately two in five young people said the opportunity for anonymity allowed them the chance to seek advice and information on issues.¹⁶⁷
- 56% of UK and 50% of Danish surveyed users agreed with the fact that they can talk online about things that they cannot talk about face-to-face.¹⁶⁸

- 85% of Italian, 71% of UK and 66% of Danish surveyed users felt the services were a place where they could share their experiences.¹⁶⁹
- 45% of Danish surveyed users also said online services meant they could talk about some of the things they usually find it hard to talk about.¹⁷⁰

Figure 13: Percentage of young people feeling the organisation is a place to share their experiences: data from Cyberhus, Photofficine (SIBRIC.it) and YouthNet (TheSite.org)



Base: Cyberhus: 64; Photofficine (SIBRIC.it): 33; YouthNet (TheSite.org): 196

"I chose this service because it's online support, not mediated by anything visual or personal. It's the only tool that allows me to express myself spontaneously, without any fear of angry looks or silence like in a face-to-face meeting. I think the fact that it's online is its winning feature, because it destroys the physical embarrassment that, inevitably, self-destructive people feel about themselves."

Elsa, 26 years old, interviewed by Photofficine (SIBRIC.it), Italy

"When I'm in live chats or discussion boards people have asked me for help and it makes me feel a bit useless sometimes when I can't. But sometimes I feel really positive, as I have in the past when I talked a friend out of suicide, which was emotionally draining, but felt good when it was all over and she wasn't threatening to commit suicide anymore."

Paige, 17 years old, interviewed by YouthNet (TheSite.org), UK

"Online, you can be more honest because you can't see anyone's face to see how they feel about it. You can be honest because if it goes wrong and someone is angry then you can choose not go back to that site so you won't have to speak to them again, whereas offline you would probably have to see the person again."

Paige, 17 years old, interviewed by YouthNet (TheSite.org), UK

5.3. RISKS AND LIMITATIONS OF THE FRAMEWORK

5.3.1. Challenges in engaging young people as actors

From monitoring by Cyberhus, Photofficine (SIBRIC.it) and YouthNet (TheSite.org) on how many users have accessed the different services during the two-year project, it appears that the majority of young people are recipients, while a smaller proportion are participants. Only a few could be defined as actors.¹⁷²

5.2.5. Developing an online community where young people can help others

Online peer support offers a space for young people that self-harm, or have self-harmed, to become actively engaged in helping their peers.

- In Italy, one in three of surveyed users who actively engaged with online services recognised that they could help other members in group discussions (35%).¹⁷¹

There are significant and obvious benefits to being 'helped' – because these young people benefit from the advice and support given by their peers. However, in terms of benefits to helpers, the picture is more complicated; the act of helping other young people can bring up negative issues they could be struggling with, at the same time it can have a positive impact by boosting their confidence and self-esteem.

Cyberhus statistics:

- Around 6,000 users who self-harm were recipients, which involves reading factsheets and watching short movies.
- Around 2,000 users were participants, which involves reading discussions on forums and receiving some expert counselling.
- Approximately 200 users were actors, defined as being actively involved in sharing their stories and giving advice and support in group chats and forums.¹⁷³

Photofficine (SIBRIC.it) statistics:¹⁷⁴

- Around 700 users were recipients – which involves reading factsheets.
- Around 200 users were participants – which involves getting personalised expert support through online counselling and Q&A services, as well as peer support in the support groups.
- Approximately 50 users were actors – which is defined as being actively involved in the group chats.¹⁷⁵

“On the online discussion forums, sometimes they talk about how they cut too deep or ended up in hospital, and that triggers me as I feel I haven’t done it as “well” as they have. Also if they talk about their problems with me, it can trigger me as they seem to have worse problems than me.”

Paige, 17 years old, interviewed by YouthNet (TheSite.org), UK

5.3.3. Being asked to help could be overwhelming

Being asked to help can be overwhelming and upsetting for some young people, as it can stir up strong feelings about their own self-harm. Therefore, it is important that the young person who is offering help, or who is asked to help, is in a safe and emotionally strong space themselves.

YouthNet (TheSite.org) statistics:

- Around 40,000 users were recipients – which involves reading factsheets.
- Around 20,000 users were participants – which includes reading posts on discussion forums.
- Around 400 users were actors – giving advice and support in the forums, live chats and through YouthNet (TheSite.org) volunteer programme.¹⁷⁶

“It’s so important that the people who give support are in a safe place themselves and that they’re over their self-harm and have positive strengths. This is especially true in online forums where it’s harder to control the conversations and to limit the contact. If the person asking for or offering help is not in a good place there are going to be negative effects on both sides. I have been in both situations and it can be dangerous. Help given by a person who is not in a good place could trigger the other person to self-harm. On the other hand, if you’re asked for help and you are not in a good place yourself this can be overwhelming and very distressing.”

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

5.3.2. Triggering arguments

While discussion forums are a crucial part of peer support and their benefits are clear, sometimes they can also act as triggers. However, what can act as a trigger for one young person may not hold true for another; as with the reasons for self-harm behaviour, triggers are complex and varied.¹⁷⁷ Due to the complex nature of what can trigger a young person, there are no specific ways in which to minimise this other than being aware of this issue and the importance of appropriate moderation.

During the interviews with its users, YouthNet (TheSite.org) asked them to give some suggestions on how to support young people asked to help. Two of the suggestions that came out were the possibility of having private one-to-one support during a live chat, and an online mentoring programme.

"It'd be good to have the possibility of private one-to-one support during a live chat. When discussing certain issues sometimes you can feel down and you might need to have immediate support. However, in live chats this one-to-one support with the moderator is never immediate, because he or she is moderating; you can have a chat after, but it might be too late."

Luisa, 20 years old, interviewed by YouthNet (TheSite.org), UK

"Something that could work very well is an online mentoring programme: you have a sponsor who's ahead of you in his/her journey to recovery and who's checking on you – something similar to what's used in Alcoholics Anonymous. Online mentoring could work very well, because it'd have the benefits of immediacy and easiness of contact."

Abi, 22 years old, interviewed by YouthNet (TheSite.org), UK

5.3.4. Young people do not always know how to help

With regard to the role that peer support can play, it should be recognised that sometimes despite wanting to help their peers who self-harm, they do not know what to do or what to say.

- In the UK, surveyed users who knew somebody who was self-harming but did not offer help were put off by the fact that: they did not know how to help (41%), they thought the person did not want their help (31%); they were scared to do or say something wrong (21%).¹⁷⁸

It is difficult to say how this can be addressed given that gaining confidence is not a simple process and many young people may not feel emotionally ready to help others. In some cases, there is a need for professional input; peers cannot always be expected to respond to all situations.

5.3.5. Taking the next step

The role of any help – either peer or professional – is to support young people with their recovery. This is achieved by helping the young person to talk to friends and family, to seek face-to-face help from professionals, or to find alternate safe methods for expressing feelings, such as through art, writing or exercise. However, as can be seen through the comments and stories of young people, it is usually very hard for them to take the next step towards recovery.

As well, when it comes to taking the next step towards professional help, there are significant country differences. In Denmark and the UK, where support services are fairly developed, around half of surveyed users sought professional help as result of the information and support they received online. However, in Italy where support services are not yet as developed, only a very small proportion of young users accessed professional help outside of the organisation.

- 50% of Danish and 45% UK surveyed users took the step to find offline professional help.
- Only 15% of Italian surveyed users accessed professional help as result of visiting the website.¹⁷⁹

When speaking to friends or family face-to-face, the situation is even more challenging. Only a small proportion of users across the countries involved in the project decided to talk to a friend as result of using the online services.

- One in three UK surveyed users (35%) spoke to or intended to speak with their friends or family.
- Only 18% of Danish and 5% of Italian surveyed users did so.¹⁸⁰

The lower proportion of young users in Italy (5%) who had spoken to - or intended to - speak with family or friends about their self-harm can be partly explained by the fact that in Italy there is a much lower awareness and understanding of the issue than in the UK and Denmark. The findings for Denmark (18%) are surprising given that there is a high awareness about self-harm. One possible explanation is that young people feel it is enough to speak about their problem with peers in an online environment even though counsellors advise them differently.

However, apart from challenges such as low awareness, it can be seen that the internet offers a unique opportunity for young people to receive support and information around self-harm.

"Things feel a little brighter when I find support from others in Cyberhus and a few other places. But it's bloody hard to get the little "light" to move over into the real world – to the parents and all the others. If only it was as easy as talking about it on the internet."

Female, 15 years old, Cyberhus forum, Denmark





CHAPTER SIX
**RECOMMENDED
PRINCIPLES OF
GOOD PRACTICE**

Chapter 6 Recommended principles of good practice

The precise mechanisms involved in setting up and delivering services will vary according to the resources and technology available, the needs of young people, and the wider context of health provision for young people. In offering a set of recommendations our intention is not to set out a blueprint for the delivery of online and online peer support.

We have identified a number of key principles that can help guide the practical delivery of online services.

1. Engage young people in their development and delivery so that the services are inclusive and consistent with what young people need.

For online support to be most effective it should be rooted in an understanding of the nature of self-harm and its impact on young people. This means that the service needs to be informed both by clinical perspectives and the views of young people.

To achieve this, it is vital that practitioners create and develop mechanisms where young people's voices and experiences inform the support provided and how it is delivered.

2. Provide help in a holistic way that recognises self-harm in the context of the

young person's life and the other issues they may be facing.

Online and online peer services provide young people with the opportunity to talk about their behaviour in the wider context of their lives. The current project carried out by the six organisations and its evaluation echoes other research and practice, recognising that self-harm defies any simple functional explanation and includes a wide range of meanings for young people – often co-existing at the same time.

For online and online peer support services to be flexible responsive and holistic, practitioners should shape and manage these services in order to adapt them to the broader needs of their service users, as far as they possibly can. For example, this may include having the capability to advise and provide support around a range of issues.

3. Respect young people's need for a safe and trusted space that clearly sets out the

terms under which the support is provided, such as being clear about confidentiality and about what is and is not acceptable behaviour.

It is important to set up a warm and welcoming online environment. In fact, we know that often young people use the internet to access information and support at an early stage – for many it is the chosen first step in seeking help. Online services can therefore play a key role in early intervention, helping to reduce self-harm and prevent an escalation of problems.

This capability is enhanced if young people's first experience is warm, non-judgmental and welcoming, and by developing practices that help ensure that when service users do speak up online, they receive a positive and supportive response.

It is also important to set up clear confidentiality guidelines. In fact, online and online peer support services are often used by young people because they provide the opportunity to disclose and discuss sensitive issues, such as self-harm, while remaining anonymous. In practice, services may vary in the degree to which any personal and identifying information is requested from users. Young people may also inadvertently or unknowingly provide personal information when using online services.

4. Are accessible and easy to use so that there is a low barrier to entry for the young people who are most in need of support.

Young people often find it hard to talk about self-harm and their underlying problems, or to ask for professional advice in an offline environment. Providing access to online and online peer support offers young people a route to talk about their experiences and concerns. It is crucial that the design and information architecture of the online services take into account the access needs of its users. The particular strength of online services is that

they are accessible in ways that offline services are not. To maximise this, everything possible should be done to ensure online services are as accessible and easy to use as possible.

5. Seek to bridge the gap between online and offline support through signposting and setting out what a young person's options are.

Instead of having to reach out first to older adults and to take the step in contacting offline support, online services provide an environment where young people can connect with other young people in a safe, moderated and non-judgmental setting. This encourages the sharing of practical advice, alternative coping strategies and friendship. For some, this may be all that they need. For others, it may be an intermediate step that gives them the confidence to talk to their families or seek face-to-face professional help.

Practitioners working with young people at this intermediate point can play a crucial role in signposting and bridging the gap with expert support offline. It is important for online practitioners to be clear when setting their service users' expectations about the kind of psychotherapeutic interventions that they do and do not deliver online. Online services can provide an essential bridge to face-to-face services and can reduce the barriers that young people face in accessing these. At the most basic level, this can be done through signposting, but perhaps more importantly they can provide young people with a picture of what services are available, what to expect from them, and what their rights are within those services.

6. Adapt to the forms of support young people are comfortable using by designing services in a way that takes account of the strengths and constraints of online channels.

Young people are living increasingly hybrid lives, moving between online and offline sources of support and information. Online, this information and support can be delivered across a range of different channels, each of which can come with a different kind of supportive relationship, i.e. one person supporting one person, one person supporting many people, many people supporting many people, etc.

Therefore, online and online peer support services should be designed in a way that takes account of the strengths and constraints of the channel or channels these services make use of.

7. Enable young people to engage with services at a variety of levels in a way which best suits their needs, by developing a range of services that engage with young people whether they are ‘recipients’, ‘participants’ or ‘actors’.

In order for young people to get the most out of their engagement with online and online peer support services, it is important for practitioners to understand where their services fit in the young person’s overall help-seeking journey. For example, the nature of the advice and support required is likely to differ significantly for a young person who has recently started self-harming when compared with that required by a young adult with a long history of self-harm and mental health.

Young people engage online with information and support services at different levels: as recipients, participants and actors. Online peer support services can extend their impact by developing a suite of services that engage with young people at each of these levels, providing both choice and control. Practitioners should provide basic generic information for young people looking to receive basic support, as well as providing more interactive services that engage young people as participants and actors where they are supported and enabled to support others.

8. Actively look out for the needs of both the young people offering support and those receiving support. Practitioners should act to help those providing and receiving peer support, ensuring it is a learning experience that aids their recovery.

Providing support to peers can empower those young people giving support — enabling them to make positive use of their experiences and insights so that they can help others: by giving young people the opportunity to be active in offering peer support, services can greatly enhance the support they offer.

However, bringing young people with different experiences of self-harm together online requires care and attention to their needs. Therefore, for young people to be able to receive support and provide support to others, practitioners need to take into account both of the needs of the young person providing the support as well as the young person receiving it. The experience should be positive and enriching, and care should be taken to ensure the young person does not feel they have to cope alone or that they are negatively triggered by their interaction with the online peer support services.

However, it should also be recognised that the relationship between a young person that gives support and one that receives it is not binary. Rather this relationship should be seen as less fixed and more fluid with perhaps both or neither giving or receiving help at any one time. It is possible that the roles will change, and setbacks in recovery should be expected. A young person who was further along in their recovery and able to support others may find they now need more support themselves.

End Notes

- 1 The partners involved are: Cyberhus; Denmark; the Associazione Photofficine Onlus (SIBRIC.it), Italy; the Institute for Research and Development “Utrip” (UTRIP), Slovenia; YouthNet (TheSite.org), 42nd Street, Depaul UK, in the UK.
- 2 This number is a broad estimate based on an average of different statistics provided by the four countries involved in the project across 13- to 25-year-olds, which is 14%; it also takes into account of the CASE study, investigating self-harm in seven other countries in 2008, which concluded an average of 4% young people self-harm.
- 3 Madge, N et al, CASE study (2008). Caution: hospital presentation is not the only indicator of “seeking help”.
- 4 YouthNet (TheSite.org) users survey (2012)
- 5 UTRIP survey to young people (2012)
- 6 YouthNet (TheSite.org) users survey (2012)
- 7 Photofficine (SIBRIC.it) users survey (2011–2012)
- 8 YouthNet (TheSite.org) users survey (2012)
- 9 Ibid
- 10 EU stats data (2011). Internet access is defined as: three months before the Eurostat survey
- 11 EU stats data (2011). Participating in social network is defined as: creating user profile, posting messages or other contributions to Facebook, twitter, etc. Caution: participating in social media is not the only indicator of online peer interaction
- 12 YouthNet (TheSite.org) users survey (2012). Caution: the sample is skewed towards those people who use online services.
- 13 Mental Health Foundation (2006)
- 14 Insight from online one-to-one individual counselling undertook by Photofficine (SIBRIC.it)
- 15 Livingstone S. et al. (2009)
- 16 YouthNet (TheSite.org) survey to young people in the UK (2012)
- 17 Photofficine (SIBRIC.it) users survey (2011–2012)
- 18 Cyberhus, Photofficine (SIBRIC.it) and YouthNet (TheSite.org) users survey (2012)
- 19 Ibid
- 20 HM Government (2011)
- 21 Photofficine (SIBRIC.it) users survey (2011–2012)
- 22 Adapted from Livingstone S. et al. (2009)
- 23 <http://www.ncbi.nlm.nih.gov/books/NBK56398/>
- 24 This definition has used a shorter and broader definition than that adopted by the World Health Organization (Platt et al., 1992)
- 25 Sheryl Mead, 2001 in Centre of Excellence in Peer Support, <http://www.peersupportvic.org/what-is-peer-support>
- 26 Cooper et al. (1998). See also <http://www.mentalhealthpeers.com/pdfs/PeerSupportUnique.pdf>
- 27 One example is the Tidal model <http://www.tidal-model.com>
- 28 <http://www.bch.nhs.uk/content/camhs-child-and-adolescent-mental-health-services>
- 29 “Emo” began as a musical style of punk rock, but has since become popular as a lifestyle choice characterised by a strong propensity to emotionalism, where depression and self-harm are seen as normal.
- 30 Local counselling centres provide support to young people and families. These centres are present in all cities and are normally set-up as local services linked to the community and are funded by the council. They provide consulting services for adolescents, parents and families in difficulty; they direct young people in need of help to the relevant medical services; and employ various professionals, including psychologists and psychiatrists.
- 31 ASL is organised into districts, health departments and hospitals.
- 32 With regard to private psychiatrists or psychologists, young people are often referred due to other mental problems, such as depression or eating disorders.
- 33 The Association of Italian Families to Prevent Suicide (Associazione Famiglie Italiane Prevenzione Suicidio Marco Saura, AFIPRES) has a centre dedicated to listening and supporting young people with mental health issues and a tendency for suicide (Centro di Ascolto e di Accoglienza per il disagio psichico e la prevenzione del suicidio). The centre provides psychological counselling services, psychotherapeutic treatment, legal information and social services, enabling, where necessary, an integrated care approach that makes use of psychiatrists and the

- network of public services <http://www.afipres.org/index.html>
- 34 The Associazione L'amico Charly ONLUS is a non-profit organisation aimed at preventing suicide. It was created in 2011 in Milan after the tragic suicide of 16-year-old Charlie Colombo. Within this organisation, there's a Crisis Centre — a service that deals specifically with young people who commit serious acts of self-harm. The Crisis Centre offers different services, such as individual consultation with adolescents struggling with suicidal fantasies; psychological consultations to parents of suicidal adolescents in crisis; individual psychotherapy sessions and activity groups (such as drama workshops, dance and art) for adolescents who've attempted suicide. <http://www.amicocharly.it/index.php>.
- 35 For instance, literature focused on self-harm has been published in less than 10 scientific papers
- 36 The Institute for Research and Development "Utrip" (UTRIP) has recognised the need to undertake comprehensive research that looks at how self-harm is understood and perceived within Slovenian society that can help shape the development of support.
- 37 UTRIP offline survey to doctors in primary care in Slovenia (2011). Sample: 129
- 38 UTRIP survey to school counsellors, teachers, social workers, doctors and nurses in Slovenia (2011). Sample: 294
- 39 Ibid
- 40 Conrad (1992), Rosemary (2002)
- 41 Counselling centres for children are public institutions aimed at protecting the mental health of children and adolescents; counsellors help children, adolescents and parents to solve learning, emotional, educational, behavioural, psychosocial and psychiatric problems. Young people can be sent to one of these counselling centres by their parents or their doctor, or they can call themselves and agree to meet with a professional (a psychologist or practitioner at the centre), in which case they can be seen without a referral from their doctor.
- 42 "The school of healthy upbringing" is aimed at children and adolescents who've been observed to display changes in their behaviour, emotions or integration among peers. The decision to include young people in this programme can be made by their parents, their school, social services or health services. The programme is also open to young people on the basis of recommendation by their doctor or a selected child psychiatrist. "The reintegration and rehabilitation of adolescents with emotional disorders and/or eating disorders" is aimed at young people after receiving medical treatment who still need support to reintegrate into daily life. The programme lasts from one to three months, and young people may be included on the recommendation of their child psychiatrist or child psychologist.
- 43 Admission to the Department is usually by prior appointment and on the advice of the young person's attending psychiatrist. In the event of crisis situations, admittance is through the emergency room at a hospital, or via emergency service calls.
- 44 In addition to individual interviews and work in the treatment groups, led by a psychiatrist, the unit also advocates the continuing use of these activities outside of the treatment facility as well as group support for learning. Parents of adolescents are also included in the process of help and support by being invited to individual interviews with a therapist and other groups of parents.
- 45 Mental Health Foundation (2006). The most extensive survey ever undertaken on the impact of discrimination on people affected by mental health problems was carried out by Time to Change in 2008. This study revealed that nine out of ten people with mental health problems reported experiencing negative impacts resulting from stigma and discrimination (Time to Change, 2008). The evidence of surveys (not focused specifically on self-harm) of people with mental health problems suggests that stigma and discrimination are common.
- 46 Spandler H. (1996). The NICE guidelines made a number of progressive recommendations including: (1) Recognising the underlying distress that triggers self-harm; (2) Treating the physical harm / injury appropriately; (3) Undertaking mental health risk assessment for each and every incidence of self-harm; (4) Admitting all under 16s overnight for assessment; (5) Providing follow up treatment and care where required
- 47 National Institute of Clinical Excellence (NICE) (2004)
- 48 National Institute of Clinical Excellence (NICE) (2011)
- 49 Healthy Lives, Healthy People (2012), p. 16.
- 50 This may create a barrier for young people as consultation with a General Practitioner (GP) is usually an essential precursor to getting specialist mental health support; in fact, many young people are reluctant to see a medical professional and some may have had a poor experience when they approached their local doctor about their self-harm.
- 51 Dogra N. (2009)
- 52 There are also services and websites with a country specific focus that also have self-harm specific information pages on their websites, such as Mental Health Wales or the Scottish Association for Mental Health.
- 53 Pilgrim D. (2005)
- 54 It's extremely rare to find young people who seek treatment outside the public system as private care is very expensive (£60-100 for one consultation).
- 55 LMS also offers the opportunity for both online anonymous counselling and face-to-face contact with a therapist or a youth group. The volunteers, who work for LMS, are all people who have suffered from an eating disorder or self-harm, and therefore are well qualified to understand the needs of young people who are experiencing these problems.
- 56 Centre for Digital Youthcare's counselling site, www.cyberhus.dk
- 57 There is a growing body of literature on self-harm in English speaking countries, particularly incidences of this in the UK, US and Australia. However, while these studies have highlighted important figures and trends, there are limitations in their ability to inform broad-based policy changes and recommendations. This is largely because: (1) Issues exist with regard to establishing a coherent and consistent definition of self-harm; (2) Sampling and other methodological challenges affect the ability to accurately survey all young people who self-harm; (3) Most acts of self-harm in young people never come to the attention of care services; (4) The sensitive nature of this issue means that it can be difficult for researcher to accurately translate into words how people who self-harm feel; (5) The literature predominately reflects narrow clinical concerns rather than broader, social ones.

- 58 This number is a broad estimate based on an average of different statistics provided by the four countries involved in the project across 13- to 25-year-olds, which is 14%; it also takes into account of the CASE study, investigating self-harm in seven other countries in 2008, which concluded an average of 4% young people self-harm.
- 59 Zøllner L. et al. (2012)
- 60 Sarno I. et al. (2010). Sample (university students): 578
- 61 Radobuljac D. M. et al. (2009)
- 62 <http://www.theyworkforyou.com/wrans/?id=2012-03-20b.101101.h>
- 63 Mental Health Foundation (2006)
- 64 Hawton K. et al. (2002); CASE (2008): survey of over 30,000 mainly 15- and 16-year-olds completed anonymous questionnaires at school in Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway.
- 65 Samaritans & the Centre for Suicide Research, University of Oxford (2002)
- 66 National Institute of Clinical Excellence (2002); Hawton K. et al. (2002); Laye-Gindhu A. et al. (2005); Klonsky E.D. (2007); Schmidtke A. et al. (1996); King M. et al. (2003)
- 67 Bhugra D. et al. (1999); National CAHMS support service (2011)
- 68 King M. et al. (2003)
- 69 Meltzer et al. (2002)
- 70 Spandler H. (1996); Green H. et al. (2005); Meltzer H. et al. (2002)
- 71 Joyce P.R. et al. (2010)
- 72 Hawton K. et al. (1999), Meltzer H. et al. (2000)
- 73 Meltzer H. et al. (2000)
- 74 Wessely et al. (1996)
- 75 Gelder M. et al. (2005), p. 171; Haw C. et al. (2001)
- 76 National Collaborating Centre For Mental Health, stats release; Meltzer H. et al., (2002)
- 77 YouthNet (TheSite.org) monitoring of traffic and participation (using Google Analytics and manual counting of participants in chats and forums).
- 78 The full organisation name is the Associazione Photofficine Onlus
- 79 SANE (2008). Sample (0-60 year-olds users mainly living in United Kingdom & Northern Ireland; United States & Canada, Australia & New Zealand): 936; CASE (2008); data from Cyberhus, Photofficine (SIBRIC.it) and YouthNet (TheSite.org) users
- 80 Meltzer H. et al. (2000); Rea K. et al. (1997); Hawton K. et al. (2002); Meltzer H. et al. (2002)
- 81 Kerfoot M. (1998); King R.A. et al. (2003)
- 82 The full organisation name is the Institute for Research and Development "Utrip" (UTRIP)
- 83 Søndergaard P. S. (2007); Spandler H. (1996)
- 84 CASE (2008)
- 85 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year olds respondents from the UK who self-harm): 342
- 86 SANE (2008)
- 87 CASE (2008)
- 88 Ibid
- 89 National Institute of Clinical Excellence (2011); Hjelmeland et al. (2002) in National Institute of Clinical Excellence (2011); Zøllner L. (2007)
- 90 CASE (2008); Samaritans & the Centre for Suicide Research, University of Oxford (2002)
- 91 National Institute for Clinical Excellence (2004)
- 92 Hawton et al. (2003)
- 93 CASE (2008)
- 94 CASE (2008); Samaritans and the Centre for Suicide Research, University of Oxford (2002)
- 95 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-olds respondents from the UK who self-harm): 342
- 96 Martorana G. (2009). Sample (Photofficine, SIBRIC.it users): 211
- 97 Tančič A. et al. (2009)
- 98 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-olds respondents from the UK who self-harm and who have looked for support): 284
- 99 Tančič A. (2009)
- 100 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92
- 101 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK who self-harm and who have looked for support): 284
- 102 Kaliman M. and Knez, T. et al. (2009). The main theme is self-injury of youth as a way of communicating and coping with distress. The first part of the research concentrates on the body as a medium of expression and communication. The second part addresses self-injury behaviour of youth. Finally, the research takes a look into the role of social workers.
- 103 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92
- 104 SANE (2008)
- 105 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92
- 106 CASE (2008); Samaritans & the Centre for Suicide Research, University of Oxford (2002)
- 107 UTRIP survey to school counsellors, teachers, social workers, doctors and nurse in Slovenia (2011). Sample: 294
- 108 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92. The sample consists of 24% young people who self-

- harm and 76% who don't; this figure only refers to young people who don't self-harm.
- 109 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-olds respondents from the UK who self-harm and who have looked for support): 284
- 110 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-olds respondents from the UK who self-harm): 342
- 111 UTRIP survey to school counsellors, teachers, social workers, doctors and nurse in Slovenia (2011). Sample: 294
- 112 YouthNet (2012), interview with Maratona G.
- 113 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- 25 year-olds respondents from the UK who self-harm and who looked for support): 248
- 114 Ibid
- 115 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92
- 116 UTRIP survey to school counsellors, teachers, social workers, doctors and nurse in Slovenia (2011). Sample: 294
- 117 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-olds respondents from the UK who don't self-harm): 248
- 118 UTRIP survey to school counsellors, teachers, social workers, doctors and nurse in Slovenia (2011). Sample: 294
- 119 The National Collaborating Centre for Mental Health (2004)
- 120 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92
- 121 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK who self-harm and who looked for support): 248
- 122 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK who self-harm and who talked to a teacher): 63. Caution: low sample size.
- 123 Hawton (2006), p. 210
- 124 SANE (2008); Spandler H. et. al. (2007)
- 125 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- 25 year-old respondents from the UK who self-harm and who looked for support): 248
- 126 Photofficine (SIBRIC.it) survey to its users (2011–2012). Sample (respondents who got involved in online support group): 34; Sample (respondents taking part to the individual counselling): 70
- 127 Counsellors working at Photofficine (SIBRIC.it) have recognised most of the questions submitted represent the first desire of young users is to declare their presence, share their story, and communicate their pain, they represent the first step toward a request of help.
- 128 Source: YouthNet (TheSite.org) monitoring of traffic (using Google Analytics)
- 129 Ibid
- 130 Ibid
- 131 Ibid
- 132 Ibid
- 133 YouthNet (TheSite.org) unpublished research (2012). Sample (16- to 25-year-olds in the UK, nationally representative): 1,004
- 134 Eurostat data (2011)
- 135 Ibid
- 136 Hulme M. (2009). Sample (16- to 24-year-olds in the UK): 994
- 137 Data illustrates a significant difference between young people in the four countries with regard to how they use the internet as a resource for information about health. Indeed, the relevance of this data should highlight the need for similar information to be available on other personal issues. Unfortunately, to date, there's a lack of comparative studies exploring how young people seek help online.
- 138 Eurostat data (2011)
- 139 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92
- 140 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK who self-harm and who have looked for support): 284. Caution: the sample is skewed towards those people who use online services.
- 141 Mead S. et al. (2001)
- 142 Braywend (2005); Mead S. et al. (2001)
- 143 Eurostat data (2011)
- 144 Mead S. (2004)
- 145 Presidents' Freedom Commission report 2003, in Mead S. (2004)
- 146 Mead S. et al. (2001)
- 147 Mead S. (2004), pp. 10–11
- 148 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK who self-harm): 342
- 149 SANE (2008)
- 150 Insight from online one- to-one individual counselling undertaken by Photofficine (SIBRIC.it)
- 151 Martorana G. (2009). Sample (users of Photofficine, SIBRIC.it) : 211
- 152 Insight from online one-to-one individual counselling undertaken by Photofficine (SIBRIC.it)
- 153 SANE (2008)
- 154 Ibid
- 155 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012).

- Sample (16- to 25-year-old respondents from the UK who were asked for help): 175
- 156 SANE (2008)
- 157 UTRIP survey to young people who self-harmed and their peers (2012). Sample (15- to 25-year-olds): 92.
- 158 SANE (2008)
- 159 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK who self-harm): 342. Sample: (16- to 25-year-old respondents from the UK who were asked for help): 258; Sample (16- to 25-year-old respondents from the UK who offered their help): 92
- 160 It should be noted that this section does not include the evaluation of the Institute for Research and Development "Utrip" (UTRIP) project in Slovenia. In January 2011, when the project was to begin, there were no online or community support services, or information available around this issue. Due to this, UTRIP had to run a pilot project before launching the service, and, because the project only began in full in April 2012, evaluation data is not yet available.
- 161 The framework presented below comes from YouthNet's (TheSite.org) experience in engaging online with young people, and it part of YouthNet (TheSite.org) principles for interacting with their users. However, as will be discussed in more depth, this model can also be applied to Cyberhus, Photofficine (SIBRIC.it), UTRIP and other online organisations that provide information and support young people.
- 162 Livingstone S. et al. (2009), section 1:22. This framework is used by the EU Kids project to be able to identify online risks and opportunities for children between (6 to 17 years old); however, although this age range is a younger cohort than the age range for organisations in this framework the model can be applied to how teenagers and young adults (12- to 25-year-old) seek for information and support online.
- 163 YouthNet (TheSite.org) unpublished research (2012). The findings are supported by In the "Life Support research" conducted in 2009, 56% of young people would look for information online as opposed to speaking to somebody face-to-face because it would be easy to access the internet from wherever they are, and 53% because it would be easy to find relevant information quickly. Hulme (2009)
- 164 Cyberhus, YouthNet (TheSite.org) and Photofficine (SIBRIC.it) survey to users. Sample: Cyberhus (users visiting articles and participating in group chats): 64; Photofficine (SIBRIC.it) (users visiting articles and participating one-to-one counselling and groups discussions): 146. YouthNet (TheSite.org) (users of the website): 196
- 165 Di Antonio E. (2011). Sample: YouthNet (TheSite.org) users: 838; Cyberhus users: 328. Caution: the samples are not representative of the young people in these countries. The UK data are supported by Hulme research (2009), which is representative of the young population in the UK. In the research, 84% of respondents thought the internet brings communities of similar people close together; however, a larger proportion of respondents thought, thanks to the internet, they feel part of new groups and communities (63%).
- 166 Cyberhus, YouthNet (TheSite.org) and Photofficine (SIBRIC.it) surveys to users. Sample: Cyberhus (users visiting articles and participating in group chats): 64; Photofficine (SIBRIC.it) (users visiting articles and participating one-to-one counselling and groups discussions): 146. YouthNet (TheSite.org) (users of the website): 196
- 167 YouthNet (TheSite.org) unpublished research (2012).
- 168 Di Antonio E. (2011). This data for the UK is confirmed by Hulme (2009), where 62% of young people would look for information online as opposed to speaking to somebody face-to-face because nobody knows who they are. Hulme (2009).
- 169 Cyberhus, YouthNet (TheSite.org) and Photofficine (SIBRIC.it) users survey. Cyberhus (users visiting articles and participating in group chats): 64. Photofficine (SIBRIC.it) (users visiting articles and participating one-to-one counselling and groups discussions): 146. YouthNet (TheSite.org) (users of the website): 196
- 170 Cyberhus post group chat. Sample: 24. Caution: small sample size
- 171 Photofficine (SIBRIC.it) users survey. Sample: (users visiting articles and participating one-to-one counselling and group discussions): 146
- 172 This may be due to the short (two-year) duration of the current project in relation to the time it takes time for young people to get to know, trust and engage with a service. It's not easy for young people to find the confidence to open up about their self-harm and it's hard to get them to a place where they feel they can help other peers who self-harm.
- 173 Source: Cyberhus monitoring of traffic and participation (using Google Analytics and manual counting of participants in chats and forums)
- 174 Interestingly, many young people who self-harm in Italy have registered with Photofficine (SIBRIC.it), but only a minority of them have accessed the services available for registered users (online individual counselling and the group chats). Psychologists working at Photofficine (SIBRIC.it) call these young people "silent users": they register to the website as a cry for help, but then, when it comes to getting help, they step back because they do not yet feel ready to lose the control
- 175 Source: Photofficine (SIBRIC.it) monitoring of traffic and participation (using Google Analytics and manual counting of participants in chats and forums)
- 176 Source: YouthNet (TheSite.org) monitoring of traffic and participation (using Google Analytics and manual counting of participants in chats and forums). YouthNet's survey data corroborate the above statistics. 68% of young people who self-harm looked at information on the issue and 47% talked to somebody; while only 17% got involved in helping other people who self-harm. Source: YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK using of the website): 196.
- 177 Whitlock J. et al. (2007); Murray C. D. (2006); Baker D. (2008)
- 178 YouthNet survey to TheSite.org users, specifically targeted to the users of the self-harm section (2012). Sample (16- to 25-year-old respondents from the UK: knowing somebody who self-harms and not offering help): 39. Caution: small sample size.
- 179 Cyberhus and Photofficine (SIBRIC.it) surveys to users. Sample: Cyberhus (users visiting articles): 42; Photofficine (SIBRIC.it) (users visiting articles and participating one-to-one counselling and group discussions): 104.
- 180 Ibid

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Methodology

Overview of the methodology

The methodologies that have been used by the six organisations in Denmark, Italy, Slovenia and the UK have incorporated a variety of data collection methods in order to gain insight into the behaviour, needs and challenges of the young people that use these services.

The different nature of the methodologies has meant that the research is comprehensive. The fact that young people trusted the researchers asking them questions meant that they were more likely to give honest and open answers. Finally, a significant amount of the data was user generated drawn from the discussions in the forums, the online chats, and questions submitted to online experts. This ensured young people were given a space to express their opinions that were not research lead but determined by the needs and concerns they wanted to share.

However, there are limitations to the data. These include the small sample size and that the samples are not representative of the youth population in the four countries; but rather reflect the views of Cyberhus, the Associazione Photofficine Onlus (SIBRIC.it), the Institute for Research and Development “Utrip” (UTRIP) and YouthNet (TheSite.org)/42nd Street’s users. This means that the answers are skewed towards those young people who have already taken a first step to get information and support. Finally,

care should be taken when comparing insights drawn from the four countries due to different sized samples and methodologies applied.

Surveys

The study includes data from different online surveys undertaken by the organisations in the four countries.

Cyberhus ran three different user surveys, aimed at exploring users’ experiences with its different online services:

1. **Content feedback survey:** targeted at users who read articles and information on the website. The survey ran from July 2011 to August 2012.
2. **Pre group chat survey:** targeted at users who wished to take part in the online group chat. After logging out of the group chat the users were directed to the survey via a link. The survey ran from April 2012 to August 2012.
3. **Post group chat survey:** targeted at users who took part in the online group chat. After logging out of the group chat the users were directed to the survey via a link. The survey began in April 2012 and will run until August 2013.

Table 4: UTRIP's sample profile – by profession

Profession	%
Doctor	14
Nurse	8
Teacher	27
Pedagogic	14
Social worker	15
Social pedagogic	7
Psychologist	11
Special education teacher	5

Table 5: UTRIP's sample profile – by years of experience

Years of working experience	%
Less than 5 years	14
5 – 10 years	18
11 – 20 years	29
21 – 30 years	24
More than 30 years	16

Photofficine (SIBRIC.it) ran five different surveys, aimed at exploring users' experiences with the different online services.

1. Content feedback survey: targeted at users of the website, accessed via a link posted on the website. It ran from June 2011 to August 2012.

2. Pre counselling survey: targeted at users who registered to take part in an online individual counselling session. The survey was part of the registration process and it ran from July 2011 to August 2012.

3. Post counselling survey: targeted at users who attended the online individual counselling session. The link to the survey was sent to users at the end of the session. The survey ran from July 2011 to August 2012.

4. Ongoing group support survey: targeted at users who attended the online support group sessions. The link to the survey was sent by email after six sessions. It ran from August 2011 to August 2012.

5. Post group support survey: targeted at users who attended the online support group sessions. The link to the survey was sent by email after the 12 sessions were completed. The survey ran from August 2011 to August

2012.

UTRIP ran three different surveys aimed at young people, doctors, nurses, teachers/youth workers and professionals; the survey investigated the level of awareness and understanding of self-harm across society.

1. Survey for young people who self-harm and their peers: the questionnaire was promoted on several youth web pages and on Facebook. The survey was answered by 92 15-to-25-year-olds and data shows that 24% of respondents have had at least one experience with self-harm. It ran in 2012.

2. Survey for school counsellors, teachers, social workers, doctors and nurses, etc: relevant email addresses for respondents in the jobs listed above were gathered from previous research and public information. The questionnaire was sent via e-mail. The survey was answered by 294 people, a response rate of 36%. It ran in 2011.

3. Survey for doctors in primary care and emergency care: the questionnaire was sent by mail to all doctors responsible for the primary healthcare of children and young people. The survey was answered by 129 people, a response rate of 35%. It ran in 2011.

Table 3: Survey: sample distribution in terms of age and gender

Survey Name	Total sample	Males	Females	Age				Age not given	
				12-15	16-18	19-21	22-25		
Cyberhus, Denmark Photofficine (SIBRIC.it), Italy UTRIP, Slovenia YouthNet (TheSite.org), UK									
	Content feedback survey	40	5	33	17	16	6	0	1
	Pre group chat survey	24	4	20	21	3	0	0	0
	Post group chat survey	24	4	20	21	3	0	0	0
	Content feedback survey	43	5	38	9	20	8	0	6
	Pre counselling survey	94	12	88	22	15	19	26	7
	Post counselling survey	70	3	67	12	12	16	18	2
	Ongoing group support survey	22	1	21	1	4	2	13	2
	Post group support survey	12	1	11	0	1	1	9	1
	Survey for doctors in primary care for children and youth	129	—	—	—	—	—	—	—
	Survey for school counsellors, P.E. teachers, social workers, doctors and nurses	294	38	256	—	—	—	—	294
	Survey for young people who self-harm and their peers	92	16	76	—	16	13	63	
	Users survey	429	126	299	0	129	93	83	124

YouthNet (TheSite.org) ran one survey from June 2012 to August 2012, investigating the help seeking behaviour of young people who self-harm and their views of the services.

1. The survey was targeted at young people, especially at YouthNet (TheSite.org) users, and specifically the users of the self-harm section.

The survey was promoted in a variety of places: the self-harm section of TheSite.org; TheSite.org homepage; YouthNet's Facebook and Twitter channels; YouthNet's discussion forums and live chats. It was also sent to YouthNet's existing contact list of young people and partners. The survey reached 429 16-to-25-year-olds in the UK and a total of 78% of respondents have had an experience with self-harm; 62% of those who self-harmed visited the self-harm section of TheSite.org.

Interviews

The study also includes interviews in which the users of the four organisations, Cyberhus, Photofficine (SIBRIC.it), UTRIP and YouthNet (TheSite.org), spoke about their experiences with self-harm, their experience of looking for help, and specifically of using online services to get information and support. Interviews were undertaken using a mixed method approach. This includes face-to-face interviews, phone interviews, interviews by email and by chats.

Analysis of users generated content

The study includes the analysis of user generated content, i.e. forum posts, and conversations during live chats and one-to-one counselling with experts. Also included is content analysis of the questions on self-harm submitted by users. Content analysis was possible because Cyberhus, Photofficine (SIBRIC.it), UTRIP and YouthNet (TheSite.org) / 42nd Street used consistent categories to group the various topics asked in the questions submitted to online experts about self-harm.

Table 7: List of user generated content

	Cyberhus, Denmark	Photof- ficine (SIBRIC.it), Italy	YouthNet (TheSite.org)/ 42 nd Street/ Depaul UK, UK
Total number of questions asked (from Jan 2011 to August 2012)	366	76	248

Table 8: Number of the questions on self-harm submitted by users

Cyberhus, Denmark	Photofficine (SIBRIC.it), Italy	YouthNet (TheSite.org)/ 42 nd Street/ Depaul UK, UK
Discussions in the online forums (open to the public)	Questions submitted by users and answers to questions from experts (open to the public)	Discussions in the online forums (open to the public) – YouthNet and Depaul
	Discussions in the online forums (open to the public)	Content of the online groups chats - YouthNet
Content of one-to-one individual counselling with experts	Content of one-to-one individual counselling with experts	Phone support to young people in a crisis - 42 nd street
	Content of the online groups chats	

Web analysis

Cyberhus, Photofficine (SIBRIC.it), UTRIP and YouthNet (TheSite.org) also undertook web analysis, specifically Google Analytics, to discover the most recurrent search terms used by young people in order to find the organisations in this study.

Table 6: Case studies - sample profile

Name	Age	Gender	Method of interview
Cyberhus, Denmark			
Anonymous	15	Female	Email
Anonymous	15	Female	Email
Anonymous	18	Female	Email
Anonymous	21	Female	Email
Anonymous	21	Female	Email
Photofficine (SIBRIC.it), Italy			
Bradamante	22	Female	Email
Daisy	25	Female	Email
Easy	24	Female	Email
Elsa	26	Female	Email
Giulia	25	Female	Email
UTRIP, Slovenia			
Anonymous	Not provided	Female	Face-to-face interview
Anonymous	23	Female	Face-to-face interview
Mateja	25	Female	Email
Anonymous	21	Female	Email
Anonymous	16	Female	Face-to-face interview
YouthNet (TheSite.org), UK			
Paige	17	Female	Online chat
Helen	25	Female	Email
Luisa	22	Female	Phone interview
Bonnie	19	Female	Online chat
Emily	Not provided	Female	Online chat
Anonymous	17	Female	Email
Nina	16	Female	Email
Katie	18	Female	Email
Anonymous	24	Female	Email
Sophie	17	Female	Face-to-face interview
Abi	16	Female	Email
Abi	22	Female	Phone interview
Chloe	20	Female	Email
Tina	20	Female	Email
Anonymous	20	Female	Email
Sarah	20	Female	Email



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