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Parents told 'connect with children' as self-harm rises

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The number of people intentionally self-harming in South Canterbury has increased markedly over the last five years, peaking in 2019, with more young people being seen.

Community Mental Health charge nurse manager Jacquie Keene said self-harm was a complex issue, and they were seeing more younger people in recent years – some still at primary school.

She said the practice was increasing among males and those who were gender fluid were more likely to harm themselves because of their distress over who they were.

Figures, released to The Timaru Herald by the South Canterbury District Health Board, show in 2015 48 patients were treated at Timaru Hospital for intentional self harm, while there were 54 discharges, which means some people could have been seen more than once.

The figures more than doubled in 2019 with 96 patients and 109 discharges, and in the following year, there were 66 patients and 76 discharges.

In total from 2015 to 2020 there were 340 patients and 432 discharges.

Patients are always medically treated before being referred for mental health assessment.

Keene thought the numbers showed the level of distress of young people and them not being able to manage their emotions.

Social media posts glorifying self-harm made things difficult, she said.

Clinicians have relabelled selfharm to the technical term Non-Suicidal Injurious Behaviour (NSIB) as it was “not a suicide gesture”, usually, she said.

“You have to look at it in context and the other stuff going on in their lives.”

Keene said it was a maladaptive way for children or teenagers to get a reaction from their parents, and attention.

They replaced their emotions with something physical because they did not know how to deal with what they were feeling, Keene said.

“Anecdotally I wonder if parents are so busy they’ve forgotten how to connect with their children. They haven’t got time to talk to their kids.”

Keene believed families needed to sit down to eat together to connect, and she found it upsetting how children who were sad were often labelled depressed and given medication.

“There’s a difference between being sad, or depressed when all they need is connection. I don’t believe they should be medicated for environmental issues. Sooner or later the medication won’t be as effective and there’s nothing to fall back on.”

She said someone who harms themselves does not necessarily have a mental illness, and they can learn how to change their behaviour.

Early intervention was the key to turning it around, so the behaviour doesn’t become a habit, Keene said.

She said if a parent was worried about their child they should first talk to them about it, then seek help from a school social worker or counsellor.

If a child or teenager did not feel they had parental support they could ring or text 1737 for free, and talk to the trained nonjudgmental counsellor.