

UNDERSTANDING DISTRESS AND SELF HARM IN CHILDREN AND ADOLESCENTS

**A PRACTICAL GUIDE FOR INDIAN PARENTS,
TEACHERS & PRINCIPALS**

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Why this conversation matters.. especially in India..

India has the world's largest adolescent population and adults often see the behaviour before they hear the pain.

253 million

adolescents aged 10–19
in India

1 in 7

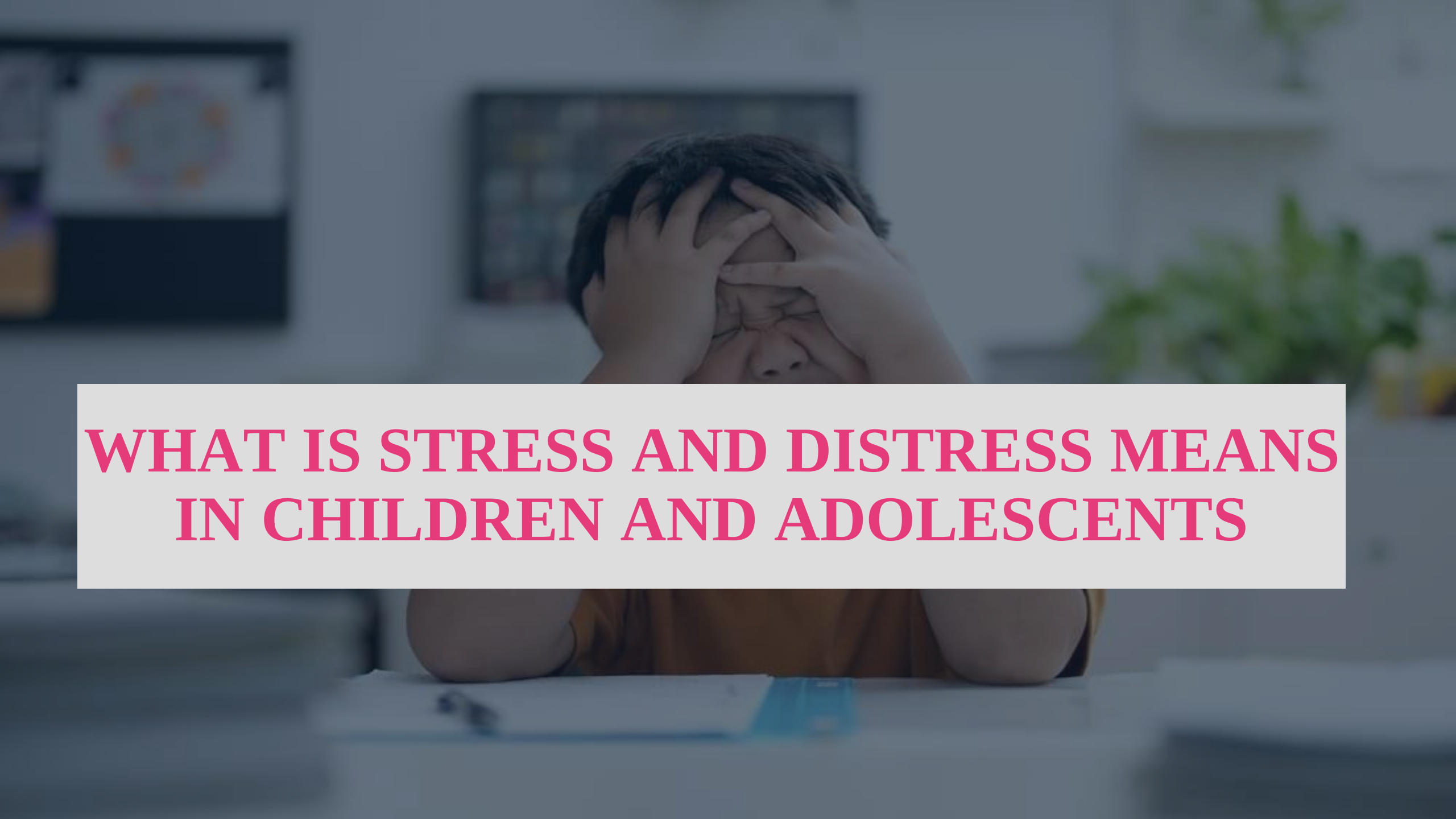
adolescents globally live with
a mental health condition

50%

of all mental disorders
begin by age 14 (WHO)

Approx. 13,000

student suicides in India
every year (NCRB 2021–22)

A child with dark hair is sitting at a desk, covering their face with both hands. Their fingers are spread across their forehead and eyes, suggesting a state of distress, stress, or frustration. The child is wearing a brown shirt. The background is a blurred indoor setting with a white wall, a framed picture, and a green plant.

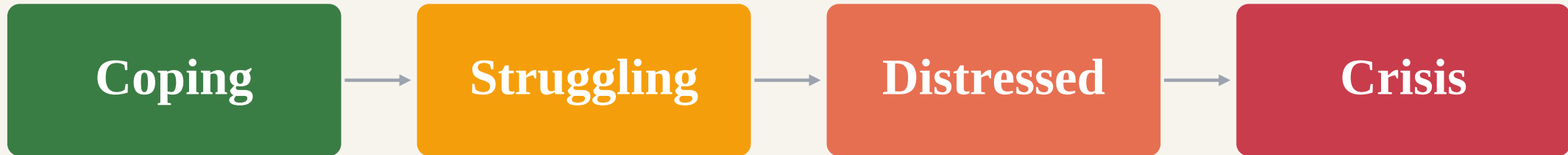
WHAT IS STRESS AND DISTRESS MEANS IN CHILDREN AND ADOLESCENTS

STRESS VS DISTRESS

Stress is a normal response to different situations and can be both helpful and unhelpful

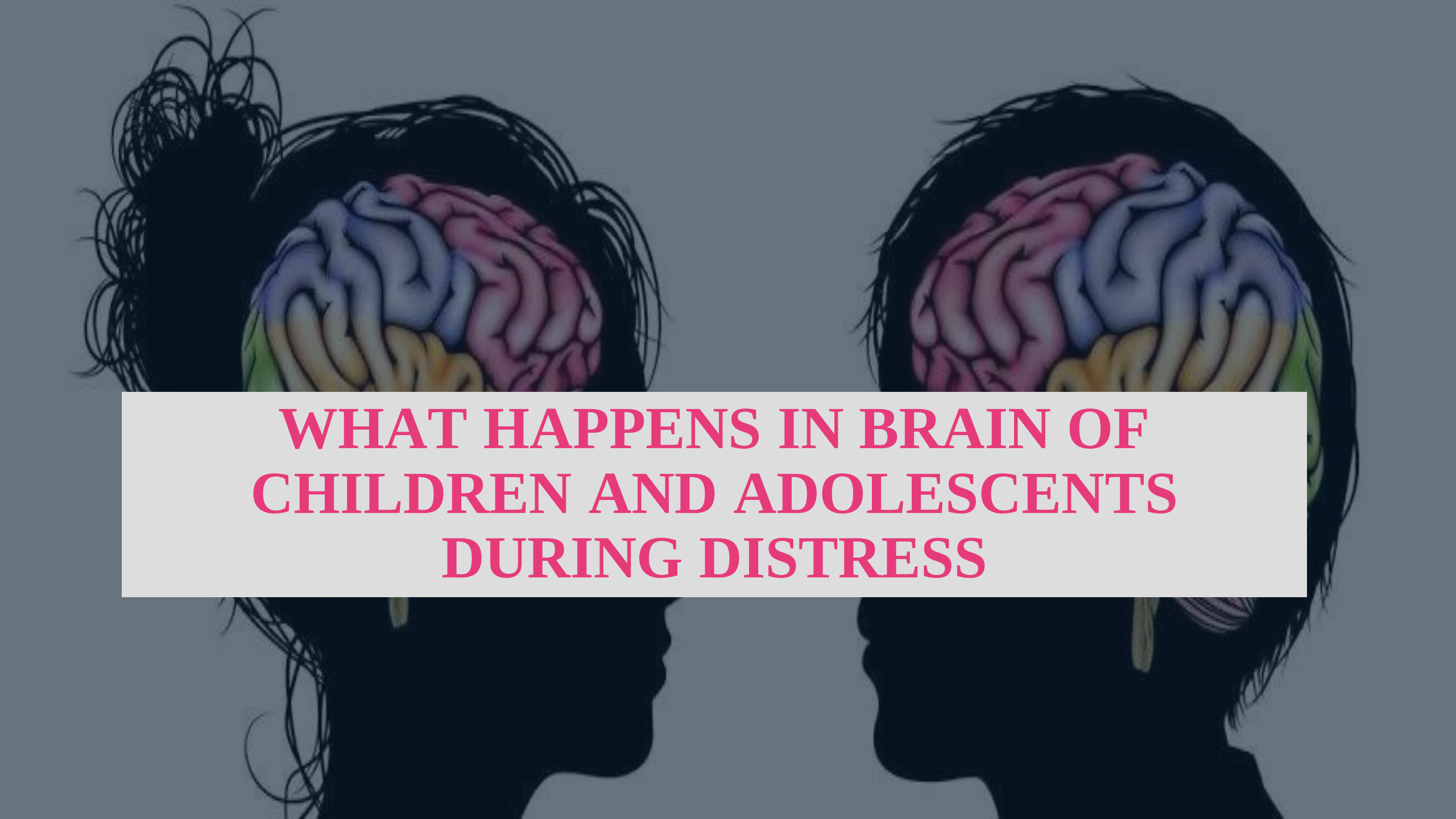
Helpful stress (Eustress)	A positive type of stress that can motivate anyone to perform better
Unhelpful stress (Distress)	When stress become too much to handle
Chronic stress (Repeated ongoing stress)	When stress continues for a long time and it feels like there is no way to escape it.

Distress is a continuum



Normal stress can become clinically important when it is **intense, persistent, impairing or linked to risk.**

Adults often express their distress through words. Children may not always say, “I am distressed.” Instead, **they may show it through their emotions and behaviour.**



WHAT HAPPENS IN BRAIN OF CHILDREN AND ADOLESCENTS DURING DISTRESS

When Kids Are Upset...

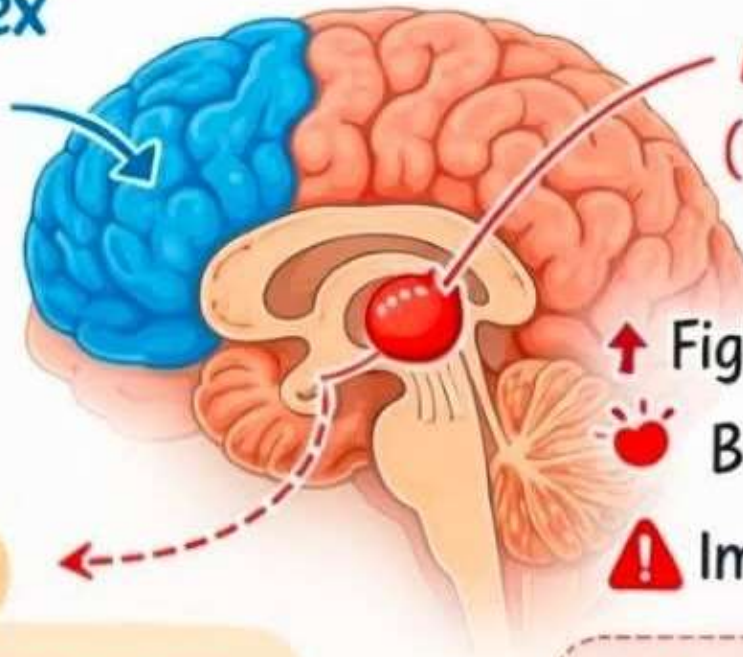
Here's What Happens in the Brain

Prefrontal Cortex
(Thinking Brain)

- 💡 Logic, Reasoning
- 🧠 Self-Control
- 🔧 Problem Solving

When upset:

Amygdala **OVERRIDES**
the Prefrontal Cortex

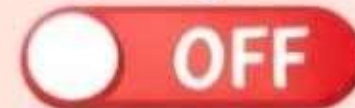


Amygdala

(Emotional Brain –
Alarm System)

- ↑ Fight • Flight • Freeze
- 💥 Big Emotions
- ⚠️ Impulsive Reactions

Thinking Brain





SOURCES OF STRESS IN CHILDREN AND ADOLESCENTS

BIOPSYCHOSOCIAL FACTORS

BIOLOGICAL STRESS

When the developing brain and body struggle with illness, hormonal changes, sleep deprivation or neurodevelopmental difficulties.

PSYCHOLOGICAL STRESS

When fears, expectations, emotions or self-doubt overwhelm a child's ability to cope.

SOCIAL STRESS

When bullying, family conflicts, academic pressure or rejection threaten a child's sense of safety and belonging.

Stressors in the Indian context

Academic

- Board-exam and JEE/NEET pressure
- Coaching hub stress, rank comparison
- Fear of 'log kya kahenge'

Family & social

- Conflict, alcohol use, financial strain
- Hostel and migration loneliness
- **Stigma** delays help-seeking

Digital & identity

- Cyberbullying, sexting, online exploitation
- Relationship break-ups
- Gender, sexuality, caste-based discrimination

Suicide rates in India peak in **15–29 years**; exam failure, family problems and love affairs are recurrent triggers (NCRB).

A person is sitting on a dark-colored bench in front of a large window. The person is seen from the side, looking out the window. The window has multiple panes and is letting in some light, though the overall scene is dimly lit. The person's hands are resting on their lap.

COMMON REACTIONS TO STRESS IN CHILDREN AND ADOLESCENTS

NOTICEABLE SIGNS & SYMPTOMS

0 -3 years



- Clinging to their caregivers more than normal
- Regressing to former (younger) behaviours
- Changes in sleeping and eating patterns
- Higher irritability
- Increased hyperactivity
- More afraid of things / sudden fearfulness
- More demanding
- More frequent crying

4-6 years

- Clinging to adults
- Regressing to former (younger) behaviours
- Changes in sleeping and eating patterns
- Higher irritability / tantrums
- Poorer concentration
- Becoming more inactive or more hyperactive
- Stop playing, or sometimes **play themes of danger / loss**
- Take on adult roles
- Stop talking
- More anxious or worried



7-12 years



- Becoming **withdrawn**
- Frequent concern about others affected
- Changes in sleeping and eating patterns
- Increasingly fearful
- Higher irritability
- Frequent aggression
- Restlessness
- Poor memory and concentration
- **Physical symptoms like tummy aches, headaches.**
- Frequently talks about the event or repetitive play
- Feels guilty or blames themselves
- School refusal

13-17 years

- **Intense grief**
- **Withdrawn or secrecy**
- Shows excessive concern for others
- Feelings of guilt and shame
- Increasingly defiant of authority
- Increased risk taking, impulsive behaviour
- **Aggression, anger, sarcastic like “I dont care”**
- **Self-destructive / self harm**
- **Feeling hopeless, using trapped language, suicidal talk, giving away valued possessions.**
- Sleep reversal
- Sharp fall in attendance



A large iceberg floating in a blue ocean under a cloudy sky. The tip of the iceberg is visible above the water, while the much larger base is submerged below the surface. The image is used as a metaphor for the relationship between visible behavior and hidden emotions.

WHAT WE SEE

Irritability, withdrawal, refusal, falling marks, aggression, “attention-seeking”

WHAT MAY BE UNDERNEATH

Fear, shame, loneliness, bullying, family conflict, grief, trauma, identity stress, perfectionism, sleep deprivation, depression, anxiety, neurodevelopmental difficulty, feeling trapped

The behaviour is the tip of the iceberg

All Age groups- Physical symptoms

- Tiredness
- Tight chest
- Shortness of breath
- Dry mouth
- Muscle weakness
- Stomachache
- Dizziness
- Shaking
- Headaches
- General aches

These may also be signs of physical illness, so please take your child to see a doctor to rule out any physical condition.



Very serious distress reactions in children & Adolescents

- Withdrawn or very quiet with little or no movement
- Hides or shies away from other people
- Does not respond to others, does not speak
- Extreme and constant worry
- Physical symptoms of not feeling well; shaking, headaches, loss of appetite, aches, and pain
- Aggressive, trying to hurt self / others, suicidal talk.
- Confused or disoriented

Children who demonstrate these signs over a prolonged period of time will need specialist support.



A person with long dark hair is sitting on a bed, covering their face with their hands in a distressed pose. The background is a plain wall, and the bed has a patterned blanket. The overall mood is somber and reflective.

FROM DISTRESS TO SELF HARM IN CHILDREN AND ADOLESCENTS

What is self-harm?

Self-harm is intentional self-poisoning or self-injury, irrespective of the apparent purpose.

IT CAN BE A COPING BEHAVIOUR

A way of trying to reduce unbearable emotion, numbness or internal pressure.

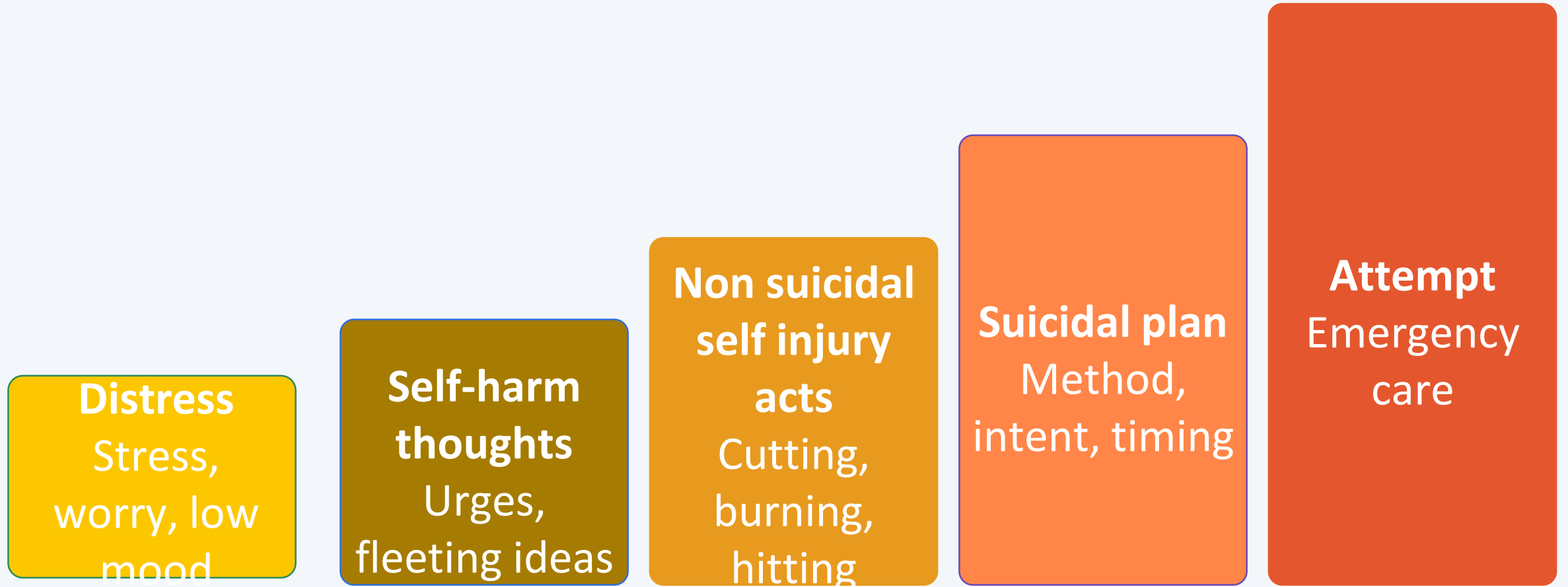
IT IS COMMUNICATION

Sometimes it expresses distress when words feel unavailable, but never dismiss it as “just attention”.

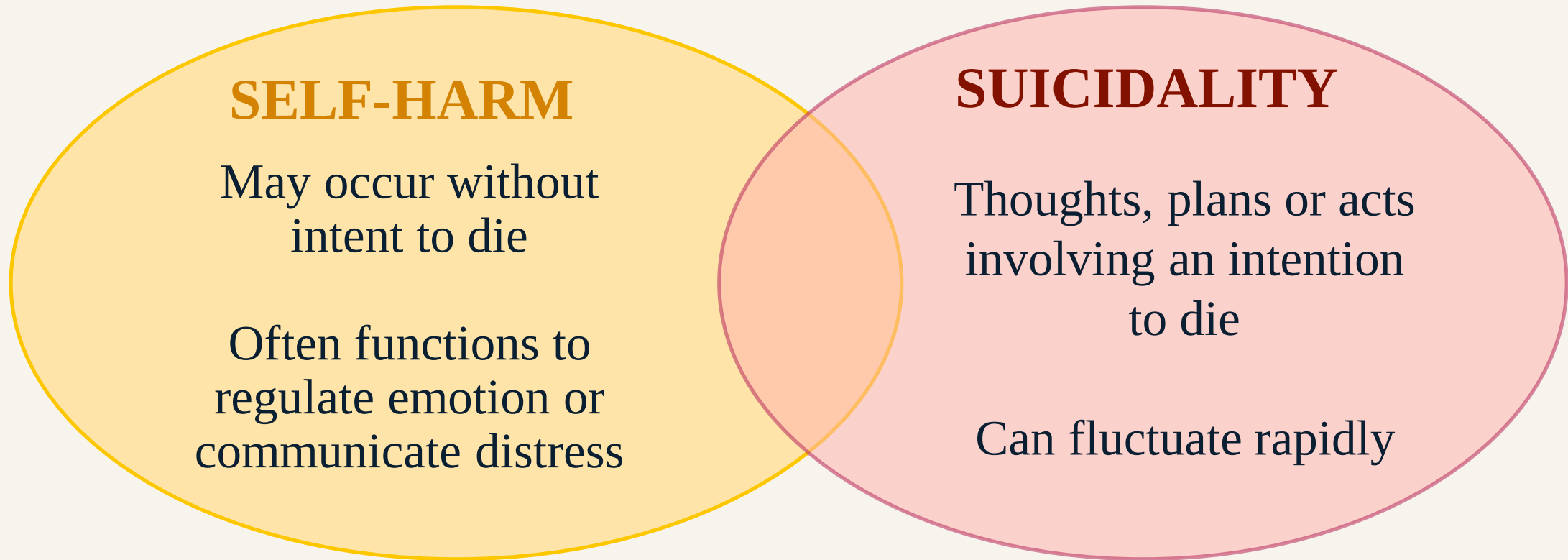
IT REQUIRES SAFETY ASSESSMENT

Intent can change over time; suicidal thoughts may coexist or emerge later.

The spectrum of severity

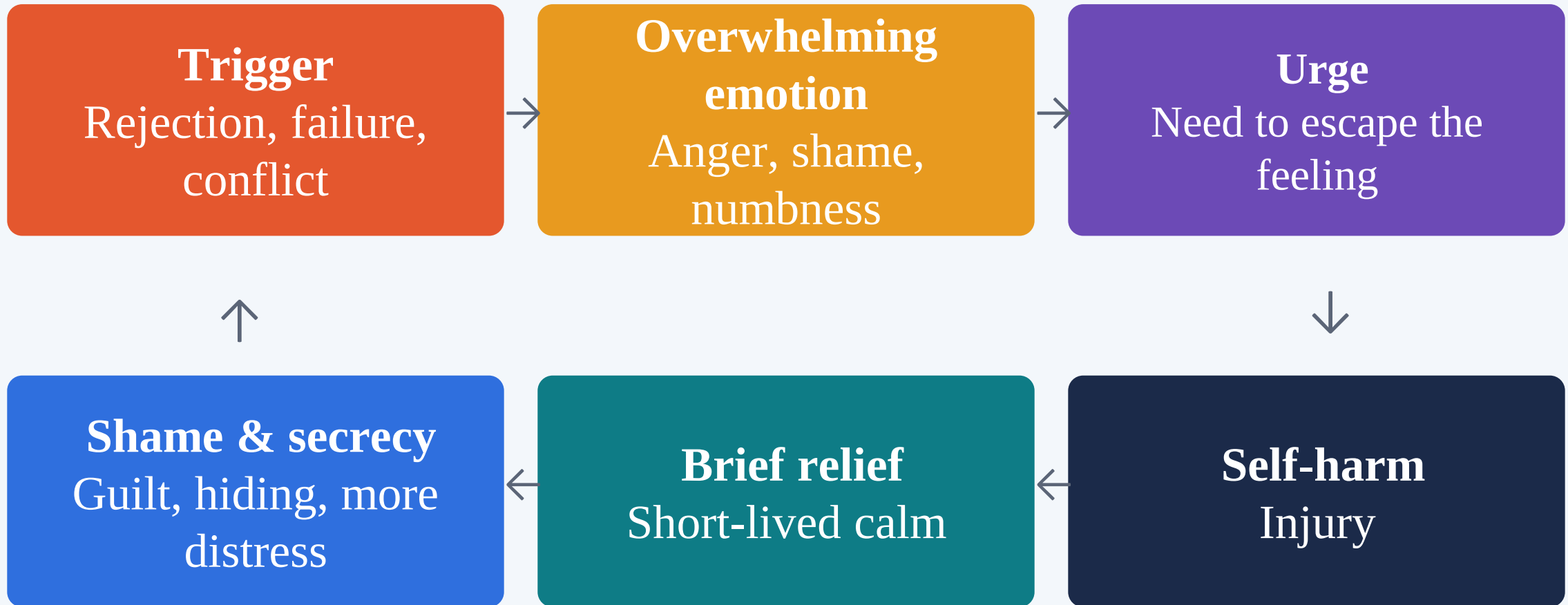


Self-harm and suicide: related but not identical



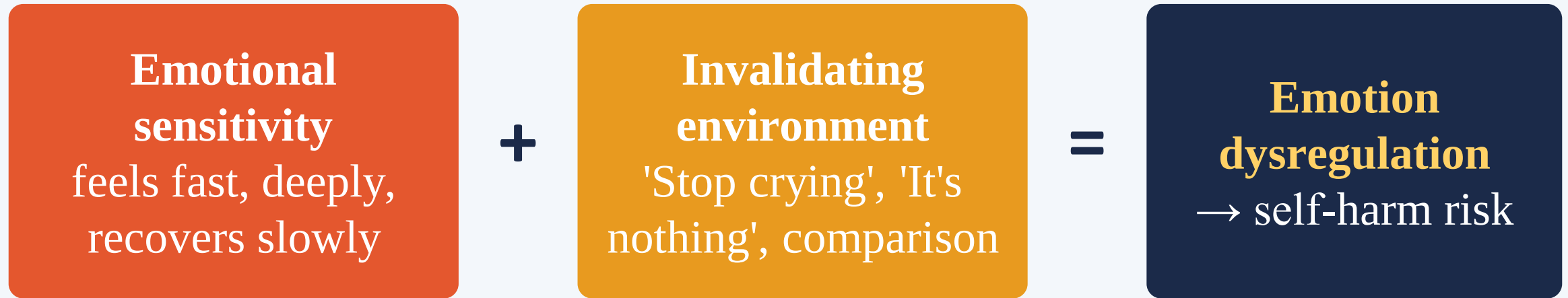
Never assume “non-suicidal” means “no suicide risk”.

The self-harm cycle: why it repeats



Relief is brief and the underlying pain is untouched, so the cycle strengthens.

Why some children struggle more: the biosocial model



- **Validation** = 'Your feelings make sense'; it lowers arousal and builds trust
- Invalidation teaches the child to hide feelings; **secrecy** is the risk
- Add trauma, bullying, or family conflict and the load multiplies

Validating a feeling does **not** mean approving the behaviour.

What Can You Do? **Calm First, Then Connect.**



VALIDATE

“I see you’re really upset.”



HELP THEM CALM DOWN



Deep breaths



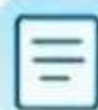
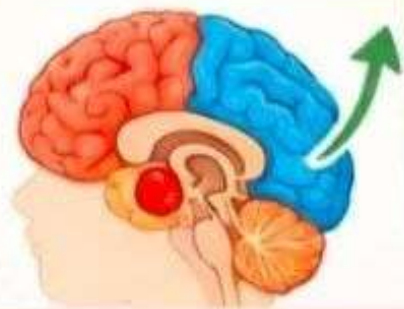
Hugs



Listening



THINKING BRAIN COMES BACK ONLINE!



REDIRECT & PROBLEM-SOLVE



Talk it out



Set limits



Make a plan

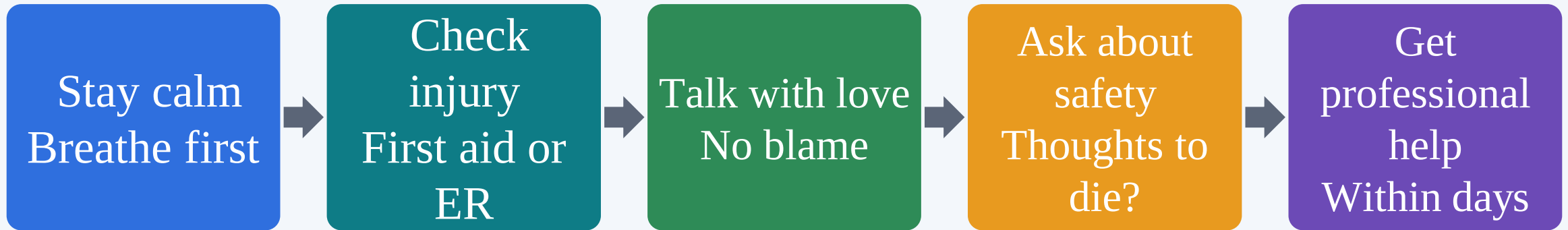


Remember: Mean words come from the **AMYGDALA**, not your child’s true self.

A photograph of a woman and a young girl, both looking down with expressions of sadness or concern. The woman is on the left, wearing a patterned sari with a blue shawl. The girl is on the right, wearing a dark top. The background is softly blurred, showing indoor plants and a window. A white rectangular box is superimposed over the center of the image, containing the text 'TO DO FOR PARENTS' in pink, bold, serif capital letters.

TO DO FOR PARENTS

If your child self-harms: the first response



- Treat wounds; go to hospital if deep, infected or a poisoning is suspected
- Lead with **'I love you and I'm here'** before any questions. **Listen more than you speak**
- Separate the **child from the behaviour**; do not punish or search the room angrily
- Tell the other caregiver; **avoid family blame games**
- **Do not leave them alone if danger is immediate**
- Book a **psychiatrist or clinical psychologist** promptly

Your calm, loving response is **the first treatment**.

Making the home safer

Lock away

- **Pesticides and chemicals**
- Medicines, including painkillers (e.g. paracetamol)
- Blades, firearms, ropes

Supervise

- Hand out medicines daily
- Monitor bathrooms/terrace access
- Never leave alone in crisis

Digital safety

- Know apps, messaging, chat groups
- Watch for cyberbullying
- Avoid harsh confiscation; agree limits together

Parent: what NOT to do

DON'T interrogate

Avoid rapid-fire
“why?” questions while
emotions are high.

DON'T shame or threaten

“How could you do this
to us?” increases
secrecy and shame.

DON'T make it about reputation

Family honour, marks or
“what people will say”
must not outrank safety.

DON'T promise secrecy

Explain that safety may
require involving
others.

DON'T demand a promise

“Promise me you'll
never do it again” is not
a safety plan.

DON'T dismiss it

Small injuries can
coexist with serious
emotional pain.

Emotion coaching at home (Gottman)

Notice
the emotion
early

Connect
use it as
closeness

Listen
and validate

Name it
'You feel hurt
and ashamed'

Problem-solve
limits on
behaviour, not
feelings

- **All feelings are acceptable; some behaviours are not**
- Daily 10-minute **no-phone, no-lecture** listening time
- **Model coping:** 'I'm stressed, so I'll take a walk'
- Praise **effort and courage**, not only marks

Children who feel understood need fewer **destructive ways** to be heard.

A photograph of a female teacher with dark hair, wearing a pink top and a patterned sari, leaning over a student's desk. The student is wearing a light blue shirt and a dark blue vest. The background shows a classroom setting with bookshelves and other students. A white rectangular box is overlaid on the image, containing the text 'TO DO FOR TEACHERS' in pink capital letters.

TO DO FOR TEACHERS

Teacher response protocol



- Speak in private; **listen more than talk**
- If imminent risk: stay with the child, call the counsellor/principal, **inform parents same day**
- Explain confidentiality limits: **safety overrides secrecy**
- Document facts; do not gossip or post on class groups
- Check in for weeks after; **relationship is the intervention**

You do not need to solve it. You need to **connect and pass it on.**

Building a protective classroom

Emotional literacy

- 5-minute daily check-in ('weather report')
- Teach names for feelings
- Normalise asking for help

Safe relationships

- Zero-tolerance for bullying
- Buddy and mentor systems
- Greet every child by name

Fair pressure

- Avoid public ranking and shaming
- Spread deadlines; celebrate effort
- Sleep and break-time protected

Common teacher mistakes to avoid

Avoid

- Shaming in front of class
- Punishing self-harm, or suspending
- Asking children to show wounds
- Telling classmates, or labelling 'cutter'
- Promising to keep it secret
- Trying to counsel long-term yourself

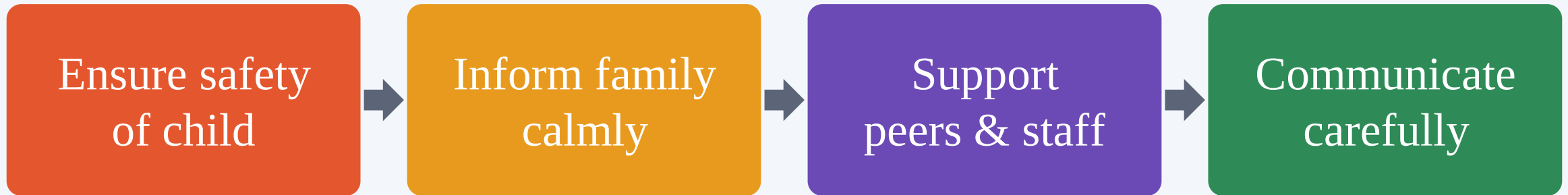
Instead

- Private, respectful conversation
- Support plus consequences for safety, not punishment
- Offer first aid discreetly
- Share only with need-to-know staff
- Explain: '**I must keep you safe**'
- Refer to counsellor or mental-health professional

A woman wearing a green and gold sari is seated at a wooden desk in an office. The desk is cluttered with various items including papers, a pen holder with pens, a printer, and a laptop. A large white rectangular box is superimposed over the center of the image, containing the text 'TO DO FOR PRINCIPALS' in pink capital letters.

TO DO FOR PRINCIPALS

Crisis, contagion and postvention



- After a suicide or attempt, **screen close friends** and vulnerable students
- Do **not** describe method, glamorise, or announce in assembly detail
- Avoid memorials that glorify; use **safe-messaging** guidance
- Support teachers too; **debrief** the staff
- Review the protocol without blaming individuals

Responsible communication prevents **copycat** deaths (Werther effect).

The principal's role: build the system

Policy

- Written **mental-health & self-harm protocol**
- Have a crisis team
- Clear parent-communication rules

People

- Full-time **counsellor**
- Train all staff in **gatekeeper** skills (QPR)
- Annual refresher mock drills

Links

- MoU with nearby psychiatrist/hospital
- Post helplines in every class
- Parent workshops each term

(QPR) QUESTION, PERSUADE, REFER

A family of four is sitting on a balcony, looking at a smartphone together. The father is in the center, smiling and looking at the phone. The mother is on the right, also smiling and looking at the phone. A young girl is on the left, looking at the phone. A young boy is in the foreground, looking at the phone. They are all wearing white clothing. The background shows a metal railing and some greenery.

FOR EVERY ADULTS

Co-regulation: children borrow calm from adults

YOUR FACE

- soft eye contact • non-alarmed expression

YOUR VOICE

- slower • lower • fewer words

YOUR BODY

- sit rather than standing • give space
- stay available

Calm is contagious. So is panic.



Looking after yourself so you can help

Expect feelings

- Guilt, fear, anger, shame are common
- It is **not your fault**
- Self-blame does not help the child

Share the load

- Talk to spouse, colleague or counsellor
- Join a parent/teacher support group
- Do not carry it alone

Keep going

- Sleep, meals, movement
- Small daily pleasures
- Get your own therapy if overwhelmed

Know the Myths versus facts

'They just want attention'



Most hide it; those who show it need help even more

'Asking about suicide gives the idea'



Asking **reduces distress**; no increase in risk

'Only weak or spoilt children do this'



Any child under enough pain; **not a weakness**

'If not serious cuts, not serious'



Severity of wound $\neq$ severity of pain. All need assessment

'They will grow out of it'



Untreated self-harm often persists and escalates

MYTH

FACT

Help available :

Helplines

- **Tele-MANAS: 14416** (24×7, free, multiple languages)
- **KIRAN: 1800-599-0019**
- **Childline: 1098**
- **Emergency: 112**

Professionals available

- Bihar State Institute of Mental Health and Allied Sciences, Koilwar
- Psychiatry departments in every Government medical colleges
- Private child psychiatrists, RCI-registered clinical psychologists

Keep these numbers in your **phone, diary and school notice board.**



THANK YOU

Any Questions ?