11.5. Managing adverse peer influence (contagion)

Adverse peer influence takes place when an inpatient peer group is engaged in destructive or self-harming strategies, and where these behaviours spread among the group, creating an unhelpful situation that needs to be addressed.[i]

In the field, the word 'contagion' has been used to describe this process, and so is retained here. This term is usually unhelpful, because it risks pathologising the normal process of social influence among young people: being open to strong peer influence is developmentally appropriate, is part of healthy teenage behaviour, and is usually positive. It is only when there are adverse impacts that it becomes a matter for concern.

- An ability to draw on knowledge that (in an inpatient unit) adverse peer influence (contagion) refers to the risk of young people:
  - learning (and adopting) unhelpful behaviours from other young people (such as self-harming)
  - making unhelpful friendships in which they pick up on other young people's difficulties
- An ability to draw on knowledge that young people who may be particularly vulnerable to adverse peer influence include those:
  - who have an eating disorder, usually by making comparisons with others (e.g. competing to be thin)
  - who self-harm

- An ability to draw on knowledge that there is some evidence that the likelihood of adverse peer influence can be reduced by:
  - ensuring that staff are consistently available to, and able to engage and communicate with, young people in the unit
  - detecting and responding to unhelpful behaviours, as part of maintaining a positive therapeutic milieu
  - taking a non-pathologising and non-blaming approach, and:
    - responding to self-harming behaviour in a compassionate, non-judgmental and least restrictive way that is in proportion with the level of risk
  - providing regular, structured activities that the young person chooses to engage in throughout the day and in the evening (acting both as a distraction from troubling thoughts, reducing a sense of isolation and fostering positive relationships with others)
  - staff modelling prosocial interactions with each other and young people to help young people learn how to manage difficult and unhelpful social situations

- An ability to describe and discuss the risks of adverse peer influence with the young person (and when appropriate, parents/carers and community teams)

[i] The social processes described in this section are more commonly observed with adolescents than among younger children.