

# **“It’s not safe and consistent”:** An exploration of social media and self-harm among young people

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## 1. Acknowledgements

The Social Media and Self-Harm Working Group at NHS Greater Glasgow and Clyde (NHSGGC) would like to thank the young people who took part in the focus groups, giving up their time to share their experiences and views on social media and how it relates to self-harm. Without their contributions, this project would not have been possible.

Full details of the Social Media and Self-Harm Working Group membership are listed in Appendix 1. If you would like further information about this project, please email the **Mental Health Improvement Team** at [ggc.mhead@ggc.scot.nhs.uk](mailto:ggc.mhead@ggc.scot.nhs.uk)

## 2. Introduction

In 2021, nearly all children (aged 3-17) went online. In the same year, young adults (18-24) were spending an average of 5 hours 6 minutes each day online. With children and young people spending a substantial and increasing proportion of their daily lives online, concerns have been raised around social media use and its impact on their mental health and well-being.

Emerging evidence shows that internet use can have a mixed effect on children and young people's mental health and well-being, offering the possibility of simultaneously being both a risk and protective factor. Internet use has been shown to exert a positive influence on children and young people by allowing for self-expression, leading to increases in self-esteem and perceived social support, particularly for more marginalised groups. On the other hand, it has also been linked to psychological problems including depression, anxiety, and distress.

Within this broader context, concerns have also been raised that social media may allow for content which normalises, glamorises, and encourages self-harm among young people. In particular, these platforms may host content that increases self-harm exposure and contagion among young people. At a local level, reports of harmful content including social media challenges encouraging self-harm have been reported across Greater Glasgow and Clyde.

1. Ofcom, 2022. Children and parents: media use and attitudes report 2022. Available online: [https://www.ofcom.org.uk/\\_\\_data/assets/pdf\\_file/0024/234609/childrens-media-use-and-attitudes-report-2022.pdf](https://www.ofcom.org.uk/__data/assets/pdf_file/0024/234609/childrens-media-use-and-attitudes-report-2022.pdf) [Accessed June 2023]
2. Ofcom, 2022. Online Nation 2022 Report. Available online: [https://www.ofcom.org.uk/\\_\\_data/assets/pdf\\_file/0023/238361/online-nation-2022-report.pdf](https://www.ofcom.org.uk/__data/assets/pdf_file/0023/238361/online-nation-2022-report.pdf) [Accessed June 2023]
3. Marchant A, Hawton K, Stewart A, Montgomery P, Singaravelu V, Lloyd K, et al. (2017) A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. *PLoS ONE* 12(8): e0181722. <https://doi.org/10.1371/journal.pone.0181722>
4. Betül Keles, Niall McCrae & Annmarie Grealish (2020) A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents, *International Journal of Adolescence and Youth*, 25:1, 79-93, DOI: 10.1080/02673843.2019.1590851

As a result, NHS Greater Glasgow and Clyde's Board-wide Mental Health Improvement team and Specialist Children's Services identified social media and how it relates to self-harm as a priority area in 2022.

To this end,  **Youth Interventions** were funded to undertake an exploratory project with a group of young people to hear their views on social media's relationship to self-harm and mental health and well-being. Youth Interventions are a multi-disciplinary team who specialise in the mental and emotional well-being of young people aged 11-25 and their families.

The findings from this exploratory project are to be used to provide recommendations for clinical service improvements, including supporting professionals to engage with young people who self-harm around their internet use.

### 3. Methodology

Qualitative data was gathered from a series of four focus groups that were run by Youth Interventions on behalf of NHSGGC in the period of February - March of 2023. In total, 18 young people aged 16-23 living in the Renfrewshire area were recruited to take part in the focus groups. The young people were those who had experience using self-harm as a coping strategy, who use social media, and who had previously engaged with Youth Interventions. The young people were recruited directly through the organisation. The focus groups were held and transcribed by Youth Interventions and then were thematically analysed by a member of the Mental Health Improvement team to produce this report.

The social media platforms used by participants at the time of participating in the focus group have been listed below in **Table 1**:

Platform	Number of participants using the platform
Instagram	16
Facebook	15
TikTok	13
Twitter	9
Snapchat	9
Tumblr	2
YouTube	1
Reddit	1
Discord	1

**Table 1. Social Media Platforms Used by Focus Group Participants**

## 4. Safety Consideration and Ethics

Due regard was paid to the safety of all participants and an ethical framework was developed prior to the focus groups being held. All participants were provided with an information sheet and completed a consent form prior to participating. They also completed a CORE-10 form before attending the focus groups to ensure that no one in distress participated. During the sessions, two trained psychotherapists were in attendance - one delivered the session, while the other offered a safe space for de-escalation if someone was triggered and needed to step away from the group. Following the focus groups, all participants were provided with a verbal debrief, a range of signposting information, and completed an additional CORE-10 form to ensure that the focus groups had not caused distress. While a situation did not arise where someone was seen to have been in greater distress following participating in the group, processes were in place to refer them on to further support should it have been required.

## 5. Results

A thematic analysis of the focus groups resulted in the identification of four overarching themes regarding social media and self-harm: 1) Social media as an unsafe space 2) An inconsistent source of support 3) A triggering and unpredictable algorithm 4) Helpful responses.

Before discussing the themes that have been identified, a short summary of how participants characterised self-harm is provided. In general, participants saw self-harm as a coping strategy, a relief from pressure or overwhelming emotions, and not as a suicide attempt:

*"[It's] an alternative to suicide, brings me back into the room when I'm feeling distant, clears head, relief, feel something."*

*"Self-harm feels like a release. Almost a way of taking my head away from the thoughts of feeling trapped and I get a sense of relief from all of the pressure."*

Discussions were also had where participants voiced feeling that self-harm is misunderstood and highly stigmatised. Many described how it is seen as **"attention seeking"** or seeking validation. This negative response to self-harm in turn creates barriers to people speaking about it or seeking support:

*"Problem is it only makes me feel better for a wee while, then I feel so annoyed and guilty and need to work hard to cover up the marks."*

*"I feel rotten afterwards but I know I will end up doing it again, it just feels like the right thing to do until you have done it."*

*"I think there's this whole mind set around people who self-harm or have suicide ideation feel or are a certain way. Like you should keep that to yourself, that's not something you should talk about, there's not a healthy idea around that. Then when you do reach out for help or share your stories, especially online it is shown or seen as attention seeking or if it's visible that you're struggling in any way, it's seen as attention seeking."*

### 5.1. Social media as an unsafe space

A key theme that emerged from the focus groups was that participants felt that social media is not always a safe space, but instead a place where they can encounter a range of harmful content and behaviour that impacts on their mental health and well-being. Within this overarching theme, several sub-themes emerged which will be explored in turn, including 5.1.1) Glamorised and graphic self-harm content 5.1.2) Negative responses to self-harm 5.1.3) Harmful content and behaviours.

### 5.1.1 Glamorised and graphic self-harm content

The majority of participants described how they often encounter content online that is damaging or risky around self-harm. This includes content that glamorises or romanticises self-harm, making it look **“trendy and aesthetic”**. For example, using filters, quotes, or showing before and after photos of scars healing. They described seeing this glamorisation as triggering and harmful as it can often encourage others to self-harm:

*“Some of the pictures are almost glamorised like there’s fancy filters through the images like they are trying to make them look pretty or something.”*

*“Like they are almost trying to encourage you to do it. Adding quotes to make you identify with what’s going on so you know you can do that too. It’s not right.”*

*“Almost as a trend and glamorised to the point it appeals to vulnerable and depressed individuals.”*

In addition to this glamorised content, several participants described how when they are online, they can come across graphic content such as fresh wounds, which can be triggering for them:

*“You can see a lot of stuff that’s quite gruesome on Twitter. People actively posting pictures of gore, self-harm and fresh cuts and stuff. It’s a really vile place to be.”*

Some participants voiced concerns about the influence that people who have large followings online can have when they share their experiences of self-harm. This was especially a concern when thinking about younger people:

*“Some of these people who talk about these things have a large following on social media and I am glad that I can see it for what it is but some younger viewers might be looking up to these people and be more influenced in a negative way.”*

### 5.1.2 Negative responses to self-harm

The participants also voiced concerns that social media spaces are not always safe and welcoming for people who use self-harm as a coping strategy to share their experiences. Instead, the stigma that surrounds self-harm is also mirrored in online spaces. Participants described how they have witnessed other people sharing their experience of self-harm on social media and receiving a negative response. This, in turn, makes people afraid to speak out about their own experiences or seek online support, for fear of the response that they will get:

*“Sometimes when others show their self-harm on social media it gets a really negative reaction. People calling them attention seeking and telling them to cut deeper if they mean it. That makes me feel like I need to be careful who I talk to about it.”*

*“If they are posting [about their experience of self-harm] and some people can comment some really nasty things or even if they get support, it can make me feel more lonely because I’m not getting that, but then I’m afraid of the reaction off people so I don’t share looking for the support. It’s a strange one.”*

### 5.1.3 Harmful content and behaviours

When talking about their experiences with social media, several participants shared that content they come across that isn’t specifically related to self-harm can also negatively

impact their mental health and well-being in general. This includes through a constant stream of negative news cycles that *“make life seem worse than it is”*:

*“Like someone being stabbed or murdered n stuff, it just makes me feel like I’m not safe and I lose that wee bit more less faith in the world.”*

*“Yeah and basically the war and stuff like that too... I just find all that really stressful when I probably wouldn’t know about it to even worry about it, if it wasn’t showing all the time on social media.”*

The participants also described how social media places an *“unrealistic expectation”* on people, as it often portrays a ‘perfect’ lifestyle. This can lead to people negatively comparing themselves to others, and can be harmful to their mental health and well-being, including impacting their self-esteem:

*“Seeing this online with everyone beautiful, happy, and with no problems makes me feel horrible about myself. It makes me hate the way I look and doubt any achievements I have made.”*

*“I feel with in particular Instagram, when you post a photo and you don’t get very many likes and comments you feel very reliant on that and it can knock your confidence that day. I also feel it makes me feel like I’m not pretty enough or good enough when other people just seem to be doing so much better for themselves at my age.”*

As a result of this type of content, several participants described how it can lead to other harmful behaviours, such as eating disorders or substance misuse:

*“I feel like where some social media as well, it can promote an unhealthy body image which is linked to people’s mental health deteriorating or loads of self-harm that involve like comparing their self.”*

*“Social media can promote a party lifestyle which normalises substance abuse along with unhealthy body image which promotes eating disorders, another form of self-harm.”*

## 5.2. An inconsistent source of support

Despite some of the concerns that have been highlighted in Section 5.1., another theme that emerged during discussions is that of the support that participants gain from using social media. This support, however, is not seen as consistent or reliable, leading participants to describe social media and self-harm as having *“a complicated relationship”*.

Several sub-themes emerged which will be explored in turn, including 5.2.1) Learning coping strategies and 5.2.2) Normalising self-harm 5.2.3) Inconsistent peer support.

### 5.2.1 Learning coping strategies

Participants described how social media and the internet can often be a place where they can learn from others about a range of coping strategies that are available to them:

*“I saw one the other day and it was like that black scratch paper where you scrub off the black and there’s bright colours underneath. People were saying that helped them from relapsing from cutting themselves. I’ve seen the rubber band techniques, like people who put plasters on themselves and put red nail polish on top. Just like the whole visual aspect of it or sensory aspect somehow helps and brings similarity to it.”*

*“There’s this thing as well and it’s like, I seen it on Instagram and TikTok and it was quite a big thing. You would draw a butterfly and it was to kind of show awareness but it was also put in a place you would normally harm, maybe have it represent someone you love and then you wouldn’t want to hurt it.”*

Influencers were mentioned by several participants as being helpful in terms of sharing their experiences and coping strategies:

*“Popular influencers often talk about their own stories and coping mechanisms and this has given me ideas on what I could do.”*

*“YouTube influencers talking about it can be helpful and reduce stigma.”*

Several of the participants, however, described how they did not always find the coping strategies helpful that were shared on social media:

*“I learned many years ago the elastic band ping-pong off wrist this can help during meetings etc, I feel that it helped. I haven’t seen anything helpful on social media.”*

*“I feel like with social media, you have to go through a few posts before you actually find something useful.”*

### 5.2.2 Normalising self-harm

Participants had mixed feelings about the extent to which social media helps to normalise self-harm. For some, they felt that people sharing their experiences can help people to feel understood and less alone, which takes away some of the shame that they experience. Influencers were mentioned again in this context in terms of being helpful when sharing their recovery journey:

*“It is definitely becoming more normalised on social media because a lot of people are speaking out about their past experiences and I believe that it makes people feel less alone.”*

*“[On Instagram and YouTube], short films about eating disorders and self-harm made me feel better about being bulimic and normalised self-harm. Taking away some of the shame.”*

The participants did not always feel that content shared online helps to normalise self-harm, however. Some felt that it can, in fact, normalise it in a harmful way by encouraging people to **“think it was okay and an easy way to deal with things”**. Others felt that sometimes people sharing things about their experience can paradoxically create more stigma around it. This is either due to the negative reaction that they get in response, or by creating stigma around more ‘superficial’ injuries:

*“It removes stigma and opens a lot of discussion but in doing that it prevents people from realising how serious it is, even making people think they have to cut deeper to be a ‘real’ self-harmer so that reintroduces stigma. Superficial injuries are seen as attention seeking and like their pain is less than others because they don’t injure themselves severely.”*

*“It does remove stigma and sometimes online it is really normalised but sometimes online people share things about their own experiences and receive abuse and have people saying awful things to them which achieves the opposite effect.”*

### 5.2.3 Inconsistent peer support

The participants described the unpredictable and inconsistent nature of peer support that is experienced on social media. They described how sometimes responses to someone sharing their experiences will be positive, and at other times it can be negative and harmful. This contrast led some participants to describe the support on social media as **“not safe and consistent”**:

*"It depends what side of the internet you're on. Sometimes it can be normalised and sometimes it can alienate people more...You can go on and get support one day then slaughtered the next, making you feel like the most lonely person in the world."*

*"You could be on one side of TikTok one day and it's full of the most supportive lovely people and you could speak about self-harm and get what you need from there. Then the next day you could go on the opposite side and you could get absolutely slaughtered for something you're trying to share or if you're nice to someone else who is struggling, next thing you are being trolled. Like sometimes it's supportive and sometimes it's not, but when it's not, it's really not."*

*"It depends on what type of audience you will reach; the same two people could post what triggers their anxiety or their "depression room" as people call it online and one person would have very supportive comments and the other would have "disgusting" "how hard is it to clean" etc. I have seen this many times on TikTok."*

### 5.3 A triggering and unpredictable algorithm

The influence of the algorithm on the participant's experience of social media was another key theme that arose during the focus groups. Participants described how social media's recommendation algorithm promotes self-harm related content to them, even when they are not seeking it out, often with harmful consequences.

The following sub-themes emerged which will be explored in turn, including 5.3.1) Triggering content, without warning 5.3.2) Unpredictable and hard to control.

#### 5.3.1 Triggering content, without warning

A key sub-theme that arose during conversations was participants' experiences of social media platform's algorithms recommending content that was triggering for them when they were not expecting it. They shared how they would often turn to social media for entertainment or a distraction, and be met with unexpected and harmful content which impacted their mental health and well-being. Participants shared that they found the algorithm recommending them self-harm content in this way was **"damaging for [their] mental health", "upsetting" and "horrifying"**:

*"It's like the algorithm is just like feeds you more crap. Like you're going on TikTok cos you're bored or whatever and there it is, pictures of people showing off their self-harm and you're going for something that's going to make you laugh and makes you happy, and you're just being met with sad stories, depressing stuff. It shows things that just bring your mood down."*

An area of concern when thinking about the algorithm that participants voiced was that it was unable to predict their current mood, as one participant stated: **"the algorithm doesn't know what I want to see depending on my mood at the time"**. They believed that this is because the algorithm shares content based on their past behaviour and previous engagements with self-harm content, not how they are feeling in the present moment. Regardless of their current state of mental health and well-being, participants shared that this could be harmful because seeing that content created a risk for their mental health deteriorating:

*"It can be quite triggering if having a good day and I'm shown it, it can put me back into a negative mindset. If having a bad day it can make things worse."*

*“Sometimes when you are feeling like crap and you are trying to get away from it, but everything on your news-feed is like orientated around depression and stuff like that, it just makes you feel worse.”*

Related to this, participants felt that their recommendation algorithms are often unable to differentiate between content that has a positive intention, such as content focused on recovery, and content that is more negative. Some participants shared how they had searched for help and support for self-harm, only to then be recommended content that is of a more negative and harmful nature:

*“You can be searching looking for helpful stuff and next thing there’s stuff related to but in a different more negative context, showing on your social media.” “It’s almost like they are trying to make it worse.”*

Overall, this created issues for participants where they shared that they felt it was hard to get away from once you have engaged with that form of content:

*“Content on TikTok once you have watched one video like this it tends to then give you others. If you let yourself, you could get lost down the hole of loads of videos of the same nature and that’s scary.”*

### 5.3.2 Unpredictable and hard to control

Participants described how social media algorithms made their experiences on the platforms unpredictable. They shared how they can be shown self-harm related content without having looked for it. This is often due to the design and functionality of the platforms themselves, such as algorithms promoting ‘viral’ content, or content that a user’s friends have engaged with:

*“On some social media you can see things that people have liked, so it’s not just to do with your own algorithm but also to do with what your friends are into, cos they all show up on your feed. Taking Twitter for an example, on Twitter things will come up on your feed that people you follow have liked and it can be really bad stuff.”*

*“I have only seen [self-harm content] on TikTok and it has been people with millions of views therefore it comes up on your for you page without having to search for it.”*

Some participants shared feeling that the *“algorithm spies”* on them, and that their behaviour is tracked as they move around the internet. One participant shared that they searched for help on Google and then were fed self-harm related content on their social media feeds:

*“Say sometimes if you’re feeling like crap and that and you maybe search things up on Google n stuff to get some help, then there will be stuff relating to what you have searched, showing up on your social media feeds.”*

This led to a feeling of a loss of control over their social media experience among certain participants. This is because they felt that they had little control over the algorithm and what content it served them, leading to feelings of worry and anxiety:

*“I feel like it’s unintentional though because it’s like codes and algorithm but it’s so damaging. It’s not even people going out their way to be nasty, it’s an automatic process now which for me is even scarier cos what control do we have over that?”*

## 5.4 Helpful responses

Discussions were also focused on what approaches or responses from professionals could support young people around social media and how it relates to their self-harm. This led to the generation of two sub-themes, including 5.4.1) Awareness of self-harm 5.4.2) A professional’s response.

### 5.4.1 Awareness of self-harm

In general, while participants felt that self-harm was being normalised more on social media, they shared that they felt more needed to be done to raise awareness of self-harm. This would help to create safer spaces online and offline:

*"Yeah probably if you asked people if they know why people self-harm, they wouldn't have a clue, they wouldn't know how to answer it. They just laugh at things they don't understand. You might even find that people who self-harm would struggle to answer that question too when they are at school so more education all round might be helpful. That way people can maybe learn other ways to help themselves sooner."*

Several participants shared that they felt that while more influencers are sharing their experiences of mental health online, that influencers could play a more **"positive and pro-active role"** in talking about self-harm. Having someone that participants trusted talking about this online was something that they were interested in, and several participants highlighted that professionals speaking about it would be helpful:

*"I think professionals speaking about mental health on social media would help a lot of people if done in a way that engages people correctly."*

*"Professional on social media discussing self-harm would be helpful if presented in a way that made listeners trust them."*

### 5.4.2 A professional's response: knowledgeable, non-judgemental, curious, relatable, and balanced

**Knowledgeable:** When talking about how a professional could engage with the topic of social media and self-harm, participants shared several ways in which they would like a professional to speak with them, including providing them with factual information:

*"Giving the facts. People can't deny the studies and if they are studying real people then the studies themselves will be relatable too."*

*"Well for me I'd want to know where they get their information from if they are advising me to do this or that."*

This included being knowledgeable about social media platforms and some strategies that young people can use to keep themselves safe, such as how to block harmful users, manage screen time, and avoid harmful content:

*"[Professionals should] spend time looking at it so they have an idea of what is being shown to people on these platforms."*

*"Telling us to cut off toxic people, staying away from our triggers; avoiding posts that give you other ways to self-harm, mental health, Trauma dump posts and avoid particular influencers. Offer recommended helpful influencers if they weren't triggering and maybe to check these out when feeling ok so you know if they are ok for you cos everyone is different."*

**Non-judgemental:** Participants also voiced that they wanted a professional to engage with them about their social media use and how it relates to their self-harm in a non-judgemental and non-patronising way. In particular, participants were keen that professionals didn't tell them to not self-harm or use social media, as they recognised that this would likely have the opposite effect:

*“Professionals need to stop pining it off as being on TikTok “too much” or being “obsessed” with social media because unfortunately that’s the social media of their time and it isn’t going anywhere. So they won’t listen to anyone who comes in with an ‘I know better than you’ attitude.”*

*“If a professional was to come in and be like ‘do this, don’t do that’, considering the mindset of most people now, being told don’t do this would probably encourage them to do it more.”*

*“Ask open questions without any judgement, people might be scared to say particular things in case they are judged.”*

**Curious:** To help create a supportive and trusted environment, some participants highlighted the importance of being curious and asking relevant questions:

*“I guess asking “how do you spend your time online? Have you filtered/blocked content that you know will be triggering? Do the people you follow online tend to talk about their struggles rather than explain how to cope with them? Are they self-deprecating/ making jokes at their own expense?” Asking rather than telling to make people think.”*

*“It would be good to...speak in a way that comes across as genuine and not clinical to appeal to people seeking help.”*

**Relatable:** Being relatable and *“not overly professional”* was another approach that participants were keen to see. This included sharing an individual’s own personal experience of using social media or of self-harm:

*“Yeah, it would need to be in a kind of non-judgemental environment where they maybe share something about themselves and make us feel less separate from them.”*

*“I feel if a professional was coming in to speak to me about how I use social media, I suppose the idea around a professional coming to speak to people who self-harm, about self-harm, if they themselves didn’t have a history of that then I don’t know if I would want to listen. Like would you trust a tattoo artist that didn’t have any tattoos?”*

**Balanced:** Instead of telling them not to go online, participants were keen that professionals both presented a balanced view of social media, but also the potential harms that they can face. In particular, they wanted to hear about the specific risks, rather than general opinions that social media is harmful:

*“I think they could show the disadvantages of using it dangerously and assure that most of it is fake, what you’re seeing is only a small portion of somebody’s life.”*

*“I think exploring what social media gives to me in a positive manner and in a negative manner and how to better manage and filter social media. To reiterate it’s not real most of the time and explore how to better filter the people I connect with on there to not affect my mental health as much.”*

## 6. Discussion

This exploratory project shed light on the unique social media experiences of young people who self-harm. It showed a complicated relationship, where although young people can gain support from social media, this support is inconsistent, and these platforms carry unique mental health risks. This includes platforms that host content glamorising and encouraging self-harm, triggering content, as well as there being a risk for individuals receiving stigmatising and negative reactions to self-harm disclosures. This serves to make social media platforms unsafe and unpredictable spaces for those who use self-harm as a coping strategy.

The findings from this project also shared insights into the issues that the specific designs of social media platforms can create for young people who self-harm. At present, social media platforms have not been designed in a way that ensures the safety of their users. The recommendation algorithm emerged in this project as an area of particular concern. It creates a personalised and endless 'For You' feed, where it is unable to differentiate between the type of content a user may want to be seeing, and can therefore show unwanted and unexpected self-harm related content. The experience of young people who participated in this focus group was that this practice puts vulnerable users at risk and can cause a decline in mental health and well-being.

Discussions surrounding helpful responses to social media and its relationship to self-harm and mental health and well-being reflected much of what is already known surrounding helpful responses to self-harm. This includes taking a harm-minimisation approach and avoiding telling young people to not self-harm or not access social media. Instead, participants favoured creating a non-judgemental, supportive, and open environment where they feel able to have conversations about both their self-harm and what they are seeing and engaging with online. This is so that they can ultimately be supported to manage their online experiences and self-harm in a safe manner.

While this project has highlighted a range of insights into the topic of social media and self-harm, the number of young people participating in the focus groups was small. Therefore, any findings that arise from this project must be interpreted with caution, and do not represent the views of all young people who self-harm.

## 7. Recommendations

**As a result of this project, the following recommendations have therefore been made:**

- Conduct research to explore this relationship between social media and self-harm in more depth than is afforded in this exploratory project. Attention should be paid to how the landscape changes over time, such as through the development of existing social media platforms, and the adoption of new social media platforms by young people.
- Prioritise digital literacy development amongst professionals and the young people that they support. This is to facilitate professionals having discussions about internet use, which should become a standard item during interactions. Conversations should include designing strategies to maximise beneficial online behaviours and reduce associated risks. For example, through raising awareness of the range of features available on social media platforms for young people to curate a safer and more positive online experience.
- Addressing the stigma that exists around self-harm. The project has highlighted the stigma that is associated with self-harm, and how this can manifest in online spaces. Further work should be done to raise awareness and share anti-stigma messaging, including through:
  - Educational and prevention programmes in schools, focusing on raising awareness of self-harm, as well as appropriate responses to distressed posts on social media through

digital citizenship and literacy development. This is to support with negating some of the negative influences of the internet.

- Social media outreach by mental health professionals to raise awareness of self-harm and counter prevalent myths and misconceptions, share coping strategies, and available support.

## 8. Conclusion

This exploratory project has provided insights into the complex nature of the relationship between internet use and self-harm among children and young people. It has highlighted a range of risks and benefits that are currently associated with internet use for those who use self-harm as a coping strategy. The internet, however, is a volatile and ever-changing environment. At present, we are undergoing a shift in the way that people interact with the internet, including through the rise of artificial intelligence, virtual reality, and augmented reality. These developments will add complexity to what we have seen as an already complicated relationship and will change the risks and protective factors that the internet offers for mental health and well-being. Young people have long accepted these risks and believe that the benefits of being online outweigh them - as one participant shared, it's simply *"the risk you take when you use social media"*. Those working with young people must recognise this, and give priority to monitoring and keeping abreast of developments in the online environment. This is so that children and young people can best be supported to have a safe and positive online experience.

*This report has been based on field work and initial processing that was conducted by Youth Interventions, the commissioned partner for this project. Original commissioning specifications available on request.*

## Appendix 1.

<b>Social Media and Self-harm Working Group Membership, NHSGGC</b>		
<b>Gayle Cooney</b>	Consultant Clinical Psychologist	Specialist Children's Services, NHSGGC
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